

Team Update



Issue 72 September 2010

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Quality care to every person, every day



People from across NHS Highland have gathered to debate and help shape the Board's vision for the future delivery of health services.

Chair Garry Coutts opened the event by suggesting that we already had a common goal; excellent services for the Highlands.

The annual event was a rare opportunity for colleagues from across a geographically spread organisation to learn from one-another. It also include patient participants, representatives from the Scottish

Health Council and local authorities.

While politicians of all parties have promised to protect the NHS from budget cuts Garry spoke of the reality of the budgets that are facing us: "We'd have to be naive to continue to expect investment. We might not see the same reductions as other public sector organisations but we will have to manage with less. We must provide services when people require them with less resource. The real challenge is to maintain quality and safety."

Transformational change

Chief executive Roger Gibbins outlined some of the drivers for change including unprecedented cuts in the public sector and changing demographics. But he also emphasised the need to stay focused on what we want to deliver for patients, he said: "Quality and patient care is key—lose sight of that and the consequences aren't worth considering."



Roger's presentation talked of 'transformational' change. The annual event included 'stalls' where groups were able to hear success stories; service redesign and innovative delivery from across the organisation. He said: "The change we need to deliver is happening somewhere now but to succeed we need to do it **everywhere and quickly.**"

While NHS budgets will not be cut in monetary terms their real value is expected to decrease as costs rise. Our Finance Department's predictions suggest that by 2013/14 we will have £60million pounds less in real terms than we do now.

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The new model of service

Medical director Dr Ian Bashford described the way services will be delivered in future. He said: "We're starting with self-care and care based in the community. We will have an even stronger focus on long-term conditions. There will be agreed pathways of care. Care will



be multi-disciplinary, team based and anticipatory not reactive. Care will be based around the patient and planned with everyone involved. The result will be fewer A&E admissions, shorter hospital stays and less duplication. In short it will be better quality."

The vision includes:

Supporting patients to take responsibility for their own health and encouraging self-care and independence.

Provide services which are evidence based and not providing ineffective services

Monitoring & auditing

Change based on data not anecdote.

Taking out unnecessary overheads

No cancellations

No unnecessary tests

Fewer buildings

Maximising use of technology

Providing services that fit our geography not our history

Working more efficiently

Black hole or unique opportunity

Chief operating officer Elaine Mead described the task ahead as "a unique opportunity to reconfigure health services for the future".

She said: "We have a real opportunity for change. We have to focus on getting it right every single time for every single patient to ensure that we're using our resources effectively. People on the frontline will look at the Vision and say 'we do this already' and yes we do deliver excellent care but we absolutely can do it differently, we can do it better. The solutions themselves won't be radical but the way we role it out will be radical."



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

It's happening somewhere, now

It's happening at the combined assessment unit, Belford Hospital.



"We saw that we were in the jaws of a credit crunch and we got the staff together and we said we can either fix this for our patients or we can wait for the consequences. But these are our patients and this is our community and we live in this community so we got together and agreed and negotiated what was right for the patients within our budget. We had weekly discussions to work out what we needed and how we could remove artificial barriers. The result is that we are now all generalists to perfection we have no division between surgical and

medical and all patients who are not coming for elective surgery come to the assessment unit. They can come before they have had a diagnosis so they are coming earlier. The result is fewer out of hours admissions and a better quality of service for patients.

The consultants are also now able to deliver support to GPs in remote areas of Lochaber. This service produced savings equivalent to closing a ward at weekends but we haven't closed anything and quality has improved."

Marie Law, clinical services manager.

Asked about other areas of Highland learning from this work Marie said: "In a way I think the combined assessment unit is a red herring. It's not so much about the solution as how we found that solution by getting everyone together and agreeing the process and negotiating the change. That's the bit that other areas can learn from."

It's happening on Bute.

Argyll and Bute CHP have successfully introduced home monitoring equipment into the homes of patients with Chronic Obstructive Pulmonary Disease. The "pods" allow patients to take observations like blood pressure and oxygen saturation at home and these details are checked by community nurses who contact the patient if they need to take action to stop their condition worsening. The project has reduced hospital admissions from 11 to 1 and bed days from 72 to 8.

Patients report high satisfaction levels from using the home pods as it reduced anxiety, a trigger for COPD patients. Some have become so confident at spotting the warning signs for themselves that they no longer need the pods.



(Picture: Sheena Ferguson, Community Nurse Manager.)

Recognising Excellence NHS Highland Staff Awards 2010

Commitment, vision, going that extra mile and willingness to embrace change are just some of the themes celebrated at this year's Recognising Excellence Awards.

Garry Coutts, Chair of NHS Highland (pictured right with Better Health Winner Lisa Ross) said: "The recurring theme of this year's awards has been the commitment of our staff and their willingness to go that extra mile. We cannot underestimate the impact on patients and carers that our staff have whether it be through innovation, creative problem solving or working above and beyond the call of duty.



"The judging panel found the calibre of nominee very good this year and it was difficult to decide on this year's finalists. My congratulations go to all of them, but we must not forget that all of our staff deserves our thanks and recognition."

This year's awards were presented by Kevin Woods, Director General for health and wellbeing in the Scottish Government and Chief Executive for NHSScotland. He said: "I've been given a glimpse of some of the people and projects being recognised at this year's staff awards. These kinds of ideas put this area at the forefront of change and it's tremendous to see staff leading the way."

This year there were six award categories with two winners in each.

In selecting a recipient for the **Better Health Award** the judges looked for an individual or team who has made a real contribution to helping people take control of their own health.

Clinical Harm Reduction Nurse Specialist Lisa Ross, based in Inverness, was nominated for working tirelessly in providing harm reduction interventions.

Her 'outstanding commitment and vision in developing and running a Naloxone pilot in Inverness' has not only attracted interest from other Health Boards in Scotland but the Scottish Government also feel that this is the pilot to follow.



Also winning in this category is the Osprey House Team Substance Misuse Service (pictured left), also based in Inverness. This team of 'enthusiastic and committed' individuals were nominated for managing significant changes in service provision while supporting and maintaining an accessible service to all.

Not only have they reduced their waiting list from over a hundred to none in a year but 'they strive for quality, excellence and remain motivated within an area that can be difficult and challenging to work in'.

The **Better Care Award** is for improving a patient's experience of care.

Integrated Care team Leader Sheila McKechnie is based in Cowal. The Integrated Care

Team in this area was developed in 2008 and from the start 'Sheila could see very clearly that the way to take this new initiative forward was for all professionals and agencies to work together and put the patient at the centre'.

Sheila (pictured right with (l-r) Kevin Woods and Garry Coutts) was praised for her excellent communication skills and naturally calm and friendly personality, Sheila is always an advocate for the patient and never fails to put their needs first.



Barbara Andrews (pictured below left) is a Learning Disability Charge Nurse based in Wester Ross. Barbara is 'innovative, determined and driven' and often goes the extra mile for patients in her area.



Barbara has been key in creating local opportunities and getting people together in order to overcome isolation.

Working in a remote and rural area has its challenges but Barbara has maintained her skill level and her work with individuals is of the highest quality.

The **Better Value Award** is about getting the best for our patients from public money.

