

Team Update



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New Admissions Lounge at Raigmore Hospital

THE cancellation of twelve operations has been avoided within the first 10 days of the opening of the new admissions lounge at Raigmore Hospital. It is on the first floor, near theatres and allows most patients to be admitted on the day of their planned surgery. This will save most patients having to spend the night in hospital before their operation. The lounge is staffed by trained nurses who prepare patients for their operation and after care. A member of the surgical team also speaks to the patient before their operation.



An important part of the service is the contacting of patients two days before they are due to be admitted to go through some pre-hospital checks and answer any questions. Within days of opening this had identified 12 operations which wouldn't have taken place under the previous arrangements. The potential cancellations were for a variety of reasons that were overcome. Two patients were no longer available and their theatre slots were given to other patients. Business Transformation Manager Linda Kirkland told the Raigmore Hospital Governance Committee meeting it was already improving patient care and making the service more efficient: "Theatre time is expensive and avoiding 12 cancellations means we're cutting out waste. Staff are also ensuring patients are supported during an anxious time."

The Admissions Lounge staff also help support patients with preparations for going home. Jean Martin, Nurse in Charge of the Admissions Lounge, said: "We want to make the process of coming into hospital as smooth as possible for patients but also to plan for their discharge. We discuss with them what needs to be in place to support them to be discharged in a timely manner."

Currently about 60% of elective surgical patients in Raigmore come in the night before their operation. Patients and patient participants have been involved in informing the need for change.

Welcome to the quality and patient safety special edition

QUALITY care for every patient, every day is the aim set out in the NHS Highland Quality and Patient Safety Framework but how do we do it and how do we prove we're doing it? This edition of Team Update includes a series of articles with a quality and patient safety theme but it won't stop here. We're looking for teams from around Highland to share their stories of how they've been improving quality of care. Whether it be through the Scottish Patient Safety Programme, Leading Better Care, Releasing time to Care or just a good idea turned into good practice please get in touch.

We're looking for work that covers the six factors that make up quality care:

- Person-centred
- Effective
- Safe
- Efficient
- Equal
- Timely

Got a story? Email Christina.macdonald1@nhs.net

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Dear Diary... innovative engagement with patients

THE NHS has set a standard to guarantee that by the end of 2011 no patient will wait more than 18 weeks from referral to consultant- led services to the start of treatment. A vital part of understanding what we need to do to improve the quality of our care is listening to our patients. With this in mind and to meet this standard, NHS Highland decided to capture detailed information on patients' experience of their care from referral to treatment, using a Patient Diary.

The format and content of the diary was discussed with members of a Patient Reference Group; this resulted in significant change towards a more patient-centred engagement process. So far the Patient Diary Project has signed up 60 Patients who have committed to recording their experiences from referral to treatment. Maimie Thompson, who led the work, said: "only the patient experiences the whole process. Healthcare professionals and managers often see just one part of a patient's journey. To get an overall view of patients' experience it made sense to ask patients".

Patients were initially recruited by sending an invite with their appointment letter, and later through GP practices. Speaking to patients we also identified that we were often making far too many assumptions about what contributed to what patients valued.

In their diaries, we asked patients to record all contacts with the hospital: the date, type of contact, reason for contact and any other comments. This gave valuable information about the length of time their journey took and what it was like for them on the way including expressing what was reassuring and what made them anxious.

So far we have received 34 diaries back from the volunteer patients with more in the process of completion. Main themes from the diary entries have included:

- The majority of patients (77%) are being treated (or told no treatment required) within 18wRTT.
- 89% of patients understood the reason for referral to a consultant-led service.
- The most common theme impacting on patient experience was lack of information and poor communications.

The information provided is being used to support ongoing improvements in quality of care and experience for patients. A recent example includes the development of a flyer to go out with patients' outpatient appointments. This explains that they may be referred straight to pre-assessment following their outpatient appointment.

Another example includes a detailed follow up of why a Patient waited so long for results of tests. Using the Patient Diary for receiving patient feedback has proved to be a very worthwhile exercise. It has enabled us to receive both qualitative and quantitative information from patients across a range of patient contacts for the purposes of continuous quality improvement within NHS Highland.

Table: Feedback from patient diary project:

Positives	Areas for Improvement
Staff were friendly, helpful and kind	Lack of information and communications
Good explanations were given	Unhappy with waiting times for appointments
Patients were seen promptly at clinics	Poor organisation of appointments
Treatment was provided efficiently	In hospital but nothing happens
Clarity about the reasons for referral	Opening hours of refreshment services
	Smoking around the entrances
	Parking and access difficulties

Lean improvement projects at Raigmore

A QUICK glance at the feedback from the patient diaries will tell you what patients value (treatment and care) and what they don't value (waiting and confusion). So what are we doing about it?

More than 100 staff have been to awareness sessions on Lean, a method of streamlining systems and processes. A further 48 staff have attended two day basic training. Lean has been used by staff elsewhere in the NHS to identify and cut out waste and improve patient care.

The awareness sessions are being used to prepare people for work to change two complex systems in Raigmore Hospital: administration and theatre scheduling and discharge planning.

Key staff working in these areas are being trained on the Lean method. This includes:

Time Value Analysis

Patients are accompanied on their journey so observations can be made about when there are delays and what causes them.

Circle of Work

Staff are also accompanied so the Lean consultants and our own Lean Leaders can see what slows them down in delivering care. The improvement programme that's put in place has to be able to work in the long term which means staff must be freed up from activities that waste their time and skills.

Value Stream Mapping

This is a two day event where staff map out every step of the patient journey. Each step is written on coloured sticky post-its.

Kaizen

The next step is a week long event called a Kaizen where a large group of people, around 30 to 40, take a week out of their usual day jobs to get together and come up with improvements which will reduce waste. Suggestions are tried out during the week. At the end of the week the group will have an action plan of further changes to implement. A range of Key Performance Indicators will be measured on an ongoing basis to make sure the improvements are actually happening. This will include staff and patient-feedback. (See the article on Quality Dashboards on page 9.)

Sustainability - A typical Lean project takes 13 weeks and the last three or four weeks are spent ensuring the changes will last.

Awareness, training & events

9th September, 4th Floor Teaching Room, Raigmore. 12pm to 1pm or 1pm to 2pm.

16th and 23rd September, Coffee Lounge, Raigmore. 12pm to 1pm or 1pm to 2pm.

22 September, Board Room Larachin House, Dingwall. 1.30pm to 2.30pm or 2.30pm to 3.30pm.

28 September, Training Room, County Hospital Invergordon. 1.30pm-2.30pm or 2.30pm to 3.30pm.

To book a place contact Margaret Wilson on 01463 706880 or margaret.wilson1@nhs.net



From the Japanese Kai (change) Zen (good) meaning improvement or change for the better.

Want to know more? Contact Maimie.thompson@nhs.net or call 01463 706671

Leading better care & Releasing time to care

NHS Highland is on track to have all senior charge nurses and midwives (SCN/M) through training for their revised role by the end of the year.

