

Team Update



Issue 23

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www.show.scot.nhs.uk/nhshighland/

NHS Highland—Stub it out on 8 March!

Wednesday 8 March is National No Smoking Day and this is when NHS Highland's new Tobacco Policy will come into effect. This will ensure that NHS Highland is acting in accordance with the legislation of the Smoking Ban in public places which comes into effect on 26 March.

There will be no smoking permitted anywhere within NHS Highland premises. This will include doorways and entrances to buildings. The only exceptions, in accordance with legislation, will be in relation to Psychiatric Units. These exceptions will be clearly identified where applicable.

The delivery of Tobacco Control and Smoking Cessation Services is a key priority for the NHS and an allocation of £224,000 per annum over 3 years will support the work of NHS Highland's Tobacco Strategy and the delivery of two health improvement targets in the NHS Highland's Corporate Objectives. "The targets are basically to reduce rates of smok-

ing in adults, with a particular focus on deprived communities and smoking during pregnancy," explained Janet Williams, Health Promotion Specialist for Tobacco. "Our Strategy proposes a number of actions around: implementing tobacco prevention and education through the Health Promoting Schools; developing a network of smoking cessation advisors; targeting services on priority groups including adults and pregnant women in deprived areas; and implementing our NHS Highland Tobacco Policy and supporting staff to stop smoking."

Janet reported that work is well underway to fill the Smoking Cessation Advisor posts and that 15 Pharmacists are now providing smoking cessation services across Highland.

The Highland Smoking Cessation Service provides free, confidential advice and support to stop smoking. Lo-call 0845 757 3077

Board Membership Changes

Three long-serving members of NHS Highland Board retired from the Board this month. Garry Coutts thanked Stewart Whiteford, Jim Cooper and Margaret Davidson for their enormous contribution to the Board and to the work of NHS Highland over past years.

Stewart Whiteford was previously Chair of the Highland Acute NHS Trust and latterly, Chair of the Mid-Highland Community Health Partnership (CHP). Jim Cooper was Chair of the SE Highland CHP and Chair of the Audit & Endowments Committees. Cllr Margaret Davidson, told the Board she was keen to continue to contribute to the debate on community care issues, where possible.

Due to the increasing size of the board, three new board members will be appointed from the Argyll & Bute area. These appointments will include convenor of the Argyll & Bute Council, Cllr William Petrie.

The new Chairs of the CHP Committees will be Ian Gibson (SE CHP) and Ann Bethune (Mid CHP). The appointment of the Argyll & Bute CHP Chair will be made following appointments of new Board members in April. Ian Gibson will also Chair the Endowments Committee.



Pictured above: L-R Jim Cooper, Margaret Davidson and Stewart Whiteford

Chairs have been appointed to the following committees as follows: Audit (Douglas Graham) Clinical Governance (Joy Fraser) and Staff Governance (Heather Sheerin).

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New Staff Magazine

A new NHS Highland Staff Magazine will be launched in March, with the Spring edition. The magazine, which is for staff and about staff, will be quarterly and will be distributed throughout the Highland Board area. The first issue will contain a mixture of interesting articles, a stress quiz, a photography competition and letters and pictures from across Highland. **Articles, letters and pictures are invited from staff.** Please send submissions to the address on page 10.

Finance

The Board is forecasting a break-even position for 2005-06.

This represents an overall improvement over the November position due to the realisation of some potential benefits and the further management of risk, despite the emergence of some cost pressures.

Close scrutiny and management action will be required in order to achieve the forecast position.

New Posts

Dr Anne Davoren, Staff Grade Haematology & Clinical Oncology, will take up post in February 2006. She currently works with the National Blood Service in Bristol.

Dr Lynn Kelly - Salaried General Practitioner has been appointed within South East Highland CHP. Dr Kelly took up post on 3rd October 2005.

The Argyll & Bute CHP Manager will be appointed in early March, with other senior appointment to the team during March.

The closing date for the post of **Clinical Director, SSU** is 20 February.

Tracey Ligema, OOH Manager

Tracey Ligema has now taken up post of OOH Operational and Development Manager. She will be based at the County Community Hospital, Invergordon.

A former psychiatric nurse, from N Wales, Tracey spent some time with the Training and Enterprise council in Lincoln and the Lincolnshire Ambulance Service and latterly Director of Primary Care, before coming to the Highlands.