Video conferencing is already widely used in NHS Highland as a way of connecting health care staff who work in different areas and it is also used for some patient consultations between Inverness and the Western Isles.

In April this year as part of the teledialysis project, the Renal Dialysis Teams in Raigmore Hospital and Caithness General Hospital (pictured right) installed video conferencing units at Raigmore and Wick Renal Units allowing patient consultations, twice-weekly nursing updates and the delivery of in-house training without the need for either team to travel.



A clinic first for Scotland has been so successful in Raigmore that there are now plans to extend this to other parts of NHS Highland.

Aortic stenosis is the most common form of valvular heart disease in the UK. In the early phase of this disease patients require monitoring by echoradiography (heart scan) but not necessarily to see a doctor. As part of this a protocol led aortic stenosis surveillance clinic has been developed and run by Raigmore Echocardiographer Marwen Macdonald, the second winner in this category (pictured left).



With over 160 patients under review 'this would not have been possible without the clear preparatory work and dedication shown by Marwen in her post'. The effort she has put in to this clinic mean that 160 patients who would have previously been reviewed regularly in the cardiology clinic no longer need to be seen, freeing up consultant time.

In the **Changing for the Better Award** nominations were made for those who have made a real contribution to delivering improvements to patients through service redesign.

Community Staff Nurse Sheena Ferguson was nominated for the way she has embraced telehealth and led this new process on Bute.

Also winning in this category is the Combined Assessment Unit Team at Belford Hospital in Fort William. Earlier this year the surgical and medical wards at the hospital were merged with all resources and clinical expertise being combined to form the Combined Assessment Unit (CAU).

You can read more about Sheena Ferguson and the Combined Assessment Unit on p3.

For the **Volunteer Award**, the judges were looking for those who have given exceptional commitment to support the work of NHS Highland.



The Ross shire Breastfeeding Peer Supporters (pictured left) contact all post natal woman who are breastfeeding within 48 hours of them leaving hospital to offer support. This group of volunteers, who themselves have small children / babies to look after, have shown a huge commitment to NHS Highland. They have all successfully completed a number of training courses, including the National Childbirth Trust peer course, and have also found the time to set up a week support group in Invergordon.

Described as 'an inspiration to others and a true pleasure to work with' they have taken on this volunteer role proudly and efficiently.

Also nominated and winning in this category is the Monadhliath Heartbeat Challenge Organising Committee (pictured right). This small team of volunteers wanted to give something back to the Cardiology Department at Raigmore Hospital as a thank you for the treatment received and four years ago they set up the now annual Monadhliath Heartbeat Challenge: a sponsored walk/run followed by a cycle which attracts around 100 participants each year raising money for cardiology.



The final category is a new one this year for the awards.

Behind the Scenes looked for a nominee who has made an outstanding commitment in one of the non clinical services which are essential to supporting patient care.



Kenny Rodgers, Accountant and Project Manager with South East Highland Community Health Partnership, had a range of supporting quotes for his nomination from a wide variety of staff.

As well as his 'day job' Kenny (pictured left) was appointed Project Manager for the new hospital and primary care centre in Nairn which has recently opened. Going above and beyond is often a phrase used to describe Kenny, as well as dedicated. His ability to stay calm while doing his utmost to find a solution to a problem is just one of the reasons he is an

ideal candidate for this award.

Also winning is the Engineering Team based at Craig Dunain Estates in Inverness (pictured right). For the past 10 years the bed linen for every hospital in North Highland is laundered using one washing machine and, in order to ensure patients are served, it is vital that the equipment operates to peak performance continuously.



The Engineering Team has, over the years, provided a 'more than superb service' to the laundry. They could be anywhere in North Highland when they receive a call about a breakdown in the laundry, but within an hour an engineer will be on site solving the problem. Fixing the equipment can mean working into the night, coming up with resourceful ideas on how to fix a particular part and giving up their time over a weekend.

New hospital and primary care centre opened

Kevin Woods Director General for health and well being in the Scottish Government and Chief Executive of NHSScotland performed the official opening of the new Nairn Town and County Hospital and Primary Care Centre this month (September).

The facility is one of the most integrated in the country bringing social work staff together with community NHS staff, two medical practices, a dental practice and 20 bed in-patient hospital.

Dr Woods said: "This integrated hospital and primary care centre embraces a way of working which will improve the quality of care for the whole population. Professionals are working side by side making the delivery of a seamless service easier. This much makes sense, but I expect that the real benefits will be discovered by the staff here as they get together and start to explore new ways of meeting the health and social care challenges that are facing us."

NHS Highland Chair Garry Coutts said: "The future has to be about working across the artificial boundaries between primary care and hospital care, the NHS and social work. It is care that takes into account all the medical conditions and social circumstances of every person and looks after them holistically. It is a system which is preventative rather than reactive. Co-location of services makes it easier for staff working across all these services to get to

know each other and their roles so they can look after people better. This development is a shining example of the way forward and as one of the first to be integrated at this level the pressure is on for the people who work here to deliver to their full potential."

During a tour of the building Kevin Woods and other guests got a glimpse of some of the innovative ways of working that are being tried by staff at the new building.

It is unusual for telecare technology to be organised and monitored from accident and emergency but Unscheduled Care Manager Caroline Rusk said it has been working well: "A&E staff go out and do assessments in people's homes to find out what equipment might help them. We can also work with hospital in-patients preparing to go home. We have an occupational therapy bedroom where patients have sessions before they leave and it has a range of telecare devices. Our plan is to start to use this more routinely as a step-down room to give patients going home a chance to prepare for doing more for themselves. It should help their confidence levels knowing they can have a practice run inside the hospital. A support package from social care can also be tested out in the step-down room."

The development has cost £12million pounds and is a partnership between NHS Highland, the two medical practices, specialist healthcare developer Prime Plc and The Highland Council. It was built by Morrison Construction.

30 days at Raigmore

Plans are being put in place so patients who are told they need surgery can leave hospital that day with a date to come back for their operation.

The goal has been set by the staff working on the lean project for administration and theatres who have 30 days to put their plans in place.

Lean is a management methodology that involves staff getting together to improve systems. Staff are working with experts from GE to introduce the method here. At the start of this month a two day event called a Value Stream Mapping took place. This allowed staff involved in the system for administration and booking of elective surgery patients to visualise the system the way it currently is and set out an improved 'future state'. During this event staff agreed that patients were waiting too long to know when they would get their surgery and that we could improve our communication with them; both of which would reduce anxiety.



At the Value Stream Mapping colourful post-its are used to map out every stage of the process and patient journey so it's easier to see what's essential and what's wasted time, effort and resource. Staff enjoyed working together.

Kenny Clarke, Acting theatre manager

"I wanted insight into ways we can streamline and I've gained it. It's very positive. What's happened is that we, the staff, are being encouraged to identify issues that we've been blind to, we've been working around them and this event has helped us to find them. It's also become apparent about the number of people each decision impacts upon so we need to come together to find solutions that work for everyone."



Fiona Kelman

Administrator General Surgery and Neurology

"I love it. I like processes and trying to make things simpler. I've often felt I was the only person with a problem and I've found I'm not. It's given me an opportunity to get some ideas across."