Leading Better Care is the national policy which aims to put the senior charge nurse in control of everything that happens on the ward. Project facilitator Jennifer Lobban said: "Leading Better Care means the senior charge nurse is the guardian of quality on the ward. They lead and manage the ward and are the clinical expert on duty but they don't take on their own clinical caseload."

The eighth out of nine groups will start their training soon. Groups of charge nurses are brought together from across different nursing disciplines including acute hospital, community hospital and mental health. "The groups take part in workshop days, action learning days and a nursing and midwifery workforce planning day. Action learning gives them an opportunity to take in an issue and work on it together. As charge nurses we often feel we're the only ones wrestling with a particular problem but in these groups we can support each other using our own experience of what works. It's encouraged nurses to network with people they wouldn't ordinarily have met," said Jennifer.

An important element of Leading Better Care is the introduction of Clinical Quality Indicators (CQIs) for falls, pressure areas and food, fluid and nutrition. This means the ward staff are monitoring how well they are looking after the safety and wellbeing of patients in these key areas. NHS Highland has been concentrating on implementing the indicators for food, fluid and nutrition first because this is known to have knock-on effect for falls and pressure areas.

Leading Better Care is also supported by an educational framework which helps SCN/Ms to identify learning and development needs and access the right training or academic education.

Releasing time to care (RTC)

With Senior Charge Nurses/Midwives focusing more on leading and managing the ward the day to day clinical caseload has to be taken up by staff nurses.

Releasing time to care is a toolkit in a box which guides ward staff in how to identify improvements they can make to the efficiency and quality of care. This should ensure that the staff nurses and healthcare support workers are able to increase the amount of time they spend at the patient's bedside. Increased observation of the patient improves safety.

Releasing time to care aims to:

- Improve the quality and safety of the patient's experience
- Increase the proportion of time staff spent on direct patient care
- Reduce the costs in all forms of waste
- Increase staff well-being

Pilot sites for releasing time to care

Cowal Community Hospital, Dunoon

**Combined Assessment and Step-down Unit,
Belford Hospital**

Lawson Memorial Hospital, Golspie

Nairn Town and County Hospital

Clava Ward, New Craigs

Ward 4A, Raigmore Hospital

For further information please contact :

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The well organised ward ~ an example from Nairn

THE Well Organised Ward is one of the foundation modules in the Releasing Time to Care toolkit. Nairn Town and County Hospital started work on it in January. Senior Charge Nurse Susan Skinner told Team Update about it.

“The work is a whole team effort. To start with we did the 5Ss:

- Sort: we sorted out everything we really need on the ward and got rid of what we didn't use.
- Set: we organised everything so we would know where to find it and we have items used together kept together.
- Shine: we ensured everywhere is clean
- Standardise: we agreed and communicated the decisions on where items will be stored
- Sustain it: we worked at sticking to the plan

“At the start it's about getting everyone to return equipment. As part of the module there are photographs all round the ward on trolleys and in drawers showing exactly what should be kept there to make sure it comes back. Items like blood pressure monitors have a laminated form next to them so when they are removed a note is made of where they have gone. It's saving us a lot of walking about and removes the frustration of looking for equipment. It's time we can save to spend on patient care.”



Patient status at a glance ~ an example from Golspie

The Patient Status at a Glance Board is another module from the RTC toolkit. The team at the Lawson Memorial Hospital in Golspie nominated staff nurse Lisa Mackenzie to take the lead on introducing it there. She told Team Update on how it's going:

“We started four weeks ago. I spoke to the nurses, GPs and some of the other staff who need patient information to get an idea of what would be useful to have on a Board which would give basic details about each patient. We have it set out to show the wards and side wards. The patient's name is written in green or red depending on their resuscitation status and we also record their mobility status based on the traffic light system, their observation times, if bloods have been done or need done, if they need to see the physiotherapist or occupational therapist, their estimated date of discharge, if they have a food, fluid and nutrition chart, if they're being barrier nursed for infection and if their discharge has been delayed.

It's reduced interruptions because people can see the information without having to stop someone to ask and it's a quick and easy way of communicating a lot. It's made our handover meetings shorter and helps with discharge planning. The multidisciplinary team can find out information from the Board rather than wait to speak to a nurse who might be busy on the ward. We're only four weeks in and what we've found is it's most useful if it's updated regularly.”

Releasing time to care uses the Lean method of cutting out wasted effort, time and resources. Find out more about Lean on page 3.

Quality in Primary Care by Iain Kennedy

Dr Iain Kennedy of Riverside Practice is one of NHS Highland's Quality Champions appointed by the Scottish Government to provide clinical leadership.

THE national Quality Strategy and the Highland Quality and Patient Safety Framework have the potential to bring clinicians, managers, Board members and government together. We all agree that we want to provide quality care to every patient, every day. The framework is about supporting a culture of improvement.

As GPs we consider we provide quality care to every patient every day but can we prove that we are constantly improving? We will shortly launch a new information tool that will tell GPs at-a-glance how they compare with other practices. The Primary Care Quality Dashboard will show on one PC screen six important measurements. These are:

- hospital admissions
- days spent in hospital
- location of death
- out patient referrals
- Prescribing
- lab tests

This absolutely isn't measuring things for the sake of it. These measures have been carefully selected because they relate to the quality of care our patients receive. I'm convinced GPs will take this information and act on it because as a profession we are driven to do the best for our patients. Faced with figures showing my practice differed to others I'd be compelled to start asking questions. What could account for our lower prescribing levels? Why would we have a higher rate of hospital admission? What could we do to support more of our patients to die in their own homes? The dashboard is part of the Integrated Resource Framework and fits neatly with the quality and patient safety framework's six dimensions of quality:

- Person-centred
- Effective
- Safe
- Efficient
- Equitable
- Timely

Understanding clinical variation will help us to decide if we really are providing quality care and from there we can explore what we can change to improve it. This does not mean we stop "treating the patient in front of us" but it may well mean we treat each patient differently.

The inclusion of efficiency will be contentious for some and I understand that. However we have long heard that "every clinical decision is a spending decision" and if we do not ensure that our practice is cost effective we are reducing the money available to spend on improvements.

QUALITY dashboards aren't just being introduced in primary care. All areas of NHS Highland will be supported to introduce meaningful quality measures. Find out more on page 9.

Area Clinical Forum – The Clinical Voice for Quality Care

Mr Quentin Cox, Chair of the Area Clinical Forum, is the secondary care Quality Champion. Here he highlights the role the ACF has in ensuring Board members gets the advice they need to make good decisions:

What is the ACF's role and remit?

Generally to coordinate and formulate advice from all the clinical professions in Highland to the Board on matters of Board healthcare and particular strategic issues. The Committee should be proactive as well as reactive.

How does it work?

The Forum (listed on p8), includes representatives from all the clinical Professional Advisory Committees and from each operational unit meet the week before each NHS Highland Board meeting to undertake a number of tasks.

