

Team Update



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Day Surgery Centre



The building of a new Day Surgery Centre at Raigmore Hospital is anticipated to begin next year. NHS Highland is currently the only mainland board in Scotland, which does not have a dedicated Day Surgery Centre. The need for such a facility is underlined by national advice that day surgery should be the norm.

The development of Day Surgery care will encourage the appropriate admission of patients for low risk surgery to undertake their procedure in the right setting. This minimises the risk of hospital acquired infection and does

not require an overnight stay. Over 50% of NHS Highland's surgery is currently performed as day case surgery. National strategy aims to increase the percentage of day surgery and a dedicated facility with 4 new theatres would enable a higher percentage to be achieved.

This development would bring Raigmore Hospital into line with other District general Hospitals in Scotland and would aid recruitment and retention, as well as giving patients a more streamlined and cost-effective service, with reduced waiting times and fewer cancellations. It will also allow for the redesign of existing theatre capacity to maximise their use.

The increase of day surgery is key theme in Delivering for Health, which supports more local diagnostics and care, with patients having shorter stays in hospital beds and the provision of appropriate care in a community setting. The proposed timescale would see building work commencing in the summer of 2008 with completion in 2010, at a capital cost of around £14million.

£80million capital investment over next 3 years

Plans for NHS Highland amount to some £28million of capital investment over the coming year, and a total of over £80million, spread over the next 3 years.

A phasing of capital spend will see a significant increase in capital investment across NHS Highland, bringing forward substantial and significant improvements to services, whilst being affordable in revenue terms.

Schemes include the Day Surgery Centre, Cardio-respiratory Centre and Linear Accelerator at Raigmore; Enhancements to community Dental premises; Caithness CT Scanner, Kyle Health Centre; Dunoon Community Casualty Unit; the digitalisation of x-ray imaging (PACS); and interim and long-term improvements to renal capacity for Highland patients. These are just some of the examples of the many investments in services and equipment identified in the Capital Plan.

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Long Term Conditions

The increasing elderly population and health complications arising from obesity, alcohol and smoking are well publicised. With these trends come an increase in long term conditions, and the need for services in place to manage these and encourage preventative measures and self-care.

Proposals for a strategic and integrated approach for Long Term Conditions and Managed Clinical Networks include the setting up of a Long Term Conditions Strategy Group which co-ordinate national and regional influences with local planning. It will oversee and co-ordinate the development of strategy and commission work and respond to new developments and initiatives, advising on planning

and financial decisions.

The group, which will include Clinical Leads and Managed Clinical Network Leads, will report to the DHS Management Team and co-ordinate local Action Teams for specific Long Term Conditions.

The Scottish Executive health Department has produced a Long Term Conditions Toolkit for Community Health Partnerships (CHPs) and partner organisations to self assess compliance with a range of criteria around long term conditions. CHPs are required to produce an Action Plan which is annually assessed. There are 6 Standards, which are based on factors including service design, quality and patient information. Outcomes will be considered at the Ministerial Annual Accountability Review.

Cabinet Secretary for Health and Wellbeing



The new SNP administration has reduced the number of ministers and reorganised departmental responsibilities. Nicola Sturgeon is Deputy First Minister and Cabinet Secretary for Health and Wellbeing: Responsible for the NHS, health service reform, allied healthcare services, acute and primary services, performance, quality and improvement framework, health promotion, sport, public health, health improvement, pharmaceutical services, food safety and dentistry, community care, older people, mental health, learning disability, substance misuse, social inclusion, equalities, anti-poverty measures, housing and regeneration.

Nicola Sturgeon represents the constituency of Glasgow Govan. She was born in 1970 in Irvine and studied Law at Glasgow University. She practiced as a solicitor before becoming an MSP in 1999, and was Deputy Leader of the party and Leader of the Opposition in the Scottish Parliament, from 2003 to 2007.

The Minister for Public Health is Shona Robison.

From the editor ...