Tracey will focus on looking at how to best use clinicians around the clock and will also be responsible for the NHS 24 satellite centre.

Retirals

Tom Lloyd, Consultant Orthodontist retired end of January after 28 years with Highland.

Mr Hamish Johnston, Director of Workforce Planning & Pay (and formerly Director of Human Resources with Highland Acute Trust) will be retiring at the end of March, 2006, following 38 years of service in the National Health Service - 24 years of which, have been in NHS Highland.

Congratulations to Arnold Maniquiz, Cook, who has gained The Royal Environmental Health Institute of Scotland Intermediate Food Hygiene Certificate.

From the editor ...

Welcome to the 23rd edition of "Team Update", the monthly NHS Highland newsletter for all staff.

We will also be launching a new quarterly NHS Highland Staff Magazine in March. If you would like to contribute something to this publication, please get in touch. Deadline for the March edition is 24 February.

Don't forget that you can see back issues of Team Update on the Intranet and on the NHS Highland website www.show.scot.nhs.uk/

nhshighland/

If you would like a hard copy of a previous edition of the Team Update, please contact Erin Greig on 01463 705771 or myself on 01463 704781.

Remember, ***your*** news and views are important! See the "***Your Views***" column on the back page to write in.

Ruth Cleland, Editor

Delivering for Health in Highland

There are many drivers for change currently facing NHS Highland; not least the changing demography and the associated changes in epidemiology of our population; the impact of changes being introduced with the agenda underpinning the modernisation of clinical careers; and the implications of new contracts such as GMS, Consultant Contract and Agenda for Change. Add to all this the immanent integration of Argyll and Bute CHP into the new Highland family. Up until now, in the absence of a shared strategic message, developments have tended to be piecemeal, disconnected and focused on one clinical condition or department. "Delivering for Health", the Scottish Executive Health Department's response to the Kerr Report now gives us focus and enables us to work on developments together with clear agreement around the future care needs and methods of care delivery.

For the first time a nationally commissioned and accepted report focuses explicitly on providing safe and sustainable services that will support rural communities. Previous strategies for Scotland have resulted in an urban-based model of care services which has not lent itself easily to the needs of local communities, the environment of care or the educational requirements of the particular roles needed to support the delivery of health and healthcare services in a remote and rural setting.

In a recent Board Development session, it was agreed that NHS Highland would use the framework outlined in Kerr and "Delivering for Health" to develop our clinical strategy for the future. The 3

CHPs have already taken the opportunity to review their Development Plans to ensure alignment with the themes from the Kerr Report and "Delivering for Health". Between now and April, Alison Graham, Board Medical Director and Executive Lead for the development and implementation of NHS Highland's clinical strategy, will be working with the various committees to raise awareness and ensure consistency of understanding of the messages in these reports. In April, a workshop will be held with lead clinicians from all professional groups and senior managers to begin to map out the way forward for Highland, including our new colleagues from Argyll and Bute. The outcomes from this workshop will be a plan which pulls together the various strands of our Modernisation Plan and identifies further activities which we will need to undertake for the future.

Our partnership approach to service change and project management will ensure that all staff are involved in developments which impact their area of work. We will also ensure that regular communications and progress reports are available to all staff via the Intranet and "Team Update".

If you would like further information about the development of our clinical strategy, please contact Lynn Marsland, Head of Learning and Modernisation for NHS Highland (lynn.marsland@haht.scot.nhs.uk).

"Delivering for Health" is on the Intranet under Hot Topics and both this and the Kerr Report are under Publications on the NHS Highland Website.

Local Delivery Plans

The Scottish Executive has issued guidance on new delivery and performance management arrangements, announcing a core set of Minister's key objectives, targets and measures for health and the introduction of new Local Delivery Plans (LDPs), the new recording and reporting mechanism for Boards. These contain 28 key targets, 32 performance measures and 20 supporting measures, which underpin 4 key objectives covering:

- ◆ **Health Improvement**
- ◆ **Efficiency and Governance improvements**
- ◆ **Access to Services (waiting times etc)**
- ◆ **Treatment appropriate to individuals (quality and standards)**

Local and regional planning will continue and will support the targets and objectives laid out in the LDP.

