

# Team Update



Issue 38 August 2007

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## Staff Across NHS Highland Pick Up Awards



**Pictured above are some of the staff who have been honoured in the NHS Highland Staff Awards 2007.**

The Community Award went to Barbara Olyphant, Community Children's Nurse in the Dunoon and Cowal area. The winner of the Support Worker Category was Archie Moffat, Hospital Porter from Town and County Hospital, Nairn. Hospital Worker Award went to Staff Nurse Sandra Campbell, Raigmore Hospital.

The Improving Patient Service Award went to joint winners - Speech and Language Therapists from Fort William. Catriona Shepherd, Heather Watkins, Nicola South and Kirsteen Shilson, and the Syringe Driver implementation Group.

The Volunteer Award, a new award this year went to Ronnie Ross.

The Best Patient Publication Award went to Denise Burns, from Lorn and Isles Hospital, Oban, with a Commendation for a poster, which was developed to encourage and pro-

mote breastfeeding by Louise Mackenzie (Health Visitor), Nanette Wallace, Graphics Officer, and Jane Groves, Health Promotion Manager.

The Hub Team (of 27 staff) are recognised for their dedication and team work and are the winners of the Team Award this year.

The Mental Health/Learning Disability Award went to Tom Shaw, Principle Pharmacist, New Craigs. The Public Involvement Award went to MCN Manager, Sue Menzies and the "Behind the Scenes" Award went to Gail MacGregor, Practice Manager, Connel Surgery, Argyll.

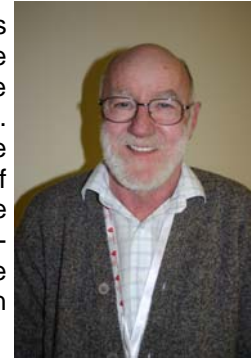
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## Ronnie Ross

Ronnie Ross, well known Volunteer and promoter of Organ Donation, sadly passed away on 26 July. He was well known and highly respected amongst both staff and patients at Raigmore Hospital, giving support and advice to many people. Ronnie, a former lung transplant patient, personally signed up around 1000 new organ donor registrations. Ronnie was the winner of the first NHS Highland Volunteer Award this year. Unfortunately Ronnie

was too ill to be there and his wife Margaret received the award on his behalf at the award ceremony on 26 June. Roger Gibbins says: "Ronnie was extremely deserving of the Volunteer Award. Ronnie was indeed a wonderful person who showed incredible dedication to promoting organ donation."



## New Appointments

### Clinical Director, Argyll and But Community Health Partnership

Dr Michael D Hall has been appointed to the Clinical Director post for A&B CHP. Previously clinical director Campbeltown Hospital, and Lead GP for South Kintyre.



Dr Hall says, "Representing Argyll and Bute CHP presents considerable challenges, more so than probably most other CHP's in the UK. Such challenges arise as much from the remoteness and rurality, as the diversity of the services provided across the whole of the CHP. The challenge extends to Out of Hours provision across the CHP for the future and how we can deliver a model which is sustainable but is robust and safe for the populations involved. Training and support for all health care workers is paramount in maintaining a safe and quality service. All of this however must be met within our budget, which is extremely challenging, and inevitably looking 'out of the box' at new ways of providing a given service, while ensuring the service is not compromised but indeed improved."

### Policy Development Manager

Esther Dickinson has been appointed as Policy Development Manager, within the Community and Health Improvement Planning Team. Esther, or other members of the team, can be contacted for advice on Equality and Diversity issues across NHS Highland. Tel: 01463 704791 [Esther.Dickinson@hnb.scot.nhs.uk](mailto:Esther.Dickinson@hnb.scot.nhs.uk)

## Better Health, Better Care

Better Health, Better Care – a discussion document has been launched by the Cabinet Secretary for Health and Wellbeing. This document sets out proposals for the further development of the health service over the coming

years. The document can be found on the Intranet, as well as on the Scottish Executive website.. A consultation is taking place until 12 November, before the publication of an action plan for Health and Wellbeing at the end of the year.

Hard copies will be distributed as soon as they are available.

## From the editor ...

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

This issue celebrates the success of our Staff Award winners of 2007. More details on the winners can be found on the intranet and website. Please take a look at page 5 which tells you about how to nominate for the Scottish Health Awards.

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](mailto:staff@haht.scot.nhs.uk). We would love to hear what you think about the Team Update, the in-touch and the new website — so please do get in touch!