Welcome to the June issue of Team Update, NHS Highland's official staff newsletter.

Dr Rod Harvey gave an excellent and thorough presentation on the increasing prevalence of Diabetes, to the June Board meeting and you can read about this and about innovative measures to prevent medical emergencies for people with Diabetes, on page 3.

The usual update on Agenda for Change, this month focussing on what is happening in Argyll and Bute and Reviews, is on page 4.

Please note the article on the move to Smokefree sites on page 6, along with a reminder of the key facts about the effect of smoking on health.

The Endowment Fund is explained on page 8 and you can get more information about this on the Intranet, or from Kelly Dallas, Endowment Support Officer.

There will be no Team Update in July and the next one will be circulated in August. If you would like to write an article or submit information (letters or photographs) for the Team Update or the Staff Magazine, *in-touch*, please write in to me or email the Communications Team via the email address on the NHS Highland Website:

staff@haht.scot.nhs.uk

Remember, **your** news and views are important!

Ruth Cleland

Head of Internal Communications,

NHS Highland, Assynt House, Beechwood Park,
Inverness IV2 3HG

Email: ruth.cleland@haht.scot.nhs.uk

Tel: 01463 704781

Future Service Requirements for Diabetes

The number of people with Diabetes is predicted to significantly increase (by at least 17%) over the next ten years. Dr Rod Harvey presented the latest findings and outlined service and cost implications to Board members at the NHS Highland Board meeting in June.

Type 2 Diabetes is a major and increasing health problem in all age groups in Scotland, with a rapidly increasing prevalence due to two key factors: the ageing population and the increasing prevalence of obesity. The life expectancy of a patient with type 2 diabetes is reduced by 8 to 10 years.

Diabetes carries an increased risk of coronary heart disease, stroke and peripheral arterial disease as well as specific complications affecting the eyes, kidneys and nervous system. Diabetes patients have increased rates of admission, increased inpatient aver-

age length of stay and increased rate of outpatient attendances. In Highland this equates to 9% of hospital admissions, 12% of bed days and 10% of outpatient attendances. The current identifiable cost of provision of care is some £18.4 million.

Dr Harvey reported that there is extensive evidence that scrupulous management of the condition can reduce the risk of the development of complications. Local provision of care, education and training and the empowerment of self care are all fundamental to the strategy for the Diabetes Managed Clinical Network (MCN), which is consistent with the aims of national strategy in ***Delivering for Health***.

The Board welcomed Dr Harvey's and Dr Gerry Baptist's comprehensive report. *Dr Roderick Harvey and Dr Gerry Baptist are Lead Clinicians for the NHS Highland Diabetes MCN*

Preventing Diabetic Emergencies

An information card produced by NHS Highland's Diabetes Team to help people with the condition to avoid medical emergencies is attracting interest from other health boards.

Diabetic Ketoacidosis is a dangerous condition, which can occur when someone who has Type 1 diabetes becomes ill, and develops very high blood glucose levels because of infection, or missing out insulin doses. It becomes life threatening if it is not treated properly at the correct time. However it isn't something that happens frequently and someone with diabetes may forget what the symptoms are and how to manage them. It can however often be averted by vigilance and early action on the part of the patient.

Consultant Dr George Farmer, Dr Sandra MacRury and Diabetes Specialist Nurse Lorna Grant prepared the fold-out card which can guide a patient step-by-step through how to check if they are at risk of ketoacidosis and how to react. Importantly, someone whose symptoms are progressing and not improving with recommended insulin injections or who is vomiting, suffering abdominal pain, is moderately or severely dehydrated or who is having

trouble breathing should go to hospital urgently.

The card won a Diabetes UK Innovations Award last year and since then a number of health authorities including NHS Grampian and NHS Lothian have said they will look at providing this card, or an equivalent version, for people with diabetes in their areas.

