

# Team Update



Issue 48 July 2008

www.nhshighland.scot.nhs.uk

## Local people get first glimpse inside £3m healthcare centre



"Fantastic", "big" and "marvellous" were just some of the comments when the doors of the new Lochalsh Healthcare Centre were thrown open to members of the public on the 4th July. Located in the centre of Kyle of Lochalsh the building will provide access to a wide range of health services under one roof and ease closer working between GP practice and community staff.

Built on three floors with a fourth available if later expansion is needed the Centre includes five consultation rooms, two treatment rooms, two dental clinics, and numerous offices to house up to 50 staff. The centre also boasts a bright patient waiting area and an upstairs staff room complete with a balcony allowing views over the sea to Skye.

Locality Manager Kate Earnshaw was among a group of staff who lead the tour of the new centre. She said: "It's exciting to see people's reactions to the new building. Everyone who visits is taken aback by the size of it. It's only when we show them the offices for all of the community staff who are usually out and about seeing patients that people can see the full range of services provided."

The new centre has been embraced by community representatives who are taking an active role in the development. The community council is arranging for local artists to display their work in the building and pupils from Plockton High School have been invited to produce a large mural for the waiting



room. Signage for the building is in English and Gaelic. Funding for the signs has come from a grant from Bord Na Gaidhlig.

## Health Board calls for fairer mileage rates

The rising cost of fuel is affecting everyone and NHS Highland is particularly concerned about the effect on staff who use their own cars during work journeys. Mileage rates are set nationally and NHS Highland is concerned that the rates may not take into account fully the higher cost of fuel in remote communities and the longer distances travelled by staff caring for patients in remote communities.

Employee Director Ray Stewart said: "As mileage rates are tied into national Terms and Conditions NHS Highland cannot vary the rate. It is a concern that our staff may be paying a larger percentage out of their own pockets while undertaking work on behalf of the Board and we would like to see the issue explored."

These concerns were raised at a recent meeting of the Highland Partnership Forum which NHS Scotland Chief Executive Dr Kevin Woods attended in part. It will also be raised formally as part of regular discussions with the Health Directorate, the Scottish Government and our

local MSPs.

Further to this there has only this month been agreement at UK level to uprate on average by 10% the current mileage allowances and this will be actioned as soon as the circular is issued within Scotland.

NHS Highland will also ask for consideration to be made for how staff who currently have leased cars are reimbursed. It is currently worked out on the average pump price cost of fuel in Aberdeen, Glasgow and Edinburgh.

Chief Executive Dr. Roger Gibbins said: "Please be assured that NHS Highland is sympathetic to these concerns raised by staff and is doing all it can to press the case as while the rates have increased this month fuel prices in Highland are still generally higher than other parts of the country."

### Inside...

p2	Staff Awards
p4	KSF
p5	Mental Health
p7	Interpretation
p9	MUST
p10	Pump and Tone
p10	Happy Birthday

## Progress on Control of Infection

The latest figures on MRSA, *Clostridium difficile* and hand hygiene show NHS Highland continues to have a good track record on control of infection.

### MRSA

Health Protection Scotland figures show NHS Highland's MRSA rates have been within the control limits for more than five years. However a new challenge has been set for the Board to bring down the number of infections by 30% by 2010. Board Nurse Director Heidi May said: "The latest figures are good news for patients and show staff are working hard to keep our care safe. The challenge for us is to improve on these already good figures and it's a challenge I know our staff will take on."

### CDAD

The rate of *Clostridium difficile* associated disease (CDAD) among Highland hospital patients aged 65 and over fell in the first quarter of this year. As this is only the first year of the surveillance programme it is not possible to draw conclusions at this stage. Consultant Microbiologist Dr Andrew Hay said: "These figures are encouraging and a step in the right direction. Staff have shown great dedication and professionalism in tackling the threat posed by

*Clostridium difficile*. Nevertheless, we are not complacent. NHS Highland continues to tackle CDAD from all angles. We are continually reviewing our antibiotic prescribing to reduce the use of the types of antibiotic most closely associated with CDAD and we have updated our procedures on how we care for patients who develop the disease to minimise its spread. We have also stepped up environmental cleaning and pushed the need for rigorous hand hygiene among staff and visitors."

### Hand hygiene

For the second audit running NHS Highland exceeded the standard with staff washing their hands on 93% of the opportunities monitored. Hand washing is recognised as the single most effective way of stopping the spread of infection. Infection Control Manager Morag Greenshields said: "I am delighted with our results from this audit. I'd like to thank the staff for their hard work and encourage them to keep up this standard."

To find out more about these reports visit Health Protection Scotland's website [www.hps.scot.nhs.uk](http://www.hps.scot.nhs.uk)

## Staff Awards 2008 - deadline extended \*

NHS Highland's Staff Award Scheme was launched in 2006 and has been very successful over the past two years, attracting high quality entries from across NHS Highland. The categories for 2008 are similar to last year, with the introduction of a new award for Health Improvement.

