

Team Update



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NHS Highland Welcomes New Medical Director — Dr Ian Bashford



NHS Highland is delighted to welcome as new Medical Director, Dr Ian Bashford, who took up post at the beginning of May.

Dr Ian Bashford BSc [Med. Sc.], MB.ChB., Cert. GP VT, MRCOG, MSc. [Pub. Hlth] MFPM was educated in Edinburgh and Edinburgh University Medical School, qualifying in 1977.

He undertook several years general post-registration training, including general practice vocational training and subsequently trained in the specialty of Obstetrics and Gynaecology, with posts in Edinburgh, Bristol, Bath and Portsmouth. Dr Bashford then pursued a career as a Principal in General Practice within a large teaching practice in Gosport Hampshire, maintaining a special interest in Obstetrics & Gynaecology. Following this, he completed an

MSc in Public Health at Edinburgh University and joined the Primary Care Division of the Scottish Executive Health Department, where he was subsequently appointed the head of the Primary Care Development Unit.

Dr Bashford then worked as a Medical Business Manager at Inveresk Research International, developing a health care quality assurance system for both primary and secondary health care. He returned to the Scottish Executive Health Department as a Senior Medical Officer with a responsibility for Women and Children's Health, prior to taking up the post of NHS Highland Board Medical Director.

Dr Bashford has a family home in Highland and is very much part of a local community here already. He is looking forward to working in NHS Highland and meeting staff across Highland and Argyll and Bute over the coming weeks and months.

Site-wide Smoking Ban Proposed

A new tobacco policy is currently being drafted, which proposes a site wide ban across all NHS Highland sites from the autumn this year. 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 are being explored and the policy contains an exemption for vulnerable/emotional patients and relatives. The draft policy will shortly be circulated to key groups and published on the Intranet, prior to the ban coming into effect.

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New Appointments

Consultant Neurologist

Bethany Jones takes up post as NHD Highland's first Consultant Neurologist on 1 June. Dr Jones was educated in the Netherlands and worked here prior to working as Lead Researcher for the BUPA Foundation Grant at the Dementia Research Centre in London. Dr Jones enjoys hill-walking and line drawing.

Paediatric Oncology Nurse Specialist

Fiona Reid has taken up the newly created post of Paediatric Oncology Nurse Specialist based at Raigmore Hospital. Fiona is part of the paediatric oncology team supporting children and their families throughout NHS Highland from diagnosis, through the disease trajectory to long-term follow up or palliative care. Fiona was previously a staff nurse in the Children's ward and then a Children's Community nurse. Her new role involves delivering clinical care and psychosocial and emotional support both within the hospital and home setting, as well as acting as a resource for families and professionals. The post will also incorporate an education and clinical governance remit. Fiona hopes that by acting as a key worker for these families the patient pathway will be eased through improved communication, both within NHS Highland and between the shared care and primary treatment centres.

The post has been jointly funded by NHS Highland and ClicSargent. Fiona is currently studying for an Msc in Advanced Practice Nursing in Paediatric Palliative Care at Dundee University. There are 6 other Paediatric Oncology Nurse Specialists in Scotland who meet regularly to share experience and knowledge.

Locality Manager Oban, Lorn and Islands

David Whiteoak will be taking over the post of Locality Manager from Moira Newiss while she is on maternity leave. Everyone wishes Moira all the best for the birth of her baby.

Appointments to NHS Highland Board

Mr Colin Punler has been appointed to NHS Highland Board from June 2007. Mr Punler is employed by the UK Atomic Energy Authority as Communications Manager for decommissioning of the Dounreay experimental reactor site in Caithness. A former newspaper journalist, he is a member of the board of management of Pentland Housing Association and former director of Caithness CAB and former chairman of Ormlie Community Association Ltd in Thurso.

Mr David Alston has been reappointed to the Board for a further 4 years.

Retiral—Heather Sheerin, Vice Chair of NHS Highland Board

Heather Sheerin is retiring from her role as Vice-Chair and Non-Executive of the Board at the end of May. Mrs Sheerin was appointed to the Board in April 2004. Prior to this, Mrs Sheerin, a former nurse from Paisley, was Chair of the Highland Primary Care NHS Trust. She is a self-employed business-women with a background in business, housing, education and health and has held a number of key public roles, including; former Chair of Albyn Housing Society and of the Highland Area Board of Young Enterprise Scotland and Vice-Chair of the Management Board of Inverness College and of Inverness District Chamber of Commerce. Heather is very well known and highly respected in NHS Highland and will be very much missed.