Dr Farmer said: *"Every diabetes unit provides "sick day rules" to help patients and their families in this kind of situation. Such situations happen quite rarely, and sometimes the instruction sheet cannot be found. Unless the advice is detailed, patients need to contact a diabetes professional as well for guidance. The card gives detailed advice, which will help patients deal with most situations, and because it can be kept in a wallet or fixed onto the fridge with a magnet, it is less likely to get lost."*

Patients have also welcomed the card. In an evaluation exercise, comments included "brilliant, extremely useful in an emergency" and the parent of a child with diabetes said; "I would feel more confident in dealing with an emergency."

Agenda for Change - Progress Update

Argyll & Bute CHP

Assimilation and arrears progress within Argyll & Bute CHP has been slower than elsewhere in NHS Highland. Following discussion at the NHS Highland Board, contact has been made with the Director of HR for NHS Greater Glasgow and Clyde asking for an update on progress and a reply is awaited. It is acknowledged that a significant proportion of staff within the CHP cannot be assimilated because the jobs have not yet been monitored at Scottish level, and that NHSGGC has not yet started work on assimilating bank staff, which forms a high proportion of staff still to be assimilated. Joint work is however underway to identify specific groups of unassimilated staff such as new starts and non-active bank staff and to assess the size of the data collection exercises associated with this. This will allow us to identify additional resources which would be necessary to accelerate the assimilation exercise within Argyll & Bute CHP.

Progress within the remainder of NHS Highland

Good progress has been made with the payment of arrears in recent months, with almost 1200 staff receiving arrears in April and May. This means that approximately three-quarters of staff now paid on AfC Pay Bands have received their arrears. We are receiving calls from staff, mainly those whose pay fluctuates from month to month, asking when their arrears will be paid. If you're in this category, check back through the pay slips you have received since you were assimilated – you may already have received your arrears. We are now in the process of writing to staff who are not due arrears advising them of this.

Another milestone has been reached, with all matching outcomes submitted by the NHS Highland AfC Team now monitored at Scottish level and returned to us so that the affected staff can be assimilated. Once these staff are assimilated, we will be working almost exclu-

sively on staff whose data is complicated – mainly staff who have changed job, had a secondment, been acting up etc. There is also a small backlog of jobs which have not yet been matched; this delay has been because matching capacity has been diverted to deal with new jobs which need to be advertised urgently. We have now put new processes in place which will ensure we are able to match both new and “project” jobs in a reasonable timescale.

Managers are asked to ensure that the AfC Team has details of all staff who have worked with them since October 2004. In a number of cases, we have not been able to assimilate staff who had changed job between October 2004 and the date the manager supplied the employee data to us because that member of staff had moved on and been overlooked; similarly, we have no data on staff who were appointed on Whitley after data was submitted but before Band outcomes were known. Payroll records help us to an extent, but do not allow us to pinpoint exactly which job or jobs the staff member occupies. Staff who have not been assimilated and who think they may fall into one of these categories should ensure that their manager advises the AfC Team of their details. The contact for this is carolyn.greig@hpct.scot.nhs.uk or contact Carolyn on 01463 706328. Argyll & Bute managers should contact audrey.paul@renver-pct.scot.nhs.uk with the same information where this is missing. Please only supply missing information rather than consolidated lists of staff, as cross-checking is extremely time-consuming and takes AfC Team members away from the key task of assimilating staff.

Reviews

It is planned to start the review process in early August, and the AfC Team has been in touch with staff who are on protection and have requested reviews; these letters have also gone to staff occupying the same jobs

Agenda for Change – continued...

but who are not on protection because their personal circumstances are different. The purpose of the letters is to ensure we have all information necessary to allow us to proceed to a review panel meeting.

Additional information on the review process (which will cover all NHS Highland staff who have requested reviews, including those in Argyll & Bute CHP), and a new series of FAQs on matching, consistency checking and reviews have now been posted on the Intranet and the NHS Highland website.

2007-8 Pay Award Update

NHS Highland has received an update from the Scottish Executive Health Department on progress towards implementing the pay award for NHS Staff in Scotland.