Nominations may be from patients, carers, the public, and from colleagues. Entry forms are available on the website and on the intranet (<http://www.nhshighland.scot.nhs.uk/news/events/pages/nhshighlandstaffawards2008.aspx>). Ensure you give enough supporting information for the judges to make a decision. Closing date for entries is now the **15th August**. The independent judging panel will include 3 members of the public. Finalists will be notified at the beginning of September and invited to an Award Ceremony at the end of September.

\* deadline extended due to significant changes in staffing in the Communications Team

## From the editor ...

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

If you would like to write an article or submit information (letters or photographs) for future issues of the Team Update, please email the Communications Team via the email address on the NHS Highland Website: [staff@haht.scot.nhs.uk](mailto:staff@haht.scot.nhs.uk)

or contact [Christina.macdonald@hnb.scot.nhs.uk](mailto:Christina.macdonald@hnb.scot.nhs.uk)

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

**The Editor**  
**Communications**  
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## Agenda for Change Update

We are planning a special issue of Team Update for August covering a range of AfC and KSF issues, so this month we will restrict ourselves to updating you on progress and appealing for more matchers.

### Progress

At the end of June, there were 276 substantive staff in Argyll & Bute CHP and 215 in the remainder of NHS Highland still to be assimilated. The equivalent numbers for bank staff are 698 (Argyll & Bute CHP) and 189 (remainder of NHS Highland). 48 already assimilated staff in Argyll & Bute CHP are awaiting arrears, with 196 in the rest of NHS Highland. The AfC Team has recently been augmented to ensure we continue to get these numbers down over the coming months. Assimilation and arrears work is ongoing across all of NHS Highland, with no one area being favoured over another.

### More matchers needed

We have started the process of handling reviews, but in order to complete this exercise in a reasonable timescale, we need to recruit more matchers. Full training is provided, and initially we

would expect new matchers to focus on matching rather than reviews until they build up their skills. Most matching and all reviews take place at Raigmore Hospital in Inverness, but we will continue to support matching panels in Argyll & Bute if there is a demand. Typically, we expect matchers to be able to commit to one full day per week, although we will consider one day per fortnight if that's the limit of availability. Backfill costs will be paid provided the manager can demonstrate they have actually backfilled the post for that day.

But make sure you're getting into this for the right reasons! As a matcher, you will learn new skills, learn more about jobs across the NHS, work in partnership and help ensure equal pay across NHS Highland. So it's important you come to the process without personal bias and are not motivated by unhappiness about the AfC outcomes for yourself or your colleagues.

If you're interested, please contact [donald.shiach@nhs.net](mailto:donald.shiach@nhs.net) or phone Donald on 01463 706331. Numbers permitting, we intend to organise training in Inverness after the summer holidays, so it would be appreciated if you could get in touch by mid-August.

## NHS Highland Annual Review - how can individuals participate?

Every year, the Scottish Government carries out a performance review of every NHS Board in Scotland. This year, the Cabinet Secretary, Nicola Sturgeon, will visit Highland on Wednesday, 27<sup>th</sup> August 2008. Accompanied by the Director General of NHS Scotland, Kevin Woods, and other key Scottish Government officials, the team will meet with a variety of people during the course of the morning – the Area Clinical Forum, the Area Partnership Forum, a small number of patients, and a number of staff during a formal visit.

In the afternoon, the formal Review takes place and this is held in public. A small panel from NHS Highland Corporate Team and the Chairman, Garry Coutts, are questioned on a number of areas from our annual self-assessment report.

The Review is being held in the Centre for Health Science, Raigmore, Inverness and members of the public, including staff, are encouraged to attend. There will also be a video conference link at five 'remote' locations – Wick, Golspie, Dingwall, and Lochgilphead.

Last year, NHS Highland ran a live webcast of the

Annual Review. This offered staff and the wider public the opportunity to watch the Annual Review from the comfort of their own desk or home – either live or as a recording of the event. The Scottish Government are keen to see this happen again and further information will be released nearer the time, once this is fully established.

As in previous years, there will be a Question and Answer session. There will be time to consider questions submitted in advance, but additional questions will be taken from the floor – whether that's in Inverness, from the remote locations or through the webcast. If you can't attend on the day but, as a citizen of Highland or Argyll & Bute, you would like to put a question to the panel, then your question should be submitted in writing to the Scottish Health Council at the following address, **no later than Tuesday, 19<sup>th</sup> August**. If your question is not taken on the day, you will receive a written response after the review.