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

**Ruth Cleland**

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## Annual Review

Each year the Scottish Executive reviews the performance of every Health Board in Scotland. As part of this review process they hold an Annual Review meeting with NHS staff and executives. Shona Robison MSP, the Minister for Public Health, will be in Inverness on Tuesday, 21<sup>st</sup> August to lead the Annual Review of NHS Highland.

In the morning, the Minister will meet with representatives from the Area Clinical Forum, the Area Partnership Forum and a small number of patient & public representatives. Following this, a visit has been planned, which follows a patient's journey through oncology services. There will be an opportunity for the Minister to meet staff, patients and volunteers.

At 2:15pm, the public session of the Annual Review will commence. This is being held in the Lecture Theatre, Centre for Health Sciences, Raigmore Hospital site. The final 15 minutes of the Review will be dedicated to a Question & Answer session. Anyone can attend

## Home, but not alone

Further investment has been made for adult patients in Ross, Cromarty and West Ness to establish an Augmented Care at Home Team to provide safe alternatives to admitting some patients to Hospital or Care Homes. Staffing includes nurses, who are on call daily until midnight to provide urgent nursing care and support to patients in their own home. The Service also includes a physiotherapist, occupational therapist and health care assistants.

The Team also play a key role to support patients to get home from hospital sooner. The service incorporates the already established Community Rehabilitation Team. The team, which is made up of Physiotherapists, Occupational Therapists and Speech and Language Therapists, primarily work with patient's who have a neurological condition including Stroke, Parkinson's and Multiple Sclerosis. Part of the new funding is also being used to enhance the Handyperson scheme. This initiative can help with small repairs in the home as well as provide advise on home safety.

Referrals to the Team can be made via any health or social care worker.

## 2222 New Emergency Number

2222 is the new standard Emergency Number in Healthcare Facilities across Scotland

As from 1<sup>st</sup> August 2007 the emergency number across all Scottish hospitals will be 2222. Present emergency call numbers within Highland (222 or 4222) will still work for a time until staff become acquaint with the new number.

This change will further promote patient safety by ensuring standardisation of the crash call number across all Scottish hospitals served by a 24 hour crash team. It brings Scotland into line with a similar change in England and Wales. The intention is to avoid confusion as a result of the current situation where different numbers are used across hospital sites. This is a particular issue for staff who move between sites.

## New Automated Switchboard Directory

As from 9am 1<sup>st</sup> August 2007 the electronic directory now intercepts all calls to **Raigmore Switchboard '0'**. You will be given the option to pass name or department you require, or ask for operator. **Other sites will continue to dial 118 for access.**

The system has been in use since 1<sup>st</sup> Feb by dialling 118, so most people should be familiar with it. It will no longer be necessary to dial 118 at Raigmore just dial '0'

NHS Highland's Telecomms Manager Pat Maclean explains: **"10% of calls coming into the switchboard were from staff phoning internally requesting to be put through to specific people or departments, now all they will have to do is dial '0', say the name of the person or department they want and wait to be connected or to get switchboard they can ask for operator / switchboard. Around 2,000 calls per day are internal to switchboard so by introducing the automated telephone directory we are freeing up the lines for members of the public to get through. Sites throughout NHS Highland are now accessible using this system, as well as the more widely used Scottish hospitals, such as Aberdeen Royal Infirmary and the Royal Alexandra Hospital."**

Highland GP practices are also available, please ask for practice name. The system is quite intuitive and should be able cope with all accents. Please speak clearly.

**Let the switchboard know if your request is not available.** Contact Pat Maclean 4014 or Louise Mill 4273 or by e-mail.

## Agenda for Change - Progress Update

### Argyll & Bute CHP

Now that NHS Greater Glasgow and Clyde is moving to have a single Project Team based in Glasgow, NHS Highland will inevitably become more involved in the matching, consistency checking and assimilation phases of the Argyll & Bute CHP project. A meeting is planned for 13 August in Glasgow to discuss how this can be taken forward, but preliminary work is already underway to determine what resources will be necessary to support these work streams within NHS Highland. One key element will be contacting managers throughout the CHP in relation to employee data which supports assimilation, so managers should ensure they have ready access to change forms and other employee records. We are conscious that only small numbers of Argyll & Bute staff have been assimilated in recent months and we will aim to increase that significantly with your help.

### Assimilation and arrears

Work continues within the remainder of NHS Highland to complete the assimilation and arrears exercise. There are now less than 1500 current staff to assimilate – a mixture of staff in substantive and bank posts. Apart from some staff linked to jobs we haven't yet matched, nearly all these staff have changed jobs, acted up or been on secondment in the period since 1 October 2004, which means their data is complex and takes time to unravel. Similarly, nearly all arrears which are straightforward have been calculated and work continues on the more complex calculations. If you haven't already been assimilated – don't worry, you will be, and if you're entitled to arrears you'll get those too! So far, about 75% of staff assimilated have received their arrears.

