

Team Update



Issue 66 February 2010

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All aboard

Imagine you are an aeroplane engineer. Your job is to fix aircraft. However the airline has decided it can't stop flying so you will now have to fix the planes while they are in the sky. You adjust to this new requirement and there you are, with your toolkit, strapped onto the side of the plane. As it taxis down the runway the captain, who identifies himself as the Chief Executive of the airline, has a message for the passengers and crew. "We welcome you to this flight and would draw your attention to our engineer above the left wing. She is making some changes to our complex aircraft but we wish to reassure you that we will be asking for your involvement in this work."

This month the Board agreed to a draft Strategic Framework for NHS Highland as we aim for better health, better care and better value. It is my attempt to bring together a summary of the many strands of work that we hope will improve care, improve health and do it within our budget. The Framework and the supporting documents outline the need for change but not the detail that makes it easier to explain to staff, patients and public what is happening. The difficulty is that until we get staff, patients and public involved in the work and together we identify potential changes we won't have that detail. Meanwhile we can't stop flying. We have to continue delivering services. Below is an article from Maimie Thompson our 18 week referral to treatment target manager on



a massive project to try to improve the experience patients have whether they are using hospital services as emergency cases or for planned care. It aims to get the balance right to ensure people get appointments and operations quickly and that we can cope with emergencies. I hope we will see more articles about this and other projects in the future. If you have good examples or just want help with communications email susan.rose1@nhs.net. Meantime if you get the opportunity to participate in a change project please lend your support. The Strategic Framework will be available on the internet in time for the next Board meeting on 13th April where we hope a final version will be agreed. Thank you. Roger.

Improving 'pathways' for patients

We are trying to ensure that emergency patients are seen when they need to be seen. At the same time we also need to make sure that patients who need an operation, or need to be seen at out patients are seen in a timely manner. This might sound simple but to achieve this each and every day is complex. It requires significant operational and strategic planning, underpinned by leadership and astute management of resources. Work is always ongoing to ensure a culture of continuous improvement. Some times this is through new surgical interventions, changes to medications or changes to clinical practice and pathways (the 'route' the patient takes through the healthcare system from referral to aftercare). We have also identified that there is an ongoing need to ensure that

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Improving “pathways” for patients

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the various supporting processes (Administrative, E-Health, Service Planning, Estates), keep pace with changes. Currently work is looking at whether we have the right amount of capacity to deliver services. This links to hospital beds, theatre space, out patient clinics as well as staff. To achieve this it is crucial to understand how and when patients flow through the system. There are some key bits of re-design work ongoing, including;

- Improving our pathways and communications to admit patients on the same day that they require surgery. This will reduce the amount of time they have to spend in a hospital bed.

- Review how well we use Theatres. This will help to make sure that patients are operated on in a timely manner.

- We need to understand why length of stay for medical patients can be variable and what steps can be taken to avoid any unnecessary delays.

The work within Raigmore will be overseen by a Project Board. This will include representatives from Consultants and Managers within Medical and Surgical Directorates as well senior managers responsible to CHPs.

FACT FILE

- Northern Highland has over 1100 Hospital beds spread across 16 sites
- If we can improve on our quality of care it will cost less and patients will be seen in a timely manner
- Hospital length of stay is now a lot shorter than even a few years ago with many more patients treated as day cases
- The longer a patient stays in hospital the more they are at risk of catching a healthcare associated infection
- We are striving to deliver a quality service each and every day, and for emergency services 24/7

NURSE BANK REMINDER TO MANAGERS AND BANK STAFF

Anne Gent sent out a letter last week to managers reminding them to ensure bank staff submit their annual leave requests timeously and that managers ensure that bank staff's annual leave is incorporated into pay sheets. In her letter Anne asks General Managers to take personal oversight to ensure all bank workers annual leave payments are up to date and any arrears are incorporated into pay sheets submitted to the Pay Unit by April 2010.

If you work on the bank or manage any bank staff you are reminded to comply with this requirement.

From the editor ...

Welcome to the February 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 or contact Christina.macdonald1@nhs.net

Deadline for copy: 15th March

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Funding approved for Broadford Medical Practice development

The Scottish Government has approved funding for a new £1million health centre next to the Dr MacKinnon Memorial Hospital at Broadford on Skye.

The premises currently used by Broadford Medical Practice are no longer fit for purpose and a number of different options were considered for their replacement.

As part of a public consultation exercise, community representatives and healthcare professionals were last year invited to take part in a non-financial benefits scoring exercise to decide which option would provide the best service for their area.

They chose the option which involved building a new health centre next to the hospital on the things that were important to them, irrespective of the cost.

Kate Earnshaw, who is NHS Highland's Clinical Services Development Manager for Skye,

Lochalsh, Ross, Cromarty and West Ness, said this was still found to be the best option when the cost was added into the equation.

The practice will serve people living in Broadford and Strath and in the Kyleakin and Kylehrea communities and the building will be designed in a way that will allow further development at a later date, if required.

Mrs Earnshaw said: "I am absolutely delighted that funding has now been approved.

"This is excellent news as it will enable us to provide a new building with good modern healthcare facilities for people living in this area.

"We hope the new facility will be fully operational during the next financial year."

She explained that there were a number of reasons why the existing premises were not fit for purpose. These include failing to comply with the Disability Discrimination Act and inadequate clinical facilities.

Secure future for Portree Hospital

NHS Highland reassured campaigners fighting to save Portree Hospital that there were no plans to close or downgrade the hospital.

The reassurance was given in response to the Save Portree Hospital campaign which has been set up on the social networking site, Facebook.

But Mid Highland Community Health Partnership (CHP) General Manager, Gill McVicar, stressed that there were no plans to close or downgrade Portree Hospital.

She added that the CHP was looking at improving services on the site, which would act as a resource hub for community services in line with the Community Hospitals Strategy.

Mrs McVicar said: "We have two excellent facilities with highly skilled and dedicated staff in both. We are working hard to make sure they complement each other and provide a range of services for the people of Skye, Lochalsh and Wester Ross.

"We are also looking to plug the gaps in services on Skye by developing, for example, rehabilitation and reablement services on the Portree site, which we hope will become a centre of excellence in this vital area of care."

Portree Community Hospital has 12 inpatient beds, with dedicated rehabilitation beds providing services to the whole area. It has a community casualty facility providing minor injury

and Out of Hours care from 8am to 11pm every day of the week.

Dr MacKinnon Memorial Hospital at Broadford has 23 beds and an operating theatre, which provides a visiting surgical and diagnostic service. It also offers a 24-hour accident and emergency service and provides the acute medical care for the locality.

Both hospitals offer a varied range of services.

Mrs McVicar said: "I acknowledge that the fabric and layout of both hospitals are not ideal, but we have invested significantly in Portree, with further investment in radiology equipment expected soon. We have also recently improved the environment in Broadford.

"I am aware that there is a hope for a new hospital or hospitals in Skye, but we need to be realistic. In the current economic climate, it will be many years before we are in a position to replace either of the hospitals.

"In the meantime, our plan is to retain them both and ensure that we make them as effective and efficient as possible in the circumstances. Neither hospital could take on the full role of the two facilities at the moment, due to space, layout and facilities, so we will be keeping them both, but they need to work together. They each have unique characteristics and provide an excellent and much envied service to the local population.

Workshop considers the future of health services in Skye and Lochalsh

Community representatives joined NHS Highland staff and managers for a Health Services Workshop to consider the future of health services in Skye and Lochalsh.

The workshop, held at the Dunollie Hotel in Broadford on Friday February 12, considered the findings of a public engagement exercise, which was carried out over a five-week period in September and October of last year to gather the views of local people.

And the priorities they identified will be used in the planning of future services for the area.

Those invited to attend the workshop included representatives of all community councils, Highland councillors, MPs and MSPs, locality and clinical staff, managers and representatives of partner organisations.

The public engagement exercise 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).

And Shona Laidlaw and Maria Throp, of HCCF, explained the purpose of the exercise and its findings, which were very similar to the views expressed by those attending the workshop.

There was a strong feeling that local people still wished to see a new hospital built in Skye and Lochalsh, but Mid Highland CHP General Manager Gill McVicar told them this would not be possible for many years due to funding restraints.

The delegates said they still wanted work to continue on planning for this so it would be ready to go ahead when funding was available.

In the meantime, Mrs McVicar told them that there was no intention of closing either of the hospitals on Skye.

She said: "We are retaining two hospitals on the island as neither hospital is able to pick up the full role of both. They need to work together to make sure we have the services you want."

Mrs McVicar also explained that Scottish Government health policy was strongly based on the need to shift some types of healthcare from hospital-based services to community services as it's better for people to receive their care at home or as close to home as possible whenever possible and is what many patients say they want.

But she explained that to provide the services and treatments needed to support this, funding needed to be found from elsewhere as there was no additional money available to provide these services.