1. All the papers which are going to the Board are available for discussion. The aim is for the multi disciplinary forum to give input to the ACF Chair to then give the clinical perspective to the Board. The Chair of the Area Clinical Forum is a Non Executive Director of NHS Highland Board.
2. The ACF focuses on a workplan of current issues to discuss in more detail at every meeting. Healthcare Associated Infection and the Quality and Patient Safety Framework are the two main parts of the current workplan. Previously the workplan focussed on Shifting the Balance of Care from secondary to primary care.
3. Other current issues which the ACF have discussed over the past year include the Clinical Strategy for the Health Board, the Rheumatology Service, Dress Code, Health Environment Inspections, Professional Advisory Committee structures, Death Certification, Burial and Cremation, the End of Life Assistance Bill, Day Services Centre, Cleaning Services, Falls Prevention and Rehabilitation Strategy, Policy on Privacy, Dignity and Respect, Patient Rights Bill and other ongoing issues.
4. There is an opportunity for active issues from each of the Professional Advisory Committees to be raised by that Committee and discussed. Recent examples would include dental decontamination, accommodation for AHP students, psychology waiting times and development of a forum for healthcare scientists.
5. The ACF participates in the Annual Health Board Accountability Review with the Scottish Government. The Forum has 45 minutes to discuss issues directly with the visiting ministerial team.
6. National involvement – The Chairs of the ACF of all Scotland's Health Boards make up the ACF Chairs Group. This gives opportunities for the Chairs to discuss mutual issues and learn how they have been tackled elsewhere. The Chairs Group has direct access through the Cabinet Secretary (currently Nicola Sturgeon) three or four times a year to discuss topical issues and challenges. The current Chair of Highland ACF has been elected to Chair the national group from November 2010.

What is the future for the ACF?

The ACF is keen to be involved in the quality strategy. The ACF Chairs group responded positively to a request from the Scottish Government that each ACF Chair would be a quality champion in their own health board. The quality strategy will therefore be the focus of the ACF role over the next one to two years. As well as direct input to the design rationale and use of quality measures, we will be

Quentin Cox on the ACF (continued)

encouraging all clinicians to keep quality as a number one priority in aspects of care. This is particularly important in times of efficiency savings and redesign challenges.

What can you do for the ACF?

1. Become involved with the relevant Professional Advisory Committee. Some committees struggle to retain enthusiastic membership. If you feel that professional clinical standards and quality of care are important, think about putting yourself forward. You will be warmly welcomed. It is an excellent development opportunity as well as being personally rewarding.
2. If you do not feel ready to be directly involved, bring clinical issues that concern you directly to your Professional Advisory Committee for discussion or alternatively directly to the ACF itself.

What can the ACF do for you?

The ACF can provide a strong clinical voice with direct access to the health board. Clinicians can use the ACF to raise ideas or issues of concern or opinion separate from the line management structure. The next time you feel annoyed or pleased or frustrated about a clinical issue, instead of just giving your views to friends or family, do something that makes a real difference for the care of patients in Highland and contact ACF members direct or your Professional Advisory Committee.

Membership

Mr Quentin Cox	Area Medical Committee (Chair)
Ms Mary Wilson	Area Allied Health Professionals Committee (Vice Chair)
Dr Moray Fraser	North Highland CHP (Professional Secretary)
Ms Judith Catherwood	Area Allied Health Professionals Committee
Mr Adrian Hart	Area Dental Committee
Ms Cathy Lush	Area Dental Committee
Ms Chrissie Lane	Area Nursing and Midwifery Committee
Vacancy	Area Nursing and Midwifery Committee
Mr Hugh Campbell	Area Optometric Committee
Mr Donald Goskirk	Area Optometric Committee
Mr Ian Rudd	Area Pharmaceutical Committee
Ms Catherine Beaton	Area Pharmaceutical Committee
Ms Katrina Flanagan	Argyll & Bute CHP
Dr Sheelagh Rodgers	Psychology Advisory Committee
Dr Angus Venters	Mid Highland CHP
Dr Andrew Evennett	Area Medical Committee
Dr Malcolm Steven	Raigmore Hospital
Mr Ray Stewart	Employee Director
Dr Iain Kennedy	SE Highland CHP
Mr Duncan Martin	Patient Representative
Mrs Pat Wells	Patient Representative
Mr Fraser Brunton	Healthcare Scientists Forum
Ms Anne Pollock	Healthcare Scientists Forum
Ms Alison Binns	Board Committee Administrator



Chair: Mr Quentin Cox

Measuring Quality—the Quality Dashboard

THE NHS Highland Quality and Patient Safety Framework commits to *'Bringing clarity to quality'*. This means being clear about what high quality care looks like in all specialties and capturing and using that data to focus on improvement. In order to work out how to improve we need to measure and understand exactly what we do. In order to support this commitment it has been agreed that 'dashboards' will be developed, detailing key clinical measures.

So what is a dashboard?

A dashboard is defined as 'a toolset of visual displays developed to provide clinicians with the relevant and timely information they need to inform daily decisions that improve quality of patient care' (connectingforhealth.nhs.uk/clindash).

If the **organisation (Board)** is 'driving the car' it needs to look at the dashboard to see how the journey is progressing

The **staff** need to identify the right gauges and also look at how to calibrate the process to ensure the car is running effectively

The **mechanics** gather the data and decide how to display it

If the goal is high quality care, the dashboard is a tool to help get there. It is a 'springboard for discussion' rather than an end in itself.

Work is also ongoing to develop a **Maternity Dashboard** and a **Primary Care Dashboard** (see page 6).

As part of the implementation of the Quality and Patient Safety Framework, we need to work with staff to develop further clear clinical quality performance targets focusing on **Patient Safety, Patient Experience and Clinical Effectiveness**.

In NHS Highland, a range of measures have already been agreed for a prototype hospital dashboard, with flexibility for other metrics to be added. These measures include:

- Adverse event rate
- Clostridium Difficile Infections
- Staphylococcus Aureus Bacteraemias
- Total Mortality Rate
- Hospital Standardised Mortality Rate (HSMR)
- Readmission within 7 days
- Readmission within 28 days
- Length of stay
- Complaints
- Sickness absence

How was your day?

Who gets to know how you feel at the end of your working day; your boss, your partner, the cold caller from BT?

It's very difficult to measure how people feel and even harder to know how to use that information to make a difference. The NHSScotland Staff Governance Standard says that staff wellbeing is crucial to good patient care but how do we measure it? Other employers have used simple systems where each member of staff anonymously draws a smiley or unhappy face on a flip chart or notice board on their way out the door. Other methods could be a ballot box or online survey. Perhaps a staff version of the patient diaries featured on page 2? A good system will be quick and provide information that managers and teams can act on to improve staff wellbeing.

Quality care to every patient, every day is our aim but we can't look after them if we don't support the wellbeing of our staff. We'd like to hear from teams willing to volunteer to test a way of measuring staff wellbeing. If you've got ideas and would like to take part contact Rachel.hill1@nhs.net.

Fresh ideas on food, fluid and nutrition

WORK to improve food, fluid and nutritional care given in NHS Highland hospitals is resulting in real improvements in quality for patients according to Associate Director for Allied Health Professionals Judith Catherwood.

All patients are now covered by our Food, Fluid and Nutritional Care policy (FFNC). This ensures patients cultural and personal preferences are taken into consideration as well as their health.

