

# Team Update



Issue 65 January 2010

www.nhshighland.scot.nhs.uk

## Workshop to consider the future of health services in Skye and Lochalsh

The findings of a public engagement exercise in Skye and Lochalsh will be considered at a Health Services Workshop to be held next month.

The workshop, to be held at the Dunollie Hotel in Broadford on Friday February 12, forms part of NHS Highland's programme of service improvement and change, called "Changing for the Better", which includes providing safe, quality care for patients as close to their homes as possible.

Those invited include representatives of all community councils, Highland Councillors, MPs and MSPs, locality and clinical staff, managers and representatives of partner organisations.

It was originally scheduled to be held last summer, but was delayed to enable the public, community groups and partners to give their views on the future configuration of health provision in the area in advance of this event.

The workshop will be facilitated by health broadcaster and journalist, Pennie Taylor, and a prominent national expert will provide an overview of national policy and strategy.

The public engagement exercise ran over a five-week period in September and October of last year and was undertaken by Highland Community Care Forum (HCCF), in partnership with Skye and Lochalsh Council for Voluntary Organisations (SLCVO), for NHS Highland's Mid Highland Community Health Partnership (CHP).

It consisted of focus group workshops and a survey, which was available as hard copies and online, and 401 responses were received.

Director of HCCF, Sheena Munro, said: "HCCF has gathered a wealth of information through this public engagement exercise and we are confident it will help those who attend the workshop make the best possible decisions for future healthcare in Skye."

The workshops and the survey showed that many people praised current services, but they also stressed the need to safeguard against future withdrawal of services or support.

In the survey, the aspect of health services that most people considered to be most important to them was quality of care or treatment.

The exercise identified location of treatment and speed of appointments as the two top issues that needed improvement.

And the three major changes identified were a need for more local services and facilities, particularly a local hospital with modern medical facilities, improved emergency/24 hour cover and an NHS dentist.

Mid Highland CHP General Manager, Gill McVicar, said: "We are pleased that there was a good response to this exercise as the CHP was keen to hear the views of members of the public, community groups and partners about the future configuration of health provision in the area.

"The workshop on February 12 is being held to explore options for the improvement and, in some cases, redesign of health services in Skye and Lochalsh."

She added that Scottish Government health policy was strongly based on the need to shift some types of healthcare from hospital-based services to community services.

This is partly in response to the wishes of patients who have said that services should be as close to home as possible and should help people to maintain their independence for as long as possible.

The changing needs of the population also mean that NHS Highland has to consider different ways of providing healthcare.

The summary report on the public engagement exercise will be available online at [www.hccf.org.uk](http://www.hccf.org.uk) and <http://www.slcvo.org.uk>.

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## Highland Rheumatology Unit review

A review of rheumatology services is currently being carried out across the whole of the area covered by NHS Highland, but this is at an early stage and no decisions have been made.

The review is being carried out in response to recent changes in treatments available and the requirement for early intervention and treatment by specialists.

At the same time, but totally separately, the Health Board is seeking efficiency savings across all of its activities to ensure it balances its books in this financial year.

For example, this has resulted in bed closures in several hospitals, delivering services to patients' homes or in community hospitals instead of in general hospitals and working to save money by prescribing generic drugs.

Any decisions on efficiency savings in relation to the rheumatology unit will not influence the outcome of the review.

The review fits in with the wider strategy of providing care closer to home and on an out-patient basis where possible and the need to ensure best value for money.

The main aim of the review is to support the improvement and maintenance of health of more people who are living with rheumatoid and similar conditions and to reduce the current inequalities in access to services.

Mid Highland Community Health Partnership General Manager, Gill McVicar, said: "We welcome the input that patients have had to workshops and planning groups and all options that come out of this review will be considered by a multi-disciplinary team before any final decisions are made."

There have been two workshops with staff, patients and managers and there are currently three working groups exploring aspects of the review.

These are looking at inpatient services, out-patient and local service development and education and training for patients and carers to help them to manage their conditions themselves.

Mrs McVicar said: "No decisions have been made and any proposal for major service change will be subject to full consultation in line with Scottish Government guidance."

Alongside the strategic review of rheumatology services, and totally independent of the review, the Board has asked all units in NHS Highland to see where savings can be made and this includes the rheumatology unit.

Recently a decision has been taken to reduce the number of beds in the Highland Rheumatology Unit at the Ross Memorial Hospital in Dingwall from 14 to 10 as an efficiency measure.

Mrs McVicar said: "The unit does not always operate at full occupancy and averages about 70%. This arrangement will also allow us to explore the introduction of a day case service that has been planned for some time.

"This is a temporary measure and will run to the end of the financial year. It does not in any way pre-empt the outcome of the review."

### From the editor ...

Welcome to the January issue of Team Update, NHS Highland's staff newsletter and a Happy New Year to you all.

Remember this is your newsletter so please share your news with us so we can let the rest of NHS Highland know. Your views and opinions are also welcomed.

To submit an article and/or photos for future

issues, please email the Communications Team via the email address on the NHS Highland Website: [nhs.highland@nhs.net](mailto:nhs.highland@nhs.net) or contact [Christina.macdonald1@nhs.net](mailto:Christina.macdonald1@nhs.net)

**Deadline for copy: 15th February**

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## NHS Highland staff praised during recent adverse weather

NHS staff across Highland have been praised for going that extra mile to ensure patients across the area are safe and well cared for at all times during the recent adverse weather conditions.

Elaine Mead, NHS Highland's Chief Operating Officer said: "I want to extend my thanks to everyone for all the extra effort they have put in to make sure our patients are well cared for over the holiday period during the recent bad weather.