As well as an emphasis on reducing waiting times, there is a strong focus on a number of health priorities, including; Coronary Heart Disease (CHD), Smoking, Immunisation, Suicide, Excessive Drinking, Exercise and Obesity.

The LDPs will cover a period of 3 years and will be subject to regular monthly monitoring from the summer of 2006. Local progress will also form the basis of the Board's Annual Review.

For more information about NHS Highland's Local Delivery Plan you can view the February Board Papers at the following link:

<http://www.show.scot.nhs.uk/nhshighland/About%20Us/Meetings/index.htm>

Agenda for Change Update

- Lots of news about both assimilation and KSF this month!
- Most Domestic staff were assimilated and paid on Agenda for Change Pay Bands in January. Assimilation will be a rolling programme from now on, with arrears fitted in to that programme as best we can. Our targets are: arrears to be paid no more than 3 months after the date of assimilation; remaining ancillary staff within the Facilities Department to be paid and assimilated in February, with the first group of nurses (Hospital Midwives) programmed for March.
- Staff who have been assimilated receive a letter and other paperwork to explain the process. The letter gives a helpline telephone number for any queries, but suggests that staff speak to their operational manager in the first instance. To assist this process, we are advising managers of the Pay Bands for staff in their ward or department; this is done at the same time as staff are advised by letter. We are also running monthly briefing sessions for managers and staff representatives of staff groups about to be assimilated. Affected managers and staff reps will be contacted directly about these.
- Other information about assimilation can be found on the Intranet and the NHS Highland Website under Agenda for Change. We have recently posted some Frequently Asked Questions under the Assimilation heading on the web page. Also on the web page is a note of the management tasks and responsibilities relating to Agenda for Change; please take time to read this if you manage staff
- The single biggest delaying factor in getting staff assimilated is the variable quality of information coming through to the AfC Team from operational units. It is vitally important that names, pay numbers and details of changes are provided accurately or the time of the Team will be taken up with pursuing queries rather than assimilating staff. Please help us to help you!
- There are still 252 Admin and Clerical job descriptions outstanding, and a further 229 in other staff groups. **The closing date for A&C was 31 January and the closing date for all others is 10 February.** If your job is one of those not yet submitted, you really need to deal with it now. Agreed job descriptions emailed to allison.urquhart@haht.scot.nhs.uk please.
- Across the organisation managers and staff are working on KSF Outline development to meet the **deadline of March 31st**. If you are a manager, or were responsible for writing Job Descriptions, and you have not yet attended an Outline Development training day please contact Judith McKelvie KSF Manager on 01453 706870 or by emailing [judith.mckelvie@hpct.scot.nhs.uk](mailto:mckelvie@hpct.scot.nhs.uk) as soon as possible to ensure that you secure a place on one of the remaining mop-up sessions.

There are two further one day sessions in February, which are Monday 13th and Tuesday 28th, then the FINAL OPPORTUNITY to attend training will be on FRIDAY 3rd MARCH which allows time for outline development work to be completed before the deadline.
- Locally work has started to look at the impact on the paperwork and processes when recruiting new staff to NHS Highland. An updated Personal Development Planning and Review Training package is presently being developed and it is envisaged that it will be ready for roll-out this month.
- Key staff have now attended e-KSF training (this is the internet-based system which will be used across the UK to manage the KSF process) and it is proposed to run two pilot sites initially as well as running training sessions for managers and staff.

NHS Highland Staff Survey

You should receive your staff survey in the post within the next week. Please ensure you complete this and return it in the pre-paid envelope as quickly as possible. Staff Survey "Roadshows" will take place across Highland in February to raise awareness.

Corporate Objectives—Progress Report on Objective

This is an update on the key areas of progress against the corporate objectives.

Objective 1: To continue to improve the health of people in the Highlands and to reduce the inequalities in health outcomes between different sections of our community.

Progress highlights:

- ◆ 17 Pharmacists including rural pharmacists will be providing smoking cessation services by the end of February.
- ◆ The number of Scotland Health at Work (SHAW) registered workplaces has trebled over the past 2 years to 102 businesses, suggesting that 43% of the highland workforce are involved in the programme.
- ◆ The latest audit suggests that 41% of women are breastfeeding at 6-8 weeks against the national target of 40%
- ◆ Premature cancer mortality rates have shown a decrease of 4% on the previous year
- ◆ Death rates from CHD and Stroke continue to fall and are now below the national targets
- ◆ **The number of women smoking during pregnancy remains high (26%)**

Objective 2: To reduce the time people wait to receive services.