Several guidelines have also been produced to support patients who need artificial nutrition support. For patients with more complex needs there is a clinical nutrition team at Raigmore Hospital which provides advice to all hospitals in our area.

All hospitals are using the Malnutrition universal screening tool (MUST) and the nutritional screening score has been incorporated in the Scottish Early Warning System (SEWS) chart as part of the Scottish Patient Safety Programme. MUST allows us to identify patients at risk and give them targeted help. Having a standard screening tool in place across our hospitals ensures that all patients are treated equally and safely.

Hospitals are using red trays for patients who require additional support with eating and drinking to make it easier for staff to see who needs help. Meal times are also 'protected' which means patients won't be disturbed and will be given the time and privacy they need.

NHS Highland produces food for 24 hospitals and a Highland wide menu planning group has been set up to ensure the nutritional content and quality of food service is of a consistently high standard across all sites. Put simply this means the recipe and nutritional content of macaroni cheese should be the same across our hospitals.

Staff can get guidance on special dietary requirements or procedures for ordering missed meals and other issues from the diet/nutrition resource folders on their ward.

The work doesn't stop here. We are doing more to understand the nutritional needs of our patients. We are also improving our training programme which is mostly for nurses, allied health professionals and catering staff. The training is delivered by dietitians, speech and language therapists and our Nutrition Champion Linda Burgin. We are also working on a financial framework so that we can assure the Board that we are making best use of the available resource to meet our patients' nutritional needs.

Our care doesn't stop when people leave hospital. We are also reviewing how we support patients when they are being discharged and improving nutritional care in the community. Preventing malnutrition can prevent admission or readmission to hospital.



Associate director of AHPs: Judith Catherwood

How are we doing?

Food Fluid and Nutritional Care is reviewed by NHS Quality Improvement Scotland. The most recent QIS report was published earlier this year and referred to work done last year. It showed an improvement on the previous report and our performance will have improved again since the assessment was done.

NHS Highland scored 91.1% against the national nutritional specification at our last self-assessment in June.

Struggling with an ethical dilemma?

THE Clinical Ethics Committee (CEC) was established in 2005 and is here to support you in dealing with ethical dilemmas.

Staff and members of the public can submit questions to the CEC to consider from an ethical standpoint. The CEC use Clinical Ethics Frameworks. These are effective decision making processes that allow for greater breadth, transparency *and* accountability - robust frameworks which span the critical areas of equity, quality and strategic planning. They encourage explicit clinical ethical consideration, and are not just 'ready reckoners' for reaching the right decision. They are tools for the Board, for staff and the public to measure decisions against and ensure quality in decision making



Chair: Dr Rob Peel

Table: The NHS Highland Ethical Decision Making Framework

Accountability	In essence this value is about transparency and openness with clear divisions in responsibility.
Justice	This value is about treating decision-making on the merits of the case; without discrimination; with equity
Quality	This value is about the health benefit arising from a decision. It goes beyond the 'medical' intervention though, to include sensitivity and courtesy as well as competency and reliability in all settings
Realism	This value is about being pragmatic and honest. It's about harmonising demand and expectations with the limitations of what can be achieved.
Engagement	This is about the 'critical involvement' of all stakeholders – individual and collective – in the process of reaching the decision.
Flexibility	This value is about the extent of how open we are to accommodate all needs. It is about respecting the individuality of persons and groups
Meaningful Relationships	This is about grown-up dialogue – it is about allowing and promoting free and critical communications with others

Applying an ethical decision making framework provides you with another source of information and reasoning to inform clinical decision making.

Subject areas considered by the CEC in the past include:

- Ethical issues of 'tagging' patients
- Conflicts in the use of 'do not attempt resuscitation' orders (DNAR)
- Ethical issues in use of a webcam to monitor patients remotely
- Ethical issues in bed reduction decisions

The CEC is chaired by Dr Rob Peel, with Christine McIntosh as Vice-chair. The Committee is made up of staff from across NHS Highland and from different professional backgrounds including nursing, medical, management, chaplaincy, clinical governance and lay reps.

Ethical decision making is a fundamental part of good clinical governance and quality care. Please contact robertpeel@nhs.net or Chris.McIntosh@nhs.net if you have a question you would like to discuss.

New Year brings New Code of Conduct for Healthcare Support Workers

The Scottish Government requires all Healthcare Support Workers **appointed from 1 January 2011** to meet relevant Induction Standards and to be compliant with a new Code of Conduct within 3 months of appointment.

The Induction Standards and Code of Conduct can be found on the internet on www.workinginhealth.com/healthcaresupportworkers. Everything in the Induction Standards and Code of Conduct represents existing best practice and should already form part of the induction and training for new starts – but all NHS Boards are now required to demonstrate that it has been applied in practice.

Why is this happening?

The Scottish Government requires Boards to be able to demonstrate that all Healthcare Support Workers understand their responsibilities in relation to all aspects of patient care. This means that Boards need to have comprehensive induction and training programmes to support this. This in turn ensures that staff will have the knowledge and skills they need to carry out their job.

Who's covered?

The Highland Partnership Forum has agreed that all staff other than registered and regulated healthcare professionals will be covered by the Induction Standards and the Code of Conduct. This means it will apply to all nursing and AHP assistants, all healthcare science support workers (eg medical laboratory assistants), all hotel services staff (including porters, OOH drivers, catering staff, domestic staff and laundry staff), all estates staff and all administrative and managerial staff. Staff covered by Executive Pay arrangements have an existing code of governance and so are not included.

What about existing staff?

The Scottish Government has decided that the priority is to ensure newly appointed healthcare support workers meet the induction standards and the Code of Conduct in the first instance. It is likely this will be extended to existing staff during 2011 and further information and assistance will be provided as soon as that position becomes clear.

Will help be available for managers and supervisors?

NHS Health for Scotland (NES) is developing a series of workbooks and other aids for use with different categories of Healthcare Support Worker. Once these are launched they will be made available to managers and supervisors to support new staff through the induction period and help ensure they meet the Code of Conduct within three months.

How does this link to KSF and PDP&R?

All the materials will link to the KSF Core and Specific Dimensions. The Personal Development Planning and Reviewing process will continue to be the key to ensuring that staff have the knowledge and skills they need to do the job. The existence of the Code of Conduct makes it even more important that PDP&R is carried out to ensure staff have these skills and are putting them into practice.

How do I find out more?

NHS Highland will be running a series of roadshows in November and December to ensure all supervisors are aware of their new responsibilities. All staff are welcome to attend, but if you manage or supervise staff covered by the wider definition of Healthcare Support Worker, or if you are involved in KSF activities for this group of staff, it's really important you make every effort to attend a local roadshow. Dates will be posted on the Intranet as soon as they are finalised. Queries about the Induction Standards, the Code of Conduct or the roadshows should be directed to donald.shiach@nhs.net.

New General Manager for Raigmore Hospital

Earlier this month Raigmore Hospital in Inverness welcomed Chris Lyons (pictured right) to the post of General Manager for the hospital.