### Matching Update

There are still about 300 unmatched jobs within "old" NHS Highland, and about 200 within Argyll & Bute CHP. The majority are of these are jobs we have not been able to match because of the constant flow of new

jobs which need to be matched prior to going for advertisement. This flow of jobs is much greater than it was under the previous Whitley regime and is effectively holding back completion of the matching and consequent assimilation exercise. Managers are asked to only put forward jobs which are genuinely new jobs and to give as much notice as possible when submitting these.

### Reviews

The reviews process has now started, and as agreed we are prioritising staff who are on protection as a result of Agenda for Change assimilation. It has been agreed in partnership that there needs to be a consistency checking process to ensure that all review panels are applying the Job Evaluation scheme consistently, but that the consistency checking panel's role is advisory, with the final say resting with the review panel. Nevertheless, the need to look at batches of review outcomes will mean that there will be a delay in advising staff of the outcome of their review request. We realise this will be a disappointment to staff who have already waited up to eighteen months since assimilation, and we will process the review documentation as quickly as possible, but please be aware that this needs to be done alongside completing the matching, assimilation and arrears exercises as well as dealing with additional work associated with Argyll & Bute CHP. We are still planning to complete the review phase by the end of March 2008, but much will depend on the final number of review requests received.

Please note that the review request must be from the jobholder, not her/his manager. There is no formal management involvement in submitting review requests; the exploratory stage in the process is exactly what it says and we do not require a formal note of that meeting as part of the review documentation.

### Timescales and how you can help

Taking on additional work associated with Argyll & Bute CHP, even if extra resources

## Agenda for Change cont....

are available, will inevitably slow down the pace of assimilation of staff in the rest of NHS Highland. We are very conscious that some staff have been waiting for a long time to find out their assimilation details and we are working as hard as we can to finish the process. We are constantly revising and streamlining processes to help us do this, but the AfC Team, the Assimilation Team and the Pay Unit staff are all spending a huge amount of time dealing with queries from staff and managers, which means we can't be getting on with the job of assimilating staff and calculating arrears.

## KSF Update

By the end of July, 31% of KSF outlines covering approximately 3600 have been submitted to the KSF Mailbox for approval. A huge effort is required by managers and staff to achieve the 100% submission rate.

The Generic and Best Practice outlines - available on the KSF pages of the Agenda for Change site - on the intranet/internet are an excellent starting point for those at any stage of developing outlines. Alternatively contact the KSF Team (see details below) who may be able to suggest where a similar outline may be available that could be useful.

As a result of queries during the roll out of the KSF in NHS Highland the KSF Team has produced two documents that may be use staff.

**'Guidance for Developing a Portfolio of Evidence'** has been prepared to provide guidance for staff on how to develop and maintain a Portfolio to support their Personal Development plan. It aims to offer advice on how to gather and store informa-

We recognise that staff have a right to know what's going on, but you can help us by:

- o Emailing queries to [allison.urquhart@haht.scot.nhs.uk](mailto:allison.urquhart@haht.scot.nhs.uk) rather than phoning the helpline if possible;

- o Limiting queries to assimilation rather than arrears;

**Managers can help too by replying right away to the AfC team when data is requested, by providing the data in the requested format, by advising us of changes of line management arrangements, and by not asking for ad-hoc progress reports.**

With your help, we can get this exercise completed by March 2008.

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tion and should be particularly useful to staff new to the process. For information Section 2 (review preparation document) and Section 3 (mandatory paperwork) of the Personal Development Planning Information Pack are available in *Word format* on the KSF pages of the Agenda for Change website under Key Documents.

**'Guidance on KSF Outlines and Broad Banding'** has been prepared to offer managers and staff guidance when assessing the impact of Agenda for Change on their existing service / team configuration and implementing any changes to KSF outlines as a result of that change.

**Contact details:** Gordon MacDonald KSF Project Manager 01463 706872

Shauna Rennie KSF Staff side co-lead (available Thurs & Fri) 01463 706881

Judith McKelvie KSF Management co-lead 01463 706870

Alan Paton e-KSF Administrator 01463 706914

## Scottish Health Awards Launched to Recognise Local Health Heroes

Local people in the Highlands are being urged to nominate their healthcare heroes to reward and celebrate the valuable contribution they make to people's lives and NHS Scotland.