Ellen Walker

Administrator for Ear, Nose and Throat

“Everybody is getting the chance to suggest ideas no matter their rank. It’s giving us an opportunity to understand the process from beginning to end and the patient journey beginning to end. Hopefully we’ll get a more smooth, efficient service for patients.”



Chrishan Folan
Charge Nurse Pre-operative
Assessment

“It’s very useful to be together. We can have tunnel vision. We need to realise the problems we have and then have to find a better way.”



Mairi Fraser
Senior staff nurse

“It’s generally very positive. We’ve gained an understanding of the process and where the pressures are both in nursing and administration.”

Between 27th Sep and 1st Oct staff took part in a “Kaizen” where they stepped back from their day jobs to work together testing out possible solutions to problems. Five areas were looked at; patient information and patient journey, GP interaction, outpatients and pre-operative assessment, scheduling and theatres. Some issues have already been tackled including the creation of a generic mailbox for the pre-op team so they have the information they need without frequent interruptions. Raigmore’s General Manager Chris Lyons said: “I am grateful to the hard work that has gone in here from a range of colleagues and I will personally chair a weekly meeting to keep us on track. This work will complement what we’re doing elsewhere in the hospital and we will be making sure it all joins up.”

Further work will be done in consultation with other staff and with regular checks to ensure it is beneficial for patients. This includes:

Improving the letters and signage so patients are less confused and can find their way without having to stop staff to ask for directions

Reordering the tests in pre-op assessment to reduce travel within the hospital and the number of times patients are asked to undress

Reduce average time for pre-op assessment from over an hour to 34 minutes

Create a role of scheduler so patients who are fit for surgery can leave with a date for their operation

Profile workload in ECG so we have more staff when workload is highest

Book slots on Theatreman software using additional information so it can be precise about the time each operation will take

Share information from Theatreman so ward staff can see when their patients will be ready to return from recovery.

Another Kaizen looking at discharge planning is under way and we’ll keep you updated.

Lean on its way to Caithness

MEANWHILE staff in Caithness are beginning work on their own Lean project to improve the admission and discharge process for patients at Caithness General Hospital in Wick. A wide range of people will come together to look at the whole system. The project is likely to focus on the admission and discharge process for Unscheduled medical and surgical admissions to Caithness General. The anticipated outcome of this project will be to reduce time wasted in the various processes and to reduce the number of unscheduled admissions, reduce length of stay and the number of beds required. Although unaware of it at the time the award-winning staff who developed the Combined Assessment and Step Down Unit at the Belford Hospital in Fort William used a similar process to Lean.

Early talk awards help improve children's communications skills



Children from nurseries across have been celebrating as they mark their success in gaining accreditation in the I CAN's Early Talk programme.

I CAN, the national children's communication charity, has worked in partnership with The Highland Council and NHS Highland to run a training and accreditation scheme for nurseries aimed at improving children's speech and language skills.

Through the implementation of I CAN Early Talk partnership programme, 16 early years centres have received training and been awarded accreditation to support children's speech, language and communication development and collaborative practice. These centres join the existing 13 centres who achieved this award in 2009.

Congratulating the nurseries on their I CAN awards, Hugh Fraser, Highland Council's, Director of Education, Culture and Sport said: "These awards reflect the necessary staff skills required to support children with speech and communication difficulties. I am pleased to see the Early Talk scheme being implemented throughout the Highlands which is developing good communication skills in pre-school children."

Have your say. Staff survey starts 25th October

Have you ever felt that no one listens to your views about your job and other aspects of working for NHS Highland and NHS Scotland as a whole?

Well the 2010 NHS Scotland Staff Survey is coming soon to NHS Highland which will give you an opportunity to do so.

NHS Scotland has conducted three previous staff attitude Surveys in 2002, 2006 and 2008. The Survey allows members of the NHS Scotland workforce to express their opinions about their local employer. The questions are organised around the statutory Staff Governance commitments, namely that staff should be:

- Treated fairly and consistently;
- Appropriately trained;
- Involved in decisions which affect them;
- Well informed;
- Provided with a safe and improved environment.

The survey is due to go live on 25th October and run till 5th November.

In previous years the survey was almost completely paper based but this year it is going to be predominantly on line completion. Details of the link to the survey will be publicised in due course. We do know that not all staff have access to a computer at work and as well as hopefully making the link available to complete the survey at home we are encouraging all managers and staff that have access or control over computers for the period of the survey to adopt some flexibility and let other staff if they wish to be able to complete the survey on line at work.

We know that even with this flexibility that there are some harder to reach areas and we will be receiving a number of paper surveys which we will distribute to some areas for completion. More details of which areas will follow in due course.

A survey is only as useful as the data that is returned but also importantly what is done with the data and subsequent analysis of it. High level results will be available for NHS Scotland as a whole in mid December with more detailed local information available in January 2011 to each Board. This will be all being made public within NHS Highland as and when we have the information. This information and subsequent analysis will be discussed at the Highland Partnership Forum where an action plan will be developed to address outcomes of the survey.

For those that are interested the results of the last survey carried out in 2008 are still available on the local Intranet under Well Informed – Staff Survey.

The survey is a top priority for both NHS Highland and NHS Scotland and has backing from the Cabinet Secretary for Health and Wellbeing.

About 35% of NHS Scotland staff responded to the survey in 2008 and within NHS Highland this figure was just over 40%. Actions will be taken both at a local and a national level to make improvements based on the views expressed in the survey so it is quite important that a good number of staff do respond.

Over the coming weeks in the run up to the survey going live more preparations will be being put in place and further communications will be issued through a variety of means to remind and inform staff.

Please take this opportunity when it comes to have your say!

New group tackles long term conditions

A workshop event was held in Fort William on Wednesday 22nd September to formalise and strengthen a self management partnership which brings together the NHS, local authorities and voluntary sector organisations with an interest in long term conditions.

The partnership is called 'Let's Get On With It Together' and the name was derived from the collective motivation of various organisations to work together in partnership to deliver a comprehensive approach to supported self management for people with long term conditions in the NHS Highland region.

Maggie Clark, Long Term Conditions Manager for Argyll & Bute CHP, explained how the Partnership started. "It started over a cup of coffee" she said. "Representatives from two different voluntary organisations found themselves delivering self management courses for people with long term conditions on the same day in the same remote area. We all realised that this wasn't a very efficient way of working and we agreed that we needed a more co-ordinated approach to support people with long term conditions to self manage their conditions, particularly given the challenges of our geography in Highland"

The workshop event was well attended with representatives from over 15 different organisations. The day started with a presentation from Ian Welsh, Chief Executive of the Long Term Conditions Alliance Scotland (LTCAS), an umbrella organisation of over 200 voluntary sector members. He provided the audience with an insight into the experiences of setting up LTCAS, the benefits of a partnership approach and some of the challenges that the new 'Let's Get On With It Together' Partnership is likely to face in establishing itself.

The day was facilitated by tutors from the Social Enterprise Academy who encouraged the partnership members to discuss and agree the important value base of the partnership, how members saw the partnership working in practice and finally to get some agreement from participants on the extent to which they and their organisations wished to be involved in the future.

The day provoked plenty of discussion and ideas as well as some clear commitment from many of the participating organisations on being actively involved in the future working of the Partnership. The group is now more aware of the further work that is needed to establish the Partnership as an effective and sustainable enterprise. Further work identified as a result of the workshop will be taken forward by the member organisations over the coming months.