Mr Lyons, 42, started his career as an NHS Management Trainee in Northern Ireland and over the past 18 years has worked in a variety of senior management positions predominantly within the health service in the UK and Ireland.

He also has experience within other public sector organisations including university and local government.

Mr Lyons is looking forward to his new role, commenting on his recent appointment he said: "Raigmore Hospital is about to enter a period of significant development and change, an example of this being a move towards more day surgery and I am looking forward to this new challenge."

Mr Lyons is originally from Belfast. He is married with four children.



HEI report for Caithness General Hospital published

NHS Highland welcomed the publication of the HEI (Hospital Environment Inspectorate) report for Caithness General Hospital in Wick, which was published earlier this month.

The HEI carried out an announced visit to Caithness General in July and found the overall standard of cleanliness within the hospital is good. Staff were able to demonstrate examples of good practice and there is a good level of communication between infection control staff and their colleagues throughout the hospital.

The Inspectors were impressed with our audit and surveillance of healthcare associated infections with senior charge nurses having a good awareness of the audit results for their individual areas.

Carena MacIvor, Lead Nurse for North Highland Community Health Partnership (CHP) said: "We are pleased with the overall report for Caithness General Hospital. Clearly we have taken action on the findings in the maternity unit. The cleaning issues were addressed the day of the inspection and systems are in place to ensure that the ward is kept clean at all times. The other issues identified have all been addressed."

"We accept all of the requirements and recommendations contained within the report and work is well underway on the areas where improvement is indicated. We know that the 'real' test in terms of achieving consistently high standards will be when the Inspectorate team return unannounced in the future, but I have every confidence that the team will be able to demonstrate further improvement in standards

on an ongoing basis."

Keeping hospitals clean, uncluttered and in good repair helps reduce the transmission of infection, and it is important that standards of cleaning and repair are continually monitored. All hospitals across Highland are subject to regular internal cleaning inspections where there is a requirement for all areas to reach minimum standards of cleanliness.

Regular hand washing audits are also carried out across Highland to check on technique and compliance, with the results published on the ward areas for all to see.

Heidi May, Nurse Director for NHS Highland said: "NHS Highland is very pleased that the Health Care Environment Inspectorate reported a positive visit to Caithness General Hospital. There were lots of examples of good practice in their report, like clear and effective communication between infection control and ward staff and the strong public involvement programme in Caithness General and the North Highland CHP. We were praised for posting up signs at each of the ward entrances indicating the wards latest hand hygiene result and the number of days since the last healthcare associated infection. We have focused on improvement in those areas identified by the HEI."

NHS Highland welcomes the introduction of the Inspectorate, and will continue to strive to ensure that all of the hospitals across Highland reach and maintain their required high standards.

Development of services for rehabilitation patients in Caithness

NHS Highland is continuing to develop the ranges of services it provides in Caithness so that more people can be treated and cared for in their own homes.

Patients requiring rehabilitation and assessment in Caithness are at present admitted to the Queen Elizabeth Unit at Caithness General Hospital but patients' needs have changed with a shift to more people being treated in the community or in their own homes and the staff and resources in the unit need to be used in a different way.

At a staff meeting earlier in August the North Highland Community Health Partnership (CHP) announced the closure of seven of the 25 beds in the Queen Elizabeth Unit from September 1st 2010. Bed occupancy in the unit has varied with the average occupancy of just under 18 beds in recent years.

This gives us the opportunity to redesign the service to better meet the needs of local people and to contribute to the CHP's savings target. A range of services will be developed with an emphasis on working with people in their own homes, minimising the length of time they have to stay in hospital and where appropriate alternatives are in place, avoiding hospital admission altogether.

Sheena Macleod, General Manager for North Highland CHP said: "Work is already progressing on keeping people out of hospital including falls prevention programmes, helping people to manage their own health and closer working between voluntary and other public sector services in the community.

"Medical, nursing and therapy staff are working together to develop a new model for the service which will be based in the unit.

"The focus will be on having the patient more involved in their own care and increasing their independence in their home setting."

This work will support the national rehabilitation plans and is in line with work in other areas including the Cambusavie Unit in Sutherland.

History of Highland Hospitals

A two year project researching the History of Highland Hospitals has rediscovered over 60 institutions in the Highland area through local and national archives, local knowledge and newspapers.

Jim Leslie, along with his son Professor Steve Leslie, a Consultant Cardiologist for NHS Highland, received funding from NHS Highland's Research and Development Fund and the UHI Centre for History towards carrying out the research which generated interest among medical and historian colleagues alike.

When the idea for the project was first discussed it was hoped to produce a small publication detailing the findings but, just recently, a 200 page report 'The Hospitals of the Highlands: their origin and development' has been produced giving a fascinating insight into the history of hospitals in the Highland Region.

Mr Leslie said: "This research project was a dream that became a reality. Rediscovering over 60 institutions and seeing how we learned from them and how it influenced healthcare today has been very rewarding."

Mr Leslie is now working on a book on the subject and, subject to funding, is keen to produce local booklets for each hospital. A booklet on Raigmore Hospital is already in preparation. However, the research is also continuing as there are still a considerable number of documents that have not been found.

Mr Leslie said: "Despite a lot of help and support from many people we have still to find many annual reports, including all of those for the Seaforth Sanatorium at Maryburgh, the Martin Hospital at Uig and the Mackinnon Memorial at Broadford. There are also many gaps in the records of most other hospitals."

"If anyone knows of these documents, or of any other records please get in touch."

A copy of the report can be found in the Library at the Centre for Health Sciences, the Inverness Reference Library and the Highland Council Archive Centre at Bught.

Jim Leslie can be contacted by telephone at 01381 620412 or by email at jim.leslie1@tesco.net.

Getting Greener

Want to do a bit more for the environment but not sure where to start? You are not alone. Collective action through communities taking action is on the increase and you can get involved. The following is a snapshot of a couple of organisations that have come to our attention and may be of interest to you....

Transition Black Isle

Formed in 2009 this Transition initiative is one of 180 across 18 different countries. Whilst approaches differ there is a collective or common understanding that we all need to change the ways in which we live in order to get the maximum benefit from the finite resources available.

The 50 members across the peninsula will inform you that this is much more than getting back to the “*Good Life*”, it is an active movement that is making a daily difference to the lives of people in the Black Isle. Assistance is given across a wide range of areas inc. growing your own food, local food markets, education on sustainability and support in Renewable energy, advice on grants. To learn more about this local initiative and the wider Transition movement visit – www.transitionblackisle.org

Voluntary Action in Badenoch and Strathspey



The Badenoch and Strathspey Community Transport Company is one member – ensuring transport is not a hurdle to living in the area. Through working with the Cairngorm National Park and with Perth College UHI they are a pilot site for using an electric vehicle as part of the many journeys they support daily. The Electric vehicle is one of 3 projects running in the Park area – the other 2 are the use of Smart phone apps (advising visitors of local information on activities, accommodation etc.) and also the promotion of Woodfuel use.

(VABS) has a membership of 105 voluntary and community organisations across a wide range of interests and provision of services. Most of what goes on across the area in terms of community involvement has some link back to the broader membership.