Progress highlights:

- ◆ 26 week target was met in December: No-one is waiting longer than the national target of 26 weeks for a first outpatient appointments or an operation
- ◆ Patients needing angioplasty or coronary artery by-pass grafting are seen within the target 18 weeks.
- ◆ The last report shows that 86.4% of patients with breast cancer were treated within the 1 month target, against a national achievement of 80%
- ◆ **Progress remains varied across the main cancer sites, in particular Lung Cancer waits**

Objective 3: To reduce to an absolute minimum the chance of acquiring an infection whilst receiving health care and to ensure our hospitals are clean.

Progress highlights:

- ◆ MRSA rates remain below national average
- ◆ Rates for post-operative hip and knee infections have been maintained at 1% or less
- ◆ 258 staff are now registered to undertake and with 30 have completed cleanliness champion training

- ◆ Alcohol gel is in place and widely used across Highland hospitals

Objective 4: To ensure services delivered are of high quality and clinically effective through robust outcomes evaluation.

Progress highlights:

- ◆ Survival rates after heart attack have increased to 88% (Scottish average 84%)
- ◆ Survival rates for hip fracture remain above the national average of 91%, although the target of 96% has not yet been achieved.

Objective 5: To treat people with chronic conditions sooner, nearer to home and earlier in the course of their disease

Progress highlights:

- ◆ An initiative to develop a strategy for the effective management of chronic disease across Highland is underway in partnership with Social Services and Scottish Ambulance Services.
- ◆ Enhanced services for Multiple Sclerosis, Depression and Diabetes are being further developed
- ◆ Cardiac rehabilitation services are available in 14 locations across Highland
- ◆ **Delayed discharge numbers have reduced substantially since September 2005, but remain higher than target and many patient waiting longer than the target wait for discharge**

Objective 6: To deliver our programme of service modernisation

Progress highlights:

- ◆ 24 clinicians in Lochaber have met to begin a local clinical vision and plan for better integrated, sustainable services in the area.
- ◆ An Out of Hours Manager has been appointed
- ◆ Progress is underway in the development of the recruitment process for maternity services
- ◆ **The cost of Out of Hours remains over budget**

◆ **areas indicating slower progress**

If you wish to read more about the progress in detail, a report is included in the February Board Papers: <http://www.show.scot.nhs.uk/nhshighland/About%20Us/Meetings/index.htm>

Staff Awards

Categories

1. Community Award – an outstanding NHS worker in the community. This might be for example; a health visitor, community midwife, practice nurse, Community Psychiatric Nurse...
2. Support Worker Award – a cleaner, porter, or other support worker who goes beyond the call of duty to contribute to excellent patient care.
3. Hospital Worker Award – a nurse, nursing auxiliary, doctor, radiographer or other clinical worker who goes the extra mile to put patients at ease and improve the quality of patient care in their area.
4. Improving Patient Service Award – an individual or team who have successfully designed and introduced service changes, which have resulted in improved patient care.
5. Innovation Award – a member of staff or team who has developed a local innovation or invention, which has contributed significantly to improved patient services in Highland.
6. Best Patient Leaflet or Publication Award – an innovative and outstanding publication, which communicates information effectively to a target audience, is produced cost-effectively and has an appealing design.
7. Team Award – a team who work together in any field of the NHS and who demonstrate good team working, setting an example to all.
8. Mental Health/Learning Disability Award – an NHS worker who makes an outstanding contribution to the quality of life for people with mental ill health.
9. Public Involvement Award – an individual or team who has involved patients, carers or other service users to improve patient services.
10. "Behind the Scenes" Award – for an individual, or team, who works behind the scenes in the organisation to support frontline staff or systems to provide enhanced services.

Nominations may be from patients, carers, the public, and from colleagues.

Complete the an entry form and ensure you give enough supporting information for the judges to make a decision. Closing date for entries is 17 March 2006. The independent judging panel will include 3 members of the public. Winners will be notified by 31 March and invited to an Award Ceremony in early May. Prizes include dinner B&B in a luxury hotel for the individual overall winner and

Entry forms are on the Intranet and on the NHS Highland Website. Hard copies will be circulated across NHS Highland. If you would like a hard copy sent to you, please call Donnie on 01463

Ward Changes at Raigmore

Alterations are underway in Wards 1A and 2C at Raigmore Hospital with completion due the 1st week in April.