The Scottish Health Awards 2007, which will bestow well deserved acclaim on NHS workers who have helped to transform lives, cure illnesses, advance services or improve people's healthcare experience, were launched by Cabinet Secretary, Nicola Sturgeon in June. She said: "People working in the NHS make a difference every day, and they

don't always get the recognition they deserve. The Daily Record Scottish Health Awards is a chance for the whole of the NHS and patients to celebrate the hard work and dedication of some special members of staff."

**You can nominate online by visiting [www.scottishhealthawards.com](http://www.scottishhealthawards.com) or email [v.smith@dailyrecord.co.uk](mailto:v.smith@dailyrecord.co.uk) for an entry form or call the enquiry line on 01413091480. All nominations must be received no later than Friday 10<sup>th</sup> September 2007.**

## NHS Highland Website and Intranet news [www.nhshighland.scot.nhs.uk](http://www.nhshighland.scot.nhs.uk)

Our re-designed public website will be launched on 4 September. You can find this at the same website address as before or click on the NHS Highland SHOW link on the Intranet.

The focus of the website is making information easily accessible for patients, the public and partner organisations. The new site will have a search engine as well as a combination of other navigation aids.

Log on to the new site and let us know what you think, via the Contact Us section, or write in to Team Update.

The Intranet is undergoing a similar re-design, with many staff involved in the development. It is hoped that this will be ready to go live in the Autumn.



### Saving Your Work

It is essential that when you are saving your work you should save it to the network drive. This is accessed through My Computer and then it is recognisable as your user name on server *e.g. fblog01 on serverdc02\data\infosys\users (G)*. The last letter, in this case G is the drive letter, also under type you will see that it is a **Network Drive**. All of your

work should be saved here. The advantages to this are you can access the data from any PC connected to the network that you logon to and the information that you have saved there is backed up each night so their will always be a copy available. If you are unsure of where to save your work please contact the HelpDesk.

### 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 and a number of people have responded to the consultation leaflet. A webpage has been set up on the Intranet with more information and contacts. A national conference on the latest evidence relating to the Smoking Ban is being held in September. (See Events page)

### Healthy Working Lives

The new Healthy Working Lives (HWL) Programme was launched earlier this year. It provides a framework for employers to protect and promote the health of their employees. The initiative is supported by local Advisors, a free National Advice line (0800 019 2211) and a website [www.healthyworkinglives.com](http://www.healthyworkinglives.com)

There are currently 3.5wte healthy Working Lives Advisors in NHS Highland. From April, all resources for the delivery of HWL were devolved to Community Health Partnerships to enable local implementation of the initiative, which aims to increase the number of workplaces on the Award Programme.

### Energy Efficiency

As part of the energy efficiency investment scheme for the public sector in Scotland, NHS Highland was allocated £30,000 revenue and £233,000 capital invest to save funds to implement energy efficient initiatives. Current energy saving initiatives in NHS Highland include a Biomass heating system at Caithness general Hospital, a biomass boiler at the new medical centre in Fort William, and opportunities to incorporate energy minimisation at the design phase of new build projects.

Staff will hear more about how they can contribute to saving energy over the coming months.

## Community Health Nursing - Update

Progress towards implementation of the new model of Community Health Nursing continues at local and national levels.

Three workshops were held in three different locations in Highland in June. These were jointly run by Gavin Fergie from Amicus and Heidi May, Board Nurse Director. Attendance and participation at all three workshops was extremely good. The focus was on the role of the Community Health Nurse (CHN) and the draft capability framework for the CHN role. Feedback from these workshops has been sent to the national Project manager and will also soon be available to all staff in NHS Highland.

Key areas requiring further visioning were identified from these consultation events, these were the delivery of the public health agenda through this model, and how child protection and children's and young peoples' services will be delivered. Initial workshops with key staff have been set for August to work through the visioning for these issues; the resulting proposal(s) will then be taken out to staff for consultation pan Highland, to the Early Implementer sites and to several other Boards to inform the model. The "Getting it Right for Every Child" project will significantly inform the model of child protection and service delivery for young adults.

The second draft of the Capability frame-

work has been issued by NES with final comments due back by September 6<sup>th</sup>. This will be considered by the Steering Group and local Implementation Groups in August. It has been published on the Intranet webpage along with a proforma questionnaire for your responses.

An NHS Highlands RONC Communications Strategy has been developed supported by the NHS Communications Department. This document is live requiring ongoing development as the Project Progresses. The NHS Highland RONC Website has been developed by the Communications Team and arrangements are being made for it to have a direct link to the Scottish Executive RONC Website. This web site can be accessed both by staff and members of the public. The Communication Strategy is managed through the NHS Highland Steering Group.