VABS are at present redoing their website however can be contacted in the first instance on 01479 – 810004. To find out more about what is going on in the Cairngorm National Park visit – www.cairngorms.co.uk

Golspie Recycling and Environmental Action Network (GREAN)

GREAN provides a kerbside recycling service to 4,000 households across East and Central Sutherland. A major local employer of 25 people its major income comes from the 800 tonnes of recyclates it collects and forwards on to the market. In the process it helps convert waste into approx **£0.5M** to the local community each year.

82% of households are estimated to engage with the kerbside scheme. This has allowed this “not-for-profit” company to pick up national awards and to expand into other areas - inc bicycles and lawnmowers. A bicycle re-use system has evolved, along with community composting and links into schools. Formed after a public meeting in 2000 this is a real success story across a number of areas – not least of which are ensuring Social inclusion, running self-sustainably and raising energy and environmental awareness. More information is available via the website on – www.grean.co.uk or by telephoning – **(01408) 634253**.

Energy Saving Trust



The Energy Saving Trust is one of Scotland, and the UK's leading impartial organisations helping people save energy and reduce carbon emissions. They provide expert insight, knowledge and advice about energy saving from individuals through to whole communities. They are funded by the Scottish Government and have a network of advice centres across Scotland.

In recent times there have been targeted campaigns in Fort Augustus, Invergordon and Cromarty – each time working with the Community groups to maximise interest and benefit. September sees a campaign targeting the 5,000 homes in Skye and Kyle. Advice surgeries and seminars will be held in various locations.

The advice and assistance is, however, common and open for all to use. For more information or advice on cutting fuel bills, increasing income and heating your home better call the EST advice centre for free by landline on 0800 512012. or visit – www.energysavingtrust.org.uk/scotland

This is a sample of groups and organisations that have been found or identified by staff. If you are aware of others not covered, and who would like to have their profile raised via the newsletter or website, please let me know on – Gordon.macdonald1@nhs.net Or telephone – (01463) 704618.

Friends of Raigmore Donation

Patients waiting for an appointment in Raigmore Hospital's Outpatient Department now have access to up-to-date information on how their clinic is running as well as information in infection control and health promotion thanks to a donation from the hospital's League of Friends.

The group of volunteers have bought 3 screens that have been put up in and around the waiting areas in Outpatients which will be used as information screens for patients attending a clinic that day.

Lucy Briggs is Charge Nurse for the Outpatients Department. She said: "The screens are great for the department. Patients are able to see themselves how the clinic is running time wise, we also use them to remind our patients to report back to reception when they come back from tests and ensure that our infection control and hand hygiene messages are being passed on.

"We also plan to have specific slide shows to highlight particular health weeks, such as smoking cessation or information on Parkinson's Disease. "The screens are new to the department but I hope our patients find them very informative."

Raigmore Hospital's League of Friends has, over the years, donated thousands of pounds worth of equipment and furnishings to the hospital.

League of Friends Chair Christina Cameron said: "We're a small team but are very committed to raising funds for the hospital. We've held various functions over the last year including a sponsored swim; a Songs from the Shows Concert; and entertaining on a budget dinner. We also sold Christmas cards and regularly have a sales table within the hospital.

"The money raised from doing this not only bought the screens but also went towards a bariatric bed for the hospital which was handed over last year. I am very grateful to all those who have supported us in our funding raising efforts. I'm delighted to see the screens installed and hope the patients here find them useful."

Charge Nurse Briggs said: "I can't thank the League of Friends enough for their kind donation. The effort that has been put in to fundraise can not be underestimated and it is very much appreciated by all the staff here."

Scottish Patient Safety Programme update



NHS Highland delegates at the iip event in Edinburgh

The Scottish Patient Safety Programme (SPSP) forms a key part of the NHS Highland Quality & Patient Safety Framework which was approved by the Board in April 2010. The aim of the Framework is to ensure that healthcare is personalised and made fairer, that there is access to the most effective treatments and that *systems keep patients safe*. SPSP is based on *12 evidence based interventions* which reduce the risk of harm to patients within the acute hospital setting.

Teams use small-scale tests of change (based on the **Model For Improvement**) to analyse systems and processes and to seek to identify practical solutions for sustained improvement. SPSP is supported by a Run Chart Measurement System which reports Process Measure Reliably and related Outcome Measure Improvement e.g. infection rates.

Fantastic progress is being achieved in both Process and Outcome Measures across the pilot sites in Caithness, Belford, Lorn & Isles and Raigmore. Safety Briefs in the wards and across theatre are now becoming the cultural norm. The SBAR (Situation, Background, Assessment, and Recommendation) tool is being adapted locally to improve communication during staff handover, during patient transfer and between nurse-to-doctor telephone communication. Based on the PVC (Peripheral Vascular Catheter) Bundle, frontline teams have developed a PVC Maintenance sheet, protocol and standard for dressing change. This has enabled best practice to be delivered to *every patient every time*.

The SPSP is closely aligned with infection control teams throughout NHS Highland and is supported nationally by the **iiiP (Infection Improvement Implementation Programme)**. The SPSP is also developing close links with **Leading Better Care and Releasing Time to Care Programmes**. SPSP team also acknowledges that further alignment with other collaboratives is necessary to support delivery of common objectives and methodology.

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Scottish Patient Safety Programme continued

The **Paediatric Patient Safety Programme** was launched in June this year with similar aims, goals and measures to the adult programme. The team are enthusiastically testing safety briefs at staff handover and SBAR communication tool. The team will shortly progress to testing the implementation of the PVC Bundle and their newly designed PEWS (Paediatric Early Warning Score) chart.

A **Cardiac Failure Bundle** has been also been launched recently with the following three key elements:

1. Expert review during admission
2. Evidence based drugs prescribed during in-patient stay
3. Referral to specialist Heart Failure Nurse Service before or at time of discharge.

A highly motivated and innovative team has now formed to progress this important piece of work.

A Local capacity building event is scheduled to take place in Inverness on **21/22 October** and a **7th National Learning session** is on the 16th / 17th November 2010.

For further information contact SPSP Manager mary-anne.gillies@nhs.net EXT 6835 or go to www.patientsafetyalliance.scot.nhs.uk



New hospital starting to take shape

Work at the site of the new Migdale Hospital in Bonar Bridge is continuing to progress with foundations now in place, a retaining wall in and work taking place erecting the structural steel is almost complete.

The new hospital, a new £8.3million facility replacing the existing Migdale Hospital at Bonar Bridge in Central Sutherland, is being built in the centre of the village, close to the Bradbury Centre - a day centre for older people - and the GP surgery at Cherry Grove.

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.

Locality General Manager, Georgia Haire said: "I'm very pleased to see work progressing on the new hospital.

"With the steel for the lower floor up and the timber frame for the upper floor expected this month the building is really beginning to take shape.

"Being able to see the building develop as work progresses is making it more real for the staff and members of the public in the surrounding area."



Knowledge and Skills Framework

DELIVERING a quality service relies on us having the knowledge and skills to do our jobs, jobs that are constantly changing in the face of new techniques, technology and philosophies around delivering care.

