

Team Update



Issue 27

June 2006

www.nhshighland.scot.nhs.uk

Driving the Changes in Rural Nursing

A conference for nurses, by nurses, was held in Oban in May, to bring together nurses from across rural Scotland, to share examples of good practice and to demonstrate how nursing is making a difference, both in health improvement and better services for rural communities.

Over 150 delegates from across most of the rural NHS Boards in Scotland, including Orkney, Shetland, Western Isles, Highland, Ayrshire and Arran and Tayside attended the Conference.

Delegates at the conference heard from a number of speakers, during plenary sessions and in workshops, about how nurses across the country's more rural areas have extended their knowledge, skills, roles and services to improve both the accessibility and quality of care provided to our local communities.

Pat Tyrrell, Lead Nurse for Argyll & Bute Community Health Partnership, said: "With the publication of Delivering for Health by the Scottish Executive and the emphasis on improving access to health services and developing team based approaches to care, the role of nurses in rural areas has never



L-R: Carla Fagervold, Pat Tyrrell, Heidi May, Lynn Garrett, Tina Stark and Liz Higgins

been more important. At a time of significant change and challenge within the NHS, nurses at this conference demonstrated their ability and enthusiasm to meet the future health needs of communities in rural Scotland."

As a result of the conference, it is intended to establish a network of nurses working across rural areas, where ideas and innovations can be shared using a multi media approach.

Diabetic Retinopathy Screening Goes Mobile



Diabetes Technicians Debbie Thomas and Margaret Matthews with the mobile screening van at Portree.

NHS Highland's Diabetes Retinal Screening Programme is going mobile, benefiting the 7500 diabetes patients in Highland who need to be screened.

Diabetic Retinopathy causes blindness and everyone with diabetes has a risk of developing this condition, which is treatable if caught early. All diabetic patients aged 12 and over, with some clinical excep-

tions, need to be screened at least once a year. NHS Highland now has 2 cameras for retinopathy screening, one is based in the Retinal Screening Centre at Raigmore Hospital, Inverness, and the other in a mobile unit which will be travelling all over the outlying areas in Highland.

Gavin Sell, Project Manager for Diabetes Retinal Screening, explains: "Before we had the mobile unit patients either had to come to Inverness for their screening or were referred to their local Optometrist. Now the unit will come to them, which means patients won't need to travel as far and we hope it will speed up the referral process."

Inside ...

Page 2 - Diabetic Retinopathy
Page 3 - Waiting Times
Page 4 - Agenda for Change
Page 5 - Unscheduled Care
Page 6 - The Right E Presley
Page 7 - Patient Access Policy
Page 8 - Health Promoting Schools
Page 9 - MH Nursing Review
Page 10 - National Carers' Wk
Page 11 - Letters
Page 12-- Events

New Non-Executives join the Board



NHS Highland Board Members June 2006

Three new Non-Executive Directors have been appointed from 1 June to NHS Highland Board.

Dr Vivian Shelley has had a long career in education, mainly in the tertiary sector. Dr Shelley is cur-

rently a member of the Board of Argyll College, one of the academic partners in the UHI Millennium Institute.

Anne Clark is in her 26th year as Executive Officer for Islay and Jura Council of Voluntary Service. She has been actively involved with the UHI MI as a member of the Board of Governors, Vice Chair of the Foundation for UHI and Chair of their Equal Opportunities Committee. She is also a member of the Children's Panel in Argyll and Bute.

Bill Brackenridge was a management consultant for 25 years until he retired in 2003. Before that he worked in civil aviation and in local government. He is currently the Chairman of *The Helensburgh Partnership* - a joint initiative by Argyll & Bute Council and Scottish Enterprise Dunbartonshire, to revitalise Helensburgh. In July 2003, he was appointed Chair of the Scottish Ambulance Service.

Garelochhead Medical Centre

Work has begun on the new Medical and Day Care Centre in the village of Garelochhead. The new purpose built facility will be almost double the size of the existing building and will provide accommodation for a wide range of health related services for the local community, including a GP Practice, community nurses and physiotherapy.

This is the first joint project between the Health Board and the local Council since NHS Highland took over responsibility for health services in the Argyll & Bute Council area. The investment of over £1.5 million will also allow NHS Highland and Argyll & Bute Council to deliver a number of services within the community that have not been available here in the past.