"Many staff have had treacherous journeys or even abandoned cars, and taken to walking into work. Others have even brought in overnight bags and stayed locally or in our facilities to be sure that we had enough staff to cover all of the wards, theatres and departments every day and night. Staff and patients have been kept safe, warm and fed by our support services in sub zero temperatures.

"People have been sensible, dedicated and flexible, as well organising last minute childcare due to school closures. We really have seen everyone pulling together and I would want to thank them all for putting their own enjoyment of the festive period second to the needs of the service and our patients. It is really appreciated."



*Above: Debbie Kinnaird, District Nurse Team Leader in Badenoch and Strathspey - taken as she headed out on foot to do her home visits at 9am on Hogmanay. Although she was unable to use her car, she was doing her utmost to keep the service running.*

## Work starts on new hospital project in Central Sutherland

Contractors have started work on a project that will see the existing Migdale Hospital at Bonar Bridge in Central Sutherland, which is almost 150 years old, replaced with a new £8.3million facility.

The new hospital, which will provide inpatient and some outpatient services, is to be built in the centre of the village, close to the Bradbury Centre - a day centre for older people - and the GP surgery at Cherry Grove.

And Robertson Highland began work on the access road and the drainage associated with the development on Monday. Work on the hospital building will begin after the access road is completed.

It is hoped that the hospital will be fully operational in April 2011.

Locality General Manager, Georgia Haire, said: "I'm very pleased we have now reached this stage.

"Seeing work start on site will make the project feel more real for staff and members of the public."

Raymond More, Managing Director, Robertson Highland said: "We are delighted to be on site to start the construction phase of the project and we very much look forward to working closely with our client, NHS Highland, and our project partners to develop this centre, which will modernise the provision of healthcare services for the local area."

Inpatient facilities at the new hospital will be



*Above: (l-r) Robertson Construction Manager Kevin Minnock; NHS Highland Locality General Manager Georgia Haire; Acting Senior Charge Nurse at Migdale Hospital Sandy Ross; NHS Highland Migdale Project Manager John Bogle; Robertson Construction Director Brian Anderson; and North Highland Community Health Partnership Head of Finance Ross Mackenzie*

divided into two units – one for older people with mental health needs and the other providing GP-led beds, offering a range of in-patient services, including palliative care, general medicine and less intensive rehabilitation services.

All the bedrooms will be single occupancy, with en-suite toilets and showers, and the internal layout has been designed so two of them can be used by either unit to provide flexibility.

The new hospital forms part of NHS Highland's programme of service improvement and change, called "Changing for the Better", which includes providing safe, quality care for patients as close to their homes as possible.

## Improvements to dental service in Sutherland

NHS Highland has appointed three new dentists for Sutherland which will help to reduce the waiting list in the county.

Assistant Clinical Dental Director, Robert Nicol, said NHS Highland had now recruited one part-time and two full-time salaried dentists, who would be based in areas of Sutherland where there were no independent General Dental Practitioners.

He said these dentists would be located in Helmsdale Health Centre for four days per week on Mondays, Wednesdays, Thursdays and Fridays; Lairg Health Centre for four days per week on Mondays, Tuesdays, Wednesdays and Thursdays; and Lochinver Health Centre for two days per week on Thursdays and Fridays.

They will provide an NHS dental service, under GDS Regulations (Scotland), to all patient groups.

Mr Nicol said: "In addition, a service to priority groups unable to access NHS dental services

from local independent practitioners will be available in Golspie Health Centre on Tuesday mornings and on Wednesdays.

"A service will also be available to patients requiring domiciliary visits and to any child unable to register with an independent General Dental Practitioner.

"Initially, these salaried dentists will be asked to maintain a service to patients already registered with the salaried service, but they will seek to take patients from the NHS dental waiting list over the coming months."

There were 2,290 people on the NHS dental waiting list for Sutherland in October of last year, which are the latest available figures. This figure consisted of 1,047 people in Helmsdale, 962 in Lairg and 281 in Lochinver.

Mr Nicol said: "It is hoped that progress will be made to reduce waiting lists in these areas by the spring of this year."

## Campbeltown welcomes Chief Dental Officer

Argyll & Bute Community Health Partnership (CHP) were delighted to welcome Margie Taylor, Chief Dental Officer for Scotland, to cut the first sod at the site for the new Campbeltown Dental Centre.

The new NHS Dental Centre, which will cost £4.075m and is due to open in January 2011, will serve the catchment population of Campbeltown Dental Practice and will provide the following services to patients:

- General primary care dentistry services (GDS and CDS) supported by Professions Complementary to Dentistry (PCDs), including therapists and hygienists
- Gaseous sedation service, which will allow services to dentally anxious patients and minor oral surgery procedures to be carried out on site
- Emergency dental services for patients in Campbeltown and the surrounding area will be provided

It will also provide dental services for patients with special needs as well as improve access and capacity to dental services for the catchment area – meeting current and future demand.

In addition, the dental centre will provide four placements for university Dental students providing outreach rural dental training and experience in their final year – critical to train future Health professionals for rural care.

The new Dental centre is doubling in size (from what currently exists) providing 8 dental chairs (4 for the independent practice and community dental services and a further 4 for University of Glasgow students) in state of the art modern facilities.



*Above: Margie Taylor, Chief Dental Officer for Scotland visiting the site of the new Campbeltown Dental Centre*



## A summary from the Discharge Planning Roadshows - 3<sup>rd</sup> & 4<sup>th</sup> December 2009

Early discharge planning, on admission or before, is the key to a timely uneventful patient pathway. The roadshows' held in December, hoped to raise awareness and give staff the opportunity to voice their opinions, and share good practice, on how to improve the patients' journey through good discharge planning.