Kate Earnshaw, who is Clinical Services Development Manager for Skye, Lochalsh, Ross, Cromarty and West Ness, gave an outline of current services in the area and Mid Highland CHP (CHP) Head of Finance, Tom Slavin, explained the financial situation.

He said the CHP had a total budget of £71million, of which £11.7million was allocated to Skye and Lochalsh. This will fall to £11.5million next year. He added that the CHP also had to find savings of just under £2million.

Mr Slavin pointed out that the financial situation being faced by Mid Highland CHP was not a local problem but was part of a Scotland wide problem.

Those taking part in the workshop then split up into groups to discuss the things they thought could be done differently in the provision of health services in the area to make better use of the available resources.

Suggestions included using telehealth to save patients needing to travel long distances for follow up appointments, a focus on early intervention and preventative services and more support for patients and their families to help them manage their conditions themselves.

They also wanted to see transport issues addressed, better integration between health and social care and improved communications across the agencies and to local communities.

After the event, Mrs McVicar said: "We are pleased that the workshop was well attended and provided an opportunity to hear a wide range of views and perspectives in one place at one time.

"We listened carefully to everything that was said and I believe that we now have a shared understanding that we cannot keep doing the same things.

"We need to look at all the services we have to ensure that we make the most effective use of them and get the best possible value for money. It is important that we focus on the needs of the population and plan accordingly.

"The dialogue with local people will continue. We are going to have to make some difficult decisions and we want their help in making these decisions."

Alcohol, healthy weight and smoking top the agenda for new director of public health

NHS Highland has a new director of public health. Dr Margaret Somerville has moved to the Highlands from the south west coast of England where she was director of public health learning at the Peninsula Medical School.

Dr Somerville said: "I've been attracted to the Highlands by the opportunity to work with a very well respected team and to take on the challenge of supporting people living in remote and rural communities. I thoroughly enjoyed teaching medical and postgraduate students but I really wanted to get back to my roots in public health."

Asked what the key issue facing her in her new post would be Dr Somerville said: "We have a serious and growing problem with alcohol and if we want to reverse the trend of people losing their health prematurely due to harmful drinking we need major changes in attitudes and behaviour. We have to help people to see that they can celebrate a happy event or enjoy a relaxed night with only a moderate amount of alcohol. I believe the proposed changes to the law around access and minimum pricing will encourage people to think before they buy more than they need and that's an important first step."

Other issues high on the agenda will be smoking and healthy weight. Dr Somerville said: "We are seeing an increase in the number of people quitting smoking but we can't take our eyes off the ball. Smoking continues to be the single biggest preventable cause of premature death with half of smokers killed by their habit."

Perhaps an even harder issue to tackle will be

the growing number of people whose health is in jeopardy because of their weight.

"Thousands of Highlanders will be wrestling with their New Year's resolutions to eat well and get more exercise and we need to find a way of harnessing that ambition to be healthy and making it easier for them to succeed. At a basic level we want people to know that success isn't about a quick fix that makes them lose a stone for a few months but making small changes that last a lifetime" said Dr Somerville.

Welcoming her to NHS Highland Board Chair Garry Coutts said: "We are delighted to welcome Dr Somerville onto our team. Much of NHS Highland's work is about shifting where we put our energies to help people earlier and stop health problems escalating. At its simplest this message is prevention is better than cure. We want fewer people ending up in hospital where it's often too late to reverse the worst effects of unhealthy lifestyles or unmanaged conditions. If we can support people to make healthy changes to their lifestyles and manage existing health problems then we can save them from unnecessary suffering and free up resources to care for people with unavoidable illness or injury. Of course this is all easier said than done and I am pleased Dr Somerville has joined us to put words into action."



New Changing Room facilities at Raigmore

In June/July 2010 the main staff Changing Room area will undergo a refurbishment. In the female staff change this will include the provision of cube lockers for each clinical and domestic member of staff and larger timeshare lockers for staff to use while on shift. Similar facilities will be installed in the male staff change area with additional lockers, toilet and shower facilities to meet an increase in male clinical staff numbers.

A questionnaire was circulated to a sample of clinical and domestic staff to find out more about staff needs for the change facilities. Over 300 responses were received, giving a clear picture of staff needs and priorities. A total of 109 suggestions were received regarding improvements to the current facilities, many of which will be incorporated in the refurbishment. Consultation with staff will continue throughout the planning stage of the development with a researcher spending time discussing layout options and colour schemes with staff and plans being ultimately signed off through the Staff Change User Group.

SCI Store Remote Data Access

This new feature is now available from our SCI store Results reporting system.

The REMOTE DATA ACCESS module allows users to search SCI Stores in other Health Boards. For example here in Inverness you can currently view Western Isles patients.

For further information please see eHealth alert section on the front page of the intranet.

Hospital Environment Inspectorate report for Raigmore Hospital published

Earlier this month NHS Highland welcomed the publication of the HEI (Hospital Environment Inspectorate) report for Raigmore Hospital.

This report supports the view that Raigmore Hospital, is both clean and in good repair. Most importantly the Inspectors found that the staff in Raigmore were knowledgeable about infection control, and were able to demonstrate examples of good practice.

It is important to NHS Highland Board that, given the general public concern about hospital associated infections that all Highland hospitals can give assurance about the way that clinical areas are kept safe and clean for patients.

The people of Highland can be assured that an independent and close inspection of Raigmore, which was undertaken through the "eyes of patients", was able to demonstrate good practice in a clean hospital. NHS Highland is pleased

that this will reaffirm for patients the confidence that they place in the hospital.

Una Lyon, Lead Nurse Raigmore Hospital said: "We are delighted with the report and it is a credit to all of the staff at Raigmore Hospital. Staff worked particularly hard in the lead up to the inspection. We know that the 'real' test will be when the Inspectorate team return unannounced in the future, but I have every confidence that the team will be able to demonstrate the same high standards. To this end, we have already set up local inspection teams to continue close monitoring and support to staff."

Head of Facilities Douglas Seago said: "The hospital benefited from a huge team effort by all staff. Pride in the hospital was restored over a relatively short period of time and the challenge will be maintaining the high standards which have been achieved."

Raigmore staff talk about preparing for the HEI visit

The Senior Charge Nurse

Gordon Macleay from 7C

How did you get ready?

We got together and looked at the audit tool and thought creatively about how we were going to get through everything. The guidance on hygiene and infection control changes all the time so even I found out basic rules that I didn't know for example we have to use blue tack and not Cellotape to stick up posters. We also now know to access all the guidance and information we need on the intranet so there are no out of date hard copies lying about. I was really lucky because several staff volunteered to come in on their days off to finish things off. Our estates staff were excellent. They filled in any holes in the plaster on walls and replaced damaged splashbacks in toilets. MRSA and C. Diff spores live in dust so it's really important that surfaces are easy to clean.

What was it like on the day?

The inspection team arrived quite late at about five to five and stayed for more than four hours. They looked in every nook and cranny and spoke to a lot of people; staff, patients and the domestic on duty at the time. They were very businesslike but very pleasant. They were very complementary about how we make information easily available to everyone on the ward. They made particular comments about our staff bulletins and noticeboards. It was rewarding getting their feedback after all the hard work and certainly no one could say they weren't thorough.

Why is it good for patients?

Patients and relatives notice the difference and I think it gives them confidence in us. It's small things like wiping down surfaces frequently so they can see they are being cleaned regularly, having the appropriate cutlery and hand wipes on their meal trays and having toilet brushes that are bagged after cleaning. We also now have laminated information on infections like MRSA and C. diff and how to launder patients' clothes at home outside the rooms.

What's your advice for other senior charge nurses?

The work to meet the Inspectorate's standards links in well with other things you are doing so think about the Senior Charge Nurse Review, Scottish Patient Safety Programme and remit for Infection Control. Look at the templates for the healthcare environment inspection and work out your own strategy but don't think about the next inspection think about the next 10 years. Aim to make it sustainable.

Raigmore staff talk about meeting the HEI grade

The Staff Nurse

Ewen Corbett from 7C



How did you get ready?

We all had to work through the guidance to make sure we were up to date. Once we knew what we had to change we got together to decide how to get everything done and some of us came in on days off to make sure we were ready for the inspectors. It was really good to be part of that because it shows we really want to do the right thing for patients. We've got a good system of communication on this ward and that helps a lot.

Why is it good for patients?

People are more aware of what counts for patients and how to ensure they have confidence in us. For example it's so important that commodes are really clean. We wouldn't want our parents or grandparents using a dirty commode. You now see people cleaning a commode as carefully as they would a patient. At the end of the day it's the patient who comes first and this is good for their health and well being.

The auxiliary nurse

Senga Valente 7C

How did you get ready?

We came together as a team and got everything done. We weren't fully aware of everything we needed to know but now we are and we know where to get up to date information on the computer. It's so much easier that it's all in one place and we've got used to a new way of working. I came in on a holiday ahead of the inspection and it was nice because no-one was different that day we just all mucked in.

Why is it good for patients?

I think patients are more confident about their care and they are more relaxed and happier when they see that we are thorough about cleaning and infection control.