THE knowledge and skills framework defines what is required for each job in the NHS (with the exceptions of medical posts and executives). An electronic tool, E-KSF, has been created to make it easier for managers and their staff to record their personal development reviews against the KSF criteria and to allow the organisation to monitor progress. It is one of three key strands of Agenda for Change (AfC).

A target has been set for 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. We're a long way from meeting that target. In an effort to find out why, NHS Highland Board Chair Garry Coutts and Vice Chair Ian Gibson were given a demonstration of e-KSF. Garry takes up the story...



"KSF is a huge task. Every member of staff excluding the exec cohort have to have a review with their line manager and get agreement on it and have the review signed off by both the manager and reviewee. I do not underestimate the scale of this.

When this was discussed at a Board meeting we heard of real concerns that the process was time consuming, bureaucratic and difficult to do because of limitations of the e infrastructure. I have heard that the intranet can be very difficult to access and can be very slow particularly around the middle of the day so this was when we ran the exercise. I accept, however that it may be harder in some other areas.

Having convinced myself that I was going to see something that resembled completing on line tax returns but without the fun I have to say I was genuinely very impressed with the system. Log in was easy. It was not difficult to navigate through and the prompts, tools and library of information was all easy to access and useful. The ability for staff to update evidence of achievement whenever they want rather than wait for the review date is brilliant. The fact it facilitates reviews to be an iterative process rather than a one off event is fantastic. That it links so closely to the development tools is exactly what we wanted when it was set up. That managers can delegate part of the review process to other senior staff is great.

I appreciate that for staff that don't have easy access to computers or who are technophobic it might be less friendly. However we do have a lot of PCs in a lot of locations that are available and the materials showing how to log on and access the tool are some of the simplest and clearest I have ever seen. The process will, obviously, take time but I can not imagine it will take more time than any other structured review process. In fact it will be easier to make time because of its iterative nature and the fact you can drop in a piece of evidence or prompt people to do so at any time during the year.

Managers have to have meaningful conversations with their direct reports to discuss performance and identify development needs. E-KSF is, in my view better than anything else I have ever seen to help facilitate that process. I can only think that if time is the big issue it is because there might not have been a review system in place before. That is untenable and has to be tackled. Staff deserve time with managers to discuss what they need to develop in their jobs.

I think there may be a cultural issue about this. It has become a chore or a tick box exercise that has to be tholed rather than managers and staff seeing the positives. I really hope we can all work together to try to turn this around. "

Not a lone voice? Read positive staff feedback on e-KSF on the next page.

In praise of e-KSF

Reports have filtered back to the KSF Team that actually KSF and e-KSF in particular is not as difficult as first imagined; the team delivers e-KSF and PDP&R training every single week throughout NHS Highland and more and more staff are realising that this is an extremely useful and efficient resource. Ok so there will always be those that take a little more convincing but when you realise that the annual KSF Personal Development Review is about the organisation supporting YOU then it becomes easier to engage with. For some staff it is the lack of understanding of this (not so new) system that is holding them back, please look at the training available below and contact us ... SOON.

Staff thoughts on e-KSF

'...all very good...an excellent training session...' locality manager (e-KSF training).

'...that was not that difficult at all...and I'm dyslexic...' nursing auxiliary (hands on e-KSF demo)

'...so I can bin the portfolio I've been carting round...?' staff nurse (PDP&R/KSF session)

Linda McMillan, Admin Services Manager (Cowan and Bute Locality) said;

"I have been using e-KSF for KSF Personal Development Planning and Reviews within my department for over a year now and am now really seeing the benefits of using it. It saves so much time and staff take much more ownership of their PDP. At reviews we can both look at the information at the same time and in the same sort of language. Staff prepare their own evidence as they would like it recorded and then any amendments can be agreed at the review. In addition staff can enter evidence at any time, for example just after an activity or event and are more motivated to record activities and evidence. It's also great to be able to review reports detailing how individual staff and the department overall are doing in achieving up-to-date development planning and reviews. The best thing is that all the information is clear and in one place."

Training

Training is available for staff and managers. Places are limited so managers are asked to send staff who can share their learning with their colleagues. For more information regarding these courses please contact e-Health on 01463 257500 or view the information on the e-Health intranet site.

For staff in Argyll and Bute e-KSF training is delivered by David Templeton 01546 604978 (dtempleton@nhs.net). David delivers combined sessions for both Reviewers and Reviewees, dates will be published soon for e-KSF training taking place throughout localities during September and October.

It is highly recommended that prior to attending e-KSF training you attend a PDP&R awareness session (or have participated in a KSF review within the previous 12 months).

PDP&R, e-KSF refresher and short e-KSF demonstrations are available from;

Sally Munro 07810 180968 or email sally.munro@nhs.net, Argyll and Bute
Paul Simmons 01463 706885 or email paulsimmons@nhs.net, Highland

The KSF Team is here to advise, guide and train staff on the use of KSF and e-KSF; if you cannot get to a session give us a call as we can also guide you through e-KSF over the telephone.

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). You will also require an nhs.net email address, if you do not have one

Letters to NHS Highland



"I am writing this letter because I feel it deserves to be written. I had the misfortune to suddenly become ill that required an emergency admission followed by major surgery, although I was fortunate enough to be treated by Dr Wareham, Dr Caird and Dr Davis, and the staff on Ward 8 at Raigmore. From the moment I was wheeled through the doors and was met by SN Lynne Mackay I felt I was in safe hands. All of the staff were as wonderful and as caring as each other, whilst displaying a professionalism which boosted my confidence in them and as a patient. The care was second to none and I have to congratulate Sister Quinn for an extremely efficient and well-run ward, without losing any of the much needed compassion and kindness from her staff towards the patients. I must include the three student nurses and Marlene the receptionist. Also I don't think anyone could complain about the choice or the standard of cooking. And lastly the

cleanliness of the ward was the very highest standard. I want to thank you for the excellent care and treatment I received and hope you will pass on my gratitude to them all."

A patient from Inverness

"At a time when most reported hospital experiences seem to have a negative theme, I feel compelled to write to you on a very positive note. I recently spent some time in Belford Hospital undergoing major surgery at the hands of Mr Creel and his team. The care and consideration which I received from Mr Creel, surgical staff, anaesthetists, medical staff, physios and nursing staff was truly remarkable. Every member of staff with whom I has contact displayed a degree of professionalism and care of the highest order. I must also compliment a group of people who are doubtless often overlooked. The cleaning and domestic staff obviously take tremendous pride in their

hospital which I have to say is the cleanest I have ever visited. The whole set up at the Belford is a great credit to all those who work there very definitely as a team, the NHS as it was meant to be!"

A patient from Skye

"I have been attending York Day Hospital twice a week and would like to say what a beneficial facility it is. Everyone is so kind and helpful - be they doctors, physiotherapists or occupational therapists. Nothing was too much trouble though I know they were really busy but you never got that impression when attending. I must also not forget the patient transport drivers who saw me safely delivered to and taken home from the hospital. I must also add that the meals are also excellent. A big thank you to everyone for being so kind and helpful - long may the York Day Hospital be there."