Public Holidays 2011

The dates for NHS Highland (excl Argyll and Bute CHP) are:

Friday 22nd April 2011 (Good Friday)
Monday 2nd May 2011
Monday 1st August 2011
Friday 14th October 2011
Monday 26th December 2011
Tuesday 27th December 2011
Monday 2nd January 2012
Tuesday 3rd January 2012

The dates for Argyll and Bute CHP are:

Friday 22nd April 2011 (Good Friday)
Monday 25th April 2011 (Easter Monday)
Monday 2nd May 2011
Monday 26th September 2011
Monday 26th December 2011
Tuesday 27th December 2011
Monday 2nd January 2012
Tuesday 3rd January 2012

Pre-school Vision Screening changing in Highland

All children in Highland are now being offered a Pre-school Orthoptic Vision Screening (POVS) assessment in the year before they are eligible to start school.

Orthoptists are trained to detect and treat eyesight problems, particularly in young children, so are considered the most appropriate professional to carry out the screening tests. Previously all children would have had their vision assessed by a school nurse in primary one, or in some areas, by an orthoptist in their local Health Centre in their pre-school year. The POVS programme will replace that.

Jean McCulloch, NHS Highland's Head of Orthoptic Services, welcomes the change to the service being offered. She said: "I am delighted that we have been able to enhance the service being offered. By working in partnership with colleagues in the Highland Council we will be able to offer a POVS assessment to all pre-school children, wherever possible, in their preschool centre in the year before they start school.

"This assessment will pick up eye problems such as squints, lazy eyes and poor vision. Most of these conditions can be corrected if detected early enough."

A POVS assessment takes about 10 minutes and involves matching letters and looking at a light and small pictures. Parents / Guardians will be notified of the Orthoptist's visit by an information leaflet and through posters displayed at the pre-school centre. They do not have to attend but the option is available to them.

If a problem is detected the child will then be referred to the Hospital Eye Service for further vision tests. If these tests confirm there is a problem treatment will be offered.

NHS Highland's Child Health Commissioner Sally Amor said: "With the introduction of this service we are able to offer a screening test at an earlier age before a child starts school. This is a welcome development. "Clearly we have financial pressures so I am particularly pleased that we have been able to implement this service."

Releasing Potential

On June 16th 2010 Scottish Government published "Realising Potential: An Action Plan for Allied Health Professionals (AHPs) in Mental Health" see <http://www.scotland.gov.uk/Publications/2010/06/15133341/0>.

AHP's along with colleagues, carers and service users in Highland have actively contributed to the development of this plan.

A DVD launched to support Realising Potential gave clients across Scotland the chance to show how AHP's work. NHS Highland is particularly grateful to one client, Hazel who agreed to be part of this filming and show how her new climbing skills have an impact had on her mental and physical health. It is also available on the Scottish Government website.

AHP's, in these times of financial restraints, offer cost effective, practical individualised approaches to improving mental health.

On October 9th AHP's across Highland will participate in a workshop to plan the rolling out "Realising Potential" and its recommendations for their workplaces over the next 3 years. We look forward to sharing these plans in the near future with our colleagues and the communities we serve.



Raigmore re-launches Healthy Working Lives

Healthy Working Lives was re-launched at Raigmore in September with a whole host of activities arranged for staff including access to information to support them in making healthy lifestyle choices.

NHS Highland places the wellbeing of staff high in its list of priorities and Healthy Working Lives helps employers understand, protect and improve the health of its employees with the aim of having a healthier workforce, decreased sickness absence, safer and healthier workplaces and improved productivity among staff.

Events on the day included an MOT for staff where they could get their blood pressure and weight checked; information on our Sports and Social Club; how to cope with stress and we there were also stands focussing on smoking cessation and alcohol.



Mr Chris Lyons, General Manager at Raigmore Hospital played his part by receiving a staff MOT (pictured above) from Health Improvement Nurse Jean Macleod.



As part of re-launch staff are being encouraged to get active and the hospital recently had a team in the Great River Ness Raft Race (see left), which came a very respectable 9th overall.

Mr Lyons said: "We've already seen some enthusiasm from staff. Our 'Raigmore Rrafters' did a fantastic job on the day."

Childsmile in Argyll and Bute

Childsmile is a national programme designed to improve the dental health of children in Scotland. The Childsmile Core Programme includes the provision of free fluoride toothpaste and tooth brushes to children, and offers free, daily, supervised toothbrushing to every 3-4 year old attending nursery in Scotland. Supervised toothbrushing is also available to Primary 1 and 2 classes of schools located within areas with the highest level of need.

Childsmile Nursery and Childsmile school deliver a range of preventive care interventions for children aged 3 and upwards who are at increased risk of dental decay. Additional preventive care is provided in the form of twice-yearly fluoride varnish applications by the Childsmile Dental Teams within the educational establishment. The Dental Team also promotes Childsmile

to ensure that as many children as possible who would benefit from being in the programme are given the opportunity to join.



Above: Children from Port Ellen Primary and Pre 5s.

Islay, Jura and Colonsay are the first areas within the Argyll & Bute CHP to pilot the application of fluoride varnish to children's teeth within the educational establishment.

The childsmile Co-ordinator for Argyll and Bute is Maggie Fawkes based in Helensburgh. The Oral Health Improvement Team based on Islay are Ailsa Bermingham Oral Health Educator and Extended Duties Dental Nurse and Linda Fraser Oral Health Support Worker

New guidance for smoking cessation

NHS Highland's Director of Public Health Dr Margaret Somerville has welcomed new smoking cessation guidance for Scotland which was launched earlier this month.

A Guide to Smoking Cessation in Scotland 2010 is a robust, evidence-based compendium of all smoking cessation guidance and recommendations derived from NICE and from previous Scottish guidelines. It also includes suggestions for good practice. It has been produced by NHS Health Scotland and Ash Scotland.

Comprising two main parts, the guide covers how to deliver interventions, pharmacotherapy, monitoring and training. *Helping smokers to stop* is aimed primarily at healthcare practitioners, and includes an accompanying desktop *Brief interventions flowchart*.

Planning and providing specialist smoking cessation services is for providers and commissioners of intensive smoking cessation support, including those involved in the national pharmacy scheme.

Dr Somerville said: "Smoking remains the largest preventable cause of death and disease in this country. There is very good evidence that the correct nicotine replacement therapy, combined with intensive personal support gives people who want to quit a better chance of success. These updated resources will help our advisors give people the right, up to date advice."

Copies of the guide are available to download from <http://www.healthscotland.com/documents/4661.aspx>



Uniforms and Standards of Dress

The NHS Highland Partnership Forum has recently approved two policies. Both are available on the intranet and will be updated and amended as required.

The Scottish Government asked all NHS Boards to develop and implement a Dress Code. This policy applies to all staff groups in NHS Highland including those who wear uniform and those who do not. The Healthcare Environment Inspectorate has identified a lack of compliance with this policy as a serious issue relating to infection control. All staff should familiarise themselves with this policy and discuss any concerns around implementation with the manager.