From the editor ...

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

If you would like to write an article or submit information or photographs for the Team Update or the Staff Magazine, *in-touch*, please write in to me or email the Communications Team via the email address on the NHS Highland Website: staff@haht.scot.nhs.uk

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

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£3.2M Health Centre for Kyle

NHS Highland Board agreed in March to fund the building of a brand new £3.2m health facility in the centre of Kyle in March 2007.

The building work will start ahead of schedule in April this year and work should take approximately one year.

A modern, state of the art health care centre will bring all our health professionals under one roof, which will be of great benefit to the local community and to the staff who will be working there. It will enable the whole health care team to work in a more integrated way and will mean that patients can have a 'one stop shop' approach in their locality.

NHS Highland will endeavour to keep the Community Council and the public informed throughout the building programme.

The new health centre will consist of 5 GP surgeries and 2 Dental Surgeries with provision for NHS dentistry.

It will house Community health staff, District nurses, Midwives, Health Visitors, the School nurse, Visiting opticians, psychologists, speech and language therapists.

There will also be space available to allow for partnership working with Social work and the voluntary services)

The patient list size for the Kyle Medical Centre at present is 2,631

Childcare Voucher Scheme

Childcare Vouchers – NHS Highland Staff with children in childcare may be able to save money with a new Childcare Voucher Scheme for employees. Roadshows are being held throughout NHS Highland in May, leaflets have been circulated and more details are on the Intranet.

Employees wishing to enrol on the new Childcare Voucher Scheme can visit

www.childcarevouchers.co.uk and click on "Join the Scheme" under "Tools for Parents" on the right hand side of the screen. They will be prompted to enter their SCHEME ID which is NHSH7210. They should then enter their Payroll Number and set a 4-digit PIN, which will be required should they wish to come back to the application in the future. After saving the Employee details employees should then enter their Personal, Child, and

Carer details and submit their application, using the tabs towards the top of the screen. Those without online access can call the Enrolment Helpline on 0870 365 1248 to obtain a paper salary sacrifice agreement by post. All employees may call this number with any queries they may have.

Margaret Aburn, who has organised the scheme, says, "It may not suit everyone and staff are advised to look into all the details and implications, but it will hopefully benefit many staff and make it easier for parents to return to work."

Margaret Burgess Aburn
Personnel Support Officer
John Dewar Building
01463-706847

New Appointments to Highland Council

Director of Education: *Hugh Fraser*

Community Care Managers:

Caithness, Sutherland & Easter Ross: *Bob Silverwood*

Ross, Skye and Lochaber: *Larry Wilmot*

Inverness, Nairn, Badenoch & Strathspey:
Brian Robertson

Children's Managers:

Caithness, Sutherland & Easter Ross: *Dawn Grant*

Ross, Skye & Lochaber: *Maureen Keough*

Inverness, Nairn, Badenoch & Strathspey:
Kate Birch

Chief Executive: Alistair Dodds

Agenda for Change - Progress Update

Assimilation and arrears update

1372 additional staff were paid on AfC Bands in April 2007 across the whole of NHS Highland. There are now only about 1500 substantive staff and 1100 bank staff to be assimilated in "old" NHS Highland (ie excluding Argyll & Bute CHP). A small number of these staff are attached to jobs which are still being monitored at Scottish level, but the majority are staff whose data is complicated (eg they have changed jobs, been on secondment or acted up) or staff whose data we are still in the process of sourcing from managers. The equivalent figures for Argyll & Bute CHP are approximately 600 substantive staff and about 900 bank staff still to be assimilated. Work will continue to progress assimilation across all of NHS Highland as quickly as possible.