A Risk Register has been developed for the Project. The Register reflects issues raised by local staff through workshops, LIG meetings, through the NHS Highland RONC Web site and by the NHS RONC Steering Group. The register is managed and monitored through the NHS RONC Steering Group.

Pat Tyrrell  
July 2007



## Project Manager

Fiona Sharples commenced in post as Project Lead for Community Health Nursing for NHS Highland on July 16<sup>th</sup>.

Fiona has come to Highland from London where her previous post was Service Improvement Lead for the NE London Cancer Network. Fiona is a registered nurse with a Psychology Degree. She has experience in Clinical Audit and Research in Complimentary Medicine. She also completed a Masters Degree in Organisational Psychology prior to her Cancer network post.

Fiona says, "My work with the Cancer Network was very much about service re-design

and change management."

She will be based in Oban and will work closely with the Project leads in the other three development sites.

Fiona is looking forward to taking the project forward and meeting staff across NHS Highland in the coming months.

Fiona will report to Heidi May and will be a member of the Highland RoNC Steering Group, as well as the CHP local Implementation groups (LIG).



## Performance against Targets

The Board has now established a Performance Review group which considers a range of performance issues and actions recommended to further improve performance. Minutes of meetings are reported to the Board. The Group met in June and considered the topics of childhood vaccinations, smoking cessation, dental health, absence, cancer, outpatient waiting times and availability status codes.

Elaine Mead, Chief Operating Officer, reported on progress and key areas requiring scrutiny, to the Board on 7 August. She said, "Impact is only achieved through the re-design of patient pathways and constant monitoring. This is the way to achieve targets and create sustainable improvements." The Board acknowledged the enormous pressure on the service to achieve ambitious targets in a short timescale and the potential impact of any changes or setbacks on small teams.

The Balanced Scorecard, which details performance against targets, is published in monthly Board meeting papers.

### Outpatient Targets

The 26 week outpatient target is being met, however there are significant pressures in a few specialities (Orthopaedics, Urology and Orthodontics). The total number of patients waiting over 18 weeks has reduced for the 3<sup>rd</sup> consecutive month. The position at 20<sup>th</sup> July forecasts that there will be 600 patients waiting over 18 weeks at the month end, which is the lowest forecast position since January, but is 196 greater than planned for the end of July 2007. It has been agreed with the National Access Support Team that we can produce revised trajectories for Orthopaedics, Urology and Orthodontics, supported by action plans for the delivery of the December target.

The 18 week target continues to be delivered. At 20<sup>th</sup> July all relevant patients are booked for the month, with only 23 patients forecast to be waiting between 16 and 18 weeks by the end of the month. The existing target for Cardiac Angiography, that no patient will wait more than 8 weeks, is being met.

### December 2007 Targets

By December 2007 the total time taken for a patient journey will be no more than 16 weeks based on the following patient pathway targets :

- No patient will wait more than 2 weeks for access to a Rapid Access Chest Pain Clinic (RACPC) from the referral by the GP.
- No patient will wait more than 4 weeks for angiography following access to a RACPC, or a decision by a cardiology specialist to treat.
- No patient will wait more than 10 weeks for angioplasty, CABG or valve surgery following angiography, or a decision by a cardiology specialist to treat. (Procedures not delivered by NHS Highland will have implications for our Service Level Agreement (SLA) arrangements with our tertiary service providers.)
- No patient will wait more than 16 weeks for electro-physiology procedures or any of the cardiac treatments identified on the national definition lists.

The operational management team, in partnership with local clinicians and the North of Scotland Tertiary Service, have been evaluating a number of possible solutions to resolve the significant pressure of these targets and recurring sustainable solutions. The impact of the start of the implementation of the action plan can be seen in the June performance.

### Diagnosics

The national target for diagnostic tests is to have nobody waiting over 9 weeks by December 2007. A significant reduction has been achieved, but it is vital that sustainable solutions are now developed. The progress for each of the 4 key radiology tests reflects the 9 week target being met.

At 30<sup>th</sup> June there were only a total of 38 patients waiting more than 9 weeks for the 4 key tests in Endoscopy. The Scottish Executive has recently announced that they expect all Boards to achieve the 9 week target by the 31<sup>st</sup> July 2007 and maintain it thereafter. As at 20<sup>th</sup> July all the patients who require to be seen by the end of July have a booked date and booking is well ahead for August.

### Availability Status Codes (ASC)

The actual position on 17<sup>th</sup> July showed 1167 patients with an ASC waiting for admission, against a planned trajectory for the end of July 2007 of 940. Of these 797 patients were available for admission, of which 120 have waited more than 1 year.