Scottish Health Council Highland, Larch House, Stoneyfield Business Park, INVERNESS IV2 7PA

Email: [highland@scottishhealthcouncil.org](mailto:highland@scottishhealthcouncil.org)

## KSF Update

Each Month, via Team update, we advise you of the progress with outline development. At the end of May 66% of staff had a KSF Outline submitted. This is the first stage of implementing KSF. The next one is using that KSF outline as the basis for the development review more commonly known as Personal Development Planning (PDPs).

The KSF PDP is now a HEAT target, and this requires all AFC staff to have a KSF PDP in place by March 2009. To enable us to achieve this, we require to have all KSF outlines submitted by the end of August. This will leave 7 mths for KSF PDPs to be developed in partnership between Reviewer and Reviewee.

This is very challenging, however, feedback from Line Managers suggest that the majority of outstanding staff are in the final stages of completing the Outline development. A great deal of support can, and is being accessed from the KSF Team. What starts off as a daunting process for some quickly becomes relatively easy once support has been sought. Should you not have an Outline in place please contact your line manager to ensure this is progressed.

KSF facilitates the development of services through supporting the development of staff – resulting in services that better meet the needs of patients. This starts by everyone knowing what is expected of them in their jobs. How you as an individual will be developed is a discussion based on knowing what is expected and where you are at the present time – in terms of skills, knowledge and expertise. The formal recording of the discussion is set out in the PDP process.

Your PDP becomes a record for identifying what can be expected from your employer and also what the employer can expect from you. This can be done on paper or can be set out electronically on e-KSF. The intention is to have everything electronically eventually but we are a short way from this as yet for the whole organisation. Your line manager will inform you if they are able to do this within this year.

As we progress with the PDPs across NHS Highland there will be expanded articles in future editions of “Team Update”. Support to staff and Line Managers from the KSF Team will also be available. The feedback from those accessing this support already is extremely favourable. We can save a whole lot of concern and time. Contact details –

Outlines: [Gordon.MacDonald@hpct.scot.nhs.uk](mailto:Gordon.MacDonald@hpct.scot.nhs.uk)  
(Tel:-01463 706872) and PDPs:  
[Paul.Simmons@hpct.scot.uk](mailto:Paul.Simmons@hpct.scot.uk) ( Tel:-01463 706885).

### Plan of Updates

End June – Start the process of easing out of KSF Outlines as the key reporting issue and ease in on the need for PDPs.

End July – Article on what the KSF Framework sect 3 states about PDPs, softened and highlandised to reflect what we can do to move this on. Poss also include the PDP need in 12ths for each Op. Area and the total needed and actual so far. Def – also identify how close we are to the target for Outlines submitted.

End Aug. – Progress against Outlines and almost seek to make this one of the last times the Outline submissions are an issue. PDPs – 1-2 sentences as update and the development/easing in of the e-KSF training need. Work on the understanding of e-KSF in the workforce this month and start of dual reporting on PDP Progress and the progress of e-KSF.

End Sept – onward – Easing out of Outlines, increasing messages of PDP support and e-KSF implementation (issues so far on accessing, passwords, training....).

## Mental Health First Aid

Fifteen members of the public benefited from free Mental Health First Aid training provided by NHS Highland staff in June. The intensive 2-day course saw participants learn about different mental health conditions, and how to respond to someone who is experiencing a crisis.

The training was delivered by Angela Coll, Healthy Working Lives Advisor and Sam Souter, Health Promotion Officer. Angela said, “Just as people can require physical first aid, some people can require mental health first aid. This course gives participants the information and skills to intervene at this stage.”

Sam gave details of the training, “The aim of the course is to learn how to respond in a crisis situation, provide help to prevent a mental health problem developing into a more serious state, to promote recovery and provide comfort.

With 1 in 4 people experiencing a mental health problem in any one year, the chances of participants knowing someone who could benefit from the skills provided by this course, are very high.

We are so pleased that people are interested in this course. It can be quite demanding at times as we cover topics which can be emotive such as substance misuse and suicide, but the feedback we have received has been extremely positive.”

# Union Learning Reps - Who We Are and What We Do?

Trade unions and professional organisations are working with NHS Highland to bring new learning opportunities to employees. In December last year, a Learning Partnership Agreement was signed at a high profile event held at Raigmore Hospital, Inverness, and attended by Maureen Watt MSP, minister for Skills and Schools, Graeme Smith, STUC General Secretary, Senior Representatives from supporting Unions, NHS Highland and Union Learning Reps (ULRs) from across NHS Highland.

## Who are ULRs?

We are a group of Staff who are members of Trades Unions and / or Professional Organisations with a particular interest in Workplace Education, who have full accreditation as Staff Representatives with NHS Highland and who are supported by NHS Highland's Learning & Development Team.

There are currently 26 ULRs covering our area, with a steering group who meet regularly and whose responsibilities include:

- Raising awareness of lifelong learning issues in the workplace, especially for non-traditional learners
- Promoting the value of learning or training
- Finding out more about learning needs in the workplace
- Analysing learning or training needs
- Helping people interested in learning find out which course is right for them
- Arranging learning or training
- Supporting people on learning programmes for all NHS Highland staff, whether a Union Member or not, to upgrade their skills and learn something new.