NHS Boards are now being allowed to assimilate staff in advance of responses from the Scottish monitoring group. NHS Highland has decided not to do this, as this could be seen as treating different staff groups inconsistently. It has also been agreed in Partnership to treat jobs in Argyll & Bute CHP in the same way. In practice, this should not cause a major delay in assimilating staff, as we are keeping in close contact with the Scottish Pay Modernisation Team to ensure these jobs are moved through the process as quickly as possible. It will mean, however, that staff in Argyll & Bute CHP will not be assimilated in the same month as equivalent staff in the Clyde part of NHS GGC.

In April, a further 1018 staff in "old" NHS Highland and 96 in Argyll & Bute CHP received arrears.

Reviews

Now that most staff have received the AfC outcome for their job, the focus is starting to be on Reviews as well as completing the assimilation and arrears exercise. Staff wishing to request a review of their AfC outcome should complete the paperwork which is available on either the Personnel or Agenda for

Change page of the Intranet. The NHS Highland review process itself was agreed in Partnership in May 2006 and is consistent with best practice set down in the Job Evaluation Handbook and with the subsequent advice issued by the Scottish Pay Modernisation Team, but we have taken the opportunity to look again at some of the detailed processes to ensure we can handle the reviews within a reasonable period. We do not yet know how many review requests we will receive or how many can be considered in one day, but our provisional plan is to complete the reviews by the end of 2007. This date may slip if there are more review requests than we expect or if there are backlogs at the Exploratory stage of the process, so December 2007 is a target date rather than a guaranteed completion date.

It has been agreed in Partnership that:

- o We will retrospectively acknowledge all review requests received so far, and do this automatically in the future;
- o We will prioritise review requests where staff are on grade protection as a result of AfC assimilation;
- o We will give staff the option of dispensing with the Exploratory stage of the process;
- o We will post details of all processes (including clarifying eligibility) on the Agenda for Change Intranet site; this should be in place by the time you read this.

Overtime Working

As a result of an agreement at Scottish level, staff placed on protection due to their Agenda for Change assimilation will no longer have any additional hours worked offset against their protection payment. This means that these hours will now be paid at plain time up to 37.5 hours per week, and at time and a half (double time on public holidays) beyond 37.5 hours per week, with no offsetting. Please note that this only applies to staff on protection as a result of Agenda for Change assimilation; staff on protection for other reasons will continue to have any additional hours worked offset against their protection payment.

Review of Nursing in the Community - Update

The first meeting of NHS Highland Steering Group took place on April 16th where the Terms of Reference were agreed. CHP Implementation Groups, led by the Lead Nurses will be established within the next month.

Meetings and workshops have taken place across NHS Highland where staff have had the opportunity to share their thoughts and ideas about the new model. In addition there will a Highland wide forum for Health Visitors and School Nurses on May 18th and for District Nurses on May 24th, where the new model and framework will be discussed.

It is hoped that the appointment of Project Lead for NHS Highland will be confirmed before the end of May.

Nationally the NES capability framework (draft) for the new Community Health Nurse role should be ready for consultation in early June.

Meetings with Heidi May and Gavin Fergie, Amicus representative, have been organised to take place at three locations, in June and key staff are invited to attend these sessions. Further details are on the Intranet on the project page.



New Scanner will Aid Earlier Diagnosis

Rheumatology patients in NHS Highland will soon be benefiting from the latest generation of ultrasound scanner, which will help with the diagnosis of early arthritis and help guide treatment.

The £30,000 scanner will be used to look at the joint lining, ligaments and muscles. Ultrasound scanning is well established in maternity care and in the diagnosis of abdominal, heart and chest disease, but is a relatively new technique in bone and joint disease.

Dr Malcolm Steven, Rheumatology Consultant explains, "Currently we rely on clinical examination, laboratory tests and x-rays in diagnosing rheumatic disease which at times are insufficiently sensitive for detecting early arthritis. The use of ultrasound for this purpose is increasing in the UK and we are currently able

to scan joints and ligaments at X ray Departments in Highland. The new equipment is more portable and can be used in the clinic to assist earlier diagnosis. The machine we are purchasing is very light and compact, and about the same size as a laptop computer, so it can be taken to the clinic and bedside throughout the Highlands."

Rheumatologists at Raigmore are training using national courses and supervision by NHS Highland Radiologist, Dr John Miller, who has led the development within our X-Ray Departments.