*The December target is based on the national recommendation to assume that 15% of the waiting list will always be unavailable for admission.*

## Targets cont...

### **Hip Fracture Target**

By December 2007, 98% of patients will receive surgery following hip fracture within 24 safe operating hours. Trajectories for achievement to the end of the year have been agreed with local clinicians, and detailed activity information is available through the work of the Hip Fracture Audit. The average performance for the 2007/08 is 98%, with an average of less than 1 patient falling outside the target each month.

### **Unscheduled Care**

The target is to increase the number of unscheduled patients treated in A&E within 4 hours from arrival to discharge, transfer or admission and the overall target is to achieve 98% compliance by December 2007. Raigmore Hospital has increased compliance from 88% in September 06 to 95% in January 07. Performance up to 30th June increased above trajectory to 98%, and is forecast to meet the 97% trajectory for July 2007.

Compliance against the target for Lorne & the Isles Hospital was 100% in June 07.

### **Cataract Surgery**

By 31 December 2007, no patient will wait for Cataract Surgery more than 18 weeks from GP referral to surgery.

### **Cancer**

The figures for people diagnosed in the first three months of this year show almost 74% of patients were in treatment within 62 days of being referred

to a consultant. A significant improvement has been achieved, but maintaining progress remains challenging. Breast cancer and urology are areas which require further work. Weekly monitoring and good data collection are supporting this progress. A significant improvement in cancer waiting times is expected in the latter half of this year as a result of the considerable effort and work in this area.

Cancer Network Manager Christine McIntosh said: *"We are continuing to re-design the patient pathway for cancer within the various specialties. Clinical Pathways set out the steps from referral, through diagnosis and on to treatment, ensuring the same streamlined journey for each patient. For many patients, the pathway can be slightly longer and involve additional tests following diagnosis, in order to find out the full extent of the cancer spread. Where possible, we have simplified these steps, increased our capacity with extra clinics, more theatre time and faster diagnostic tests. The figures reflect the position in quarter 1, when many of the agreed changes were still embedding."* She went on to say, *"NHS Highland's internal weekly monitoring confirms that benefits achieved for patients in their cancer pathways, particularly colorectal and Breast cancer, have been sustained reflecting huge efforts made by clinicians, managers, and support staff. The more recent initiatives in Urology, including nurse led clinics and bringing patients straight to test, will begin to impact on the next quarter's figures."*

## CHI Target

### **CHI Target is 97% for NHS Highland**

The Community Health Index Number (CHI) is the unique patient identifier for patients in NHS Scotland. The CHI Programme aims to achieve universal use of the CHI through realistic, achievable and sustainable changes in peoples' working practices and awareness of the importance of CHI. Phase 1 of the CHI project involved implementing the CHI number in the Acute Sector and due to the support of staff has been a success. Work on Phase 1 of the project is still ongoing and we will continue to monitor all areas involved.

We are working on Phase 2 of the CHI project "Community CHI" which commenced in April 2007. We will be monitoring the use of CHI on **Referral** and **Case Record** documents within the following

professional groups, Physiotherapy, Occupational therapy, Speech & Language therapy, Dietetics, Podiatry, Health Visiting, District Nursing, CPN, Care of the Elderly, Learning Disabilities and Mental Health. *But all areas should be aware of CHI and the need to monitor its use.*

### **CHI Progress shows a steady increase in use.**

We would like to thank all staff for their support and help in working towards NHS Highland's goal. I look forward to working with you in the coming months, please get in touch if you have any questions. Alison Mackay Tel: 01463 70 5586 [alison.mackay3@nhs.net](mailto:alison.mackay3@nhs.net)

## Investment in Dunoon Hospital

A £3.5m two year investment programme is currently underway at Dunoon Hospital, which will result in a wide range of upgraded services for the local community in the Cowal area. This investment includes a major revamp of the existing casualty unit and moving the Unit from its current position in the middle of the Hospital to a more easily accessible position at the entrance to the hospital as well as a dedicated 'crash' entrance for ambulances, a bedded observation area and a dedicated room for triage and assessment. There will also be a new X-ray Unit inside the department. Other work in the project includes moving the Community Nursing team to upgraded facilities within the hospital as well as the installa-

tion of two new lifts (one which can be used for evacuation in times of emergency) and the upgrading of staff accommodation to ensure the recruitment and retention of staff. Viv Smith (Locality Manager for Cowal and Bute said): "I am delighted that all the hard work the team and I have put in over the last year has paid off with this significant investment of £3.5m in Dunoon Hospital. This is really good news for local communities across Cowal as well as for our staff at the hospital and will allow us to continue to deliver the standard of health services expected by the public."