The Domestic Supervisor

Sheila Campbell floors 2—4

How did you get ready?

We worked through the template the inspectors would be using. We had to check the paperwork to see what the standards were and what we would have to change. There were a few things that we didn't know about like not having any notices on the walls of the Domestic Service Rooms (DSRs) and that they had to be locked at all times. We were busy advising people on what was needed and it was good working with ward staff. Lots of checking and rechecking.

Why's it good for patients?

The hospital looked so nice, clean, tidy and roomy. Patients noticed.

Advice for other supervisors in Highland?

Spend more time on the floor. Observation is a big part of it.



The hardest part is to keep on top of it. We've seen some bad habits creep back but we do know who to turn to to get clutter moved.

The Domestic Janet Dickson, Ward 3C

How did you get ready?

There was lots of extra work and checking. We used the template the inspectors use and just checked and rechecked. It was mostly what we were already doing.

Why's it good for patients?

It keeps cleanliness levels up and quite a few noticed and said "you're busy to day".

Advice for other domestics in Highland?

Try not to panic. Working your way through the list and keep checking and rechecking.

NHS Highland Patient Booking Service

NHS Highland Patient Booking Service: Review of Progress and Next Steps

As part of the 18 Weeks Referral to Treatment Programme significant work is ongoing to improve administrative systems including how appointments are booked. This was identified as a priority by Senior Clinicians in January 2009. Since then steady progress has been made and plans are now in place to implement new arrangements for all Medical and Surgical Specialities by April 2010. This article provides a brief overview of the need for change together with a summary of key areas of work being progressed to support the changes.

Context

Patient non-attendances and cancellations consume valuable, and ever scarce, NHS resources. They also severely impact on administrative **flow** and workload. There is often a poor understanding of why patients Did Not Attend (DNA) or cancelled. Over and above this, there are a range of staff (clinical and non clinical) and grades (Bands 2 -7) who book appointments. This can vary from being 100% of a their job to ~ 10%.

How are most appointments made?

New patients are sent a letter which confirms the date, time and location of their appointment. If the patient is not able to attend then they may be able to re-schedule over the phone or will be sent another letter with an alternative date.

Similarly, if the hospital has to cancel a clinic then this causes further re-scheduling. Patients will be contacted and will be offered another appointment, usually by letter.

For return patients, many are given the date of their next appointment before they leave the clinic. The same process is applied whether the follow up is in 2 weeks, 6 months, or one year. While this works well for some patients others end up having to reschedule.

Why is there a need to change?

In Northern Highland there are ~ 250,000 contacts made to support the booking of an appointment. Analysis of our data shows that up to 30% of appointments are being rescheduled in some departments. Half of these were by the patient and half because the hospital cancelled clinics. This generates significant administrative

work.

Other issues include over and under booking and return patients not being seen within required time-scales. In some cases a card system is still being used for return patients.

The overall DNA rate is 8 % and it has remained at this level for the last 10 years. The DNA rate varies significantly by specialty ranging from 2% to 25%. Notably, 75% of all outpatient clinic DNAs are for return patients.

New Booking Service

The model implemented in Radiology during 2005/06 is now being adopted for other specialties. It is important to highlight that this model continues to develop and be refined. The success of the new service hinges on having detailed discussions with clinicians and tailoring arrangements to best fit the needs of each patient group and/or department.

- Booking staff will only book to the instructions provided by consultants
- Urgent patients will be phoned and seen first. All other patients should be seen in order (longest waiting patients first).
- When an appointment is agreed the process will include direct communications with patients.
- Commitment will only be given to agree an appointments date and time when there is confirmation that a clinic will definitely take place.
- Templates should reflect actual need and include provision for returns.

Work in Progress

During the last 7 months, considerable work has taken place to set up the new service and prepare each speciality for the transition. Staff booking for Radiology, ENT, Orthopaedics and Endoscopy are all now working from a new office on the 7th floor. Discussions are ongoing with other surgical and medical specialties and they will start to migrate in from Mid-February through until April, starting with General Surgery. It takes about 3 months for new arrangements to start to impact and so this helps staff through the transition.

Patient Contact

All of the patient contact letters linked to booking are being reviewed. To support the move to patients phoning in, a telephone strategy and a call handling script has had to be developed and agreed. Work is also progressing to bring in a Text Remind system.

Patient feed-back and involvement has been an integral part of the scoping work. A Full Equality and Diversity Impact Assessment has now been completed. Work is also being progressed jointly with GP Practices to ensure that any special requirements of patients are communicated to the hospital.

Quality Control and Reporting

There is National Government Guidance for booking appointments "New Ways". Currently it can be difficult to assure that all appointments are being booked within the agreed rules. Robust Quality Control, Monitoring and Reporting has now been agreed. This will be supported, in part, by a new role of Quality Coach.

There will be training and development in place for new and existing staff.

Key Performance Indicators are in the process of being signed off but two key markers will be DNA and Cancellation rates. During the first 6 months of a new speciality coming in these will be expected to half.

Collaboration

Getting to the root cause of some of the problems and developing the new service has been a major undertaking. Many staff have been actively involved including Booking Staff,

Administrators, Team Leaders and Heads of Service. The works has been actively supported by, E-Health, Service Planning, Clinical Effectiveness, Agenda for Change, HR, Learning & Development.

Organisational Change

The new service does have implications for staff and the organisational change process is being followed. A Working Group is overseeing the transition.

The number of staff required needs to be based on the work load. Detailed analysis has taken place. From this we have been able to model appropriate staffing levels are. Initially, this has been based on current ways of working. It has been estimated, however, that up 25% efficiencies can be made linked to improving internal processes.

A new structure has also been agreed. Job Descriptions have been developed and a mapping and matching process is underway for phase 1. HR support is being provided via Cathie Walker and staff side representation via Etta Mackay and Callum MacDonald.

Next steps

Phase I is due for completion over the next three months. Preparatory work to support wider review also now needs be initiated. Further details are available on the intranet.

For further information contact Maimie Thompson (Project Lead) or Katherine Sutton (Clinical Lead).

Feb 2010

MRSA Screening Programme

Thanks to a great effort by all staff involved, the national MRSA screening programme was successfully rolled out in Raigmore, Caithness General, Belford and Lorn & Isles Hospitals in a very short time frame and implemented by the end of January 2010, as per the Government directive.

Patients being screened as part of the project are:

- All medical and surgical elective patients (except paediatrics, obstetrics, psychiatry and day cases)
- All emergency admissions to Nephrology/Renal; Vascular; Dermatology; and Care of the Elderly

Documentation connected with the project (background information, presentations, reports, minutes of meetings etc) are available on the Intranet project site: <http://intranet.nhsh.scot.nhs.uk/Projects/ExtendedMRSAScreening/Pages/Default.aspx>

In addition, NHS Education for Scotland, in partnership with Health Protection Scotland, has developed a resource pack to support the training of healthcare staff undertaking MRSA screening. The pack can be downloaded and used by staff as part of their KSF/PDP: <http://www.nes.scot.nhs.uk/hai/mrsa%5Fscreening%5Fprogramme/>

If you have any queries or require any clarification regarding the screening programme, please contact the Project Manager, Linda Brady, on linda.brady@nhs.net.

Who's who in Violence and Aggression

NHS Highland is taking a proactive, preventative approach to violence and aggression. New titles and roles have been introduced. So who does what?

Violence and Aggression Prevention Team

Previously known as the management of violence and aggression team the new title reflects the preventative approach. The team is lead by manager Diane Fraser and includes two violence and aggression prevention advisors, Liliias Coyne and Angela Caruana and one full time trainer Ellen Macdonald.

Violence and Aggression Prevention Trainers

Supporting Ellen Macdonald are 31 part time violence and aggression prevention trainers who commit two days a month from their substantive posts to provide training. Trainers receive three weeks of intensive training and work alongside advisors and experienced trainers before they are able to deliver the full range of V&A prevention training.

Key Workers

We have 33 key workers who have completed a four day training course and a further 15 will have completed their training by the end of February. There are key workers in Raigmore Hospital and the North Highland, Mid Highland and South East Highland Community Health Partnerships. The role of a key worker is to promote best practice at operational level and to communicate concerns and issues to the violence and aggression prevention team. They also keep a record of updates. They are not expected to provide initial induction training or manage individual incidents of violence and aggression in their operational areas. When all staff have reached a minimum understanding of current violence and aggression prevention techniques the key workers will be able to provide updates but it will take time to reach this stage. Key workers need support from managers so they have time to meet regularly with the advisors and prepare for updates.

Dates for training

Alcohol training

Alcohol Awareness Sessions (nb: not brief interventions). All 1.30pm - 4pm.

Fort William	8 March	Post Graduate Centre Belford Hospital
Wick	15 March	Seminar Room Caithness General Hospital
Inverness	15 March	Centre for Health Science
	22 March	Raigmore Hospital Recreation Hall
	25 March	Centre for Health Science
	29 March	Centre for Health Science

Dementia Workshop

Inverness	30 March	Centre for Health Science
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For more information and to book visit the Health and Safety page on the intranet.