The new administration stands by the decision to pay staff in Scotland at the levels recommended by the Doctors and Dentists Pay Review Body (DDRB) and the Nurses and Other Health Professionals Review Body (NOHPRB). It is also confirmed that the pay awards in Scotland will not be staged.

However, the Executive have not been in a position to issue pay circulars instructing Boards to implement the recommended levels of increase. This is because unions representing staff covered by the Pay Negotiating Council (PNC) have rejected the offer of 2.5% put to them by the Executive on 27 April and have intimated that they are considering balloting their members for strike action. Discussions at UK level are ongoing in an attempt to resolve this matter.

Although covered by one pay system i.e.

Agenda for Change, non medical staff are subject to separate processes for determining their annual pay uplift i.e. the NOHPRB and the PNC. Given the integrated nature of the Agenda for Change pay system the current position is that the Executive are not prepared to implement the recommendations of the NOHPRB for staff covered by that body until such time as the PNC process has concluded.

This means that staff cannot be paid the pay award at this time. As in previous years, the pay award is effective from 1st April and when final agreements with all groups are reached, payments will be made and back-dated to 1st April 2007.

We are aware that the Health Secretary, Nicola Sturgeon, has announced her intention to pay NHS Scotland staff their pay award in July and we are awaiting further guidance on this. We will keep staff informed of progress.

KSF Update

Over the last two months every senior manager has either been met or has been contacted with regards to moving KSF forward in NHS Highland. There is now regular reporting processes to identify to each manager their level of progress in ensuring staff have KSF Outlines in place prior to initial PDPs.

The PDP process is not valid without an agreed Outline. All staff development is to be based on the agreed outcomes of the staff PDPs. Thus without an agreed Outline staff may not receive the support, mentorship or training they require to do their jobs.

Progress is being made within Highland in terms of Outlines. Last month's update identified that just over 25% for the whole of the organisation. This has continued to grow in-month and a number of locations have met the next interim target of 60% for their staff.

The recent increases in Outlines submitted are a good representation of almost all types of post and profession within Highland. These in turn are the basis for the majority of outstanding Outlines. Feedback from managers is more positive and expectations for June are high.

The development of the new Website is making good progress and initial content is currently being uploaded to the site. A lot of work continues to be done in gathering together all the information on services, hospitals and health improvement, Training will be given to website “publishers” so that they can update their own relevant sections and upload documents.

Smokefree Sites for NHS Highland

A site wide smoking ban across all NHS Highland sites will come into effect on 1 January 2008. The proposal is based on extending health protection to both staff and patients and on encouraging smoking cessation for a healthier workforce and population.

Some other boards in Scotland have already extended the smoking ban to grounds and the Tobacco Working Group in NHS Highland have looked at how this has worked. A number of issues around implementation are well recognised and exemptions are being explored. The group is also exploring how best we can support staff to support patients, who smoke, whilst they are in hospital.

A webpage has been set up on the Intranet with more information and contacts.

Dietetic Survey

The dietetic department within Specialist Services Unit (SSU) are conducting a survey to find out your views on how they deliver the service and raise their profile within the unit.

The survey will be occurring in July/Aug. This will be a short and simple survey, which we hope would aim to highlight training needs of SSU in nutritional matters as well as streamline & improve our delivery of dietetic care within SSU.

The survey will be distributed to staff via the ward charge nurses. The dietetic department would be grateful for your time and effort in completing the survey and helping them to improve their service within SSU.

The new Intranet is currently being designed and content is being developed. There will be a new “Clinical” area with applications and guidelines grouped together. More information on both Projects is on the Intranet webpage. Contact Project Manager Niall Henderson if you have any queries or suggestions.