From the editor ...

Welcome to the June edition of "Team Update". Please note the website address change, information about CHI numbers and the consultation on the Patient Access Policy on pages 6 and 7. The July Team Update will be issued at the end of June as there is no Board meeting in July, so please note the earlier deadline of 23 June.

Look out for the summer edition of the new staff magazine "in-touch" which is now in circulation, with news and features from across NHS Highland.

New Appointments:

Locality Manager:

Anne Helstrip has been appointed to the post of Locality Manager for Helensburgh & Lomond within Argyll & Bute CHP. Previously Clinical Nurse Manager for the same area, Anne has been involved in Community Nursing in the Lomond area since 1976.

Consultant posts in Wick

Further to the interviews for three Consultant Obstetrics & Gynaecology posts in Caithness, three offers of appointment have been made, subject to formal acceptance.

It is hoped that the candidates appointed will be able to take up post in the early Autumn.

Please ensure that other staff in your area all have access to the Team Update, by displaying it on a notice board or circulating it to colleagues.

If you would like a copy of this or a previous edition of the Team Update, please contact Erin Greig on 01463 705771 or myself on 01463 704781. Remember, **your** news and views are important! See the **"Your Views"** column on the back page to write in.

Ruth Cleland, Editor

UNICEF Award for Raigmore Midwives

TV presenter and UNICEF Ambassador for Scotland, Kaye Adams, and representatives from UNICEF, visited Raigmore Hospital, in May, to make the hospital's baby friendly status official.

NHS Highland made a strong commitment to encourage and support breastfeeding and the UNICEF UK Baby Friendly Hospital Award is a key component of action on breastfeeding. Raigmore's Maternity Unit, supported by NHS Highland's Public Health Directorate, have worked incredibly hard to achieve this.

Karen MacKay, a Staff Midwife at Raigmore Hospital and also one of the Unit's baby friendly trainers, explains: "Our aim in working together with UNICEF's Baby Friendly Initiative was to increase breastfeeding rates and improve care for all the mothers. Babies who are breastfed are protected against a whole range of illnesses including gastroenteritis and respiratory infections. The whole team is here to provide support to mums and babies, to enable successful breastfeeding and the support we ourselves have received from the rest of the midwifery staff and the doctors throughout the unit, has been excellent."



There are around 1900 babies born at Raigmore every year and at the moment, just over 60% of the new mums at Raigmore are breastfeeding successfully.

A scheme, which provided UNICEF training to a Network of Breastfeeding Management Trainers, throughout Highland, will enable all midwives and health visitors in Highland to be trained to UNICEF UK breastfeeding management standards.

Waiting Times

The total number of Highland patients on waiting lists for elective admission to hospital continues to fall. There has been a 10% drop in the number waiting from 4071 patients waiting at the end of December 2005, to 3648 patients waiting at the end of March 2006.

People are also being seen quicker. We have kept our promise to patients by maintaining the 26 week wait for both inpatients and outpatients, which was achieved at the end of December 2005, and are working towards our new targets of 18 weeks for inpatients by the end of December 2006 and 18 weeks for outpatients by the end of December 2007.

Dr Alison Graham, Board Medical Director says, "We are making excellent progress towards the achievement of the December 2006 target for elective admissions and are confident that this will be achieved. At the end of December 2005, 496 patients were waiting more than 18 weeks for elective admission, 12% of the total waiting list. By the end of March 2006 this had dropped to 253 patients, only 7% of the total list."

These achievements show the benefits of a combination of significant investment, (£3million last year and a further £2million to be invested in

2006/07), and the tremendous effort of the all the staff involved in delivering these waiting times. A significant element of the new investment will be used to create extra theatre capacity, additional Consultant posts in Ophthalmology, Surgery and Anaesthetics and all their necessary support team. In addition to increased capacity within our existing theatres, capacity was further boosted by the use of a mobile theatre based at Raigmore Hospital in March of this year, in which we carried out around 140 operations in 3 weeks. As a result of the success of that process, we have the mobile theatre on site at Raigmore Hospital again this month for a further 2 weeks.

In outpatients, there is a plan in place to achieve the waiting time target of no patients waiting more than 18 weeks for an appointment by the end of 2007.