There are Learning Reps based in various locations throughout NHS Highland. Below are a couple of examples from local Learning Reps on what it means to them and what they can do for you.

Muriel McNab is a Practice Development Coordinator for NHS Highland, based at Raigmore Hospital in Inverness. She said: "I have been a Learning Rep with the RCN for 5 years and have enjoyed the challenge of ensuring there is equity in access to learning within the workplace and ensuring that it is tailored to meet both employers and employees expectations.

There are seven of us within Raigmore Hospital in Inverness and would welcome nurses from other areas to become involved. We generally work as a team so the work is shared and all of us are committed to the work/life balance."

If you are interested in becoming a ULR, please contact your local Union / Staff Organisation Representative or you can contact:

Shona Grant , RCN, [shona.grant2@nhs.net](mailto:shona.grant2@nhs.net);  
Muriel McNab, RCN, [muriel.mcnab@haht.scot.nhs.uk](mailto:muriel.mcnab@haht.scot.nhs.uk); Janette McQuiston, Unison, [highunison@btinternet.com](mailto:highunison@btinternet.com); Karen Doonan, Unison, [Karen.doonan@hpct.scot.nhs.uk](mailto:Karen.doonan@hpct.scot.nhs.uk); John Evans, UNITE, [john.evans@haht.scot.nhs.uk](mailto:john.evans@haht.scot.nhs.uk); and Michelle Williams, L&D Team NHS Highland, [Michelle.Williams@hpct.scot.nhs.uk](mailto:Michelle.Williams@hpct.scot.nhs.uk)

Shona Grant is a Community Mental Health Nurse for Older Adult Services in the North CHP. She said: "I decided to become a learning representative for the RCN as I am committed to my own and others personal development.

I feel that being based in a remote and rural setting can be detrimental to professional and personal development and I believe that locally based learning representatives can help to bridge the gap.



Above: Shona Grant (left) at the recent Learning at Work Day in Wick

It has also been evident to me that, out with mandatory training, trained staff appear to have more opportunities than others to develop their learning. I would like to be able to address this by being involved in offering a more balanced programme of learning to meet the needs of everyone."

## Review of Nursing in the Community

Work continues in Lead pilot sites on Local Implementation plans and the actions. The latest versions were discussed at the June Steering group and local Implementation plans will be going to CHP Committees or management meetings before the end of August for sign off.

A Pan Highland Team Leader Action Learning set was held on 27 June, the focus was on caseload profiling with various actions agreed, there will be meeting of volunteers and the clinical effectiveness team to progress this in July. The workshop also included a presentation of the national Community Nursing benchmarking tool by someone from ISD and Liz Denney, Community WF Coordinator, Scottish Gov, and people fed back their comments on the tool. This will be circulated shortly for further testing with the tool due to be released widely in August.

### Q&As

The latest NSHS draft was worked on further at the June Steering group and the RONC HR Subgroup. It was agreed a small mixed working group should take this forward to finish it, a meeting has been organised for Thursday 31<sup>st</sup> July 10.00–1.00pm, venue tbc, VC available.

**AfC Banding** (for more information see email circulated via Lead Nurses and National Newsletter)

NHS Lothian undertook the job matching on behalf of the 4 Development sites. Their Agenda for Change team have now completed the job matching procedure for the roles below. The indicative bandings based on job descriptions for the roles at this stage are as follows:

<b>Job Title</b>	<b>Band</b>
Team Leader	Band 7
Advanced Practitioner	Band 7
Community Health Nurse	Band 6
Community Staff Nurse	Band 5
Health Care Support Worker	Band 3

### KSF outlines for the new service model

The full outlines (KSF exemplar templates) have now been developed by the group in Argyll & Bute for Advance Practitioner/Team Leader, Staff Nurse and Health Care Support Worker, they are in the final stages of checking and will be circulated widely as soon as possible. They will also be going to the July Programme Board. Another big thank

you to the group who have led on this work.

### Education

Costings of education and training are being developed and will be discussed at the next Subgroup.

Focus groups were held on 12 & 13 June and thank you to all participants and also to those Operational managers who have been interviewed Interviews with patients are being organised An overview of evaluation aims and objectives were given at the June Programme Board by Prof Barbara Parfitt drawing from previous programme board and evaluation sub group input. Due to the confidential nature of the procurement process for evaluation this could not be written up as a report. This was well received at the meeting. The timescales need defining and will be discussed again at the July Board A Questionnaire will also be sent to all community staff very soon by the research team.