A patient from Inverness

Your invitation to the UHI Annual Lecture 2010

You are invited to the UHI annual lecture 2010 which will be held on **Thursday 16th September at the Scottish Association for Marine Science UHI near Oban.**

The lecture will be given by Poul Degnbol, Head of Advisory Programme, International Council for the Exploration of the Sea (ICES) and a *scientific advisor on fisheries with the European Commission*. Mr Degnbol is involved with the reform of the Common Fisheries Policy in Europe and is well known for his clear thinking and frankness. His lecture will provide a progressive view on how European fisheries may be managed sustainably and should stimulate an interesting and topical debate.

The event will begin from 2.45pm with a welcome reception, and the formal programme will then commence at 3.30 pm with the UHI student of the year award and honorary fellowships, followed by the annual lecture. Formal proceedings will conclude at approximately 5.30pm followed by a buffet, an exhibition of work at SAMS UHI and tours of the research centre's laboratories. For those able to extend their stay, the evening will continue at 7.00pm with musical entertainment and a cèilidh, all at SAMS UHI.

This entire event is **free** of charge and open to anyone. However due to limited places, it is essential to book a place. Please email paul.ellison@uhi.ac.uk

Morag realises her dream

Grit and determination drove Morag Hughes on in realising her dream of swimming the English Channel after an arm break almost ruined her chances of ever being able to complete the swim.

Morag, a Community Nurse in Learning Disability based in Fort William, was unable to swim when she originally wanted to after she broke her left arm just under the shoulder and had to postpone. She underwent an operation to get the arm pinned and was advised it would be unlikely she would be able to swim front or back crawl again.



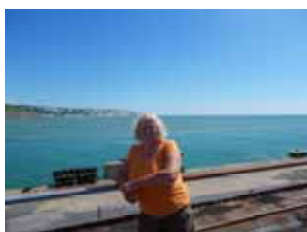
Morag said: "Determination definitely drove me on and my Consultant, Kevin Baird, was delighted to be proved wrong when in July this year I realised my dream and swam the English Channel. Everything went to plan and it was an amazing feeling to enter the water at Samphire Hoe at 5.25am and begin my swim.

"The first part went well with fairly calm waters though I had to swim in a circle to avoid a Russian cargo ship. After about seven hours the news was not good as I was being swept too far West with the ebb tide and not getting much closer to the French shore. This was a very difficult period mentally and it would have been so easy to give up but I just kept swimming and hoped for the best.

"Eventually after about four hours I was given more positive news. Darkness fell and I was still swimming. I had lightsticks attached to my costume and a flashing light attached to my goggles and I could see the lights of Boulogne. Soon they disappeared then re-appeared as I was swept back by the tide. At this point my husband Ronnie, Reg and Ray the pilots and Mikee the observer were yelling at me to swim faster. After 18 hours of swimming this was not easy but eventually I had crossed the last tide and was in slack water.

"Ray got in the small dingy and escorted me into the French shore to land East of Cap Gris Nez at a place known as the Devil's Hole. I finished at 11.56pm the crossing taking me 18 hours 31 minutes."

Morag's Consultant, Raigmore based Orthopaedic Surgeon Kevin Baird, thinks this is a story of remarkable human achievement. He said: "Morag had been a long-distance swimmer but after fairly major surgery I advised that I felt it unlikely that would be able to do crawl strokes every again.



"She has made me eat my words and her achievement is truly remarkable, a testament to her determination and courage."

Morag became the oldest Scottish person to swim the Channel and only the 16th Scottish person to do so. She has dedicated the swim to the memory of her brother and sister who both died from cancer and used the swim to raise money for cancer research. If anyone would like to sponsor Morag they can do so at www.justgiving.com/Morag-Hughes-long-swim

Caithness link to Association for Continence Advice Annual Conference

Caithness based Clinical Specialist Physiotherapist (Continence) Sylvia Craine recently attended the Association for Continence Advice (ACA) Annual Conference in Harrogate where she presented a paper on the Development of a Pelvic Floor Awareness Leaflet for Teenagers.

The purpose of the leaflet was to raise awareness amongst teenagers of the importance and function of the pelvic floor muscles at an earlier age with a lifetime health promotion message.

Sylvia said: "This has been a project I and two other colleagues from North Lancashire Primary Care Trust and NHS Central Lancashire have been involved with through the Education and Research group of the ACA, of which I am a member of.

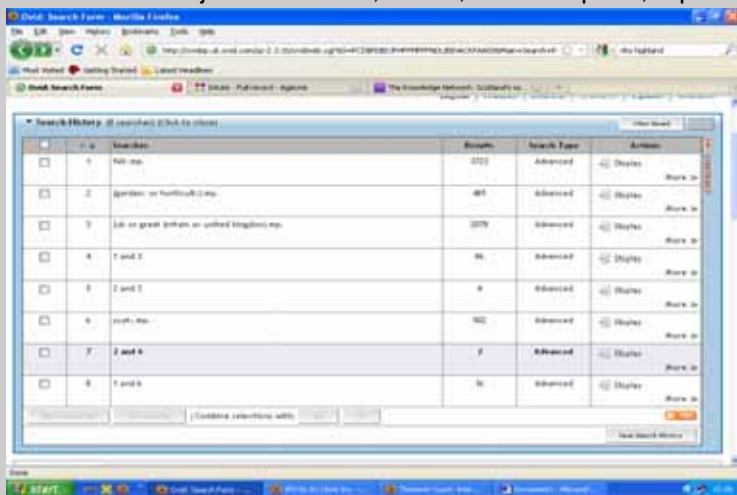
"The presentation described the process so far in developing the leaflet which involved having a consultation day with a group of 18 17year old teenage girls to answer a questionnaire and take part in a focus group to inform what the content and design of the leaflet should be.

"It is now in the final stages with the design team with input from Promocon at the Disability Living Foundation (a national service to improve life for all people with bladder or bowel problems) and will hopefully be published this autumn and launched at the Royal College of Nursing conference in November or the ACA conference next year."

Focus on: AgeLine®

Amongst other interesting items *Team Update* for June 2010 contained articles on falls and on gardening in the aged. The Knowledge Network [<http://www.knowledge.scot.nhs.uk/>] has a number of databases relevant to the subject of ageing and one of these is AARP AgeLine® which is available via the OVID suite of databases.

This database is produced by the American Association of Retired Persons (the AARP bit!) and thus is primarily American but it is still a very useful resource. The database is updated bi-monthly and covers all non medical aspects of ageing – eg social gerontology, psychology, etc. Document types indexed include: journal articles, books, book chapters, reports, and government documents.



Coverage starts in 1978 and extends to the present.

AgeLine® does not have a subject structure which means the best search methodology is the use of keywords and truncation. The search illustrated left shows one method on how materials on falls and gardening relating to the UK can be retrieved.

To conclude AARP AgeLine® is a very useful supplemental database to consider when you are searching for materials on services for the elderly.

For more information on this and other databases and their uses please contact the Highland Health Sciences Library – 01463-255600/ext. 7600.

Rob Polson (rp5@stir.ac.uk), Highland Health Sciences Library.

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>