Although, Raigmore Hospital sees the greatest number of patients, we are working towards maximum use from all sites in NHS Highland, This supports the NHS Scotland aim of delivering more local healthcare.

Agenda for Change Update

Assimilation

Work is now well underway on assimilating staff on to the new Agenda for Change Pay Bands, with 1700 staff receiving their first AfC pay slip between January and June. A further 100 staff have been assimilated, but can't yet be paid, mostly because they have changed job or Whitley Grade between October 2004 and now. If you are in this category and all your colleagues have now been paid on AfC Bands, please be patient; we need your whole employment history before we are able to pay you, but the wait in most cases is no more than a month or two. Everything is backdated to 1 October 2004, so you will not lose out. The great majority of staff assimilated so far have been placed on an AfC Pay Band with a higher maximum salary than their Whitley Grade. This is as expected, and shows that the system works in practice in exactly the way that had been forecast.

Accurate Data Vital

You will understand from the above that it is absolutely vital that managers provide us with complete and accurate employee information when requested to do so by the Agenda for Change Project Team. We very much want to increase our rate of assimilation, but we can only do so with the assistance of managers and administrative staff in wards and departments. So please help us to help you!

And remember that we can only assimilate staff who have agreed the job description for the job they were in on 1 October 2004 – so staff who have moved job should check their original manager has a record of their agreement.

Finally, please, please can we have the last 300 job descriptions that are still out there!! – we need these right away. Managers have been regularly advised which job descriptions are outstanding.

Arrears

We previously advised that we were unable to pay arrears, at this time, to staff assimilated back in January and February. We wrote to every member of staff affected by this delay, explaining the reasons. Most of the issues which were holding us back have now been resolved, and we have decided to go ahead with the payment of arrears in cases where there are no remaining issues requiring clarification at Scottish level. This means that **we will be able to pay arrears this summer to the majority of staff already assimilated** – not just ancillary staff. The exact timing is dependent on when the Pay Unit has enough capacity to process the arrears, and that, in turn, depends on when pay uplifts are processed. It is likely that this will be the pattern in future – arrears will be paid once a large enough group of staff has been assimilated and paid on AfC Pay Bands.

Bank Staff

We are still unable to assimilate or pay bank staff at this point – and this includes staff who have moved between bank and substantive employment. However, talks are continuing at Scottish level to address the outstanding terms and conditions issues that are holding us back. We'll keep you posted on progress and will assimilate bank staff as soon as we can.

Knowledge & Skills Framework (KSF) Outlines

As you know all job descriptions require a full KSF Outline. The national deadline for this process to have been completed was 31st March 2006. To date in NHS Highland, approximately 10% of outlines expected have been submitted.

If you have not yet agreed an outline for your post, please ask your line manager to commence this process for you immediately. A KSF outline is required for the updated Personal Development Planning and Review process (PDP & R) and it is also essential to ensure progression through the Gateway points on the new Agenda for Change pay scale.

KSF supports career and pay progression by -

- Enabling individuals to identify the knowledge and skills they need to **apply** in their post.

- By helping individuals identify the knowledge and skills they need to learn and develop in order to progress in their careers.
- Helping them to access appropriate learning and development for their work.

Remember further information and a range guidance documents on outline development are available on the NHS Highland website or intranet.

Contact Shauna Rennie, KSF co-lead Staff side tel 01463 706881, email shauna.rennie@hpct.scot.nhs.uk or Lynn Marsland KSF Co-lead Management tel 01463 706877, email lynn.marsland@haht.scot.nhs.uk if you have any queries.

Unscheduled Care Programme



The Unscheduled Care Programme is working across Scotland to support the delivery of the 4 Hour emergency access target by December 2007, so that all patients will spend no longer than 4 hours between arriving at A&E, and discharge, admission or transfer.

Emergency Departments may host the target, but it reflects how we are all coping and progress is like a barometer for both NHS Highland and our partners. By the end of this year we need to make sure that we are at least 95% compliant across Highland. (Raigmore currently sitting at 85%). A key first step has been to gather good quality information across Wards to look at admission and discharge patterns and identify bottlenecks across various patient pathways. Two of the priorities are to consider ways of safely reducing length of stay for patients and reducing the number of emergency admissions.

A crucial element is also to involve and educate patients and the public and a Reference Group with HealthVOICES membership has been established.