## Use Your Edd!

When patients come into hospital they generally want to know three things: 1) What is wrong with?; 2) What are you doing about it? and, 3) When will I be going home? The third point links to how we plan our discharges and how we communicate this with patients and staff.

To support improved discharge planning, NHS Highland has recently agreed a new procedure. This will ensure that most patients have an Estimated Date of Discharge (Edd) within 24 Hours of admission. The procedure builds on existing good practice but will formalise the process. The aim is to ensure that patients, relatives and carers are kept aware about when they are likely to leave hospital or be transferred to another setting. Similarly excellent communications with the Multi-Disciplinary Team is required.

Elaine Mead Chief Operating Office said: "We currently can predict emergency admissions far more accurately than discharges. This is not good for individual patients and impacts on the overall effective running of our hospitals. We also know that about 80% of patients in acute hospitals have fairly straight forward discharges. For most patients therefore it should be possible to estimate when they are likely to be going home."

During the next few months the plan is to raise awareness about the procedure and evaluate its impact. Further work is planned for the autumn/winter to raise the profile with the public. This will encourage patients to ask staff about plans for discharge. Feedback from Patient and Public representatives is supportive to this approach:

NHS Highland staff are being asked to promote 5 key messages:

- Most patients should expect to get adequate notice about being discharged/transferred
- Most patients should expect to be treated in the setting most appropriate to their needs. This may mean being transferred to a Community Hospital or Community Team
- Most patients should expect to be discharged from their bed in the morning of the day that discharge is planned
- Most patients should expect to make their own transport arrangements unless they have a clinical need for an Ambulance
- Most patients should expect to wait in the discharge lounge (Raigmore Hospital only), unless they do not meet the criteria. An explanation of criteria should be given to patients and relatives when the patient is admitted.

The new procedure came into effect in July and is being implemented across all Hospitals/ Units in Highland. Further information will be available on the intranet. Or contact Eileen Webster.

Four sessions of **CPA Awareness Training** have been arranged in Inverness for Autumn 2007. These sessions are intended for staff and people who provide support to clients (16 years and over) with severe and enduring mental health problems, including dementia, plus people with learning disability, all of whom also have complex health and social needs.

For more information about the training contact: Shirley Ritchie, Care Programme Approach Facilitator Tel 01463 253611

## Letters to NHS Highland



Dear Colleagues,  
I would like to express my sincere and heartfelt gratitude to all friends and colleagues who sent cards, letters, flowers, messages of support and practical help following the death of my husband, Alastair. I have been overwhelmed by the love and care that I and my family have received, and am extremely grateful for that. To know that so many people were thinking about us and praying for us has been a tremendous comfort in the last few difficult weeks.

I also take the opportunity to thank the staff and praise the excellent care that Alastair received during the course of his illness. To all in Tain Health Centre, Haematology and MacMillan Suite, thank you so much for all that you have

done over the years, supporting and encouraging Alastair with expertise, professionalism and humour, which he greatly appreciated. To the dedicated nursing, hotel service and medical staff of Wards 2C and then 6A, who cared for Alastair and all of the family in the last few days when his condition suddenly deteriorated, you will never know how much your attention to detail, unobtrusive care and strength helped us to cope.

I will never forget the kindness, care, love and support, and can honestly say that I am very proud to be associated with health care in Highland.

With many thanks and very best wishes to all.

*Sincerely, Gill McVicar*

Please convey to all staff in the Surgical Ward, my gratitude during my recent stay. I have been a patient in the Belford Hospital over the years and received nothing but kindness and patience during that period. The Belford Hospital is an excellent one and we are fortunate in this area to have such a centre of dedicated staff.

**Patient from Fort William**

I wanted to thank the staff of Ward 3A, Raigmore Hospital. They were so nice in taking care of me. I am from Belgium and there we are a number, but in Raigmore, 3A, I was a human being. It's wonderful. Thanks again to everybody and sorry for my english."

**A Patient from Belgium**

## Older People's Services in Helensburgh and Lomond

Detailed proposals for the redesign of services for older people in the Helensburgh and Lomond Locality have been approved by Nicola Sturgeon. The proposals will see the release of resources from the closure of continuing care beds at the Jeannie Deans Unit reinvested in the development of a range of community based services targeted at key points of intervention: Anticipatory/preventative care, intermediate/acute care and Rehabilitative care.