Smoking — Some of the Facts:

In Scotland over 13,000 people die every year from tobacco use; the equivalent of 250 a week

- Smoking is the main cause of Chronic Obstructive Pulmonary Disease (COPD). 80% of deaths from the disease are attributed to smoking.
- Lung cancer kills more people than any other type of cancer and around 90% of deaths are caused by smoking.
- Tobacco smoke contains more than 4,000 chemicals, including tar, nicotine, benzene, carbon monoxide, ammonia, formaldehyde, and hydrogen cyanide.
- Deaths caused by smoking in the UK were five times higher than the total of those arising from traffic accidents, poisoning and overdoses, alcoholic liver disease, other accidentally deaths, murder, manslaughter and suicide during 2002.
- The average smoker will lose about 10 years of life because of their smoking.

And the good news....

- Within a year of stopping smoking, risk of heart attack falls to about half that of a continuing smoker, and within 10 years, risk of lung cancer falls to half that of a smoker.

Staff who would like to know more about helping their patients to stop smoking can get advice from the smoking cessation advisors. (More information on the Intranet)

Staff who wish to get advice on stopping smoking, can contact Occupational Health or speak to their local smoking cessation advisor or phone the helpline number:

lo-call 0845 757 3077

Review of Nursing in the Community - Update

Fiona Sharples has been appointed to the post of Project manager and takes up post on 16 July. Fiona, former nurse and previously involved in the development of the cancer network in London, will be based in Oban.

The draft Capability Framework for the new Community Health Nurse role has now been published and circulated. This will be published on our Review or Nursing in the Community (RONC) intranet webpage. There will also be a link to the new Scottish Executive Health Department national Website for the Review. The Steering Group met for the second time on 15 June and minutes of the meeting will be posted on the Intranet webpage. Local Im-

plementation Groups have also now met in each of the CHPs and a considerable amount of feedback is being gathered to inform the development of the project and our specific communication needs. It is recognised that communication and engagement is fundamental to the project and a Communications Plan has been in place since December. This plan was used as the basis for the national Communication Plan. An FAQ is also being developed over the coming weeks.

See page 11 for dates of local workshops.



Medicine Mountain

Thomas Ross is on a mission to save NHS Highland One and a half million pounds. Thomas is the Head Pharmacist for the South East Community Health Partnership and is based at the Royal Northern Infirmary in Inverness. He is convinced that this money can be saved by simply cutting down on the amount of unnecessary drugs prescribed to patients.

Thomas said: "Research has proved that about 3% of our drugs' budget of £54m is wasted due to patients having medicines prescribed to them that they don't take. It's difficult to get an accurate figure on how much drugs are wasted as we only have those medicines that are returned to pharmacies or GP practices as evidence."

Once drugs are prescribed they cannot be re-used as nobody can guarantee that they haven't been tampered with and they therefore cannot be re-used. Patients are prescribed

drugs and then stop taking them for various reasons. However, they continue to collect repeat prescriptions. Around 75% of all prescriptions dispensed are repeat prescriptions. Thomas went on to say; "We have already managed to save £77.5k in six months by switching patients from branded to generic medicines. Generic medicines are copies of an original branded medicine and contain the same ingredients, are of the same dosage and are identical in strength to the branded medicine. However generic medicines usually cost a lot less than their branded equivalent, but are just as good. By using generic medicines the NHS can treat more patients for the same money and also release money to use in other treatments. If a patient has any problem with being switched from a branded to a generic medicine, then a chat with the prescriber to put their minds at rest, usually does the trick."

Oral Health Promotion

Argyll and Bute Community Health Partnership Oral Health Promoter, Maggie Fawkes has been nominated for the category of 'Best Oral Health Promoter' of the year in the Probe Dental Awards. This is an established annual event designed to acknowledge the various roles of professional workers involved with dentistry and the aim of the award is to recognise individual good practice and commitment within the various categories. Although Maggie did not win the award she was one

of three entries from across the UK who were 'highly commended' in their work.

Maggie and her team undertake a wide range of work including visiting local nurseries and schools, raising awareness of the importance of diet and oral hygiene alongside the introduction of daily toothbrushing activities. Maggie is also involved in teaching dental nurses and is regional chair for the Scottish branch of the British Dental Hygienists Association and the first Scottish chair of the National Oral Health Group.