During the past year, staff have got involved in a wide range of ways. Senior Nurses are now taking the majority of GP calls following a trial by Senior Nurses and Consultants in Ward 6A at Raigmore. GPs and Rachel Duncan, (Intermediate Care Team) have just completed a two month pilot of supporting the review and discharge planning of patients referred to Ward 6A. (6A Nurses and Rachel Duncan received an NHS Highland Award for their work.)

The Programme has also supported and encouraged staff exchanges, between Ward 6A and Community Hospitals and the Emergency Department. Other sites are being encouraged to take part.

A stock take of Minor Injuries and Illness Services and Community Hospitals across Highland is now complete and a new Community Hospital Directory will shortly be available on the Intranet and website.

Rosemary Smith has been working with community hospitals to support earlier discharge for pa-

tients with fracture neck of femur.

There is agreement to ensure that Notes and Drug Kardex are transferred with patients between Hospital sites. Nurse Led Discharges at weekends are being piloted in two Raigmore Wards. The OT Dept have been looking at ways of speeding up referrals within the Medical Department to help reduce length of stay.

Nationally some additional funding has just been made available to support further work across the CHPs. This will hopefully include the appointment of three part-time posts, which will shortly be advertised.

The programme provides an opportunity to make small scale but rapid change and is a real opportunity for front line staff to raise and address problems.

Local staff were selected to present some of their work at the recent National Unscheduled Care Workshop in Glasgow and an event is planned for Highland on 29 August. (*see Events*)

For further information, see the Unscheduled Care page on the intranet or contact Maimie Thompson (Programme Manager).

Stuart Denholm (Clinical Director, SSU) is Lead Clinician for the Programme.

Examples of work in progress:

- >Improve timely access to Community Hospitals, including Out of Hours
- >Quicker access to some diagnostic tests
- >Joint working to reduce waits for specialist opinion for patients waiting in A&E
- >Re-design pathway for patients with suspected DVT including getting same day access to Ultrasound
- >Increase the number of patients discharged before mid-day and at week-ends
- >Give every patient an estimated date of discharge?
- >Set up a fully functioning Discharge Lounge (Raigmore)
- >Have accurate timely bed state data across NHS Highland
- >Work with Scottish Ambulance Service to match vehicle resource to activity

MRSA Integrated Care Pathway

May saw the start of an MRSA Integrated Care Pathway Pilot at Raigmore Hospital, put together by the Infection Control Team and Rachel Fuller, one of the Practice Development Nurses for NHS Highland.

The aim of the pilot is to improve documentation and communication regarding the patient's care, including screening and treatment, with the aim of improved patient care by removing some of the variations in practice. Two new patient leaflets and the updated MRSA policy have also been produced, (available on the intranet). Long-term aims are that this will become an NHS Highland hospital docu-

ment, with a copy of the pathway going with the patient when they are transferred to another hospital.

Raigmore Hospital Wards 6A, 5C, 4A, 3B, ITU and Ward 11 are included in the pilot, but it is appreciated, with the level of patient movement, that other wards in the hospital will receive a patient on the pathway.

If anyone has any queries about the pilot, please contact one of the infection control nurses or Rachel Fuller for assistance. It is hoped to offer teaching sessions to all wards in Raigmore Hospital over the next few weeks.

Remember the CHI Number

As staff know, NHS Highland, along with all other Health Board areas in Scotland, have been working with The Centre For Change and Innovation towards achieving the ministerial target of **“universal use of the CHI number by June 2006”**.

The CHI is particularly important when patients cross organisational or geographical boundaries, but is also important when constructing a single, coherent view of a patient’s history. Having access to complete and accurate information is vital to enable health care professionals to deliver the most appropriate care.

Only patients registered with a GP in Scotland will have a CHI number, so it is not possible to provide all patients with a CHI, but it is estimated that we can provide one for 97.5% of patients.

NHS Highland has made considerable efforts to improve the use of the CHI number, to the extent that approximately 94% of patients registered on the PAS have a CHI number attached. The North CHP and New Craigs are achieving a higher compliance. I would like to extend my thanks to all staff who have made the effort required to achieve this progress to date and urge you to continue to make sure that the CHI is on all patient documentation until we hit the target and then to maintain it.