Staff in Raigmore had the opportunity to gain knowledge from a wide and diverse set of staff groups including, social work colleagues, Community specialist Nurses, Intermediate Care Team in South East CHP, the Augmented Care at Home Team in Ross-shire along with a demonstration on the Telecare equipment, the Out Patient Antibiotic Therapy project, pharmacy colleagues, as well as digital stories.

### STAFF COMMENTS AND IDEAS ON THE DAY

There were many ideas from staff on how to improve patient discharge, below are just some of these:

- Remove artificial care boundaries
- Dissolve those boundaries between secondary & primary care
- Plan discharge/meds/letter more effectively so patients are not waiting for meds and sitting in discharge lounge for hours.
- Ask patients what they actually want
- Please don't tell patients that they can go home before their prescription is ready!
- What can the family do? Ask early and prepare
- Social work and AHP availability in hospital/ community for good discharge planning
- AHP's to attend ward for early input & planning
- Refer to OT as early as possible to give time for full assessment and onward referrals
- Falls prevention in all wards

### Pharmacy

- Nurses and sometimes doctors ringing down to pharmacy to ask about IDL's because they are urgent, causing pharmacy to waste time looking for the IDL/Drug instead of dispensing
- Add discharge times to prescriptions, allowing 4 hours for queries, dispensing and supply
- Do not over prescribe on discharge prescriptions – reduce to 2-3 days supply

### Social Work

- Do not stop care package on admission
- More links with Highland Council Social work
- Charging social work when patients are delayed due to funding/placement
- More social workers and cover when there is sickness/holidays

### Community

- Better use of community hospitals
- Awareness from medical staff of community hospital availability
- Update Single Shared Assessment in community prior to admission
- Community hospitals pulling patients from their area when ready for discharge from acute care

### General

- Develop cross-organisational boundary roles
- What happened to fast track funding from NHS?

### OUTCOMES

Telecare room to be set up for staff to view (room tbc); Discharge Bundle to be produced; and Patient Leaflet to be produced.

### 'Discharge Planning Top 10'

This is not an exhaustive list:

- Plan for discharge on admission (person centred discharge criteria)
- On admission assess Social needs
- Identify an EDD within 24 hours
- Regular MDT meetings
- Daily morning ward rounds
- Early supported discharge where possible
- Early medication review
- Discharge 7 days a week
- IDL completed before 12 noon
- Plan transport well in advance

### What Now?

Good patient flow involves good communication and information sharing at the right time, in the right place to the right people, this represents the ability to serve patients quickly and efficiently as they move through their stages of care, therefore discharge planning is **EVERYONE'S** responsibility.

### On admission

- Specify a date and/or time of discharge as early as possible
- Identify whether a patient has simple (80% of all patients) or complex discharge planning needs
- Identify what these needs are and how they will be met
- Decide the identifiable clinical criteria that the patient must meet for discharge

More information, as well as the questionnaire results, is available on the intranet: <http://intranet.nhsh.scot.nhs.uk/Clinical/DischargePlanning/Pages/Default.aspx>

If you have any thoughts or comments please get in touch – Alison Mackay, Service Improvement Manager – [alison.mackay3@nhs.net](mailto:alison.mackay3@nhs.net)

## Going Greener

Welcome to the first of the monthly updates on Green Issues within NHS Highland; and how we all can achieve reductions in Waste in the workplace and in the home.

Here is the no-brainer – Energy and Water comes at a cost – big money, and a big impact on our Carbon footprint! Last year the Energy bill for the Board was **£6M** and the Water costs approx. **£1.1M**. The resultant carbon dioxide (CO<sup>2</sup>), a main greenhouse gas, in consuming these volumes was approx. **30,000 tonnes**.

The Government in Scotland has set itself tough targets to reduce CO<sup>2</sup> by 2% per year for the next 40years. To get things moving in the short term however the whole of the public sector is progressing through even more stringent targets. NHS Highland has met and surpassed these to date and will expect to do the same in the coming years.

This monthly briefing is to act as a communications channel for all. As the Green agenda is so large, many of you will know more than I do as Energy Manager about certain opportunities. I will seek to signpost you to the potential savings and initiatives I come across in my working life – but will also spread the word on others that I am advised of. I can be contacted on email - [gordon.macdonald1@nhs.net](mailto:gordon.macdonald1@nhs.net) or by phone on 01463 704618. I also hope to have a web page established that gives a lot more detail on the items raised in these briefings.

The intention each month is to highlight a number of the developments going on across the estate that are in the final stages or have been implemented, however, due to the sheer volume and time taken to assess different projects we won't be able to highlight everything. At present we are working, or involved in, everything from energy efficient new hospitals, replacement of old Oil Boilers for Biomass options, District Heating Schemes and increasing our levels of recycled waste to name but a few.

Informing Staff is another key requirement. Behavioural change in the home, and transferring this to the workplace, is fundamental if we are going to meet the targets set for us. There is only so much that technological change can bring about, and only limited funds for the technological changes. Reducing bad working practices will save the NHS significant funds and help to meet the challenges facing us all – and it is relatively easy to do! To help us we are seeking to maximise the opportunities of working with Government agencies such as the Energy Savings Trust. These agencies will not only provide you with the best of free information on becoming more energy efficient, they will also provide direct support such as Eco-driving courses. Good for your pocket will be good for the NHS!

Next Month's key items include - Cycle Scheme report and a review of Recycling in NHS Highland.

**hi** from **chi**

**chi** compliance across Highland continues to improve

Many thanks this month to the A&E departments for their continuing hard work in achieving this.

Both A&E and Radiology at Raigmore in particular have improved figures and given invaluable help to the **chi** Project here at eHealth.

We appreciate all of your time and efforts across this exceptional Winter.

Please use the **chi** number.

With thanks from eHealth.



### Agenda for Change Team are on the move

The Agenda for Change Team is relocating to the John Dewar Building on Monday 1st February.