### Patient Information Leaflet

The leaflet has now arrived and is being localised for Highland and will be available very soon

### Events

The 4th meeting of the Education & Training Sub group is on Thursday 17 July, 10.30

The 2nd VC link up of Team Leaders in the pilot sites is on Thursday 31<sup>st</sup> July, 2.00 – 3.30pm Pan Highland Team Leader Action Learning set – date to be confirmed for August once the schools are back

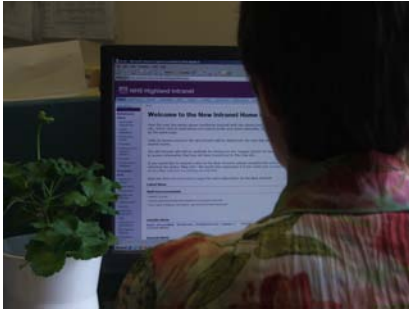
Thank you for everyone's continued support and work on this project

Please contact me if you have any comments or suggestions on what you would like to see in the Team Update or on the website, if you have any queries or would just like to chat about the project.

Fiona Sharples, Implementation of the Review of Nursing in the Community Project Manager  
Mobile ~ 07824 473 829, Email ~ [fsharples@nhs.net](mailto:fsharples@nhs.net) or via [RONC@hnb.scot.nhs.co.uk](mailto:RONC@hnb.scot.nhs.co.uk)



## Browsing for the Best...



What would help you enjoy using the staff intranet more? What would encourage you to log on and see what's going on within NHS Highland?

The Communications Team, based in Inverness, will soon be responsible for updating and maintaining the intranet homepage. We want this page to be fun, attractive and informative. It's your page and we want it to match your needs.

The intranet already offers a wealth of information including the Raigmore Blue Dolphin menu, current job vacancies, policy guidelines, and staff events (and so on).

We think the homepage would be best suited to something that is relevant to every single member of NHS Highland staff. This could be photographs taken locally of health related events or locations. It could be the introductory paragraph to some of the stories to be featured in the next Team Update, enough to whet your appetite.

Would you like to see something more topical on there? A note from the Chairman about the progress we're making or a short 'day in the life' feature on a member of staff? You could check out some healthy recipes or new ways to keep fit.

Remember that we're not asking you to put items on this page, we're asking what you, and all the other NHS employees, would most like to see or read there every time you log on.

Log onto the intranet homepage now at <http://intranet.nhsh.scot.nhs.uk> and see what's there. What's missing for you? Email your thoughts to [staff@haht.scot.nhs.uk](mailto:staff@haht.scot.nhs.uk)

## Interpretation Services

The NHS is in the position of providing services that require the patient to fully understand complex clinical treatment and give informed consent of this in highly emotional and stressful situations. It is therefore imperative that barriers of language do not compound the difficult nature of the work that we do. We need to be sure that the words patients hear or see (in the case of British Sign Language) are interpreted accurately and with cultural competence. Failure to do this means that we can not get truly informed consent and we can not build up an understanding of the health needs of our patients.

Using professional interpreters is the only way we can be assured (and insured) that the patient is receiving an accurate interpretation of what we are saying. Relying upon anyone else, such as family members and friends is not appropriate. Asking other staff members who may speak the required language is also not appropriate; we should not expect our staff to have to leave their appointed role to do this. We can also not be sure that they have the vocabulary to interpret in a medical situation.

The importance of using interpreters is further highlighted when we consider the implications of working with women or children who could be experiencing abuse from the very person who accompanies them. We must feel sure that those

in our care can speak to us in confidence and without the influence of family and friends. So always remember to pre-book a face to face interpreter for any clients you know need interpretation support.

### **What if the only person present is a family member of friend?**

You can use the telephone interpreting service, this gives you an interpreter over the phone in minutes. You can explain why you need to work with an interpreter and can begin building a rapport with your patient or client via an interpreter straight away. If a family member or friend wishes to be present then you simply use your professional judgement to decide if this is appropriate, as you would with any other patient.

For BSL interpretation you may need to rely on a friend or family member to explain that you are contacting a BSL interpreter for them.

### **How can I access an interpreter?**

To find out how to book an interpreter please refer to the Interpreting and Translation Information for NHS Staff on the Equality and Diversity page of the new intranet or call Esther Dickinson on 01463 704791 for information.

### **How can I find out about best practice when working with an interpreter?**

Please call Marie Gilbert for further information on 01463 704826 for information about training sessions.

## Sharing of Information

NHS Highland has developed a joint policy on the sharing of information with colleagues in Northern Constabulary, Strathclyde Police and Highland and Argyll & Bute Councils.

Under the banner of the Data Sharing Partnership - of which all of the above are members, the policy has been agreed with supporting procedures for staff. It is suggested that staff access this information and familiarise themselves with the procedures but also note how to access them for future reference.

The policy and procedures are aimed at facilitating the sharing of information where it is deemed necessary to do so e.g. in protection of children, adults or communities etc, and the procedures provide a consistent approach which sits well with professional codes of conduct.