**Gary Coutts
Chairman**

Points to remember

- Always use bar coded labels within the medical notes for all lab & diagnostic re-

Make sure you have the right E. Presley.



Use his **chi** number.

A patient’s name may not be unique. But their CHI number is.
Using it reduces clinical risk, gives better access to patient information and helps the NHS provide joined-up care.
So ensure your patient’s CHI number is on every request, every report, every letter.
And whenever possible, use patient labels.
Treat him nice. Treat him good.
Treat him like you really should.
Use the CHI number.

quests and any hand written or free typed letters - if there are no labels ask the ward receptionist or medical records staff to provide them

- In primary care always use bar coded labels on all lab & diagnostic request forms and any hand written or free types letters
- Always record the CHI number on PAS or your GP System as soon as possible
- If you have problems with using the CHI number generally or in a specific instance and your usual route for resolution is unavailable call the eHealth information team on 01463 704372

Our SHOW website address has been changed to www.nhshighland.scot.nhs.uk

People will automatically be directed to the new website address when they log onto the old address and links have been changed on our Intranet so that you won't notice any difference there.

You will, however, need to change the website address on all letters, other correspondence,

future leaflets and all other new publications.

A new **Forms page** has been created under the Policies Section on the intranet to make it easier to find various forms that are currently available on the Intranet. The list is not exhaustive so if you know of a form that should be included, please let us know, through IT helpdesk.

How long must I keep those old files?

A new circular provides NHS Boards with updated guidance on how long administrative records should be kept. The circular - HDL (2006) 28: The Management, Retention And Disposal Of Administrative Records - is available from the Intranet (under the Policies Section) or from the Scotland's Health on the Web site at http://www.show.scot.nhs.uk/sehd/mels/HDL2006_28.pdf

Consultation on the Patient Access Policy

Everyone who waits for treatment must be communicated with clearly and dealt with timeously and fairly. Patients who have the most urgent clinical need should be seen most quickly.

The **Patient Access Policy** sets out NHS Highland's approach to managing the length of time that people have to wait for an outpatient or inpatient / day case appointment or for an appointment to assist in their diagnosis (such as a scan or an X-ray). This policy concentrates on particular areas of treatment that the Scottish Executive has set specific targets for. Over time, the policy will develop to cover other priority areas. The draft Policy will be consulted upon until the end of July 2006.

Everyone involved in the management of waiting times has a responsibility to make it as efficient as possible:

- Referrers must provide accurate, timely and complete information within their referral. the patient's name and contact address, all relevant clinical information together with the referrer's assessment of the level of Clinical urgency, The patient's availability and willingness to be seen at short notice,, CHI identifier, ensure that all suspected cancer referrals are clearly marked as urgent. Wherever possible, referrals should be made electronically through SCI Gateway. After a referral has been made, the referrer must inform the hospital if the patient no longer wishes to be seen. The GP must inform hospital if the patient has died.
- Referrals should only be made if all other alternatives have been explored ie patient/clinical pathways have been followed.
- To minimise waiting times and to enhance patient

access to services, referrers are encouraged to make unnamed referrals, unless there is a specialist requirement for a named consultant.

- When referring children or adults who cannot understand or give consent for their own treatment, the referrer must provide details of who has the ability to act on behalf of the patient.
- Referrers should identify any special communication requirements their patients may have and detail these on the letter. (eg literacy problems, need for BSL or other language interpreter).

Patients also have responsibilities

- to inform the hospital of any changes to their name, address, telephone number or GP.
- To keep their appointment, and make every effort to arrive on time.
- to inform the hospital of if they cannot attend or do not wish to continue with the referral, with as much notice as possible
- to inform their GP if their medical condition improves or deteriorates in a way which may affect their attendance.
- Patients should be aware that their outpatient appointment could be within any appropriate healthcare facility within the boundaries of NHS Highland. *(NB Argyll & Bute CHP patients will be seen locally or in NHS Glasgow & Clyde.)*

The draft Patient Access Policy is on the Intranet and Website under Policies and Publications.

**Contact Brian Devlin for further information or to comment on the Policy (by the end of July).
Tel: 01463 706906**

Email: brian.devlin@hpct.scot.nhs.uk

Portree Hospital Refurbishment is Complete



The refurbishment of Portree Hospital on Skye is now complete and the last few patients from Gesto have been moved and settled into the bright and airy new wards of Portree.