Preventing Violence and Aggression

NHS Highland staff are taking part in training to give them an improved understanding of dementia and alcohol. It is part of the Board's work to try to reduce the number and severity of incidents of violence and aggression against workers and improve care for patients.

Five healthcare assistants from Raigmore Hospital are taking part in a six month course on working with patients with dementia in acute hospital settings. The course is being led by violence and aggression prevention team manager, Diane Fraser, who has undertaken facilitator training at Stirling University's Iris Murdoch Dementia Centre. A further four staff nurses are taking the facilitator course this month and they will be able to provide training across the NHS Highland area.

Diane said: "The course helps staff to gain a better understanding of what it is like to have Dementia and how they can help improve the patient's experience within the confusing surroundings of a busy acute hospital. We know that patients are more likely to become stressed and anxious if they don't understand what is happening to them and around them.

This course helps staff to reflect on what changes can be made to improve care and settle anxious patients. The course highlights the importance of repeated reassurance and orientation, reminding a patient with poor recall about where they are, what is happening to them and who is looking after them. Simple things such as improved signage identifying toilets and easily read clocks help with orientation and can reduce anxiety."

Healthcare assistant Carlyne Watt who works on the emergency admissions ward said: "This is probably one of the best courses I've ever studied. It has given us such an insight into the experience of patients with dementia. It is so easy for their needs to be forgotten about as they don't articulate them the way someone without dementia would. Being in hospital worsens their condition and can lead to them being agitated it's really important that we try to shorten their stay by working to prevent issues like dehydration and poor nutrition. This means regularly offering them fluids and trying to find out what they like to eat, perhaps by talking to a relative or carer. I'd recommend this course to anyone who wants a basic understanding of what it is like to have dementia."



V&A prevention team manager Diane Fraser

There will be a dementia workshop on 30th March which will cover dementia, delirium, depression, communication and behaviour, environmental issues, legal, ethical and restraint issues, medications and nutrition. There will be presentations from an older adult consultant and the Mental Welfare Commission. Meanwhile six sessions on alcohol awareness for all staff will be held in Wick, Inverness and Fort William. These sessions are about raising awareness of harmful and hazardous levels of drinking and addressing the problems we face trying to help patients with alcohol problems. They should not be confused with the Alcohol Brief Intervention training that is also underway across Highland.

New trainers for Argyll and Bute

16 staff Argyll and Bute CHP staff members have completed the violence and aggression prevention training for trainers course. They are now starting to offer training across their area. The trainers are supported and mentored by violence and aggression prevention advisors Liliias Coyne and Angela Caruana. Once they have had time to build up their experience Argyll and Bute will also benefit from the introduction of "key workers" who can help to keep staff up to date on best practice and provide a link to the team. For more information on the roles of trainers and key workers see the who's who in V&A prevention on the previous page.

Moving and Handling Team - NHS Highland

Across NHS Highland the Moving and Handling team works in partnership with all staff, in clinical and non-clinical settings, to support skills and knowledge in safer moving and handling.

Who we are:

Manager – Professional lead for service - post will be vacant at 1st March, 2010.

Co-ordinators – all work across Raigmore, Mid CHP, North CHP and South East CHP with the following links specific to each area:

- Sharon McArthur 01463 706909 (linked to Raigmore)
- Linda Vosseler 01463 706869 (linked to Mid CHP)
- Shona Grant 01955 603294 (linked to North CHP)
- Jean Martin 01463 706868 (linked to South East CHP)

Part-time trainers – a small group of part-time trainers support training provision across NHS Highland, contact details on Moving and Handling Homepage under Human Resources on the intranet.

Within Argyll and Bute all training support for staff is provided by the part-time trainers, contact should initially be made via the Health and Safety Team – 01436 655007.

What we are doing

1. *Implementing New Means Of Supporting Moving And Handling Skills And Knowledge*

Moving and Handling training support for staff has traditionally been via classroom based sessions at

- Induction (for staff with no previous moving and handling training).
- Refreshers every 18 months for staff with previous training.

Following work across Scotland to develop a shared NHS Scotland Manual Handling training passport and evolving evidence in supporting staff in safer moving and handling skills in the work place - the support for staff **with previous** moving and handling training is moving from classroom to the workplace.

This move from classroom to workplace is being implemented with the introduction of Moving and Handling Key Workers.

2. *Moving and Handling Key Workers and Line Managers*

Over 2010 the initial implementation will aim to have Moving and Handling Key workers across

High Risk clinical wards in Raigmore, Mid CHP, South East CHP and North CHP. A document on the moving and handling Intranet pages outlines the Roles and Responsibilities of the Moving and Handling Key Worker.

53 Key Workers have completed training as Moving and Handling Key Workers, with additional courses planned over 2010. In the future the Moving and Handling training provision across NHS Highland will align to the standards of The NHS Scotland Manual Handling Passport. The team will continue to develop the Moving and Handling Key Worker role out to implement an effective system for assessing workplace competence in Moving and Handling.

Line Managers are vital to the success of this move to workplace support for moving and handling skills and practice. Line Managers of Moving and Handling Key Workers must demonstrate adequate support for Moving and Handling Key Workers to:

- Allow time for Key Workers to support staff and carry out competency assessments
- Support further development of skills if deemed appropriate
- Ensure attendance at local Key Worker group meetings and updates.

3. *Future Moving and Handling Education and Support for Staff*

Moving and Handling education for staff will comprise the following

- **New Start Staff With No Previous Training** - required to attend the appropriate classroom based course – either the one and half day High Risk course for Clinical Staff, one day course for Medium risk staff or half day course for non-clinical staff.
- **Work Places With Key Workers** - existing staff or new starts with previous training will complete a self assessment of their training needs and work with the Key Workers and Line Managers to support those needs. Key Workers will work with staff who will undertake a competence assessment annually. If this identifies areas for support that cannot be provided in the work place - contact will be made to the core Moving and Handling team to identify means of providing such support. This may include additional specific work place input or more formal classroom sessions.
- **Work Places Without Key Workers** – staff will continue to access moving and handling

support via appropriate Refreshers (one day for High Risk, half day for Medium Risk, one to two hour update for Low Risk). In addition regular "Drop In" sessions are held in Inverness, these can be used for Low Risk staff to update or for clinical staff to go over specific skills e.g. slide sheet use with Pat slides, hoisting and sling insertion, with the Moving and Handling team.

Further information on the Moving and Handling Key Worker implementation (or any other queries re moving and handling) can be obtained by contact to the Moving and Handling Co-ordinators or by reading the report to the Health and Safety Committee.

4. Planning for E-Learning

The December update on the Health and Safety Department mentioned the challenges of provision of traditional training across NHS Highland. With a project group addressing the Implementation of an E-Learning Programme – including a suite of Health and Safety modules – it is planned for the future to initially introduce E-Learning to cover some aspects of a Moving and Handling Induction courses. This is still in planning stage – some areas across Scotland have such a programme in place and provide useful models for learning and practice.

5. Visiting Work Bases

Moving and Handling Co-ordinators have been

involved in many work place visits to support Key Workers, provide specific training and support evaluation of new equipment. They will visit Key Workers in the work place to initially support local competency assessment. The Co-ordinators remain a central link for the Key Workers - this link strengthens the Co-ordinators knowledge of issues in the work place.

When resources allow - specific training has been provided in work sites in areas across NHS Highland including

- Renal Unit and Accident and Emergency - Belford Hospital, Mid CHP
- Sterile Services, Outpatients, Accident and Emergency – Raigmore
- Dental Unit, Dingwall and Physiotherapy team, Aviemore – SE CHP.

Equipment trials and evaluations have been supported with, in 2009, a Gantry hoisting system installed in the mortuary, Raigmore. Support for information, contacts and evaluation of Moving and Handling equipment remains a core theme of the work of the Moving and Handling team. The team aims to work in partnership with all staff, in clinical and non-clinical settings, to support skills and knowledge in safer moving and handling, contact details for more information available on the Moving and Handling home page.

Healthy ways to a healthy weight for Highland families

NHS Highland is supporting children, young people and their families to have some fun and improve their health through joining the X programme. This has been designed to help families be more healthy by looking at food and activity-it is not about losing weight.

Families can refer themselves, or they can be referred by a health visitor, school nurse or GP.

NHS Highland's health promotions specialist Dan Jenkins said: "The way we provide support is through fun activity based learning. Firstly the families have a one-to-one session with one of the facilitators. They can just talk about what they want to get from the programme. Then there are eight main sessions, once a week for a couple of hours in a venue that is easy for families to use. The families take part in a range of activities that build confidence and improve communication skills, with play and praise. It's not competitive. There is also discussion on the benefits of physical activity, food and shopping tips-like how to read food labels. There is then a catch-up party after 3 months, to see how people

are getting on and give more support"

The Scottish Government has agreed a revised target for NHS Highland of about 400 children and families each year from April 2010. It has acknowledged that this initiative has required a lot of planning and development and staff training. Therefore the number of children and families completing programmes has been low in the first stages of the initiative, due to the need to pilot and refine the scheme.