The Scottish Government commissioned a review of the NHS Uniform and as a result a

national contract for a standard new NHS Uniform was agreed in 2009. All NHS Boards must purchase all new uniforms with the contract supplier, Dimensions, who now supply all uniforms across Scotland. Some items of Personal Protective Equipment used by some staff continue to be provided by other suppliers. An updated Uniform Policy to reflect the staff group's affected and the new colour ways for all such uniforms has been approved. The new uniform is being phased in across NHS Highland at present. All staff who currently wear uniform are required to transfer to the new uniform by December 2012. Any questions about uniform policy should be directed to your manager. Each unit across NHS Highland has a uniform implementation lead who is coordinating the transition to the new uniform.

You and your NHS

The new national Participation Standard for NHS Scotland

A new national Participation Standard has been issued to the whole of NHSScotland. The Standard aims to ensure that people are able to play their full part in a mutual NHS and to help bring about improvement in the quality of services. This was first suggested by the Scottish Government in 2007, in the “Better Health Better Care Action Plan”.

The Standard which was issued in August 2010 is in three parts –

- Part 1 is titled “Patient Focus” and is about patients’ participation in their own care and the services they use
- Part 2 is “Involving people in service planning and development”. This is about supporting people to contribute to services and service change
- Part 3 “Corporate Governance of participation” is about how NHS Board Members execute their responsibilities and assure that participation is supported across the NHS organisation

How does it work?

Briefly, each NHS Board will be assessed every year against the various detailed statements in the Standard. The Board’s staff will draft a self assessment based on a series of questions, discuss the draft with Public Partnership Forums or other patient groups, and then send it to the Scottish Health Council for external review. The reports they produce will be presented to the Cabinet Secretary in time for her annual reviews of the performance of Scotland’s NHS Boards.

This year, the topic being assessed in Part 1 relates to the recent Better Together patient experience surveys. The self assessment questions ask about how patients and others are helping GPs and hospital staff to use the survey feedback to improve aspects of quality.

Each Board has to select one topic for assessment in Part 2, based on an area of service redesign or change.

There is a lot of change going on across the length and breadth of NHS Highland, due mainly to the changing pattern of ill health problems, and the arrival of new treatments, medicines, and medical technology. People will know that the pace of change has been accelerating in recent months because of the real financial pressure in the public sector, and the need to adapt quickly to prevent the health system from collapsing.

There are changes in progress in every service and every locality across NHS Highland, but one topic which affects patients in all parts of NHS Highland is the “18 weeks referral to treatment target”. This is a key Scottish Government target which aims to give patients no more than 18 weeks waiting time between their referral and the treatment being provided. It is creating many changes to working systems and practices and includes a number of individual pieces of work, at different stages of progress. If we focus on this for Part 2 of the Participation Standard, we can use the assessment process to help demonstrate the range of ways patients and others are participating, and learn from that about how the participation makes a positive contribution to the changes taking place and the outcomes for patients.

Let us know if you think this would be a relevant topic for the self assessment this year, or if you wish to suggest other topics for Part 2 of the Standard, write to Gill Keel, Head of Public Engagement, Assynt House, Beechwood Park, Inverness IV2 3BW.

We need to have a first draft self assessment be completed by January 2011, so are working hard to meet this challenging timescale. Please send any comments by 14 October 2010.

Relationships, Growing Up, Body Changes and Sex Read All About It!

Argyll & Bute Community Health Partnership (CHP) has purchased a number of children's books for parents/carers and children to read. There are a range of six age appropriate books available with a target age of 3 to 14 years old. The books are all different, beautifully illustrated and colourful. Some of them are humorous in their approach and others interactive.

The full range of books will be available for children and parents/carers to borrow through the School Nurse, local libraries and a range of other organisations working with this target group in Argyll and Bute.

Children love books. They are a great way to interact with your child on any subject and can be particularly helpful with the topics we are unsure how to approach. Each book is quite different and is best read by the responsible adult first. This helps you become familiar with its content and prepare for any questions that you might be asked.

Laura Stephenson, Senior Health Promotion Officer (Sexual Health), explains: "The Scottish Government introduced a 'Respect and Responsibility' strategy which identified that we need to move towards a cultural change if we want to improve sexual health in Scotland. We still largely live in a culture where we don't feel comfortable talking about these issues.

"How many parents had books like these available to them when they were growing up? Not many, I would guess. Children can easily access inaccurate and misleading information through magazines, friends and the internet to name a few.

"It is important therefore that we provide accurate knowledge to our children to help protect them and these books are a great opportunity to do just that. I hope you all enjoy reading them!"



Above (l-r): Sheila McMonagle, Public Health Nurse, NHS Highland; Joyce McIntyre Public Health Nurse, NHS Highland; Christine Docherty YOUTH Co-ordinator, A&B Council; Laura Rybarczyk, Staff Nurse for Schools, NHS Highland; Elaine Henry, School Nurse, NHS Highland; Pat McCann, Culture and Libraries' Manager, A&B Libraries; Sarah Kalache MAYP Co-ordinator, MAYP; Laura Stephenson, Senior Health Promotion Specialist, NHS Highland.

Telehealth Project wins national award

Congratulations to the staff involved in Argyll and Bute's telehealth project after it won the NHS Scotland E health award

Pictured right: (l-r) Maggie Clark Long term conditions manager Argyll and Bute; Lynn Garrett Project manager; and Charles Lowe Telehealth Solutions Ltd.



Knowledge and Skills Framework - Update

Background...

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

The next HEAT target (E10) is over two years and requires 80% of staff on Permanent Contracts to have a KSF Personal Development Review and subsequent Personal Development Plan completed and recorded on e-KSF by 31 March 2011. Although 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**.

All staff should note that annual development reviews should be “signed-off” by both the Reviewer and the Reviewee before it will be counted towards the HEAT target.

To access e-KSF an individual login and password is required details of which can be obtained from the e-KSF Administrator, Iain MacDiarmid, (01463 706721, email iain.macdiarmid@nhs.net). You will also require an nhs.net email address, if you do not have one already please discuss this with your line-manager or supervisor.

Focus on...Evidence

The KSF Team are frequently asked the following question - 'How much evidence do I need?' An answer to this is contained within the question mark located above the evidence buttons in your e-KSF review document

The main points are -

Individuals should not have to do anything special to show they are applying their knowledge and skills beyond doing their job, and taking part in agreed learning to develop their knowledge and skills.

So, if staff are not required to write reflective accounts as part of their daily duties it would be unreasonable to expect them to write one as evidence for their review.

*Managers and staff should decide jointly what is included in the notes of the development review meeting - and these **do not need to be extensive** - as its purpose is to record the outcomes of discussion on progress, not to provide a detailed account of everything that has been done throughout the year.*

“notes of the development review meeting” is the evidence, so, it is ok to use bullet points, abbreviations or jargon common to your work place or profession, keep it brief.

Training

Many staff are successfully using e-KSF already, some are self taught and some have participated in the training that is available through e-Health, the following courses are currently available to staff in North Highland;

K1001 for Reviewees K1009 for Reviewers/Managers K1010 e-KSF Demonstration

Please note that these courses require a basic working knowledge of personal computers; places are also extremely limited so managers are requested to consider sending staff on the course who will have the capacity to cascade the training back in the work place.

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 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 provide advice; guidance and training to staff on the use of KSF and e-KSF; if you cannot get to a training session give us a call as we can also guide you through e-KSF over the telephone.