The Cabinet Secretary for Health and Wellbeing said the NHS Highland and Argyll and Bute Council plans ensure that the focus of future services will be person-centred, improving access to local services which will allow people to stay within their own communities for as long as possible.

Ms Sturgeon said: "I particularly welcome the emphasis on the development of preventative, anticipatory and rehabilitative care; the increased access to respite and day care; and increased rapid intervention to prevent admission and support early discharge.

"I am satisfied that the proposals will achieve our aims of establishing a person-centred service, which improves access to services locally to maintain people in their community for as long as possible. Taking all of this into account, I am giving my approval

to NHS Highland to commission and deliver these services to replace in-patient services at the Jeannie Deans Unit in Helensburgh and for the Unit to close as a continuing care facility. I am aware of the level of local support for the Jeannie Deans Unit and have made clear to the Board that it is important to continue to engage with local communities to build up confidence around the shift to a community based infrastructure.

"I welcome the Board's intention to develop the Jeannie Deans Unit as a facility for continued NHS use through the provision of mental health, disability and podiatry services and for planned ongoing consideration for broadening NHS utilisation of the Victoria Infirmary site. I now look forward to the Board and Argyll and Bute Council working together with patients, carers, staff and other partners to make their proposals a reality and to provide older people in Helensburgh and Lomond area with the high quality, safe, sustainable services which they have a right to expect."

There are currently no patients in the Jeannie Deans Unit, but it continues to remain open on a care and maintenance basis pending Ministerial decision.

## 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:

- 8 August PCA(P)(2007)25 - Pharmaceutical Care Services: needs assessment plan
- 31 July CEL(2007)5 - The Mental Health (Care and Treatment) (Scotland) Act 2003: amendments made by the Adult Support and Protection (Scotland) Act 2007: mandatory two year review by the Mental Health Tribunal for Scotland.
- 27 July CEL(2007)4 - Pay and conditions of service: executive and senior management pay 2006/07.
- 27 July CEL(2007)3 - Safer management of controlled drugs: Accountable Officers: contact details.
- 23 July Risk of depression and suicidal behaviour with Acomplia (rimonabant).
- 20 July PCA(P)(2007)23; PCA(M)(2007)9 - Discontinuation of prescription stationery version 3.
- 20 July HDL(2007)31 - The National Health Service (Charges for Drugs and Appliances) (Scotland) Amendment Regulations 2007.
- 20 July PCA(O)(2007)4 - General Ophthalmic Services: allowance for continuing education and training.
- 13 July PCA(P)(2007)21 - ePharmacy programme: electronic transfer of prescriptions (ETP) between GP practices and community pharmacies.
- 18 July CMO(2007)6 - Update to HIV post-exposure prophylaxis (PEP) guidance from the Expert Advisory Group on Aids (EAGA) following the recent recall of Viracept.

### Fashion Factor 15 Sept

Health and Happiness, our local voluntary organisation that works Highland wide with adults with a learning disability, are hosting a fundraising fashion show on the 15th of September, in Inverness, along with Scotlands very own X Factor finalists the MacDonald Brothers.

Tickets are available on 01463 236451.

The next Team Update will be issued in Sept. Submissions by deadline 3/9.

## Forthcoming Events:

### NHS Highland Board Meetings 2007

4 September 2007 (Inverness)  
2 October 2007

### Get WISE Staff Briefings

Kingussie 10am 5 Sept  
Grantown 2pm 10 Sept  
Golspie - 20 September  
RNI 10am 28 Sept  
Nairn Hospital 2pm 28 Sept  
MMH, Skye 1pm 30 Oct  
Migdale 2pm 14 Nov

If you have information to get out to all staff across NHS Highland, or to staff in your area, the Get WISE briefings are an excellent way to do this. For more information, get in touch with Ruth Cleland 01463 704781

### Association of CHPs Conference 13 & 14 September

### Review of Nursing in the Community:

Steering Group Meeting 15 August

### NHS Highland Annual Review

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

### Media Training

Find out how to get your message across! For more information contact Susan Rose on 01463 704903

### Toward a Smokefree Society Conference 10 & 11 September 2007

[www.smokefreeconference07.com](http://www.smokefreeconference07.com)

### BHF Masked Halloween Ball

Drumossie Hotel, Inverness 26 October  
Contact Diane 01381 622314

**Advertise your event here: Contact Erin Grieg  
01463 705771 or Ruth Cleland  
ruth.cleland@haht.scot.nhs.uk**

eLibrary [www.elib.scot.nhs.uk](http://www.elib.scot.nhs.uk)

Have you registered yet?