Dan said: "While the aim of this government target is healthy weight in children with an unhealthy weight, we recognise the importance of delivering a programme helps families feel good about making healthy choices for themselves. Our research shows that families are happy for a health professionals to offer support with making lifestyle changes."

NHS Highland has trained 80 people to deliver the programme including school nurses, health visitors, oral health educators, youth workers and active schools coordinators. It has been piloted in Nairn, Wick and Thurso and is being rolled out across the region.

Share examples of what's been achieved

We are looking for news to pass on to patients and members of the Highland HealthVOICES Network to illustrate what is being done to improve services.

If you belong to a group or project that is assiduously working away, perhaps in the background, and you have managed to change something, however big or small, that has actually made a real difference then the Public Involvement Team would like to know. This is a chance to publicise improvements you may have been working to develop for months or years to give better care to patients.

Often NHS Groups get accused of going through the motions. Patients say what's the point of giving us their views when they never hear what's happened and how they have made a difference. We'd have to agree, *'what is the point'*, if any changes made are not shared with those who've suggested them. The hard part is convincing people that something positive is happening and that the organisation is listening.

Make sure you close the feedback loop. The only way we can be creditable is if we can show, for example, how systems, processes, forms or even something as simple as how the phone was answered has been looked at and improved.

The Highland HealthVOICES Network members are eager to learn of progress and our monthly

newsletter 'Network News' is an opportunity for NHS Highland staff to let the 300+ members know what exactly is going on.

Members also belong to many varied groups Highland-wide so news of your hard work gets cascaded. If you have used members of the Network in your projects and groups remember there is still the wider Highland HealthVOICES Network who are equally keen to be kept updated.

Remember as well as asking patients to participate in the planning and development of health services you can ask Network members to give you their feedback on your plans or just give us the information you would like passed on.

Check out the Newsletter on the NHS Highland website – www.nhshighland.scot.nhs.uk/GetInvolved/PublicPartnershipForums/Pages/NetworkNews.aspx

If you are just looking for some advice and support around patient and public participation in general then you can get in touch with the Public Involvement Team on 01463 704702. And don't forget the Communications and Engagement Guide on the Intranet in the Well Informed section, a 'how to' guide to anyone thinking of making changes to service delivery.



Local GP cuts first turf for new hospital

A local GP this month cut the first turf for the new £8.3million hospital that will replace the existing Migdale Hospital at Bonar Bridge in Sutherland.

Dr Chris Mair, of Creich Surgery, Bonar Bridge, performed the honours to mark the start of work on the new hospital, which will provide inpatient and some outpatient services.

Robertson Highland began work on the access road and the drainage associated with the development last month. They have now started work on construction phase of the project and it is hoped that the new facility will be fully operational in April 2011.

Dr Mair said: "I was very pleased to be asked to cut the first turf for this important project. This is a super opportunity for the area and a wonderful culmination of everyone's efforts. It will mean that the hospital will be able to start providing improved services nearer to people's homes."

Raymond More, Managing Director, Robertson Highland said: "We are thrilled to be part of this

ceremony that marks the official start to the construction phase of this exciting project."

Inpatient facilities at the new hospital will be 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.



Above: l-r Raymond More and Dr Chris Mair

“Getting Greener”

Waste & Recycling

NHS Highland changed much of its waste uplift arrangements in 2009. This saved considerable sums in relation to previous costs and allowed smaller sites, such as GP surgeries, Pharmacies and Dental surgeries to be incorporated.

Additionally there was a shift in how we dealt with Cardboard and Paper waste. The 2008/09 figures were 106 tonnes of Cardboard and 184 tonnes for Confidential/non-confidential Paper waste. Recycling both costs only 10% of the equivalent to Landfill.

The diversity of our estate means that different options have to be put in place for different circumstances. Recycling makes sense for everyone and working in this way assists local Councils meet their national targets. An example of work done recently is Raigmore Hospital. As well as paper waste it has made significant progress in recycling Plastic Bottles – some 800 bottles/week or 40,000 bottles per year for one site! In addition the site has facilities for Paper and Clothing at the Staff Accommodation.



Other sites or areas staff are allowed and

encouraged to use the local council facilities; e.g. Wick and Fort William. Please make use of these where you can. If you are not sure of what can be done in your area please contact me directly on Tel. – 01463 704618 or Gordon.macdonald1@nhs.net.

The Scottish Government target is 70% of materials recycled by 2025. Its up to us all to help achieve this.

Top Tips

This was a request from January’s newsletter.

Top tips in the kitchen –

- Do not overfill your kettle (whilst always make sure you cover the element).
- Don’t forget to use the lid on saucepans – food cooks quicker with less cost and less condensation.
- Plan your kitchen – if possible keep your fridge in a cool place – away from the cooker or direct sunlight.

As well as energy savings having an effect on our pocket it’s also worth checking out this website – www.nhsdiscounts.com

Feedback

Thanks to all who have come back with thoughts and suggestions. I hope that my responses were satisfactory. I will include some of these over the coming months in specific articles.

Thanks also to “Grumpy” of Raigmore who raised the “arm-less” barriers for the Car Park wasting energy. Estates have this in hand and the situation should now be resolved.

Keep them coming – Lets go to **WAR on WASTE!**

Mull & Iona Progressive Care Centre Approved

At the February Board meeting NHS Highland approved the plans and capital investment of £4.849m submitted by Argyll & Bute Community Health Partnership (CHP) for the construction of the new Mull & Iona Progressive Care Centre (PCC) on Mull.

This project is a partnership between NHS Highland, Argyll and Bute Council, Scottish Government, West Highland Housing Association and the Mull & Iona Progressive Care Centre Company and Design work to create the PCC has been ongoing for several years following the donation of a suitable piece of land at Craignure.

The development of the PCC is a key component in the CHP’s and its partners overall plans for modernising, redesigning and integrating health, social care and housing services for Mull and Iona.

The purpose of the project is to deliver fundamental change in the way in which health, social care and housing services are delivered in Mull and Iona. The project will enable and facilitate joint working between the service providers with the aim of maximising the potential for people to remain in their own homes and communities, particularly in old age when their need for support increases. Services will be shaped around the needs of users through the development of partnerships and co-operation between them, their carers and families; between the local health, social care and housing services; between the public sector, voluntary organisations and private service providers.

Improve your listening skills

A pilot programme of listening courses being run through the Chaplaincy Department at Raigmore Hospital in Inverness has proved to be a great success with members of staff taking part.

The importance of listening to our patients is not only a core part of good clinical care but is also central to their emotional and spiritual care and, with this in mind the pilot was set up and was last year offered to staff and volunteers working in Oncology (although the skills are relevant to anyone working within the NHS) with over 60 people completing the 10 hour course.

Those attending take part in an interactive course that includes presentations, discussions and opportunities for listening practice in twos. Participants are invited to draw on their own experience rather than role play as they explore the importance of listening under four headings:

- Good listening is foundational
- Good Listening is disciplined
- Good listening is many layered
- Good listening is multi- purpose

Those taking part will be asked to consider the importance of listening for health and well-being,

to understand the place of vulnerability, trust and confidentiality within a listening context, to explore an understanding of your own pattern of listening, to consider specifically listening to life's changes, illness, bereavement and loss, and to reflect that good listening is difficult.

Feedback so far has been very positive and comments from those involved have included valuing the opportunity to improve their listening skills together with gaining a greater understanding of the importance of listening for the wellbeing of others. They have been provided with additional resources in the often difficult role of coming alongside patients suffering from cancer and their relatives and friends. As well as raising a greater awareness of the importance of listening within staff teams and of the need to be able to listen to ourselves too for our own health and well being

For any further information please contact the Chaplaincy Dept 01463 704463



Nintendo Wii Fit and Rehabilitation

A bequest of 2 Nintendo Wii Fits complete with TVs from the family of a local man tragically killed in a road accident last year is benefiting the amputee population in the Highlands and is being put to good use in the amputee rehabilitation physiotherapy service at Raigmore Hospital in Inverness.

Garry Fraser was a staunch supporter of the amputees using the service and their rehabilitation and, following his death in 2009, his family made the donation to help support the patients and staff involved in the service.

Mairi Ross, a Vascular Physiotherapist for NHS Highland, explains that the Wii Fit is an excellent addition to conventional rehabilitation. She said: "Conventional rehabilitation is very important. It involves muscle stretches, muscle training, balance re-education as well as walking training with an artificial limb if the patient is able.

"The Wii, an interactive program played through a TV, allows the user to take part in exercises and various types of games allowing them to see how their body is moving and how they can correct any wrong movements.

"The patient is able to stand on the balance board within the parallel bars and visually see when they are shifting their weight over their artificial limb. Without the visual feedback this can be quite challenging and many amputees do struggle with it."