The scanner will be increasingly used at clinic appointments, to assist diagnosis and treatment. As the scanner can be used in the clinic it will save patients having to go for a separate appointment in x-ray Department.

KSF Update

The KSF Team has been joined by Gordon MacDonald in recent weeks. He will work with managers across Highland to ensure that KSF is on everyone's agenda and staff will have the full support of the organisation. He will provide a regular monthly reports within Team Update on how Highland progresses against its targets in the coming months.

Last month's article identified the preferred starting point for those seeking to do their Outlines. As a recap, the majority of posts in the NHS have similar requirements (and often titles) to other posts, therefore it is possible to develop generic Post Outlines. Staff and managers are encouraged to start from a similar post and amend for the particular local needs. To find these generic Outlines, and a range of useful supporting documents, please use the

NHS Highland website. The links to these are 'Agenda for Change' > 'KSF' > Generic Outlines.

The number of post Outlines for Highland staff continues to grow. Approximately 1,132 Outlines have been received by end of April of a total 4,658 (24%) required. Should anyone have any doubts as to what KSF means to them and what they have to do, please contact your Line Manager in the first instance. If there are difficulties in doing so, please do not hesitate to contact the Team:

Local contact details – Shauna Rennie, Staff side Co-Lead (01463 706881), Judith McKelvie, Management Co-lead (01463 706870), or Gordon MacDonald, Project Manager (01463 706872). Email addresses are on Outlook.

It Ain't What You Do—It's the Way That You Do It...

The Gender Equality Duty

“The biggest change in sex equality legislation for 30 years”, that is how the Equal Opportunities Commission describe the new Gender Equality Duty that became law this April. Many people feel their hackles rising at the thought of sex equality, images of burning bras or Batman hanging on Buckingham Palace, is that what crossed your mind? Well, think more equal pay, flexible working for all, employment, promotion and training opportunities and you are on the right track.

Not excited yet? You should be; the Gender Equality Duty is relevant to every single one of us personally and professionally, there is no escaping the fact that we are all of a gender. For us personally the duty gives public authorities legal responsibility for demonstrating that they treat women and men fairly in policy making, services and employment. Change no longer depends on an individual making a complaint about discrimination - each public body, including NHS Highland, have to produce a Gender Equality Scheme showing where there are inequalities for women or men in services, policies and employment and what it is going to do to make things fairer for all.

If you still need convincing then what about your role as an NHS employee? Women and men, boys and girls, staff and service users have different needs and uses of the health service in Highland, which along with the rest of Scotland was traditionally based on a “one size fits all” model. By taking account of

these different needs, the quality of health services will improve for everyone. Since the NHS in Highland is a major employer, the duty should improve work practices also.

Do we make assumptions about people's needs because they are women or men? About how able they are to look after themselves at home for example? We are calling it “gender sensitive practice” and it requires all of us to think a little more about each other and ask before deciding we already know the answer.

We know that we all aim to do our work as well as possible, but sometimes how we do it can make such a big difference. The duty will help us address key issues including patient satisfaction rates. Although a great deal has been achieved already, there is still a long way to go to deliver full gender equality for all.

So Gender Equality is about everyone, from the hours you work, the services you receive and provide, to what is in your pay packet.

If you have any views you would like to share, good or bad experiences of services or shiny examples of “Gender Sensitive Practice” please let us know so that it can be included in our NHS Highland Scheme.

Contact Natalie Morel Tel 01463 704918 fax 01463 235189

email Natalie.morel@hnb.scot.nhs.uk

For more information about Gender Equality visit www.eoc.org.uk/fairforallgender



Congratulations!

Congratulations to all 5 staff at Raigmore Hospital, who have recently gained a diploma in Swedish Massage from Highland school of Massage. During the past 8 months they have gained knowledge in anatomy, physiology, massage techniques and business awareness.

Picture: Laura Laird (theatre nurse), June Dixon (aux. 2a), Lorraine Clark (radiology), Jo Dempster (staff nurse 2a), David Mackay (Theatre Technician).

International Exchange of Knowledge with Norwegian Health Service

Similar Challenges

Highland's strong links with Northern Norway continue with an exchange of knowledge and experiences between NHS Highland and Helse Nord.