As reported in the April Team Update, plans are underway now to begin work on the Broadford Community Health Centre.



Health Promoting Schools Scheme Wins National Acclaim

The Health Promoting Schools Scheme in Highland achieved national recognition with Highland Council winning the local authority award of the year at the annual Scottish Education Awards, held last week in Glasgow, for its partnership working with NHS Highland in securing health promoting school status for every school in Highland.

All 222 schools in Highland are officially recognised as 'Health Promoting Schools'. This was achieved at the end of 2005, two years ahead of the Scottish Executive's target of 2007.

The Highland Health Promoting Schools Scheme has been jointly managed and funded by NHS Highland, Public Health Team and The Highland Council, Education, Culture and Sport. The scheme was successful following nominations in the category of 'Local Authority – making a difference'. This category is about recognising where local authorities make a difference to the lives of young people living in their area.

Louise Thomas, Health Promoting Schools Manager, Jane Groves, Health Promoting Manager and Garry Coutts, (Chairman NHS Highland), attended the Scottish Education Awards with Bruce Robertson (Director of Education Culture and Sport) and Andy Anderson (Chair of HC Education Committee).

Bruce Robertson, Director of Education Culture and Sport, said: "This is by far the proudest day of my career. I am really grateful to our partners in NHS Highland for helping us deliver the Health Pro-



moting Schools Initiative."

In addition to this good news, the Highland Health Promoting Schools Scheme was examined by the National Endorsement Team (NET) and was considered to be a robust, well structured scheme with evidence of close partnership working and a clear philosophy of recognising the schools as part of a wider community and NET congratulated the Highland Council/NHS Highland partnership in having all schools achieve 'health promoting schools' status by 2005.

Library Focus: New Items May 2006

A list of new items added to the Highland Health Sciences Library in May can be found on our online catalogue at:
<http://139.153.92.85/screens/HIwebready/webA.html>

This listing is alphabetical by subject.

Mental Health Nursing Review

National Review of Mental Health Nursing in Scotland (Rights, Relationship and Recovery) is the first review of mental health nursing in Scotland. It has been the outcome of twelve months work that engaged a wide range of interests, including mental health nurses, service users and carers.

The review was driven by a single core purpose, to enhance and develop mental health nursing so that service users and their families and carers gain continual improvements in their experiences and outcomes of care. It had to consider, how we can continue to attract a diverse range of people to, and retain them within the profession; how we can best match the skills of mental health nurses to the needs of Scotland's population and how we can continue to support and develop an increasingly scarce and valuable mental health nursing resource to realise a new vision for mental health services in the future.

The method for considering these was wide ranging. There was a literature review undertaken and Project Steering and various Refer-

ence Groups were set up. Tom Allan and Diane Woodward from New Craigs served on the Practitioners Reference Group and Mhairi Will, Lead Nurse Mental Health & LD, was a member of the Expert Reference Group. Calls for contributions were made through out the process, including examples of positive and innovative practice in mental health nursing in Scotland, which yielded in excess of 90 submissions.

The Transitional Discharge Project, carried out by New Craigs Hospital in conjunction with Stirling University and Community Mental Health Services, was one of the submissions chosen to be published in the final report.

The challenge now is for mental health nurses in Highland to work together to deliver on the action plan set out by the review.

Further information is available on www.scotland.gov.uk/Rights/Recovery/Relationships/MentalHealth

Tom Allan

NHS Innovations

Scottish Health Innovations Ltd (SHIL) was set up to help inventors from within the NHS in Scotland, protect and commercialise their innovative ideas. They work closely with the research and development departments within each of the Health Boards in Scotland, and are starting to have a number of success stories, and products getting onto the market. In improving the quality and value for money of patient care throughout NHS Scotland, an additional benefit is generation of income for the NHS.

Some examples of innovations are:

- U-Net[®] - a groin wound dressing, developed by Dr Tim Saw, anaesthetist at Ayr Hospital
- Another medical innovation is the launch this summer by Lothian firm TouchEMAS – now TouchBionics - of the world's first bionic shoulder, arm and hand, transforming the lives of

millions of amputees.

- The granting of a licence to the Corin Group, as development partner, for an artificial disc that could revolutionise treatment of chronic back pain.