She added that the visual feedback really helps with the stretching and strengthening of specific muscles, such as core tummy and pelvic muscles, which will help with improved body awareness, posture and ultimately safer and better walking.

Mairi said: "One of the main long term problems of amputees is the development of low back pain. If, within physiotherapy, we can use the Wii fit as an extra in targeting balance issues and weight transference difficulties then the hope is the patient will develop a more balanced musculature which is less likely to develop problems.

"One of the big benefits of the Wii fit and rehabilitation is that it is great fun. While the patient is working hard and performing the exercise or playing the game, they are thoroughly enjoying themselves."

NHS Highland & The Highland Council

Joint Policy: Supporting Adult Survivors of Child Sexual Abuse

Introduction

The new joint policy, "Supporting Adult Survivors of Child Sexual Abuse" applies to everyone working in NHS Highland and The Highland Council Social Work frontline services. It gives a guide for how all staff should respond to a disclosure of child sexual abuse by an adult, but individual workers will have different responsibilities in dealing with the issue and in supporting people. Those who work in a health or social care setting will have come into contact with someone who has been sexually abused. If you work in mental health services, obstetrics or gynaecology, gastro-intestinal medicine, accident and emergency, midwifery or dentistry, you have an increased likelihood of coming into contact with survivors of childhood sexual abuse. Certain care situations may trigger a repetition of the feelings or memories of earlier abuse or the feelings and memories of dealing with the abuse, e.g. being alone with a person more powerful than oneself, being placed in a horizontal position, having someone nearby and touching you, having objects placed in one's mouth, vagina or anus, being unable to talk or swallow, and experiencing or anticipating pain.

We have developed the policy and the associated guidance to help staff support Adult Survivors of Childhood Sexual Abuse, particularly within health and social care settings. It includes information on what childhood sexual abuse is; what the indicators of childhood sexual abuse may be in adults; how you are expected to ask about and respond to disclosures of childhood sexual abuse; how to assess if people need to be referred to other services; and how NHS Highland and The Highland Council will assist you in implementing the policy.

How should I respond to someone who tells me they are an adult survivor of child sexual abuse?

All workers should be aware that child sexual abuse is a possibility; recognise signs and symptoms; initiate discussion; listen and make time; and give correct information about sources of help. Child sexual abuse is a serious issue and you or your agency may have a duty of care to those affected. Rarely would your actions make things worse, and if you intervene sensitively and appropriately you could improve long-term health and well-being of adult survivors of child sexual abuse.

Be aware of barriers such as age, poverty, language and disability which can increase

vulnerability to abuse and limit access to help and services. You may need to provide specific support, for example professional interpreters or assistance with transport.

Your personal approach, warmth and acceptance are more important than detailed knowledge and training. You can support survivors of CSA by:

- Being warm and open and providing an environment conducive to disclosure
- Facilitating disclosure by tuning into and giving clues
- Listening to, accepting and believing what the person tells you
- Respecting choices and staying with the person
- Anticipating increased stress
- Taking their health seriously
- Offering a choice of who they talk to (gender)

Survivors of CSA say the most helpful worker:

- Is secure about boundaries, but relates with warmth and kindness
- Is informed about CSA, or keen to learn
- Has examined their own issues around CSA
- Works non-hierarchically, consults clients, reaches joint decisions
- Is client-centred, flexible, imaginative
- Neither hides behind confidentiality, nor breaks it insensitively

Adapted from 'Yes You Can!' (2008), Scottish Government

NHS Highland & The Highland Council Policy

The 'Supporting Adult Survivors of Child Sexual Abuse' Policy is available on the NHS intranet by clicking [here](#). The Policy outlines staff responsibilities when responding to adult survivors and includes assessment tools.

Training is also offered by 'Safe to Say' on working with adult disclosure of child sexual abuse and the Highland Community Planning Partnership is offering training on 'Asking the Questions about Violence Against Women'. These courses will support staff to implement the policy.

For more information about the policy and the training available, please contact Gillian Gunn on 01463 704814 or at Gillian.gunn@nhs.net

New website launches this years Heartbeat Challenge

An annual charity challenge is being organised by Heartbeat, a charity which promotes coronary health in the Highlands and Islands and assists those treating cardiac and cardiovascular diseases.

The 2010 Monadhliath Heartbeat Challenge's official website was launched this month with the event itself taking place on Saturday 4th September. The Challenge will involve running / walking 12 miles from Nairnshire to Moy Estate, crossing Saddle Hill and Pulpit Hill with a 10 mile return cycle along the old A9. Entries for the Challenge will be limited to 400. The money raised will go to the Cardiology Department at Raigmore Hospital in Inverness.



Monies donated to and raised by the 2007 Challenge have enabled the purchase of a transoesophageal echo probe (pictured with NHS Highland Cardiologist Stephen Cross), which is working well and is in regular use at Raigmore Hospital, Inverness. This advanced probe allows high quality ultrasound pictures of the heart to be taken and is a particularly useful diagnostic aid.

The Charity is now working towards our next fundraising target - a mobile echo machine. This is about the size of a laptop and therefore exceedingly portable. This machine would facilitate echos in high dependency areas and the community too and allows the technology to be taken to the patient - benefiting the whole of the Highlands, not just Inverness. This machine costs in the region of £45k and funds raised from the 2008 and 2009 Challenges mean that we are over 1/3 of the way to achieving our target.

Dr Stephen Cross of Raigmore Hospital offers the following words of encouragement to all participants: "We're all very appreciative of all the hard work done by the Committee, the helpers and the entrants on the day. This work is enabling us to buy additional pieces of equipment to improve further the Cardiology services we provide for Highland patients. It is complementing the recent improvements in staffing and equipment for the development of a local coronary angioplasty service, which is hoped to be starting imminently."

For more information www.heartbeatchallenge.co.uk

Consultation on the Violence Against Women Multi-Agency Guidelines

Responding to Violence Against Women: Multi-Agency Guidelines for Staff has been drafted by the Highland Violence Against Women Strategy Delivery Group. Members of this group include Community Planning Partners, such as NHS Highland, Northern Constabulary, The Highland Council and the Crown Office and Procurator Fiscal Service. When tackling Violence Against Women the statutory agencies work closely with the voluntary sector and other organisations who have supported the development of these Guidelines include Women's Aid groups, Victim Support & the Witness Service, CoVASS and Children 1st.

The draft guidance includes a number of different sections, which outline how staff across all the agencies are expected to respond to Violence Against Women issues. It includes information on:

- What Violence Against Women is and who experiences it
- What staff must do in specific service areas, including within NHS Highland
- How to raise issues about Violence Against Women
- Who should safety plan and complete risk assessments with women
- How to record Violence Against Women

We are seeking views on this Draft Guidance for staff. This consultation will run until the **15th March 2010**. The draft guidance and the respondent form are both available in the "Hot Topics" section of NHS Highland's website. They are also available in the Gender Based Violence section of the intranet.

Responses and comments should be sent to: Gillian Gunn, Violence Against Women Development & Training Officer, Assynt House, Beechwood Business Park, INVERNESS, IV2 3BW. Or, can be emailed to: gillian.gunn@nhs.net

Please contact Gillian if you would like a paper version of the documents.

KSF 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 this means that 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 an individual login and password is required details of which can be obtained from the e-KSF and Learning & Development Data Officer, Iain MacDiarmid, (01463 706721, email iain.macdiarmid@nhs.net). Although Iain can assist with login and password details it is strongly recommended that on first logging in you change your password and use the reset password function.

Focus on...

Revised Paperwork

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

The PDP&R Information Pack can be accessed on the NHS Highland intranet within the Learning & Development 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.

Requests for activation of the function should be discussed with individual managers prior to completing an application form, available on the

NHS Highland intranet within the Learning & Development site.

The Short Guide to Complete on Paper can be accessed on the NHS Highland intranet within the Learning & Development 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).

The KSF Team provide short PDP&R awareness sessions with an e-KSF slant. For more information please do not hesitate to contact Paul Simmons (Learning & Development Facilitator), telephone 01463 706885 or email paulsimmons@nhs.net

Details of awareness sessions can also be obtained on the intranet's KSF page.

First for NHS Highland Optometry



Congratulations to Cora Macleod and Samara Hodi from Ophthalmology at Raigmore Hospital who were this month part of the first group of Optometrists in

the UK to gain and be presented with a Higher Qualification in Independent Prescribing from the College of Optometrists.

Of the 30 people across the UK achieving this qualification, three were from Scotland with two working in NHS Highland.

This group are qualified to prescribe any licensed medicine for ocular conditions affecting the eye and adnexa, within their recognised area of expertise and competence. Dr Rob Hogan, President of the College offered his congratulations to the group, telling them that they were at the leading edge of the development of optometry in the UK.

Notice to Employees regarding Income Tax

Between now and March, HMRC (Her Majesty's Revenue and Custom) will be issuing PAYE Coding Notices to employees informing you of revised tax code for the tax year 2010-11.