Endowment Funds Explained

The Highland Health Board Endowment Funds is a registered Scottish Charity. All charitable donations made to a hospital/ward/department within the Highland Health Board area are held in trust until used.

The Endowment Funds contain over 350 individual funds, to benefit both the health and wellbeing of patients and staff across the Health Board area and, in the main, are specific to a particular Ward, Department or Hospital.

Over the years, many thousands of patients and staff have benefited from the purchase of equipment, additional comforts and amenities, purchases which were only possible because someone made a gift to the Endowment Funds.

The Endowments Committee of Highland Health Board is responsible for ensuring that Endowment Funds are used for the benefit of patients, staff and the delivery of services, while respecting the wishes of the original donor, in particular, conditions intended to preserve the memory of any person. Fund Managers for each Fund are responsible to the Endowments Committee for income and expenditure.

Accepting Donations

Donations should only be accepted if they are clearly for the benefit of staff or patients. Any donation received must be passed immediately to a senior officer who will ensure that this is recorded and the Endowments Section informed for recording purposes. Receipt books are available in peripheral Hospitals and the Cashiers Office, Raigmore Hospital and full details of all bankings should be for-

warded to the Endowments Section at Assynt House. A thank you letter should be sent, on behalf of the trustees, for donations received.

When receiving a donation, staff **must not** commit the Board to any future expenditure such as running costs, additional staff requirements or replacement costs, without the express authority of the Endowments Committee and the Director of Finance.

Donated funds can be used for the purchase or towards the cost of a variety of different patient and staff amenities, including equipment (subject to certain rules and regulations). Further details are held within the User Guide and Standing Financial Procedures (SFPs). Purchases and withdrawal of funds may only be made if they accord with the specific use of the fund.

If you have any ideas as to how Fund monies could be used, speak to your Fund Manager. For more information on receiving donations, accessing funds, or who your Fund Managers are, or for a copy of the User Guide and SFPs, please go to our Endowments home page on the NHS Highland Intranet (click on Staff / Endowments) or contact:

Kelly Dallas — Endowment Support Officer

Tel: 01463 704778 (internal ext: 4778)

Sue Dear — Endowment Assistant (Other Hospitals & Periphery)

Tel: 01463 704824 (internal ext: 4707)

Margaret Featch — Endowment Assistant (SSU & Corporate Services)

Tel: 01463 704824 (internal ext: 4824)

Endowments Section, Finance Department, Assynt House, Beechwood Park, INVERNESS, IV2 3BW. Fax - 01463 704925

Clinical Skills lead

Kevin Baird, Consultant Surgeon (Orthopaedics), has been appointed as Clinical Lead for the Clinical Skills Unit, Centre for Health Science (CfHS).

The role is to provide leadership to those working in the Clinical Skills Unit at professional, educational and administrative levels, and ensure integration within larger management structure of the whole CfHS. This is an

important role to support the development of innovative methods to deliver Clinical Skills Training in remote and rural locations, with the aim of improving safety and overall quality of experience for patients, by training in "live" situations. Mr Baird will also be central to raising the profile of the Skills Unit, among the local community, the National Skills Network and the wider international community, as a centre of excellence.

Please make it go away!

Over the last few years the Personnel Team in NHS Highland have heard these words from staff who have experienced problems as a result of conflict in the workplace. The phrase summarises what these staff want to be different, but demonstrates that they feel unable to bring about that change. Often the only route that they have available to them has been a formal investigation under the Dignity at Work (DAW) policy. The evidence gathered through DAW investigations has identified however that in a number of these cases, early attempts at resolution may have prevented escalation to formal stages.

This is important as Dignity at Work investigations, perhaps more than any other formal procedures cause stress to all the staff involved. The evidence collected is often in the form of one person's word against another's and relies on subjective perspectives, emotions and feelings. The process of investigation in itself can lead to further confrontation and the breakdown of relationships, rather than any form of reconciliation.