- An award winning new ultrasound device, allowing a safer procedure for administration of epidural anaesthesia during labour by Dr Malcolm Watson an anaesthetist from Glasgow Royal Infirmary.

The Supplies Department, based at Craig Dunain, has now moved to new premises
Supplies Portacabin
Raigmore Hospital
INVERNESS

Case Study in Argyll and Bute

Community Paediatrician, Jamie Houston Argyll & Bute has been chosen as a case study for the Scottish Executive's NHS Recruitment website.

Jamie trained as a paediatrician in Newcastle and Northumberland for ten years, and enjoyed working in a rural community for the last two of these. When he returned to Scotland, Jamie decided to specialise as a community paediatrician in a rural location and he now works in Argyll providing expert care and advice to patients living in remote and rural areas in the West of Scotland.

Working in community paediatrics provides a challenging and varied role that offers the opportunity for healthcare professionals to diversify their job specification and follow their interests. For Jamie, no two days are the

same and his role has allowed him to follow his passion for child protection and remote and rural community issues. He has been responsible for setting up specialist child development clinics across Argyll and Bute and provides training for staff across Argyll. Jamie has also taken a lead on child protection issues in the area, working closely with the local authority to plan services for children over the whole council area.

Being a community consultant requires a wide range of skills, but good communication skills are high on the list. Jamie identifies that the ability to work as part of a multi-disciplinary team is essential. He also cites organisational skills, patience, commitment and a genuine desire to help people in the community as important elements for success.

National Carer's Week 12-18 June

Highland Carers Project is supporting this year's national Carers Week (June 12-18) by providing a day of relaxation for unpaid carers, in recognition of the significant contribution they make to our society. 'Carers Health Matters' will take place at The Royal Highland Hotel, Inverness on Friday 16th June and will include massage, reflexology, reiki, shiatsu, manicures, stress-management, health checks and more. Booking is not necessary, just pop in any time between 12 and 4pm.

Carers Week supports the UK's six million carers – people who look after an elderly, sick or disabled friend, partner or relative. The Highland Carers Project is part of The Princess Royal Trust for Carers and provides infor-

mation, support and advocacy for carers. Call the Highland Carers Information Line for more details on Tel: 08457 660026.

As well as the event in Inverness, Highland Carers Project are hosting a similar event for carers in South West Ross on Tuesday 13th June from 10.30am-3.30pm. Please contact Lynn Frost on Tel: 0776 868 5611 for more information. An information display in Raigmore Hospital will also highlight carers' issues throughout Carers Week for anyone visiting or working in the hospital. Staff from Highland Carers Project will be in attendance during visiting times each afternoon, to speak to carers or anyone who wants more information on supporting carers.

The Physical Activity and Health Alliance is a joint collaboration facilitated by NHS Health Scotland on behalf of the Scottish Executive in order to support the Physical Activity & Health Practitioners of Scotland in the implementation of the Scottish Physical Activity Strategy 'Let's Make Scotland More Active'. The Alliance will provide practitioners in the field of physical activity & health in Scotland with an interactive vehicle for two-way communication through which existing evidence, policy and practice will be disseminated and members encouraged to share knowledge and learning. Ultimately the Alliance will take the form of a virtual interactive e-network plus a programme of annual events developed with and for its' members.

Membership is FREE. For those interested in becoming members, registration can be completed on the website at www.paha.org.uk

Letters to NHS Highland

I was admitted to 6A in May and consequently stayed in the ward for four days before being decanted to 1A for my last night. Medical and nursing staff in both wards were attentive and professional, despite being very busy. I found it a humbling experience being a patient, and have a new appreciation for the pressures that ward staff are under. Having a colleague as a patient is not easy so I would like to especially thank them for all their care.

**Ruth Miller,
MURP project nurse**

"I am writing to you on behalf of my husband who has been an outpatient at Raigmore. He has received excellent services from all the doctors and nursing staff and desk ladies"

Patients Relative, Inverness

"All too often, you hear of stories criticising the National Health Service and the standards of care, hygiene etc. be-

ing provided.

We write to thank you all for your care and help during the rather difficult birth of our son, the care given, the encouragement and general compassion can not be faulted. During the period of post natal care, no one could fault the care given. As usual, certain staff stand out but it would not be fair to single out any one person as you were all fantastic! It must be difficult to remember that your job is a vocation when you have so many day to day routines, but you should never forget what an important role you play in bringing people into the world."