Medical Illustration Staff Receive Three Awards in National Competition

Susan Mitchell, who is a Senior Medical Artist within Medical Illustration at Raigmore, has received two Bronze Awards in this years Institute of Medical Illustrators competition. The awards were received for: An illustration of 'Radical Neck Syndrome' for patient information and a patient information poster 'Exercising After a Cancer Diagnosis' designed for a Macmillan Cancer Nurse Consultant.

Lucy Griffin, who is Head of Medical Illustration, has also received a Bronze Award for a clinical photograph.

The award winning artworks/photographs are displayed on the Medical Illustration intranet page at:

<http://intranet.nhsh.scot.nhs.uk/Org/DHS/SSU/ClinicalServicesDir/Medical%20Illustration/Pages/Default.aspx>



'Radical Neck Syndrome' Illustration by Susan Mitchell.

MRSA Screening Programme - Update

Thanks to a great effort by all staff involved, the national MRSA screening programme has been successfully rolled out in Raigmore, Caithness General, Belford and Lorn & Isles Hospitals

The new Project Manager is Jacqueline Patience, Charge Nurse, who is seconded from Theatres at Raigmore Hospital and took over from Linda Brady on 1st July 2010

Screening continues and the criteria remains the same, the patients being screened as part of the project are:

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

The next stage forward is to develop a simple guide, to support community nursing to undertake MRSA decolonisation therapy

in the community prior to elective surgery, with all areas adhering to the same regime as a standard throughout the Highlands.

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/ExtendedMRSA Screening/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/initiatives/healthcare-associated-infection/training-resources/mrsa-screening-programme>

If you have any queries or require any clarification regarding the screening programme, please contact the Project Manager, Jacqueline Patience on jacqueline.patience@nhs.net

NHS ELITE Basic Computer Skills Training

NHS ELITE is a package of learning for essential IT skills consisting of an IT skills assessment followed up with easy to use learning materials. It is a fun and interactive learning tool focusing on providing NHS staff with essential IT skills to ensure that they have the key competencies required to use clinical and non clinical IT systems.

The package is centred round some of the key skills required to use a computer, from the basics such as switching a computer on and off to other competencies such as mouse and keyboard skills, email, the internet and file management.

NHS ELITE is free to all NHS Highland staff. The content is specifically aimed at candidates with limited experience of using computer equipment and software, so no prior knowledge is necessary. The material can be accessed either from a computer at work or at home at any time of day. On successful completion, a certificate will be issued.

NHS ELITE has been mapped to the NHS Knowledge and Skills Framework (KSF) and can be used as evidence of progression towards Personal Development Plans (PDPs). The content currently contributes to five of the six core dimensions; these are Communication, Personal and People Development, Health, Safety and Security, Service Improvement, Quality.

For further information or to enrol in the programme please contact the eHealth IT Training Team on 01463 257500 or email Highland.ITTraining@nhs.net.

NHS Highland's Encryption Project - Progress Report

Over the last 17 months, NHS Highland's encryption project has put in place measures to ensure the compliance with CEL 45. The Lumension EndPoint Security product was purchased and installed on all PC's and Laptops that connect to the NHS Highland network and encrypted memory sticks were bought and distributed via an amnesty, which helped in the removal of unauthorised and unencrypted memory sticks in the work place.

An encryption policy has been developed by the project team and applied to all mobile data devices. A summary of this policy is detailed below with a table detailing the scope of the policy shown beneath that.

- Data can only be removed from the NHHSH network onto NHHSH authorised memory stick devices. We do not block copying data from other memory sticks onto our network, as it is handled by other security measures.
- All CD/DVD burning is now encrypted unless a user has been completed and signed up to the exemption terms & conditions.
- All PDA's notified to the eHealth Department have encryption applied. It is the responsibility of the owner to inform the department to have the device checked. Unused devices have been returned and disposed of in the correct manner.
- Only authorised NHHSH mobile phones are to be used.
- The project team has worked closely with medical illustrations which has resulted in a policy being developed by the Medical Illustration Department and has been issued throughout NHHSH.
- Where encryption could not be applied directly to a particular hardware device, as it would render the device inoperable, the approach taken has been to apply "file shadowing" to these group of devices were possible, thus allowing the relevant security teams to monitor data flow from these devices.
- The above measures have been applied throughout all locations in NHS Highland both North and Argyll & Bute.
- Argyll & Bute will also fully implement the Lumension security product throughout the GP sector after network domain integration has taken place.

Device	Action			
	Managed Sector		GP Sector	
	NHHSH (North)	NHHSH (A&B)	NHHSH (North) GP's	NHHSH (A&B) GP's
USB Memory Sticks	All staff can only use authorised NHHSH "green" encrypted memory sticks	All staff can only use authorised NHHSH "green" encrypted memory sticks	All staff to only use authorised NHHSH Kingston D5000 encrypted memory sticks	Pre-encrypted green sticks now to be issued.
Floppy Disc	Cannot be encrypted but has "File Shadowing" applied	Cannot be encrypted but has "File Shadowing" applied	Cannot be encrypted.	Cannot be encrypted but will have "File Shadowing" applied when Lumension implemented
CD/DVD	Staff are forced to encrypt all CD/DVD's, unless exempt	Staff are forced to encrypt all CD/DVD's, unless exempt	Encryption not enforced but GP practices will be informed that they should not be burning unencrypted CD/DVD's	Staff are forced to encrypt all CD/DVD's, unless exempt. This will be enabled when trusted domain links established
PDA	Safeguard licence on Mobile 4, 5 and 6. Staff responsible for ensuring that their PDA complies with CEL 45	Safeguard licence on Mobile 4, 5 and 6. Staff responsible for ensuring that their PDA complies with CEL 45	Pocket Clinical System on PDA is compliant with CEL 45. Should not be used to store patient or other sensitive information	Pocket Clinical System on PDA is compliant with CEL 45. Should not be used to store patient or other sensitive information
Mobile Phones(Smart Phones)	Only NHHSH approved smartphones are to be used.	Only NHHSH approved smartphones are to be used.	Only NHHSH approved smartphones are to be used.	Only NHHSH approved smartphones are to be used.
Camera	Not possible to encrypt cameras - Adhere to the policy issued from Medical Physics	Not possible to encrypt cameras - Adhere to the policy issued from Medical Physics	Not possible to encrypt cameras - Adhere to the policy issued from Medical Physics	Not possible to encrypt cameras - Adhere to the policy issued from Medical Physics
External Hard Disc	Not possible to encrypt with Lumension. Only devices with inbuilt encryption to be purchased.	Not possible to encrypt with Lumension. Only devices with inbuilt encryption to be purchased.	Not possible to encrypt with Lumension. Only devices with inbuilt encryption to be purchased.	Not possible to encrypt with Lumension. Only devices with inbuilt encryption to be purchased.
Other	Cannot be encrypted but will have "File Shadowing" applied	Cannot be encrypted but will have "File Shadowing" applied	Cannot be encrypted	Cannot be encrypted but will have "File Shadowing" applied when Lumension implemented

Volunteering overseas

UK health professionals are being encouraged to volunteer overseas before a central fund to make up lost pension contributions is closed.