We need then, another way of resolving conflict in a way that does not seek to lay blame. After all, a degree of disagreement is inevitable in any team. This alternative approach

needs to enable the staff involved the chance to resolve their differences safely.

In order to avoid the use of formal procedures the HR Directorate will shortly launch a Mediation service to help resolve situations where a conflict has arisen between two members of staff. The process is structured, but takes place outwith any formal policy or procedure. We do have experience of providing this type of support, but we have recently undertaken additional training to ensure a consistent and high quality approach.

We'd Like Your Help

At the moment we are designing leaflets that will promote awareness of the service and support managers and staff in accessing support. And that's where we are looking for your help. We want a graphic image to include in the leaflets. This image needs to reflect the purpose and process of mediation i.e. forward looking and working together. If you have an idea or an image that might suit this ideal, we'd love to hear from you. Please send your ideas to Jeanne.Hornby@hpct.scot.nhs.uk or Ruth.Mclaughlan@hpct.scot.nhs.uk by 22nd June.

Interpretation—What you need to do

There has been some recent confusion about interpreting services used by NHS Highland the following information is for clarification.

For Face to Face Interpreting please call GLOBAL Language Services
0141 429 3429 or
0141 429 3428 or
01667 454 658

For Telephone Interpreting please call National Interpreting Service (NIS) 0800 028 0073

Both Face to Face and Telephone Interpreting are currently paid for centrally. Only these services

above are used because a) they are contracted to provide a service to NHS Highland b) we have assurances about the quality and indemnity cover of these organisations.

Please do not use other services. If you have had any problems with either of the above services please contact Natalie Morel 01463 704918. Further guidance about interpreting and translating is available on the NHS intranet in the policies section.

Letters to NHS Highland



"While holidaying in Wester Ross, I suffered a fainting attack which necessitated going to Raigmore by ambulance. I am delighted to say that not only was the driver, and nurse, first class but the entire staff at your hospital could not have performed their duties more efficiently and caringly. You certainly have them all well trained including the ladies who make the tea! Please accept my grateful thanks."

A Patient from Forfar

"I write to record my appreciation for the very excellent degree of service afforded to me on my visit to the Day Case Unit at Caithness General. From registering to discharge and the particular efforts of nursing staff, Kelly and Josie on the ward and to all of the theatre staff ably led by Mr Fisher. Also to the travel arrangements through the Patients Transport Department."

A Patient from Dunnet

"I arrived early for a CT Scan appointment and had time to take note of the incredible busyness of the X-Ray department, with staff criss-crossing passageways, disappearing through doorways, reappearing, shepherding

patients a-foot, on crutches, and a trolley, filling in forms, and on and on... and all with smiles and patience! I was really impressed. And I gather the place was undergoing renovations at the same time. How do the staff on reception stay sane?

One particular mention if I may, the Radiographer, who immediately put me at ease, gave me clear and simple instructions, reassured me as to the whole strange procedure, took his pictures and, finally, showed me out and wished me a fine day. Anyone who can repeat that procedure with such patience for umpteen patients a day, a week, a month - and for years deserves a medal. Please let the staff know how much I appreciated their patience and care."

A Patient from Foyers

"To all staff on the Rosebank wing. Thank you for looking after me so well during my recent stay in hospital. Nothing has been too much trouble for you all, anything I have asked for you have been more than happy to help me with, even though you are really busy. So once again a big, big thank you."

A Patient from Caithness

"In April I was a patient in 7C. I am writing to express my gratitude for all the care and kindness I received from the Consultant and his team, all the ward staff and the staff in various departments. Nothing seemed too much trouble. This care was also given to the other patients, who often needed time-consuming time. It really was a joy to see such good nursing."

A Patient from Lewis

"Please accept my thanks for all the care given to me. Every member of staff; the doctors, nursing staff and administrative staff were all very kind and made my very short stay with you as stress free as possible.