Trude Gronlund, Head of Strategic Planning and Deputy Medical Director, from Helse Nord, the Northern Norwegian Health Board, is spending 2 months with NHS Highland on a study trip. Trude has been visiting NHS Highland since 1999 and was co-chair with Ruth Cleland in the planning of two international rural health conferences with NHS Highland in Scotland and Norway (Making it Work 2003 and 2005.)

Trude will be spending time with various staff across NHS Highland and is particularly interested in how NHS Highland are implementing Delivering for Health. Trude is responsible for implementing many changes to hospitals in the north of Norway, which face similar challenges of an aging population, skill maintenance, and sustaining rural services.

Trude explains, *"The Minister of Health in Norway has published a Report on Local Acute Hospitals and the Regional Health Authorities are responsible for delivering this during 2007/2008. I will be the Project Manager for developing this new plan for our region, and the work will start during autumn.*

"As the Scottish Executive Health Department delivered the Kerr Report in 2005 and also the framework for implementation of the plan later that year, I think that Helse Nord might have something to learn from the experiences you have had in the process of implementation of these national plans. It is also exciting to learn about work on delivering sustainable acute services in remote and rural areas in Highland, a region that has much the same challenges and problems that we have in the North of Norway.

"Our biggest challenge is to get the public to accept that every local hospital cannot deliver exactly the same services; because the differences in knowledge, clinical practice, recruitment and the challenges of on-call-rotas are very different in the smallest hospitals compared with the biggest acute hospitals.

The volume of the local hospital services/care is with elderly patients with chronic diseases, heart-and lung conditions, strokes and infections. The process of changing the way local small hospitals work and deliver their services is one of our biggest challenges and hopefully we can learn from your experiences on these matters."

Study Trip

An example of the continuing links with Norway was another study trip to Raigmore Hospital, Inverness, in March. Staff wel-



comed a delegation of 25 Norwegians, who visited Raigmore as part of a study trip to Scotland.

The group of 25, 23 students and 2 tutors, were from Bodø Graduate School of Business. All of them had come from different hospitals in the northern part of Norway and were part time students who will finish their MBA this year. The group was a mixture of hospital managers and clinicians from different departments and levels.

They arrived on the 23rd March and the morning was spent giving and receiving presentations on various aspects of healthcare in Norway and the Highlands, discussing the many similarities and differences that there are. Graduates, and a former tutor, of the Clinical Leadership programme were on hand to explain to the delegation one of the ways in which we develop our leaders using the programme. Each of them gave presentations on what they did during their course and where it has got them now.

The afternoon was set aside for the group to visit various departments across the directorates with the opportunity to speak to staff. Tours of the Emergency Department, Pathology, Biochemistry, Daycase, the Renal Unit and the Special Care baby Unit were well received by all.

The delegates enjoyed their visit, which not only gave them an insight into similarities and differences between the two health boards, but also proved to be an opportunity for networking. They would like to thank everyone involved who made them feel very welcome.

The development of the new Website is making good progress and it is hoped that a "live" site will be ready soon for key staff to test. Initial content will then be transferred onto the site and training will be given to website "publishers" so that they can update their own relevant sections. A lot of work re-

mains to be done in gathering together all the information on services, hospitals and health improvement, before a launch can be planned. This will hopefully be in the early summer. More information on this and the Intranet Project are on the Intranet.

Fall in Prostate Cancer Deaths

The number of male deaths in Highland, from Prostate Cancer, have fallen by 10% in the past five years. In more recent years, men have become much more aware of their health, possibly because of the Men's Health 5 Minute M.O.T project in Highland, national campaigns, publicity etc. and are now inclined to visit their GP practice when they have concerns. Prostate cancer is normally a slow growing cancer and early detection can mean it can be cured easily. Prostate cancer mostly occurs when men are over 50, although the risks get higher as they get older.

Dr. Adrian Baker, GP at Nairn said: ***"Some of the signs to look out for include difficulty with urinating, discomfort or pain on passing urine, more frequent need to urinate (especially during the night), having a weak flow and/or mild impotence.***

Over the past five years GPs have seen an

increase in men coming along to the surgery to have health checks, particularly blood pressure, cholesterol and prostate cancer. These are all very straightforward tests and can have a big impact if they are carried out early enough. Previously, men were generally reluctant to go and see their GP or Practice Nurse for various reasons. Fortunately attitudes are changing, perhaps because of more widespread health promotion publicity and wider awareness."