Email addresses etc are unchanged but the telephone number from 1st February will be 01463 706862.

## Extended MRSA Screening starts in Highland

Tackling Healthcare Associated Infection is one of NHS Highland's top priorities and as part of this, our extended MRSA Screening Programme kicked off earlier this month (January).

*Staphylococcus aureus* is a common type of bacteria that can live harmlessly on the skin but can sometimes cause a number of common infections. MRSA stands for meticillin resistant *Staphylococcus aureus*, a type of *Staphylococcus aureus* which is resistant to commonly used antibiotics. Although not all *Staphylococcus aureus* infections are caused by MRSA, approximately 7% of patients admitted to hospital are colonised with MRSA meaning they are carrying the bacteria without showing any symptoms. Because people are more likely to get infections, including MRSA, when they are already unwell or undergoing an operation, this can cause problems in a hospital setting.

The extended MRSA Screening Programme, a Government initiative, is being introduced in acute hospitals throughout Scotland, including the Highlands. It involves testing patients admitted to hospitals that treat emergency patients and carry out operations so that those already carrying the bacteria can be identified. Identifying those patients who have MRSA will ensure that appropriate treatment and control measures are put in place reducing the risk to them and other patients.

Heidi May, Nurse Director for NHS Highland explained: "NHS Highland is absolutely committed to minimising the impact of Healthcare Associated Infection and the extended MRSA Screening Programme is just one of the ways in which we are doing that.

"The screening itself will involve a simple swab taken from inside your nose as part of your pre-admission assessment. This is standard procedure for those coming in to our pre-operative assessment clinics at present so the programme is merely an extension of that. If you do not attend a pre-admission clinic the swab will be taken upon admission to hospital.

"We can treat MRSA, although treatment is not always appropriate for everyone. If your sample comes back as positive for MRSA the most appropriate care will be discussed with you."

MRSA is mainly spread from person to person through hand contact; good hand hygiene is one of the most effective ways of stopping the spread of MRSA.

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## Valuing Service Ceremonies to be held across Highland

Just under 300 members of staff will be recognised for their commitment to the NHS at this year's Valuing Service Ceremonies, including 13 celebrating 40 years service in the NHS.

This is the second year that staff service and commitment has been recognised this way. Under NHS Highland's Valuing Service Policy people who have worked for the NHS for a total of 20, 30 or 40 years in the current financial year will be eligible for vouchers accepted in over 140 retail outlets to the value of £50, £100 and £100 respectively.

Philip Walker, NHS Highland's Head of Personnel, is looking forward to the ceremonies. He said: "I'm pleased that we are again able to show our appreciation and hope that those attending this year enjoy the event."

Three ceremonies will be held this year, the first takes place on 5th March in Argyll and Bute. A total of 56 members of staff (41 with 20years service, 14 with 30years service and one with 40years service) will be attending the Mid Argyll Hospital and Integrated Care Centre. 205 members of staff from Inverness and the surrounding areas (124 with 20years service, 70 with 30years service and 11 with 40years service) will be at the Centre for Health Science on 24th March for their ceremony and in the North 33 members of staff (25 with 20years service, 7 with 30years service and one with 40years service) will attend the Bay Owl Inn in Dunbeath on the 26th March.

The staff being recognised work across a wide number of specialties.

If you think you are eligible for this but have not been contacted please contact the Personnel Department based at John Dewar Building in Inverness.

## Women in Argyll and Bute reminded to undergo regular smear tests

Cervical screening, or the smear test, saves 1000 lives in the UK every year, by preventing cancer of the cervix. It is one of the most useful and effective weapons we have in the fight against cancer, and because of that, all women in Scotland between the ages of 20 and 60 are invited by their GP to have a test every three years. But in Argyll and Bute, about 1 in 5 women do not keep up to date with their tests.

Ann Campbell, Public Health Practitioner for Argyll & Bute CHP, said: "Smear tests are almost always carried out by a female doctor or practice nurse, who will do everything they can to make their patients comfortable and relaxed. It is a quick and simple test involving a brief internal examination. Sample cells are taken from the cervix with a soft brush and the laboratory checks that the cells are normal. Results are sent out by post within 4 weeks.

"Any woman who has ever had sex should have smear tests, and it's important to keep going back every three years, so that any changes in the cells can be identified.

"The majority of women will have a normal result from their smear. A few will be asked to come back for a repeat test for technical reasons, for

example because not enough cells were picked up to let the laboratory make a decision. And a small number of women will discover that they have cells that could lead to cancer, and will be offered treatment, which is very simple in these early stages. As a result, 8 out of 10 possible cancers are prevented from developing.

"Although the causes of many cancers are still not understood, we do know that nearly all cancer of the cervix is caused by infection with human papilloma virus (HPV). There are many varieties of HPV, or wart virus, but the ones that cause visible warts do not usually cause cancer.

"Happily, we now have a vaccine against HPV types 16 and 18, which cause over 70% of cervical cancers. The vaccine, Cervarix, is being offered to girls aged 12-13 in schools, and a catch-up programme should ensure that by 2011, all girls up to the age of 18 have had the opportunity to be vaccinated.

"The idea is to provide protection early, before the start of sexual activity, as HPV 16 and 18 are passed on through sexual contact. Even with the vaccine, women will still be advised to have regular smears, as the vaccine does not protect against all possible causes of cancer."

## 'Breathing Space' Day

People across Argyll and Bute are being encouraged to read and write their way to better mental health.

To celebrate Breathing Space day on Monday 1st February, posters and information for the national helpline will be available throughout the area. The helpline encourages people to take a little time out or "Breathing Space" from life's stresses and strains to stay mentally healthy and prevent problems from becoming a crisis.