It is anticipated that the procedures particularly will be reviewed in about 12 months time so any comments or suggestions would be warmly welcomed to [jan.baird@hpct.scot.nhs.uk](mailto:jan.baird@hpct.scot.nhs.uk)

You can access the policy and procedures through the NHS Intranet. Click on 'staff' then 'information governance' to find the policy and procedures.

Leaflets are also available for staff and patients and are readily available across waiting rooms. If you require supplies please contact Stephen MacGregor, Data Sharing Manager at [Stephen.macgregor@highland.gov.uk](mailto:Stephen.macgregor@highland.gov.uk)

Information sharing between NSH Scotland and the Police CEL 13(2008) – this letter is also available on the website for information. However the procedures cover this element of information sharing and so please refer to the policy and procedures for guidance.

## Hepatitis C Action Plan

In June NHS Highland held the first network meeting for people with an interest in Hepatitis C. More than 60 delegates attended including people living with Hep C, social work, Inverness Prison, the police, Terrence Higgins Trust and many other agencies as well as a broad range of NHS professionals.

There were presentations from patient representatives and from NHS Tayside where they have already made great progress in developing services for people infected with Hep C. A large number of participants also volunteered to work on the network steering groups.

The next step is to recruit a co-ordinator for the Hep C Managed Care Network, identify workforce development and prevention network leads, map out current service provision and devise innovative means to overcome the current barriers to testing, referral treatment and care. This process will be overseen by the steering group which will be formed in the next few weeks and lead by Dr Dara de las Heras, Clinical Lead for Hepatitis C.

There are already several local examples of good practice and team work. Lisa Ross the nurse for homeless people works with the Terrence Higgins Trust to provide testing, Highland Sexual Health is working closely with Inverness Prison to provide testing and the follow up of convicted and remand prisoners. The Raigmore Hospital liver unit has started HCV clinics in the prison and community hospitals (Invergordon).

This network aims to raise awareness and improve access to high quality Hep C services for all people at risk of infection. We also want to help people use the services so that they can prevent or treat infection.

### Hep C Background

Hepatitis C is a viral illness that mainly affects the liver. In 2004, the Scottish Government recognised that 'Hepatitis C is one of the most serious and significant public health risks of our generation', and by December 2006 Health Protection Scotland estimated that 50,000 people in Scotland had been infected with Hep C.

The Scottish Government is investing to deliver a national Hep C Action Plan which aims to prevent people from being infected, identify those already affected and triple the number of people receiving treatment for Hep C over the next three years.

In Highland, roughly 1,500 people are infected, and around 900 of these won't know they are because while one in five people will clear the infection, it can be 20 to 30 years before symptoms begin to show in the other 80% who are chronically infected.

Treatment can be very effective and is available on the NHS. However, at present, only a small proportion of individuals who could benefit from treatment are receiving it; an important way to improve testing, referral, treatment and care will be to develop a network of health workers, community workers, people at risk of acquiring Hep C and people who are already infected.

## A Health Promoting Health Service

Around 30 NHS workers met in Brora recently to discuss ways to promote health with patients and staff within the North Highland Community Health Partnership.

Midwives, dieticians, substance misuse experts and smoking cessation advisors (to name a few) gave presentations and looked at examples of good practice in a day long Development and Planning Day about the Health Promoting Health Service at the Royal Marine Hotel.

Public Health Network Co-ordinator for NHS Highland Jane Groves said: "The aim of the day was to get everyone thinking about we can use the NHS as a setting for health promotion and how practitioners can slot into the bigger picture. It's really important that people understand how policies and guidelines relate to them and their patients so that they know that their efforts can help to make a big difference in health care."

Midwives in Caithness were praised for their enthusiasm and for encouraging a high number of mums to breastfeed their newborns. Infant feeding advisor Karen Mackay said: "It takes a lot of

support to help mums breastfeed their babies and it just goes to show that with the encouragement of the midwives and the health visitors even the most anxious mum can help give their baby the best start in life."



Above: Liz Stevenson and Jane Groves at the Health Promoting Day

North Highland Community Health Partnership Caithness locality manager Pauline Crow said: "It's been really great for health professionals to be able to meet like this at a local venue. We're always keen to ensure that we have every opportunity to discuss ways to develop current policies and to give local workers the support that they need to carry out the fantastic jobs that they do."

## Nutritional Screening - it is a MUST

NHS Highland Dietitians have produced 'A Guide to Prescribing Nutritional Sip Feeds'. The aim is to provide a protocol for the appropriate use of nutritional sip feeds in Highland.

The aims are to improve the management of malnutrition and patients on sip feeds **(supplementary drinks which can optimise nutritional intakes for people with very poor appetites)**.