Chris McIntosh, Cancer Network Manager, NHS Highland agreed: ***"We would want to continue to promote and encourage people who are concerned about their health to go and see their Practice Nurse or GP. A new network of specialist Urologists, GPs, patient representatives and nurses are going to be working across the north of Scotland to put into place standards that are consistent and in line with national guidelines."***

Where do you put yours?

That's the title of a poster inviting people to consult the Speech and Language Therapy Department for more information about new Protocols for the management of patients with communication difficulties. The protocols have recently been updated by the Managed Clinical Network for Stroke Services in Highland and are being sent to all health care facilities in Highland.

Ten people a week suffer a stroke in this area and of these, 40-60% will also suffer from Aphasia. Aphasia is a disorder of language caused by damage to the brain. This affects a person's ability to understand what is being said or to express thoughts and words. Reading, writing and using numbers are also a problem.

Sandra Hewitt, Specialist Speech and Language Therapist in Adult Disorders at Raig-

more Hospital said: "About half of all patients who come through the Stroke Unit at Raigmore Hospital are referred to Speech and Language Therapy because of communication difficulties following their stroke. The unit has a dedicated full time specialist speech and language therapy post so we are really fortunate that we can see people early on.

Aphasia can greatly affect a person's ability to interact, have conversations and participate in therapy. People can also feel isolated, overwhelmed and lack confidence. This can be a life changing and long term condition and our multi-disciplinary team aim to minimise these communications difficulties with continuing support.

Aphasia can also have a tremendous impact on family and friends. Our team work closely with relatives and carers to provide support, advice and help with communication strategies."

Bob Dylan has been carving out a whole new career presenting a radio programme – Theme Time Radio. In this the gravel voiced maestro picks his favourite music covering a particular subject each week. The programme on coffee begins with the words: “.. it’s night time in the big city ..”.

What has Bob Dylan got to do with the eLibrary? Research often involves late nights, loads of coffee and a radio in the background. RefWorks is one of the tools available to you via the eLibrary. As with other eLibrary resources this has a suite of training materials supporting it. One of the RefWorks training slides resonates strongly with writing up research, late nights, coffee and radio programmes – it begins: “It’s midnight, you’ve just started writing your paper ... what about your bibliography? ..”.

RefWorks is a program which allows you to integrate the whole research process. It allows you to save your search results into a database, you can manipulate these results in conjunction with writing

up your project and finally you can integrate this with Word to create a finished piece of work – RefWorks builds your bibliography for you as you write up the finished document.

RefWorks also allows you to output your bibliography in any required style you like so you can quickly change styles depending on the requirements of your intended place of publication.

RefWorks is also an integral part of the eLibrary - so there is no need to buy extra software or worry about storing the materials you retrieve elsewhere - everything is kept neat and tidy in folders your eLibrary user area

As part of its eLibrary training remit the library runs training sessions in using RefWorks. The next session is on Thursday 15th March 2007 2pm-3pm. To book ring 01463-255600.

Finally remember to tune into Theme Time Radio whilst you write: (<http://www.bbc.co.uk/6music/>)

Highland HealthVOICES Network

Q: What do the following all have in common - the cancer patient information project, unscheduled care project and communications strategy review group?

A: They all have Members of the HHVN successfully working in partnership with health staff.

Highland HealthVOICES Network (HHVN), the Public Partnership Forum for NHS Highland, has been ‘live’ now for more than a year. There are nearly 240 Network members interested in working with the NHS in a number of ways, across all of the CHP areas. Some are keen to access general or specific information on the work of NHS Highland; others like to contribute by commenting on consultations or proposals. There are many who want to get involved in group or committee work, and at the moment we don’t have enough groups to go

around. Would you like to open up any activity or event to one or more members of the public?

We now produce a monthly newsletter, Network News, specifically for HHVN members and are always keen to have short articles from NHS staff which will be of general interest to the members. We’ll be glad to publicise how you’ve been involving people in your work. For example, two members of HealthVOICES are taking part in judging the Staff Awards 2007.