Ophthalmology will be on the same floor as theatres, thereby allowing for an improved turnaround time for surgical patients. There is also the creation of a much larger teaching room, library facility and an increase in office space. The impact of the changes is that there will be a reduction in the number of inpatient beds available to Ophthalmology in line with the move to more day cases. A sterilization facility will also be provided in Ward

1A for the sterilisation of ENT scopes.

Changes to Ward 2C will mean enhanced oncology facilities, including an increase in bed numbers and an improved day case chemotherapy area.

This scheme has resulted in reduced theatre utilisation for ENT and vacated theatre sessions have been picked up by Ophthalmology. An additional 120 cataracts have been treated as a result. Many thanks to all the staff that have made this possible across a range of disciplines in SSU.

Work is progressing on important changes to the layout of the Intranet. Some changes have been made to the headings at the top on the menu bar and departmental and organisational information has been updated.

We will be continuing to contact departments across NHS Highland over the coming weeks and

months to discuss the deletion of out of date material and the collation of new content. Each department is encouraged to have a nominated contact for web-based information and to give some thought to what information you would like to have on the Intranet (for staff) and Website (for patients and public) about your department.

Highland HealthVOICES Network

Since last month, we have been distributing Highland HealthVOICES Network (HHVN) registration packs to a wide cross section of people and organisations all across Highland region to encourage more people to join.

As the elections for membership on the Community Health Partnership/Specialist Services Unit Committees are due to take place in April, we will be writing to Members very soon to ask them to self nominate for these places.

Posters have also gone out to key NHS sites, to promote membership and act as a reminder for staff that the Highland HealthVOICES Network is a resource if your department is considering service review, change or development.

For example, recently some members of the Network have been feeding back comments on the draft Complaints Management Policy and others have joined a group reviewing the Communications

Strategy.

If you would like to know more about how Network members could help you, please contact the co-ordinating office who can advise you or link NHS staff with the individual members and other networks, including voluntary organisations, existing patient and carer groups.

Registration forms are available from NHS Highland's website in the <http://www.show.scot.nhs.uk/nhshighland/> in the 'Getting involved' section and from libraries, service points, GP surgeries and hospitals. Anyone can be a member – providing they live or have a substantial interest in Highland region.

A template for use by staff is also available from the Intranet.

For more information please contact Joyce Thompson at Assynt House, tel: 01463 704702, or email pfpi@hnb.scot.nhs.uk

Piloting a Discharge Lounge

In common with most other large Acute Hospitals there is increasing pressure on beds in Raigmore. Through the Unscheduled Care Programme joint working is being developed across Primary and Secondary care together with partners to explore ways of maximising the most appropriate use of Acute and Community Hospitals beds.

A snap-shot audit was carried out on all beds in Raigmore. The aim was to quantify ward occupancy by reason for continued hospitalisation. One of the issues it identified was that there were 13 patients waiting to go home via their own transport. For this group of patients, one approach successfully implemented elsewhere is to have a Discharge Lounge. This is used by patients on the day that it has been planned and discussed that they are ready to go home.

The bed survey showed that the highest percentage of patients waiting to go home were from Surgical Wards. Further audit work carried out during a one week period in December showed that there was a minimum of 6 patients and a maximum of 11

patients who were suitable on a daily basis for such a facility (excluding Monday's).

Setting up a Discharge Lounge:

In order to see if this is something which will work well for our patients, we are undertaking a 10 week trial (17th January to 24th March, Tuesdays to Friday only). The Lounge will be located in the Short Stay Ward (Ground Floor by Emergency Department). It will be open from 10am to 6pm and will be staffed by a trained nurse (part-funded through winter pressures).

Initially it is anticipated (because of capacity) that the lounge may primarily be used by ambulant post surgical patients (Wards 4A, 4C and 5C) with their own transport arrangements. However, it is recognised that freeing up medical beds earlier in the day also needs to be tackled. Eileen Webster (Discharge Co-ordinator) will liaise with the medical wards and Bed Management to assess patients' suitability for the lounge and look at the demand. Eileen has been given the day to day responsibility to set up and oversee the pilot which will be fully evaluated.