As this is the first time this exercise has been carried out using their new National Insurance and PAYE Service (NPS) and the Inland revenue have notified Employers of differences from previous years affecting both Employers and Employees and this notice is to alert all Employees to these changes.

For the first time, NPS has created a single record of an individual's PAYE pay and tax details, allowing multiple sources to be linked and the tax deducted from all source shown together. The result will be improved accuracy.

One of the impacts of the move to NPS is that more employees than in the past will receive a Coding Notice for 2010-11 and future years, due in the main to improved data handling and automatic revision of allowances where appropriate.

Also note that this year introduces a personal allowances taper for those with incomes over £100,000 resulting in a higher Income Tax liability.

Additionally, in this first transitional year, more coding notices than usual will be issued, due to matching of employee/pensioner pay and tax details and mismatches in data held by HMRC for multiple income sources.

The system may, therefore, generate more than one Coding Notice or an incorrect notice, where the system has set up another employment record for an existing employment.

A flyer will be included with Coding Notices to explain this and ask employees to check the notice and will direct employees to the HMRC website if they have any queries and employees are also encouraged to telephone HMRC if they still cannot resolve their query.

If any employee considers their Coding Notice is wrong, or have received two different tax codes for the same employment, the following additional advice may help in deciding whether to contact HMRC:

- A Coding Notice is issued for every separate employment or pension source where there is a change to the customer's code number;
- If no change is appropriate, a coding notice will not normally be issued;
- Employees should normally get more than one Coding Notice for each employment or pension source;
- If there has been a data mismatch, employees may receive more than one Coding Notice for the same employment or pension source. These would normally be received on the same day or within a few days of one another, but in separate envelopes;
- If more than one Coding Notice is received for the same source, it is possible that one (or more) of the codes is wrong ;
- In these instances the employee should:
 - ◊ wait a few days after receiving the Coding Notice to check whether any more arrive;
 - ◊ check the code using the guidance on the flyer included with each code issued;
 - ◊ find more information about tax codes on the website at www.hmrc.gov.uk/incometax;
 - ◊ use the website to update their name and address details at www.hmrc.gov.uk/individuals/change-of-circs.htm;
 - ◊ Telephone HMRC on 0845 070 3703 (there maybe a different contact number on the PAYE notice) and speak to an adviser to inform them the tax code is wrong or to update other details. Contact Centres are open 8am until 8pm Monday to Friday and 8am until 4pm on Saturdays. It should be noted that it is expected that the lines will be very busy in January;
 - ◊ Employees must check that the code operated against their employment (s) and/or pension source(s) on their first payment date after 6 April 2010 agrees with their 2010/11 coding notice. If there is a discrepancy or doubt employees must contact HMRC.

Please refrain from calling the Pay Office as we do not have access to any Tax records to assist and HMRC will not discuss such matters with employers due to confidentiality

Brian Houston, Payroll Manager

Agenda for Change Update

Project Update

The project phase of Agenda for Change is now complete, with all staff assimilated and all reviews completed. The Agenda for Change team has been reducing over the past 12 months and now consists of Donald Shiach (Pay and Equality Manager) and Allison Urquhart (AfC Project Officer), both of whom have relocated from the former AfC portacabins in Raigmore to John Dewar Building in Inverness. Allison remains the first point of contact for all queries and is contactable on allison.urquhart@nhs.net or on 01463 706862.

Mainstreaming AfC

Although the implementation project is complete, there will be a need to maintain a pool of matchers to look at new jobs and jobs which change significantly over time. With this changed focus, new guidance for managers has been developed in partnership and will be available on the Agenda for Change page of the Intranet along with a revised Job Description template. This template must be used for all jobs submitted throughout NHS Highland, including Argyll and Bute CHP, for matching after 1 March 2010. **Job descriptions submitted on other templates after that date will be returned to managers for resubmission.**

Timescales for new jobs

Because of the enhanced significance of

workforce monitoring arrangements across NHS Highland, the AfC Team is beginning to receive requests for jobs to be matched and consistency checked in a matter of days so as to have an outcome in time for the next workforce monitoring meeting. Given the reduced size of the team and a smaller pool of matchers, it is not always possible for us to turn work round in that timescale. Managers should allow four weeks from the submission of a new job for matching to being formally advised of the outcome.

Significantly changed jobs

The AfC team is working through a backlog of significantly changed jobs which have been submitted since 2006 by managers using Form JC4. The majority of these jobs have now been matched and we plan to have the remainder matched by 31 March 2010, although the need for consistency checking means that not all outcomes will be known by then. We are however currently receiving up to 10 new JC4s a week, and in order to clear the backlog we will not start on JC4s received from 1 February until we complete work on those which are outstanding from before that date. Managers are asked to consider carefully whether a job has changed sufficiently to justify submitting it for re-matching. Advice is available from the Agenda for Change office on this and any other aspect of the job evaluation process.

Marie Curie Cancer Care extends service in Argyll and Bute

Marie Curie Cancer Care has announced an extension to its services to help care for more patients in Argyll and Bute with the appointment of Susan Black as a Senior Healthcare Assistant, covering predominantly the Lochgilphead and Campbelltown areas, will allow more patients and their families to be supported by the specialist palliative care services offered.

Marie Curie works in partnership with the Argyll & Bute Community Health Partnership (CHP), and is looking to increase the number of patients and hours of care it provides across this area.

Marie Curie Cancer Care provides high quality nursing care, free to patients, to give people with cancer and other illnesses the choice of dying at home supported by their families.

Lynne Millar, Nursing Service Manager for Marie Curie Cancer Care in NHS Highland Argyll and Bute commented: "Marie Curie Cancer Care is working hard across Scotland to double the number of people who have access to our services and greater choice about where they

die, surrounded by their families. In Argyll and Bute, we recognise how important it is to raise awareness of services and their availability, particularly across an area that has such a wide geographic spread. There is a Marie Curie Nursing Service available to most of the population across NHS Highland, and we are keen to raise awareness of the services that we provide to patients. The best way to find out about the service is to ask your GP, your district nurse or visit our website for more information."

Pat Tyrrell, Lead Nurse, Argyll & Bute CHP said: "We work very hard in Argyll and Bute to provide care in the right setting for patients who are dying and to give their families and/or carers the support and help that they need. Marie Curie Nursing Service is an essential part of the team who deliver care across Argyll and Bute, and often make the difference in enabling patients to be cared for in their own homes. We work closely together in a very productive partnership to continue to develop services that meet the needs of individuals, families and communities across Argyll and Bute."

DATIX Risk Management System - update

DATIXweb INCIDENTS

DATIXweb Incidents is an on-line reporting system which replaces 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

As stated in the last Team Update, training in the CHPs has now commenced and during January and February we have carried out training in Sutherland, Nairn & Ardersier, Inverness and Badenoch & Strathspey. Training was provided in Caithness and Lochaber during 2009.

Training is set for March, details below:

Operational Unit / Locality	Date	Time and Type	Venue
Mid Highland Community Health Partnership Skye and Lochalsh	4th March	10am Reporter Awareness	Meeting Room, Locality Office, Broadford, Skye
		11am Reviewer Training	
		2pm Reporter Awareness	
		3pm Reviewer Training	
	5th March	10am Reporter Awareness	Meeting Room, Portree Hospital, Portree, Skye
		11am Reviewer Training	

At least 2 training dates have now been set up / delivered in each of the localities, however if you have missed out on training then you can attend or VC into the

back up sessions that are being held in John Dewar Building (JDB). In March / April these are as follows:

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

Please contact Fiona Pirie, Clinical Governance Assistant on 01463 706873 to book your place on the above training sessions. You must book these sessions at least 1 week before the date – a VC is available at JDB, however you will be required to secure VC facilities at your location and provide the number when booking on the sessions. Please note desktop VCs will be unsuitable for this training.

These sessions are reviewer training, however if you would like reporter awareness you can attend or VC in and leave after the first part.

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 any requests are received for IR1 pads the relevant manager will be contacted with a view to ensuring they access the training provided via JDB.


SAFETY ACTION NOTICES/MEDICAL DEVICE ALERTS

As mentioned in the first information disseminated about DATIX the system also includes a web-based **Safety Alert Broadcast System**. We will start to use this system during March 2010 and relevant managers will be contacted in the next few weeks to establish cascade systems for onward dissemination of information.

Separate guidance and information on this system will be circulated in due course.

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

hi from chi



Labs sustain over 97% **chi** compliance. A big THANK YOU to all at Labs across Highland. Over 97% compliance has now been sustained for well over a year, with recent audits surpassing all targets.

Congratulations on achieving such a high standard!

Please use the CHI number
With thanks from eHealth

New Equality & Diversity Training Programme for NHS Staff

In December 2009, a number of NHS staff attended a Training for Trainers course to allow us to provide more Equality and Diversity training to our staff. The requirement to demonstrate an understanding of the diverse needs of our patient population and an understanding of equality and diversity forms part of the KSF requirements for all staff and so attending an equality and diversity training course is an excellent way of beginning to think about how we can evidence this in our KSF outline and will hopefully be an enjoyable experience as well.