A three year scheme to cover the loss in pension contributions that staff suffer when they work for charities in developing countries runs out at the end of March next year.

Under the scheme professionals whose skills are sought after by aid agencies abroad can get a payment on their return roughly equivalent to the pension contributions both they and their employer would have made had they stayed in their job.

Government has supported the scheme as it provides UK public sector staff with excellent opportunities to broaden their experience as well as helping countries in need.

To qualify for this scheme professionals must volunteer with one of five agencies and start their volunteering role by March 2011. The rules for the scheme are set out here on the VSO website: <http://www.vso.org.uk/partnerships/public-sector/pensions/faqs.asp>.

Effective Communication

Good patient centred care begins with effective communication. If patients do not receive information in a way in which they can understand it, then they are unable to engage with our services in the most effective way.

In a recent community engagement event, individuals told us that they wanted to see better communication and engagement and improved access to services, including language support for both individuals who use BSL and people for whom English is not their first language.

We have recently updated the guidance for staff on how to provide Interpretation support for patients and separate guidance is now available to inform staff of how to get the best out of producing accessible translated information. These guidance notes should encourage staff to both consider when the use of interpretation and translation is required, and explain how they can do this.

The links for both guidance notes can be found on the staff intranet under the Equality and diversity page.

<http://intranet.nhsh.scot.nhs.uk/Staff/EqualityAndDiversity/AccessibilityandCommunication/Pages/Default.aspx>.

In this same section we also have our Accessibility guidance for staff which covers a number of different areas of making our services more accessible and is worth having a look at if you are looking for ideas or help with accessibility.

If you would like any more information on any of the above or would like to seek our advice then please contact the Community and Health Improvement Planning Team on 01463 704826.

Disabled Employee Network Valuing and Supporting Staff

Following the successful one-day event at Eden Court Theatre, Inverness in May 2010, the partner agencies identified below would like to progress the proposal for Disabled Employee Network for the Highlands and Islands.

The initial meeting of the Disabled Employee Network will be held on **Wednesday 3rd November 2010 from 2-4pm, in Classroom 2, Centre for Health Sciences, Inverness. The Centre for Health Sciences is part of the Raigmore Hospital Campus**

All disabled employees from the participating public agencies are welcome to attend.

The initial meeting of the network will be an opportunity to discuss:

- The purpose of the network, eg sharing experiences, improving current employment practices, engaging with the public agency employers
- How the network will function – meetings, virtual meetings, email groups or a mixture of these, does it need a structure, and who would like to be involved?
- Are there priority issues for the network?
- What support or involvement would the network need from their employers?

The meeting will also see the launch of the DVD of the May 2010 event, which is also available by visiting http://highlandlife.net/community/equality_and_diversity

As this is a daytime meeting, most employees will need to arrange time off with their employer. If you encounter any difficulties in being released to attend, please contact your personnel department for advice.

It is not necessary to book a place, but if you have any specific access needs or other requirements in order to enable/support you to attend/participate in the initial meeting of the Disabled Employee Network, please contact Anne Whitehead on 01463 228351 or anne.whitehead@hiemco.org.uk



Thank you from the British Heart Foundation

The British Heart Foundation's (BHF) coin spinner, located in Raigmore Hospital's foyer was recently emptied and, after two hours of counting all the coins, it was found to contain £265.22.

The local branch of the BHF would like to thank all who contributed to that amount.

NHS Highland Lifelong Learning Partnership Agreement Learning Survey 2010

NHS Highland's Learning Partnership Agreement Steering Group, comprising Trades Unions, Professional Organisations and NHS Highland, conducted a learning survey in 2008.

We received over 500 responses, and the information was used to set up a range of free learning opportunities for staff, including British Sign Language (BSL), German Language, Digital Photography, Open University & Fusion Cookery courses.

We are conducting the survey again to see how your learning needs have changed.

Please complete this survey to help us identify the training and learning which you feel is best suited to you.

Any information provided will be held by NHS Highland's Learning Partnership Agreement Steering Group, in accordance with the Data Protection Act, and will not be shared with any third party.

This information will be used to plan, deliver & monitor equity of access to courses delivered under the terms of the Learning Partnership Agreement

You will be contacted directly with details of any course we arrange under the terms of this Agreement which you have indicated an interest in.

The Survey, which should only take 5 minutes to complete, is available on-line at <http://www.surveymonkey.com/s/NHSHighland>

Hard Copies of this Survey can be obtained from your local Union Learning Rep (ULR) or from

Janette McQuiston, Unison, Highland Healthcare Branch, Shore Street, Inverness, IV1 1NF
Tel 01463 715 891

John Evans, Unite , John Dewar Building, Highlander Way ,Inverness ,IV2 7GE
Tel 01463 231050

Thank you for taking the time to complete this survey.

For further information on the Learning Partnership Agreement and a list of ULRs please follow the link below

<http://intranet.nhsh.scot.nhs.uk/Staff/LifeLongLearningPartnership/Pages/Default.aspx>

Institute and Leadership of Management Ceremony

Earlier this year Derek Leslie, General Manager of Argyll & Bute CHP, and Sally Loudon, Chief Executive of Argyll and Bute Council, presented the Institute and Leadership of Management (ILM) Level 3 Award in First Line Management certificate to a number of successful students from both organisations.



The Highland Midwives Story

Are you a practising midwife working in the Highlands? If the answer is “yes” then a research team from the University of Stirling Highland Campus are seeking your help. The team, led by librarian Kathleen Irvine and supported by Midwifery lecturer Wendy Jessiman and Staff Midwife Alison Felce, are shortly to commence a research project entitled “Prioritising Research and Dissemination: A Delphi Study of NHS Highland Midwives”. The project is to be known informally as “The Highland Midwives Story”.



The aim of the research is to identify the areas of practice you think should be priorities for research. As members of the health care profession we are continually reminded that up to date, relevant research is the cornerstone of good practice. All too often research studies fail to filter through to the practicing population; other studies are not relevant to the clinical setting.

This project will allow you to engage in research that is meaningful to you and your daily practice. The hope is that on completion future research efforts will be more appropriately targeted so those research questions you have now, may be developed in the future. Kathleen Irvine, the lead researcher, states “I’m hoping for a really strong response from midwives to ensure our research is reliable. Sometimes research can seem a very long way from practice. I hope midwives across NHS Highland will see this as an opportunity to have their voices heard – their opinions are very important.”

In support of the project, NHS Highland Head of Midwifery, Dr Helen Bryers, said “NHS Highland is a unique and diverse area in which to practice. It covers the largest and least populated part of the United Kingdom and this creates challenges to the provision of midwifery and maternity care. Midwives working in Raigmore, our main maternity unit, face different challenges to those based in remote parts of Caithness and Sutherland or Argyll and Bute. But the vision we hold as midwives is a shared one – to provide the best, most up to date, research based care available to our clients.”

This project is important as it aims to inspire you to start thinking about the issues that matter most to you as midwives, your clients and the areas in which you practice, So take a little time out to think, discuss, brainstorm, consider and reflect, but most importantly we urge you to tell us your story so that we, in turn, can tell the world the Highland Midwives Story .

Each midwife in NHS Highland will shortly receive a questionnaire and welcoming letter detailing the requirements of taking part in the project. Your participation would be much appreciated.