Argyll & Bute CHP's Health Promotion Officer, Samantha Souter, said: "We all have days when we feel things are getting on top of us, but talking to someone can help relieve the pressure. Sometimes we don't want to burden friends and family, so it can help to talk to someone like Breathing Space. It can stop things escalating."

The idea behind this year's Breathing Space Day is that writing can help to relieve the pressure of what is going on inside our heads, and reading can provide a way to escape and relax for a while. To encourage this, some contemporary authors have provided Breathing Space with a collection of exclusive new stories. The moving,

funny and powerful works by James Kelman, William Boyd, Denise Mina, Janice Galloway and Jackie Kay will be featured in the Herald.

Also, across Argyll and Bute, there are events happening to address situations when people do reach a crisis point and may even be thinking about suicide.

The Argyll and Bute Choose Life Initiative is regularly running free training courses to help people spot the signs of someone thinking about suicide, how to talk to them and how to get them the help that they need.

Marie Murphy from Choose Life said: "Once people know what to look for, they can do a lot to help someone thinking about suicide. We know that talking really does help to save lives, so we would encourage anyone in the community to take up the chance to learn suicide first aid skills. The devastation caused when someone dies by suicide has a huge impact on the mental health of everyone left behind, so anything we can do to help someone stay alive is worthwhile.

"We hope that people will take the opportunity on Breathing Space Day to check out that the people they love and care about are ok and to look after their own mental health too."

## Get Connected

“Get connected” is the message young people in Helensburgh and Lomond are receiving. The vision for this initiative came from the Community Mental Health Team in Helensburgh who were looking for an interesting way to increase young peoples knowledge around mental health issues. They contacted NHS Highland Health Promotion team and working together they expanded the partnership to include local Voluntary organisations the NHS and Council. From this point the idea expanded and an exciting new wrist band resource was developed which incorporates a wide range of useful information.

“Information leaflets covering around 30 different topics are saved onto a pen drive which is encased in a wrist band. The topics will help young people at a transitional time in their life when they may be thinking of leaving home, and are becoming adults,” said Sam Souter, Health Promotion Officer from NHS Highland. “It can be a confusing time for young people and this resource gives them useful info on a wide range of things from applying for jobs, to keeping safe when using the internet.

“This is the important bit” said Catriona Harper from Rape Crisis. “The contact information is for local services like ours, so when someone needs information or support at 2am on a Sunday

morning, they know where they can go to get it, by using the information on the wrist band.”

Michelle MacDonald from Route 81, a young peoples project service said “Its been a big piece of work to pull together but its definitely worth it.

“Information about Route 81 and other services like those run by Y.O.U.T.H is saved on it, but there’s also plenty space to save your own stuff too so its really useable. MP3 files of the leaflets being read out loud are also saved on it.”

The wrist bands are being given out to 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> year pupils at Hermitage and Lomond schools over the next few weeks. Christine Docherty from Y.O.U.T.H said “We are taking this into assemblies in the schools to show young people what’s on them, then they will get one for themselves. The information will also be available to anyone to access at all the libraries in the Helensburgh and Lomond area which is great for parents, guardians and other family members who I’m sure will also find it helpful.”

“This time of year especially can be really difficult for young people with pressure of exams, money and social activities. Everyone’s mental and physical health can suffer when they are stressed and there is information and contact details of where to go to get appropriate help. Its really important to get help and organisations such as Breathing Space can help.”

## Emergency SMS for deaf, hard of hearing and those with speech impairment

NHS Highland is encouraging those with additional communication needs to register with an emergency SMS service currently being piloted in the UK. The service allows deaf, hard of hearing people and those with a speech-impairment to send an SMS text message to the UK’s 999 service where it will be passed on to the ambulance, police, fire rescue or coastguard services.

In an emergency, the user sends an SMS, spelling out the emergency service required, the nature of the emergency, and the location. A receipt text is then sent letting the user know the message is being acted on with further texts with instructions or questions being sent as needed.

Anna Maria Kaczmarek, Policy Development Manager for NHS Highland, said: “To be able to use this service you need to register your phone first, therefore we would like to encourage people with additional communication needs to register as soon as possible before the need to use the service becomes an emergency. Not registering early and/or leaving the registration until you are in an emergency situation could lead to you being unable to use the service timely at the time you need it urgently.”

You can register your phone by SMS texting the word ‘register’ to 999.

The service should only be used when life is at risk; someone needs an ambulance urgently; someone is injured or threatened; crime/trouble is happening now; person committing crime is near; there is a fire or people trapped; someone is in trouble or missing at sea; or someone is in trouble on the cliffs or on the shoreline.

For more information, please visit [www.emergencySMS.org.uk](http://www.emergencySMS.org.uk) website which gives access to BSL clips as well as written text providing instructions and information.

## Knowledge and Skills Framework Update

### Background...

The NHS Knowledge and Skills Framework and Personal Development Review Process (KSF) is one of three key strands of Agenda for Change (AfC).

The next HEAT target (E10) is over two years and requires 80% of staff on Permanent Contracts to have a KSF Personal Development Review and subsequent Personal Development Plan completed and recorded on e-KSF by 31 March 2011. Although reviews for staff on Fixed Term contracts and Bank Staff are not reportable as part of the target they **should still receive an annual review**.

To access e-KSF you require a login and password, details available from the e-KSF and Learning & Development Data Officer, Iain MacDiarmid, (01463 706721, email [iain.macdiarmid@nhs.net](mailto:iain.macdiarmid@nhs.net)).

### Focus on...

#### Revised Paperwork

The Personal Development Planning & Review Process (PDP&R) Information Pack has been reviewed and revised to reflect the pages reviewers and reviewees will see when logged into e-KSF.

The pack now contains documents that identify the information required to be recorded in e-KSF for your Personal Development Review and Personal Development Plan. While the use of e-KSF is mandatory, to do this some staff may find it useful to record the review and plan on paper during the face to face discussion and then jointly agree who will transfer the information onto e-KSF.