- To ensure appropriate sip feeds are prescribed and tailored to individual taste preferences.
- To reduce wastage
- To avoid repeat prescriptions without regular review of individual needs

The guidelines have been written for use alongside the NHS nutritional screening tool 'MUST' (Malnutrition Universal Screening Tool) and Local Policy and Action Plan for delivery of nutritional care

The Malnutrition Universal Screening Tool (MUST)

is a validated tool which is widely used across the UK and has been developed to assist in the identification and monitoring of adults who are underweight and are at risk of malnutrition, as well as to identify individuals who are obese.

MUST has been validated in both community and hospital settings and has been shown to be reliable and simple to use with only three component questions.

Our main priority is now to encourage and help Health Professionals to implement nutritional screening into their everyday practice.

Malnutrition remains an under recognised problem in the UK, with 75% of cases not being identified. We sincerely hope that growth in the use of 'MUST' will reduce this problem.

'A Guide to Prescribing Nutritional Sip Feeds' is soon to be published on the NHS Highland Intranet.

## Pump and Tone Class

NHS Highland has started up its very own staff Pump and Tone class.

Physio Assistant and class instructor Anne-Marie Mackintosh said: "We heard that grants were available through a scheme called Healthy Working Lives; we were successful at achieving funding for equipment and so I can run this class.

"During the session we exercise to music with weights and use one music track to exercise and tone a major muscle group. Some of the people who come have never done much exercise before so it's great for them to have the reassurance that they have a fully trained instructor paying close attention to their moves and making sure that they don't do more harm than good. It's amazing how much they've already improved with the weights and just how much their confidence has grown."

Chair of the Raigmore Hospital Healthy Working Lives Group, Angus MacKiggan said: "It's fantastic

to see initiatives like the Pump and Tone class beginning to take place. Staff all across NHS Highland are hard-working and very dedicated to the work that they do. It's great to be able to offer them something toward improving their own health and well-being in the workplace."



Above: Participants at the Pump and Tone Class

The class is open to all and runs every Monday and Wednesday at 5.15pm at the cardio gym in the Highland Heartbeat Centre (£3.50 per class or £15 for block of 5). If you would like more info please call Anne-Marie Mackintosh on ext 5580.

Any staff member with an idea for a new health at work initiative can talk to Health Promotion Specialist (Workplace Health) Susan Birse by emailing [susan.birse@hnb.scot.nhs.uk](mailto:susan.birse@hnb.scot.nhs.uk)

## Open University Students

We were all proud to see the 1st cohort of Open University students, to undertake the Pre Registration Nursing Programme (Scotland) graduate in Glasgow in May.

These registered nurses have undertaken the programme over the past four years. At that time they were all employed in Argyll and Bute as Health Care Assistants, working across a range of settings, including both hospital and community, in a number of different locations.

There was tremendous support from local managers and colleagues for the students to succeed. The majority of their learning was

workplace based with additional practice placements out of area to meet specific learning requirements.

The Open University programme is now an essential element of our workforce development. Funded by the Scottish Government, it allows staff who are keen to develop their careers and it provides the organisation with registered nurses, who are largely committed to continuing to live and to work in rural areas.



Above: Our graduating students

## Happy Birthday to us

The NHS turned 60 on 5<sup>th</sup> July 2008. To mark the anniversary Team Update visited Migdale Hospital where staff nurse David Wright has a burgeoning collection of historic health care equipment. We'll be publishing some photographs of this over the coming months and hope this will inspire you to send in photos and stories of life as a patient or staff member.

The picture (above right) shows Consultant Surgeon Mr Roxburgh boarding a helicopter as part of Operation Snowdrop. A severe winter storm hit the Highlands in 1955 and the military

was drafted in to ferry food and medical assistance to communities cut off by the snow. If you or someone you know remembers Operation Snowdrop or any other major events of the last 60 years send us your story and photographs to [staff@haht.scot.nhs.uk](mailto:staff@haht.scot.nhs.uk).



### Black Isle Show

NHS Highland will have a 60<sup>th</sup> anniversary stand at the Black Isle Show on Thursday 7<sup>th</sup> of August. We'll have information charting the history of the NHS and up to date health promotions information and activities to help visitors stay well.

## Letters to NHS Highland



"I was recently on holiday in Fort William when I needed to use the NHS facilities there. I attended A&E at Belford Hospital. The nurse, who acted as the receptionist, was sympathetic, reassuring and thoroughly professional as was the A&E doctor who examined me. Due to the nature of the problem I was told to go and see Dr Nataraja at the Fort William Health Centre who gave my advice.

I feel that your colleagues whom I encountered that day went that extra mile, and I wanted you and them to know how much I appreciated their efforts."

### A Patient from Berks

"I am writing to express my gratitude for the service provided by your staff at your minor surgery clinic. I was booked in

for a minor process, but am nevertheless scared of hospitals and procedures.