Nursing Achievements Celebrated



Since her appointment to Board Nurse Director in 2005, Heidi May has been gathering a wealth of information about nursing, midwifery and AHP services and developments all around the Highlands.

Ms May presented her findings in a report to NHS Highland Board, outlining a large number of achievements which have been realised through local health care teams working together towards the delivery of the corporate objectives.

The following initiatives are just a few of the many examples highlighted in the report.

- ◆ Falls Clinic, York Day Hospital, RNI: The re-design of assessment and rehabilitation services for patients with a history of falls.
- ◆ Nurse-led Pre-assessment Clinics: These

have helped reduce the patient's length of stay and improved theatre utilisation and control of infection.

- ◆ The new post of Sure Start Community Midwife to support vulnerable women and families in Ross and Cromarty.
- ◆ Early Years Workers have been appointed in several areas of Mid Highland CHP, supporting families of pre-school children.
- ◆ Training of Community Nurses in Chemotherapy drug administration, Palliative Care and 3 Emergency Nurse Practitioners with the aim of reducing acute admissions in the North CHP.
- ◆ A multi-agency working group is developing guidance on the administration of medicines in schools for common childhood conditions

You can see the full report in the February Board Papers <http://www.show.scot.nhs.uk/nhshighland/About%20Us/Meetings/index.htm>

Health Sciences Library

The Health Sciences Library subscribes to seven titles in the clinics of North America series:

Dental clinics of North America
Medical clinics of North America
Nursing clinics of North America
Otolaryngologic clinics of North America
Pediatric clinics of North America
Radiologic clinics of North America
Surgical clinics of North America

These are stand alone guest edited books which focus on specific subjects. Their publication period is normally quarterly or bimonthly. In the main their coverage is American in focus, but there is a lot of international input as well making them a very useful resource. This usefulness is increased as the works normally begin with a brief introduction to the area under consideration, followed by short chapters dealing in detail with aspects of the topic. The specific subject approach also means that these works cover areas which may be too detailed, or too up to date for the Library to have anything else in book format available.

The main reason for highlighting these works is that we have recently had a number of queries from various clinicians looking for material on specific subjects who have not realised that the Library holds these titles.



Recent issues have covered the following:
An update in surgeon performed ultrasound - *Surgical clinics of North America, August 2004*,
Oral soft tissue lesions - *Dental clinics of North America, January 2005*, and
Paediatric rheumatology - *Pediatric clinics of North America, April 2005*.

These titles along with others in the series (e.g.; *Anesthesiology clinics of North America, Obstetric and gynecology clinics of North America, Rheumatic disease clinics of North America*) are available full text on the NHS Scotland eLibrary (<http://www.elib.scot.nhs.uk>) via the MDConsult service.

Any queries: the Library can be contacted on 01463 705269, ext. 5269, or e-mail: hsl-inverness@stir.ac.uk

Rob Polson

Letters to NHS Highland

Thanks for the latest Team Update. I do find it useful to see some of the items in this form even though I am seeing some of it via minutes and agendas, CHP papers etc.

Cheers
Bill Fernie

"Please would you convey my thanks to all the staff concerned with my care while I was in hospital to have my teeth removed... I found my treatment as a person to be far above my expectations at the Raigmore. Everybody on the staff impressed me, from yourself (Mr McIntyre) and the delightful anaesthetist, right down to the "trolleydolly" who brought round the tea and biscuits. I even include the kitchen staff On the whole... I would give the Raigmore 9/10 (1/10 deducted for the ugliness of the building—that architect should have been shot!)

Patient from Achnasheen

"Can I take this opportunity to thank you and your staff most sincerely for your friendly and professional service, in particular Dr Gwen Davis, the Senior Day Nurses, Senior Night Nurses and Assistant Doreen Grant. To all these professional people nothing was too serious or difficult not to

attend to it immediately with a friendly demeanour that can only add value to their nursing qualities and your services to the public.

Spending old year and the New Year in hospital is nobody's idea of an overseas vacation, but the above staff all made it that much easier to bear with a speedy recovery. Kindly convey my special thanks to each and every one of them for a job well done."

A Patient from South Africa

"I am writing to thank you and your team for the excellent care I received as an inpatient last week.