The PDP&R Information Pack can be accessed via the Learning & Development intranet site.

#### “Complete on Paper” function

It is becoming increasingly recognised that a lack of IT skills and access to computers with internet access are barriers to some staff groups using e-KSF to record KSF Personal Development Reviews. The “**Complete on Paper**” function offers an **interim** solution, and reduces this barrier. Undertaking a Development Review using this function enables the Reviewer/Reviewee to have the important face-to-face discussion and agree the development needs, without the “intrusion” or anxiety that may be caused by using a computer.

The process of completing a review on paper requires the NHS Highland e-KSF administrator to activate this facility for individual reviewers.

Access to this facility will be controlled by the NHS Highland Head of Learning & Development. Reviewers using the facility will be responsible for ensuring that a paper based KSF personal development review is carried out using the revised documents in the PDP&R Information Pack. Requests for activation of the function should be discussed with individual managers prior to completing an application form, available on the Learning & Development intranet site.

Monitoring and auditing of reviews completed on paper will be carried out using the e-KSF reports function which produces a list of all reviews that have been completed on paper. This report will be used to conduct the auditing process which will involve the KSF Team contacting Reviewers / Reviewees to verify that a review has taken place and that a copy is available to see if required.

The Short Guide to Complete on Paper can be found on the Learning & Development intranet site.

#### Training

Many staff are successfully using e-KSF already, some are self taught and some have participated in the training that is available through eHealth, two courses are currently available - K1001 for Reviewees and K1009 for Reviewers/Managers. For more information regarding these courses please contact eHealth on 01463 257500 or view the information on the eHealth intranet site.

It is highly recommended that prior to attending one of these courses you attend a PDP&R awareness session (or have participated in a KSF review within the previous 12 months) delivered by the KSF Team; these sessions are delivered independently from e-KSF courses so can be delivered to larger groups with more flexible access, or small groups in work places, sessions last approximately one hour.

For more information please do not hesitate to contact the KSF Team.

PDP&R /e-KSF (NHS Highland) Paul Simmons (Learning & Development Facilitator), telephone 01463 706885 or email [paulsimmons@nhs.net](mailto:paulsimmons@nhs.net)

PDP&R/e-KSF (Argyll & Bute) Nick Putnam (Learning & Development Facilitator), telephone 01546 605636 or email [nick.putnam@nhs.net](mailto:nick.putnam@nhs.net)

## DATIXweb Incidents Implementation - Update

DATIXweb Incidents is an on-line reporting system which will eventually replace the IR1 / IR2 system. Staff will report an incident via an electronic DIF1 form (DATIX Incident Form 1) and managers will complete the grading and any investigation on a DIF2 form (DATIX Incident Form 2).

Training in the Community has now commenced, details below. Please contact Fiona Pirie, Clinical Governance Assistant on 01463 706873 or for Skye, Amy Macrae on 01471 822137.

Operational Unit / Locality	Date	Time and Type	Venue
North CHP Sutherland	28th Jan	10am & 11am Reporter Awareness 2pm Reviewer Training	Community Room, Lawson Memorial, Golspie (video conference to Caithness General)
Mid CHP Ross & Cromarty	29th Jan	10am, 11am & 13.30pm Reporter Awareness 11am Reviewer Training	Room 4, Ross Memorial Hospital, Dingwall
South East CHP Nairn and Ardersier	11th Feb	10am Reporter Awareness 10.30am Reporter Awareness 11am Reviewer Training 2pm Reviewer Training	Room G36, Town and County Hospital Nairn
	12th Feb	10am Reporter Awareness 10.30am Reporter Awareness 11am Reviewer Training 2pm Reviewer Training	
South East CHP Inverness	15th Feb	10am Reporter Awareness 10.30 Reporter Awareness 11am Reviewer Training 2pm Reviewer Training	Intermediate Care Team Room, Royal Northern Infirmary, Inverness
	16th Feb	10am Reporter Awareness 10.30 Reporter Awareness 11am Reviewer Training 2pm Reviewer Training	
South East CHP Badenoch and Strathspey	17th Feb	10am Reporter Awareness 10.30 Reporter Awareness 11am Reviewer Training 2pm Reviewer Training	Meeting Room, Ian Charles Hospital, Grantown on Spey
	23rd Feb	10am Reporter Awareness 10.30 Reporter Awareness 11am Reviewer Training 2pm Reviewer Training	Badenoch Room, St Vincents Hospital, Kingussie
Mid CHP Skye and Lochalsh	4th March	10am Reporter Awareness 11am Reviewer Training 2pm Reporter Awareness 3pm Reviewer Training	Meeting Room, Locality Office, Broadford, Skye
	5th March	10am Reporter Awareness 11am Reviewer Training	Meeting room, Portree Hospital, Skye

Date	Time	Venue
2nd Feb	10am	Boardroom, JDB
10th Feb	10am	
24th Feb	2pm	Anteroom, JDB
8th March	2pm	Boardroom, JDB
24th March	10am	Anteroom, JDB
7th April	10am	
21st April	10am	

Further back up sessions (Reviewer Sessions only) are being held at John Dewar Building Inverness and via VC. Please contact Fiona Pirie (details above) at least one week in advance to book your place on the training sessions to the left. A VC is available at JDB, however you will be required to secure VC facilities at your location. Desktop VCs will be unsuitable for this training.

### Corporate Services

Corporate Services staff should only report via the DIF1 online form. All IR1 pads from Corporate Services should now be returned. If you are in doubt as to who to submit the incident to, please contact the Clinical Governance Support Team for help.