Patients Relative, Inverness

"Whilst on holiday in Thurso we had occasion to visit a relative of ours who was a patient in Dunbar Hospital and would like to say just how impressed we were with the way our relative and indeed ourselves were treated.

As a retired physician myself I

was curious about the treatment plans and diagnosis for our relative and although only too aware of the need for confidentiality, I could not resist asking questions from his named nurse and one of the other nurses on duty.

I was treated with respect, politeness and my questions were answered with consummate professionalism, whilst at all times adhering to the ethos of confidentiality. At all times my great uncle was included in the conversation and it was very, very clear he had a wonderful relationship with the nurses. I was impressed by the level of knowledge and skills displayed and, although it is only a small hospital, I believe from what I saw, it is staffed by extremely well qualified and caring professionals, who indeed provide a high quality service for patients and their weary relatives from abroad."

Patients Relative



Inshes Health Fair for Parents and Families a Success



A group of health professionals held a health fair in Inverness on 25th May to promote health and provide information, advice and practical help to parents and families. Activities included Infant massage, hand massage, reflexology, craniosacral therapy, first aid and resuscitation, Pilates, rhyme time and story telling.

Your Views and Ideas

NHS Highland values and welcomes the opinions and ideas of its staff. Very often the best and most innovative ideas come from frontline staff in any organisation.

Your suggestions for financial savings are being invited. Speak to your line manager or fill in the suggestion scheme on the Intranet.

If you would like to write an article or submit information or photographs for the Team Update or the new Staff Magazine, *in-touch*. Please write in to me or email the Corporate Team via the email address on the new NHS Highland Website: staff@haht.scot.nhs.uk Or write to: The Editor, Ruth Cleland, Head of Internal Communications, NHS Highland, Assynt House, Beechwood Park, Inverness IV2 3HG
Email: ruth.cleland@haht.scot.nhs.uk
Tel: 01463 704781

MS Information Day for Patients and Carers

MS Nurse Specialist, Anne Stewart, has organised an MS Information Day on 29 June, in Inverness. It is by invitation only to people who have been diagnosed over the past 3-4 yrs. There will be a Physiotherapist, an Occupational Therapist and Lesley Randall, Continence Nurse Advisor. Inverness Therapy Centre, Fitness First and some of the local MS branches will be represented.

There will be loads of written information, but most of all it will be a chance for people to meet others similar to themselves.

To mark physiotherapy week in June (19th-23rd) physiotherapists are organising a walk up Struie Hill on Sunday 18th June, meeting at 11am. Everyone is welcome. For any more information they should contact Fiona H, Emma, Anita or Kirsteen D at Raigmore on

eLibrary www.elib.scot.nhs.uk

Forthcoming Events:

Public Holidays:

(Highland) 7 August 13 October
(Argyll & Bute) 25 Sept

NHS Highland Board Meetings 2006

1 August (Argyll & Bute)
5 September
3 October (Mid Highland)
7 November
5 December (North Highland)

Get WISE Staff Briefings

A programme of these is on the Intranet. Sessions are currently being planned for Migdale and Dunoon. Please let me know if you would like a session in your area. ruth.cleland@haht.scot.nhs.uk

Jog Scotland Group (Inverness)

Monday and Wednesday evenings throughout the summer. Anyone is welcome and should make contact with Dr Andy Menzies Tel.: 01463 704169 andrew.menzies@raigmore.scot.nhs.uk

Carer's Week Events

13 June South West Ross
16 June Inverness
Tel: Lynn Frost 0776 868 5611

"Getting it Right for Everyone" Palliative Care Conference

20 June 2006 Tulloch Castle, Dingwall
To mark the end of the Working Group and look to the future network for palliative care services across Highland.

Contact: Sandra Grieveson Tel : 01463 704784
Macmillan Palliative Care Co-ordinator

Public Health Network Event

21 June Aberdeen

contact Roseann Cameron, 01463 704894

Unscheduled Care Conference

29 August

contact Maimie Thomson 01463 70

If you would like to advertise your event here, please contact Ruth Cleland on Tel: 01463 704781 or Erin Greig on Tel: 01463 705771

The next Team Update will be issued on 3 July. Submissions by deadline of 23 June.