Every member of staff at every stage was warm, friendly and inspired trust and confidence. I was treated with dignity and respect throughout. The standard of care was super, the nurses and auxiliaries were all lovely, the post operative pain moderate and I didn't feel sick once. I am amazed at how well I feel now that I am home. Thank you. On the domestic side the wards were so clean and I enjoyed all the meals."

A Patient from Acharacle

"I am writing on behalf of the family to express sincere thanks to you and all the staff on Ward

2A. My Mum was on the ward for nearly three months and throughout the period we had nothing but admiration for all the hard work undertaken on her behalf and for all the patients on the Stroke Ward. You showed only kindness and consideration for her needs, especially towards the end when it was difficult for everyone. It is all too easy to think that it's all part of the job. Having been a frequent visitor at all times of the day and night, the family were very aware of just how demanding the work is both mentally and physically. I can assure you that Mum expressed her thanks in many ways and on many occasions despite her limited ability to communicate. She never had occasion to criticise her care and the attention she was paid by all the ward staff.

Again I would like to thank you for all the care offered and substantial support to the family and others that visited. Personally I found the comforting words of staff, detailed information and cups of tea a great help through a difficult time."

Patients Relative from Beaully



Incidents Raised (IR1)

All incidents reported on IR1s are to be entered on the Incident Reporting System; a network of inputting staff achieves this.

The original IR1 should be sent for inputting to the area input staff. (In areas using Pads, this is the Pink Copy). Any supporting paperwork related to the incident such as the 'Community' Appendix B (Fire Details) should also be included.

A list of input staff for each area is available under the Policies section of the Intranet.

*Note

Clinical Incidents: Input Staff will forward a copy of all Clinical Incident paperwork to the 'Clinical Governance Support Team' based at Raigmore.

RIDDOR Christina Clifton, H&S Team, John Dewar Building, is to be notified of all incidents that are categorised as RIDDOR. She will process the RIDDOR action with the HSE.

Your Views and Ideas

NHS Highland values and welcomes the opinions and ideas of its staff. Very often the best and most innovative ideas come from frontline staff in any organisation. Would you like to write an article or submit information or photographs for the Team Update or the new Staff Magazine. Have you or anyone in your department achieved a qualification or other success. Let me know so others can hear about your success or your views.

Please write in to me or email the Corporate Team via the email address on the new NHS Highland Website. staff@haht.scot.nhs.uk
Or Write to: The Editor

Ruth Cleland

Head of Internal Communications

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

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

Internal Communications

How can we ensure everyone sees the Team Update or other important information quickly?

Line Managers—please identify a contact in your team to organise distribution in your department.

If you don't already get a copy of Team Update emailed to you or sent to your department, contact Erin on 01463 705771 to be added to our distribution list.

Ruth Cleland

The next Team Update will be issued on 10 March. Submissions by deadline of 6 February.

Forthcoming Events:

Jog Scotland Group (Inverness)

Tuesday and Thursday evenings throughout the winter. Anyone wishing to start jogging, or to return to jogging after a period of inactivity, will be made most welcome and should make contact with Dr Andy Menzies Tel.: 01463 704169
andrew.menzies@raigmore.scot.nhs.uk

14 Feb—23 Feb NHS Scotland Staff Survey Roadshow - You should receive your staff survey in mid February

eHealth Training Courses

Free computer application courses
Contact Kathleen on 01463 705660 for details.

Get WISE Staff Briefings

A programme of these is on the Intranet. Please let me know if you would like a session in your area.
ruth.cleland@haht.scot.nhs.uk

NHS Highland Board Meeting

4 April 2006

NHS Awareness Week

6 - 8 March

NHS Highland Staff Awards

17 March Deadline for Staff Awards Scheme entries
Entry forms are on Intranet and Website or call 01463 704702 for a copy.

If you would like to advertise your event here, please contact Ruth Cleland on Tel: 01463

£1900 raised for Oncology

FRIENDS OF RAIGMORE - Grateful thanks to all who attended the Murder Mystery dinner at the end of November, the support from staff was very much appreciated and the total sum raised for ward 1A Oncology Ward was £1900.

The next event planned is probably to be a wine tasting, details to follow soon. May I also add that we are very keen to recruit a number of new committee members, anyone who may like to join us contact Florence on 4463 in the first instance.

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