### IR1 Pads

Once training has been provided at a location IR1 pads are to be returned to the Clinical Governance Support Team. Therefore if you have received training and haven't yet returned your IR1 pad, please return these now.

If you have any queries concerning the implementation, please contact Louise McInnes, Project Lead on 01463 706910 or [louise.mcinnnes@nhs.net](mailto:louise.mcinnnes@nhs.net)

## Accessibility Guidance for NHS Highland Staff

Have you ever wondered whether your services are as accessible as they should be? This isn't just about whether people are able to get into your building, but also includes communication, flexibility and attitudes, all of which can make a difference to the individuals who come into contact with us and our service.

*"It's more than just ramps and doors; it's about attitudes and aspirations"*

By improving the accessibility of our services we not only meet our legal obligations towards equality groups, but we can potentially improve physical and mental health and prevent social isolation and stigma.

The equality and diversity team have recently launched information aimed at staff around considering best practice in accessibility. The guidance "NHS Highland Accessibility Guidance for Staff: Breaking Barriers and Building Confidence for all our Communities and Staff" can be viewed on the NHS Highland intranet or by requesting a hard copy from Anna-Marie Kaczmarek on 01463 704918.

The guidance provides a helpful checklist at the beginning of the document and also includes real examples of what barriers people have experienced when accessibility has not been considered and the difference it has made for them.

*"I use BSL – I speak with my hands. No-one told me that after the operation I would have a drip attached to my hand. When I came round, there was a needle in both my hands. I couldn't move them. I completely panicked"*

If you want to have a look at the guidance on the intranet then the link is detailed below and can be found in the equality and diversity pages, as well as other useful information on this subject. If you are interested in attending training on equality and diversity then please let us know by contacting a member of the team as detailed on the intranet page.

For further information on the Accessibility Guidance or to request a hard copy then please contact **Anna-Marie Kaczmarek** on **01463 704918**.

Intranet link for the guidance: <http://intranet.nhsh.scot.nhs.uk/Staff/EquaityAndDiversity/Pages/Default.aspx>.

## Accessible Information Production Service (Learning Disabilities) in NHS Highland

The Accessible Information Production Officer post is now permanently established and available to NHS Highland's staff to help them ensure accessible information provision to patients with Learning Disabilities. The post holder, David Hughes, can help staff to ensure accessible information provision for their patients by -

- finding out/identifying existing informational resources (leaflets/booklets, posters, etc.) available and produced elsewhere
- take requests from NHS Highland's staff for producing specific accessible informational resource/-s tailored to the service or
- he can share the resources that he has already developed for NHS Highland's staff/services

Staff are encouraged to use the service to ensure accessible information provision to patients with Learning Disabilities as a legislative requirement under the Disability Discrimination Act

To use the service, please contact:

David Hughes, Accessible Information Production Officer (Learning Disabilities)  
Occupational Therapy/Speech and Language Therapy Disabilities Team  
Drumossie Unit, New Craigs  
[david.hughes6@nhs.net](mailto:david.hughes6@nhs.net)  
Tel. 01463 704000 Ext. 2279

# Letters to NHS Highland



"I wanted to say a very big thank you to you and all your staff at the Lawson for the great kindness, care, compassion, comfort and the humour you served to my father during his extended stay with you. He could not have been in a better place for his final days. The knowledge that he was being so well looked after and that he was so content was something which gave us great comfort. I realise you may say that this is you just doing your job, but my experience and that of others in the family is that not all hospitals and not all staff could have even approached the extremely high standards you reached."

## Patients Relative from Wiltshire

"I felt I really must write to you regarding my short stay this week in the Lorn and Islands Hospital, Oban. From my initial telephone contact with the medical

secretary down to my conversation with the ward cleaning staff on the morning of my discharge, I experienced nothing but helpful, friendly consideration.

Admission to hospital is, at best, a stressful experience, but the consultant surgeon Mr Scobie, the doctors and nurses made one feel they had all the time in the world to answer questions, explain and reassure the patient. Because a patient spends so much time in the ward, their impression of the hospital will be greatly influenced by the nursing staff. Here the staff of ward A excelled. Their cheerful, friendly attitude, endless patience and calm professional conduct, is perhaps the main reason for my writing to you. Finally the excellent, varied meals provided by the catering staff and their friendly good wishes on the menu for a 'speedy recovery' made me feel that if I had to be

in hospital, then I could not wish for anywhere better.

Many thanks to all concerned for a wonderful service."

## A Patient from Argyll

"After having my hip replacement at Raigmore I am writing to express sincere thanks, in particular to Mr Finlayson, his colleague anaesthetist and their teams in theatre but also to the physios, OT, Kevin Barnett and other nursing staff on Ward 3C who provided excellent after care. My recovery has been rapid and has exceeded all my expectations. Over the last two weekends I have been back hillwalking without a hint of discomfort in the new hip - absolutely brilliant. My only problem is my other hip requires replacing and I can't wait to have it done too.

I would be very grateful if you could convey my huge appreciation."

## A Patient from Ross shire

## Raigmore Hospital Health Improvement Awards

To support staff in innovative health promotion work in Raigmore Hospital £3,000 per year has been committed to a small grant scheme for health promotion activity.

Much staff time is already devoted to health promotion activity but it can be difficult to find small amounts of money to pursue good ideas.

Examples of schemes that would be suitable for this include small pilot schemes that may lead to service changes relating to health promotion or prevention activity; training events or development sessions likely to increase staff skills or small pieces of specific equipment that will be used to support health promotion work.

More information on this and how you can apply for a grant can be found on the Health Improvement intranet page -

<http://intranet.nhsh.scot.nhs.uk/Organisation/SSU/HealthImprovement/Pages/HealthImprovementAwards.aspx>

## Healthy Working Lives



Cowal Community Hospital recently received a Healthy Working Lives award.