The small team were courteous, kind, very professional and immediately put me at ease and allayed my fears. Your appointments system was prompt and efficient.

Please pass on my thanks to your team. Your hospital and staff are a credit to the NHS ethos."

### A Patient from Wick

"In 2004 I presented at Sleat Medical Practice with possible prostate problems. Dr Venters referred me to Mr Sedgwick and within a week I was a Belford Hospital for a biopsy, which revealed advanced prostate cancer. I was then seen very quickly at the Raigmore

Oncology unit.

I was also treated in radiotherapy and was very impressed with the running of this department.

At all stages of my diagnosis and treatment I was treated with respect and courtesy by both consultants and other oncology staff.

Special mention to Glenda Sinclair on reception for her kindness and patience to all, making a difficult situation more bearable.

I would like to take this opportunity to thank and congratulate all staff involved in my treatment for the professional way I was treated whilst in their care."

### A Patient from Co Antrim, formerly Skye

## Oral Health Programme

Oral health educator Yvonne Sloss and hygienist & oral health educator Clare Marren recently visited Taynuilt school as part of their oral health programme and were actually asked by the children to help re-create a dental surgery within the class room.

The three main messages delivered on the day were to eat healthy snacks and drinks, brush teeth twice daily with a fluoride toothpaste and visit the dentist regularly.

The children responded really well to questions and their communications skills were very good for their age group (p3+p4). They also took part in role-playing using an inflated dental chair and they all took a turn as a dentist, nurse and patient.



Above: (l-r) Clare Marren, Yvonne Sloss.

The idea from this was to create a image that a dental surgery is a friendly place to visit and also for them to possibly consider job prospects in this field for the future.

## Clinical Leads Graduate

Congratulations to the recent graduates of the 6<sup>th</sup> Clinical Leadership Development Programme (CLDP - long programme) who graduated in June following a nine month 'leadership at the point of care' programme.



Above: Graduates from the latest CLDP

Patient narratives are part of the programme and this year they highlighted privacy and dignity issues in a lot of locations throughout NHS Highland.

The most recent graduates are now part of a short term working group, which has been set up to look at developing a Privacy and Dignity Policy for NHS Highland, in conjunction with Patient Focus and Public Involvement and the Clinical Governance Group.

The Clinical Leaders and the Lead Facilitator, Jenny Lobban, would like to thank NHS Highland Board Managers and teams for their continuing support for the Clinical Leadership Development Programme.

For further information on leadership programmes please contact Jenny Lobban on 01463 706915.

## 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.

## Smokefree NHS Highland Useful Helplines and Websites for Information and support on Smoking Cessation

- **Highland Smoking Cessation Service—lo-call 0845 757 3077**
- **Smokeline 0800 84 84 84**
- **Quit—0800 00 22 00**
- **Enquiries and advice - [smokefree@hnb.scot.nhs.uk](mailto:smokefree@hnb.scot.nhs.uk)**
- **[Givingupsmoking.org.uk](http://Givingupsmoking.org.uk)**
- **[Quitnet.com](http://Quitnet.com)**

Occupational Health are now offering smoking cessation support to the staff of Raigmore Hospital. This can include one to one support for smoking cessation as well as advice in regard to products such as nicotine replacement therapy (patches, gum etc). Appointments can be made within Monday to Friday 9-5pm. Please phone 01463 706147 (ext 6147 for internal) for an appointment.

## eLibrary

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

Have you registered yet?

## Forthcoming Events:

**NHS Highland Board Meetings 2008**  
August 5th                      September 2nd

### NHS Highland Annual Review

Wednesday 27th August 2008

Public session to be held in the afternoon in the Lecture Theatre, Centre for Health Sciences

### The Observer Effect

22-23 August, Moray Art Centre, Forres

An inter-cultural event to explore the use of the captured image in therapy, social work, health and educational settings.

For further information and details of cost please email: [eyeforachange@yahoo.co.uk](mailto:eyeforachange@yahoo.co.uk)

**Advertise your event here: Contact Erin Greig 01463 705771 or email**

## Managing your mailbox

All items in your mailbox, including those in sent items and in the trash folder, contribute to the overall size of your mailbox. 87% of NHSmail platform is taken up with attachments, so the most efficient way to reduce your mailbox is to sort your mail by size and remove the biggest first while saving any still required to your network drive. Then you can sort by date and delete all those emails no longer useful or pertinent to your job e.g. delete all emails over 1 year old.

Other criteria includes, sorting emails by sender and delete personal or general emails and by subject line and delete those of little importance. Remember to delete not only emails from your inbox, but also those from your sent items or separate folder. Finally, make sure you have deleted the trash folder or purged emails via outlook or else you mailbox size will not be reduced.

**Submissions by 6 August for the next Team Update please to [Christina.macdonald@hnb.scot.nhs.uk](mailto:Christina.macdonald@hnb.scot.nhs.uk)**