Updates on the progress of the project can be viewed on Facebook at The Highland Midwives Story where you can show your support by becoming a fan. Alternatively any queries you have can be answered by contacting the lead researcher Kathleen Irvine at k.y.irvine@stir.ac.uk or 01463 255608.

Letters to NHS Highland



"My young son and I have just returned from a week-long holiday in Scotland. I have a history of kidney stones and infections and a kidney stone decided to make its presence felt. I phoned NHS24 to request medical help and two hours later a lovely doctor called Alyson Murray arrived from Oban Hospital to treat me. She stayed with me for nearly an hour and while there she also phoned the local hospital to see if there was any way they could accommodate both my son and I should it have been necessary; the whole conversation was friendly, fast and efficient. Luckily the pain wore off. Later that week my son suddenly doubled over with chest pains so we went to the A&E department at Oban. The whole process was again fast, the nurses were friendly, the doctor we saw was brilliant. One thing my little boy really appreciates is adults who don't talk down to or patronise him, and he liked that he was dealt with seriously, by people who knew how to talk to children without seeming forbidding or scary. Of course I'd rather we hadn't had to call doctors and go to hospital but the whole

experience was very positive because of the professionalism of everyone involved and I wanted to write and give praise where it's due because everyone I dealt with deserves it."

A Patient from Hertfordshire

"I feel I must write to you today to compliment, and also to say thank you for the treatment I received at your hospitals. I attended Dunbar Hospital and was seen very quickly by the two nurses and after a very short time was on my way by ambulance to Caithness General. The nurses and ambulance crew were very professional but at the same time caring.

On my arrival at Wick I was seen immediately by a staff nurse who was amazing, professional, friendly and caring and a short while later I was seen by a doctor - both of them were exceptional. I was admitted and must compliment the treatment I received on Rosebank Ward. All of the staff from domestics to nursing to doctors to pharmacists were all so professional and caring, even the food was good.

As a lay person I did think the standard of cleanliness was very good.

I hope you do not feel that I have gone over the top, when praise is due it should be brought to your attention. Once again I would like to say thank you.

A Patient from Kent

"I have just been allowed home following a near fatal cardiac arrest and resultant treatment at the scene and in hospital. I would be obliged if you would pass on to all the staff concerned at Belford and Raigmore Hospitals, together with ambulance and any other people involved, my heartfelt appreciation of all that was done for me.

The exemplary standard of professionalism, efficient care and concern for patient comfort was evident in all with whom I came into contact, from consultants through doctors, nurses, auxiliary staff and various volunteers. The NHS receives, I am sure, more than its fair share of complaints and abuse. I have ample evidence of the opposite and would like that to be widely known."

A Patient from Lochaber

Retiral Corner

Margaret Beaumont

After 37 years service as a District Nurse in Thurso, Margaret Beaumont retired last week. Originally from Orkney, Margaret qualified as an SRN in 1969 and, after settling in Thurso, commenced her District Nursing career in 1973.



If you wish to acknowledge a colleague's retrial please send copy (no more than 200 words) and a photo to nhs.highland@nhs.net.

We can only accept electronic copy / photos

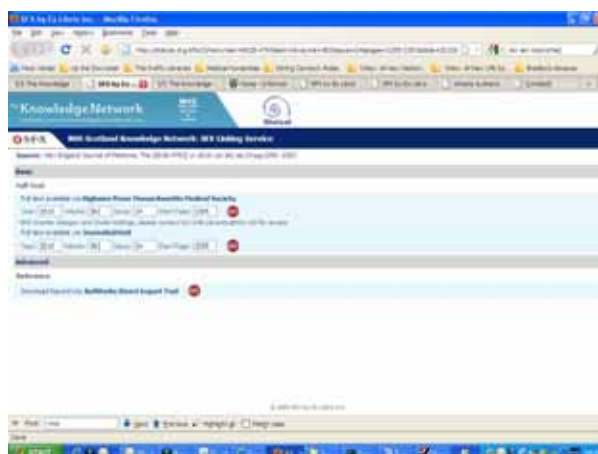
Some tips on retrieving the full text of an article you have found

Before you use the Highland Health Sciences Library Inter Library Loan service: [<http://www.elib.scot.nhs.uk/highlandill/>] to get the full text of an article there are a number of alternatives you can try. For example there is a good evidence based medicine blog at: [<http://www.cebm.net/index.aspx?o=2320>]. If you go to the June 2010 section there is an article on nicotine addiction which was published in the New England Journal of Medicine on 17th June 2010 – Volume 362, page 2295. Going to the website of the journal and logging in to with your Knowledge Network username/ password does not work – what should you do?



The first thing you should do is to search the Knowledge Network [<http://www.knowledge.scot.nhs.uk/>] for what you want. The quickest way to do this from the home page is to go to the eLibrary widget and select the articles tab, then input the relevant details into the boxes.

This will retrieve the article for you and clicking on the resultant hyperlink will link you into the SFX record for the journal – in this case there are two options – select the one open to all NHS Scotland staff – and the article will open.



If this does not work the title may be available in hard copy in the Health Sciences Library – you can check this out using the Library catalogue at: [<http://libcat.stir.ac.uk>] and searching for the title. There may be an electronic link to the title but due to licence restrictions these titles are only accessible to Stirling University staff and students.

If you are doing a subject search three other sites containing peer reviewed material may be useful – these are: the Directory of Open Access Journals [<http://www.doaj.org/>], PubMed Central [<http://www.ncbi.nlm.nih.gov/pmc/>] and Biomed Central [<http://www.biomedcentral.com/>]. You have to register for the latter service but this is free. These databases can be searched and full text articles retrieved.

As a last resort you can try a Google search - this will sometimes get you the full text of what you want but this often ends in frustration with a box demanding money for the article. This is the time to use the Inter Library Loan service.

For more information please contact the Highland Health Sciences Library – 01463-255600/ext. 7600.

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



Self Management in Scotland

Scotland's first ever Self Management week from 4th – 8th October 2010 will celebrate the many initiatives, programmes and projects across Scotland supporting people living with long term conditions, and their unpaid carers, to manage their conditions better and ultimately enjoy a better quality of life.



A series of events and awareness raising resources will bring together partners across Scottish Government, health and social care, voluntary and community organisations as well as individuals.



All the NHS Boards across Scotland have been working to transform the way in which they deliver services for people living with long term conditions. The Long Term Conditions Collaborative has supported work to increase the provision of self management support within NHS Scotland. NHS Ayrshire and Arran has also been working with the Health Foundation to promote mutuality and new models of healthcare to lead a change in the traditional patient/clinician relationship, encouraging partnership and co-creation.

People living with long term conditions have taken a lead role in improving access to support and sharing local resources through the Access to Local Information to Support Self management (ALISS) project, backed by the Scottish Government. The project has highlighted the links between good health literacy and the ability to effectively self manage.

Many of these initiatives, and more, will be showcased during Self Management Week. Future developments will be also be proposed and discussed at events involving all the partners in promoting self management support at the Scottish Parliament. For more information please visit the Long Term Conditions Alliance Scotland website www.ltcas.org.uk

For other information on Self Management in Scotland contact Christine Hoy at Christine.Hoy@scotland.gsi.gov.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>