We are now able to offer a number of Core Principle Courses for Equality and Diversity which is a half day introduction to understanding both our organisations responsibilities for equality and diversity, but also how this can impact on our working lives in delivering better patient care.

Courses will be delivered across the NHS Highland area beginning with a number of half day courses on the 18th Feb, 25th Feb and the 11th March in Inverness and one on the 10th March in Fort William.

If you are interested in attending one of these courses then please contact Marie Gilbert (Tue/Wed) or Yvonne Barrie (Thur/Fri) Tel 01463 704826 if you work in north Highland or speak to Caroline Champion Tel 01546 605680 if you are based in Argyll and Bute.

We are also keen to develop further training around the need to carry out equality impact assessments on all service changes and plans and if this is something you are interested in then please let us know and we can send out information as these courses are organised.

If you want to find out any further information then you can either visit our equality and diversity intranet page which will have updated information about the courses or telephone Marie or Yvonne as above.

Local Fundraising group to be created by leading cancer charity.

Meeting new people, shaving heads and swapping dresses are just some of the activities a fundraising volunteer can expect to get involved with for Macmillan Cancer Support.

Macmillan are currently seeking enthusiastic and motivated volunteers to join a fundraising group for Inverness city. The group will be responsible for organising a series of exciting events throughout the year in Inverness such as donate a dress, ladies lunch, pub quiz's, and football collections. Money raised from the group will make a real difference to the lives of people who are affected by cancer in the Highland area.

Fundraising Manager for Inverness, Katie Smart, encourages people of all ages to get involved. "Our new fundraising group is something that we are all really excited about, there is so much opportunity in Inverness for raising money which will support the people of Highland who are affected by cancer. One in three of us will be diagnosed with cancer and we all know someone affected by it. By volunteering for Macmillan you'll help us to reach cancer patients and their loved ones in your local community with the information, care and support they need."

The fundraising group is open to anyone who can spare time to help out. Christine Pern, 74, of Inverness has been an active fundraiser for Macmillan for over 10 years and loves every minute of it.

"I took part in my first challenge at the age of 61 and don't plan to stop now! I really enjoy taking on new challenges all the time. I enjoy staying active and its great to know that I am helping such a great charity.

'I've seen so many close friends diagnosed with cancer that I decided I had to do something to help and I felt that Macmillan was a very good cause."

Macmillan will be hosting an informal information night on 27th February at Dickson's of Inverness from 2pm. Everyone is welcome to come along and enjoy light refreshments and talks from current volunteers, a Macmillan health professional and the fundraising manager.



Letters to NHS Highland



"I am writing to you to express our gratitude for the treatment and care given to my mother in law while she was a patient at New Craigs Hospital.

The team led by Dr Laditi and Dr Oakley made her final months tolerable when she became difficult and I would especially like to mention the nursing staff and carers from Clava ward who went that extra mile. Their patience and dedication allowed her to make her ending with as little pain as was possible and with dignity. The names that stand out are Tim Seaton, Richard O'Keeffe, Helene Morse and Susan Bain. I am certain that many others played their part but I cannot remember their names. The NHS is sometimes criticised in the press, but over the last few months we have seen it in action. In an unglamorous, sometimes forgotten sector like mental

health for the elderly, we were impressed, above all by the calibre of people who work within it."

Patients Relative from Nairn

"I wanted to write to you to express my most sincere thanks and appreciation for the care that I received from your midwifery team over the course of my antenatal, labour and delivery, and postnatal care. In an era where the NHS has been subject to budget cuts and negative press, my recent experience can only be described as wholly positive. I was fortunate to have had a low-risk, trouble free pregnancy and was able to stay under midwife-led care for the duration. I was highly motivated to receive a low-intervention, natural delivery that would give me the best chance to quickly establish good breastfeeding practices and I felt that the midwifery model alongside

baby-friendly initiatives practices at Raigmore would best support this.

The midwives who cared for me did everything to discuss my options with me as they became necessary and the outcome was a beautiful baby girl who is breastfeeding perfectly and a mum who was delighted with the support and care she received.

I will look back on this major event in my life with fondness and respect because of the highly positive experience I had at Raigmore."

A patient from Highland

"To Dr Thomas and all his dedicated staff on Ward 11, Raigmore Hospital and all the other departments I had to attend, a sincere thank you for all the wonderful care and attention.

My heartfelt thanks to you all."

A patient from Highland



be a part
of
**red
heart**
February is
National Heart
Month

February 2010 is National Heart Month and the British Heart Foundation (BHF) Scotland asked people to help fight Scotland's biggest killer and keep your heart healthy.

There's lots you can do - taking enough exercise, eating a healthy diet, encouraging children to be heart healthy and being aware of dangers such as smoking, drinking, high blood pressure and stress. Prevention really is better than cure.

Great ideas for a healthier heart...

Get your 30 a day. Try to do at least 30 minutes of moderate activity on 5 days or more a week.

Give up smoking. It is one of the major risk factors for heart disease. By a year after you have stopped smoking, your risk of a heart attack falls to about half that of a smoker.

A new year is a good time to **lose those extra pounds** that were piled on during the festive period. Switch to a well-balanced diet that is low in fat and high in fruit and vegetables, combined with plenty of physical activity. **Make small changes to your diet**, like switching from full fat milk to skimmed or semi-skimmed milk, choosing leaner cuts of meat or steaming or grilling foods rather than frying in lots of oil. **Stop using salt** at the table and try adding less to your cooking, or even better cut it out completely from your cooking. **Up your intake of fruit and vegetables** and help get your 5-a-day, they can be fresh, frozen, dried or tinned and cooked or raw.

Alcohol is packed with calories with a unit of alcohol containing around 100 calories! So cut back on your intake and give your body a rest after the festive celebrations.

If things are getting too much, go for a walk to **reduce stress levels** and help reach your 30 a day at the same time.

For more information on keeping your heart healthy, join BHF Scotland's free service Heart Matters which offers a unique package of support and information for people looking to improve their heart health. Visit www.bhf.org.uk to find out more. For more information on staying heart healthy call BHF Scotland's **Heart Helpline: 0300 330 3311**

What's on...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: 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

Managers Development Network

What: Managers Development Network - Topic FISH!

Who: Open to all

Why: The FISH! Philosophy is a set of simple, practical tools to help you create the work culture you've been looking for. It's a way to build stronger relationships that equip you to face your challenges more effectively. The FISH! Philosophy fulfills the most basic needs of human beings who, in turn, fulfill the needs of the organization—more connected teams, better communication, extraordinary service and higher retention.

Where and when: Thursday, 18th March, 8am-10am, Kingsmills Hotel, Inverness

Need more? Register online now at www.eventbrite.com/event/536437499/ or email brian.blake@nhs.net



What: safeTALK Training via Video Conferencing

Who: Open to all

Why: The 'safeTALK' training programme is designed specifically to raise awareness of suicide and provide basic skills in how to manage suicidal ideation. RRHEAL are working with Health Scotland and education partners to develop a 'Distance Delivered SafeTALK' programme of training.

Where and when: As 2 x 1½ hour sessions – sessions planned 15th & 22nd March. As a single 3 hour session - initial session planned 26th March.

Need more? Greg.DeMello@nes.scot.nhs.uk or by phone on 0141 352 2857

Make the difference, feel the difference

Over 80% of the people who keep each citizens advice bureau (CAB) in Scotland running are volunteers, helping many thousands of people each year. With more volunteers, we could help even more people. What about you – can you help us make a difference?



What does a CAB do?

Citizens advice bureaux are a network of independent charities. Each CAB helps the people in its community by providing free and confidential advice, information and support. Whatever the problem, the CAB can help clients find an answer. You'd be amazed by just how much information our advisers can access on just about any issue you can think of, including benefits; debt and money advice; work-related problems; and relationships.

What's in it for you? Benefits to CAB volunteers

There are many reasons to consider volunteering in the CAB. These include training and skills development; meeting people; helping clients and the community; and working for change.

What can you do in a CAB?

There are lots of ways in which you can make a difference – and reap the benefits – and help the work of your local CAB. The roles performed by volunteers are supported by paid staff and include advising clients, administration, fundraising, IT support and development, marketing and promotion and Social Policy work.

Who volunteers in the CAB?

Lots of different people are CAB volunteers. Men and women of different ages with different life experiences from different backgrounds, cultures and countries are giving their time and dedication all over Scotland.

The Scottish CAB service has a strong commitment to equal opportunities.

So – if you'd like to volunteer with us then we want to hear from you!

If you think that you would like to volunteer for your local citizens advice bureau, then get in touch. Please contact Duncan Mackay, Volunteer Support Officer, Duncan.mackay@cas.org.uk

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**
- **Givingupsmoking.org.uk**
- **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/bulletin2010list.htm>

eLibrary

www.elib.scot.nhs.uk

Have you registered yet?