Physiotherapist Susan Wilson attended the awards ceremony on behalf of the hospital.

Susan is pictured above being presented with the award by Nick Nairn.

## What's on... February and March

Men's Health Highland is pleased to announce a schedule for a Free Series of Public Talks on Men's Health in Inverness. We are very fortunate that these are to be delivered by an extremely competent collection of speakers from our area on a wide variety of Health, and Health related, issues. Details of these are below...

- Men's Health Highland**  
**What: Men's Health Highland - free public talks on men's health**  
**Who:** Open to all  
**Why:** Prof Stephen Leslie, men and heart problems; Dr Geoffrey Hulks, men and chest diseases; Nurse Julie Morton, men and skin diseases; ;and Dr Rob Henderson, men and the new Bowel Screening Programme  
**Where and when:** Friday 5th February, 09.30, Inverness Town House.  
**Need more?** Dr Trevor Escott, Convenor of Men's Health Highland email: tescott@btinternet.com
- Men's Health Highland**  
**What: Men's Health Highland - free public talks on men's health**  
**Who:** Open to all  
**Why:** Prof Sandra Macrury and Supporting Staff (including a Diabetes Doctor ,a Diabetes Nurse, a Dietitian and a Podiatrist), men and diabetes  
**Where and when:** Friday 19th February, 09.30, Inverness Town House.  
**Need more?** Dr Trevor Escott, Convenor of Men's Health Highland email: tescott@btinternet.com
- Men's Health Highland**  
**What: Men's Health Highland - free public talks on men's health**  
**Who:** Open to all  
**Why:** Dr Malcolm Stephen, men and arthritis; Falk Schlaghecke, men and backache; Dr Stephen Hutchison, men and terminal illness; Simon Spence, bereavement counselling in men  
**Where and when:** Friday 5th March, 09.30, Inverness Town House.  
**Need more?** Dr Trevor Escott, Convenor of Men's Health Highland email: tescott@btinternet.com
- Men's Health Highland**  
**What: Men's Health Highland - free public talks on men's health**  
**Who:** Open to all  
**Why:** Dan Jenkins, men and the healthy weight strategy; Jo McConnell, men and weight watchers; Gill Mac Lean, Yvonne Hutchison and Councillor Alasdair Christie, the work of Citizens' Advice Bureaux in helping the unwell to obtain funds  
**Where and when:** Friday 12th March, 09.30, Inverness Town House.  
**Need more?** Dr Trevor Escott, Convenor of Men's Health Highland email: tescott@btinternet.com

### **UNISON Highland Healthcare - Aggregate AGMs 2010**

#### **Mid Highland Community Health Partnership**

3rd February, 19.00. Portree Hospital, Skye (video conferencing available from Broadford, Fort William and Invergordon) - Lead Officer Callum Macdonald

#### **Argyll and Bute Community Health Partnership**

8th February, 13.00. Ardsheil Hotel, Campbeltown - Lead Officer Liz McMillan

#### **North Community Health Partnership**

18th February, 18.30. Ben Bhraggie Hotel, Golspie - Lead Officer Janette McQuiston

#### **Raigmore**

22nd February, 15.00. Coffee Lounge, Raigmore Hospital - Lead Officer Etta Mackay

#### **Inverness Area including South East Community Health Partnership**

24th February, 18.00. Chieftain Hotel, Inverness - Lead Officer Adam Palmer

## Belford Hospital Sends a Smile

Pictured to the right are staff members from Belford Hospital and their helpers who recently took part in the Blue Peter Send a Smile campaign.

Send a Smile wants to help Operation Smile provide cleft operations for children in India. A person has a cleft lip if there is a gap in their lip, and they have a cleft palate when there is a hole in the top of back of the mouth. This happens when the two sides of the top of the mouth do not join together properly.

In some countries children with this condition are ostracised from their communities but a 45 minute surgery can change their lives.

The idea behind Send a Smile is to make medical gowns for children to wear when they are having their operation. You take a plain t-shirt and decorate the front in bright and cheerful designs while making the back into a medical gown style with three ties down the centre. These can then be worn by the children when they have their cleft lips and/or palate repair operations. For each t-shirt provided Operation Smile save £3 as they don't have to buy their own medical gowns, each £3 saved can go towards the £150 needed for another surgery.

Those who took part in the Blue Peter campaign really enjoyed the afternoon and are hoping to have another attempt in the late Summer / early autumn as the Appeal runs until 31st October 2010.



*Above: Staff from Belford Hospital with their helpers holding some of the t-shirts they have designed*

## Smokefree NHS Highland

### Useful Helplines and Websites for Information and support on Smoking Cessation

- **Highland Smoking Cessation Service—lo-call 0845 757 3077**
- **Smokeline 0800 84 84 84**
- **Quit—0800 00 22 00**
- **Enquiries and advice - [smokefree@hnb.scot.nhs.uk](mailto:smokefree@hnb.scot.nhs.uk)**
- **[Givingupsmoking.org.uk](http://Givingupsmoking.org.uk)**
- **[Quitnet.com](http://Quitnet.com)**

Occupational Health are now offering smoking cessation support to the staff of Raigmore Hospital. This can include one to one support for smoking cessation as well as advice in regard to products such as nicotine replacement therapy . Appointments can be made within Monday to Friday 9-5pm. Please phone 01463 706147 (ext 6147 for internal) for an appointment.

Smoking Cessation Support Service for New Craigs and RNI staff at New Craigs hospital call 07920247930 to make an appointment.

## HDLs

You can find all recent HDLs in the SEHD Weekly bulletin at <http://www.sehd.scot.nhs.uk/publications/bulletin/bulletin2009list.htm>

## eLibrary

[www.elib.scot.nhs.uk](http://www.elib.scot.nhs.uk)

Have you registered yet?