I now look forward to accepting the good outcome, in my case, and returning to a more active retirement. Of course the professional standard of care was excellent."

A Patient from Inverness



Music fans are being asked to raise the temperature at this year's Belladrum Tartan Heart Festival on 10th August 2007, by undertaking the ultimate sponsored challenge – a Firewalk across red-hot embers – to raise funds for the

Highlands' Maggie's Cancer Caring Centre.

Fire walking is a powerful tool designed to help transform fear and inspire people to do things they initially didn't think possible. Participants will be given a two-hour fear-busting session, before embarking on the fire walk over embers which burn at a temperature of 668C.

Already signed up is Fiona McRae, Fundraising Co-ordinator at Maggie's Highlands. Fiona said: 'I'm excited and scared about taking part in this challenge but I'm sure it will be an amazing experience and the most memorable six steps of my life!' If you would like to join Fiona on this amazing challenge, please call Fiona on **01463 706302** or email fionamc@maggiescentres.org for a registration form.

HDLs

You can find all recent HDLs in the SEHD Weekly bulletin at <http://www.sehd.scot.nhs.uk/publications/bulletin/bulletin2007list.htm>

These are also linked from the Intranet News section.

Recent HDLs include:

- 7 June: PCS(DD)2007/4 - New consultant contract: increases to national salary scales and fees and allowances for 2007-08.
- 7 June: PCS(DD)2007/3 - Pay and conditions of service: remuneration of hospital medical and dental staff and doctors and dentists in public health medicine and the community health service .
- 7 June: Drug alert no 10 2007: class 1. (Viracept)
- 5 June: Drug alert no 9 2007: class 1.
- 1 June: Drug alert no 8 2007: class 1.
- 30 May: HDL(2007)30 - The Mental Health (Care and Treatment) (Scotland) Act 2003: amendments to parts 10 and 11 re the necessity test.
- 29 May: PCA(P)(2007)14 - Community pharmacy services: remuneration arrangements for 2007-2008.
- 29 May: Drug alert no 7: class 1: recall of counterfeit plavix tablets 75mg.

W/c 11 June is Men's Health Week.

The campaign focuses on men and the management of long term medical conditions, such as prostate cancer, cardiovascular disease, diabetes and mental health problems. Today, one in three people in Britain have a long-term medical condition and a significant proportion of this number is men. One of the reasons for this could be the increasing reluctance of men to visit a doctor or engage with other health services. Men's Health Week aims to encourage men to visit their doctor more and seek help when needed. For further information click onto the following link: www.malehealth.co.uk which has information on how to stay fit, eating the right food and getting your health worries sorted. You can also obtain free medical advice from your doctor or by calling **NHS 24 on 08454 24 24 24.**

Forthcoming Events:

NHS Highland Board Meetings 2007

7 August 2007 (Argyll & Bute)
4 September 2007 (Inverness)
2 October 2007

Get WISE Staff Briefings

CGH Wick 10am - 18 June
Environmental Research Institute, Thurso - 2pm 18 June
Kyleakin 2pm 18 July
County Hospital, Invergordon 2pm 23 July
Dunoon 2pm 30 July
Kingussie 10am 5 Sept
Grantown 2pm 10 Sept
Golspie - 20 September
RNI 10am 28 Sept
Nairn Hospital 2pm 28 Sept
Migdale 2pm 14 Nov

Review of Nursing in the Community: Workshops

20th June: 12.00 - 2.00 Rec Hall, Raigmore, Inverness
21st June: 10.00 - 12.00 Argyll Hotel, Inveraray
22nd June: 10.00 - 12.00 the Community Room, Lawson Memorial Hospital, Golspie

NHS Highland Annual Review

21 August
Centre for Health Science (venue to be confirmed)

Advertise your event here:

eLibrary www.elib.scot.nhs.uk

Have you registered yet?

The next Team Update will be issued in August. Submissions by deadline 1 August. There will be no Team Update in July.