Network News is also a useful way to publicise any activity or event where you would like patient and public involvement. If you would like to know more about the work of the HHV and how NHS staff can use the members, we are happy to come and speak to groups of staff. Please contact HHVN Coordinator, tel.: 041463 704702

Get WISE

A series of “Get WISE” open staff briefings are being held across NHS Highland, with a focus on Delivering for Health, but also covering other topics, such as Unscheduled Care and Gender Equality. The most recent Get WISE event was held in Oban on 8 May. This was attended by a good number of staff (around 20) and Employee Director, Ray Stewart delivered the presentation on Delivering for

health. Staff were very interested in the topics. Various subjects were discussed including challenging transport issues and how staff feel professionally connected within the organisation.

The Get WISE staff briefings are an important part of the Internal Communications Strategy. More briefings are planned throughout NHS Highland over the coming months. A schedule is on page 11. If you would like an event in your area please contact Ruth Cleland, Head of Internal Communications on 01463 704781.

Letters to NHS Highland



"In October I found myself as a health professional well and truly on the receiving end. This letter is to thank all concerned for the exceptional care that I feel I have received since my accident.

Fort William and Glencoe paramedics and patient transport, Belford A&E, Belford Surgical Team and ward staff, Belford X-ray dept, Mr Willie MacLeod and Orthopaedic team at Raigmore, and Wards 3A and 3B, the Plaster Room Team at Raigmore, Infection Control Team (Raigmore, Caithness and Oban colleagues), Skye and Lochalsh colleagues and Glencoe/Ballachulish district nurses.

To everybody who has sent cards, flowers, left phone messages and called me - thank you one and all. I have been totally overwhelmed by the caring that I have experienced. It would probably be safe to

say that it must be a department's worst nightmare having an Infection Control nurse as a patient but I can personally report that, in NHS Highland, Infection Control is taken very seriously... and with a sense of humour. I would like to pay particular mention to the Belford and Raigmore (ward 3A and 3B) domestic services who work so hard at maintaining such high standards of cleanliness for at times very little reward. Finally as I continue to make progress with my rehabilitation I would like to thank the Belford physiotherapist department for their support and encouragement.

Lots of thanks to you all."

Patient from Mid Highland (Also an NHS Highland staff member)

"Thank to each one of you for the care and to those who held my hand on the bad days. Hope to see you

from time to time socially but I hope not professionally!"

Patient from Wick

"Our Mother passed away in Raigmore in March. My brother and I would like to thank all the doctors, nurses and staff who cared for mum and made her as comfortable as possible. We would also like to thank, in particular, Nurse McLean and Sister Calder, without whose sound advice we would not have come across from South Africa and spent some quality time with Mum when she was still alert and lucid. Once again, our grateful thanks."

Patient's Relative from South Africa

Organ donation: the gift of life - Today more than 7,000 people in the UK need an organ transplant that could save or dramatically improve their life. Most are waiting for a kidney, others for a heart, lung or liver transplant. But less than 3,000 transplants are carried out each year.

Transplants are one of the most miraculous achievements of modern medicine. But they depend entirely on the generosity of donors and their families who are willing to make this life-saving gift to others. **Already carry a card?** Carrying the card is a great start, but to be a **registered** organ donor you need to join the NHS Organ Donor Register.

How to become a donor <http://www.uktransplant.org.uk/ukt/default.jsp>

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

Recent HDLs include:

- 25/4 PCA(P)(2007)11; PCA(M)(2007)06 - Prescription stationery version 3
- 25/4 HDL(2007)27 - Mental Health (Care and Treatment) (Scotland) Act 2003: safety and security in hospitals.
- 25/4 HDL (2007) 26 - Scottish Medicines Consortium (SMC) advice and single technology appraisals (STAs) from the National Institute for Health and Clinical Excellence (NICE).
- 2/4 HDL(2007)25 - Hospital Eye Services: 1. increase in optical voucher values from 1 April 2007; 2. increase in the NHS eye examination fees from 1 April 2007; 3. increase in the NHS domiciliary visiting fees for optometrists and ophthalmic medical practitioners from 1 April 2006.
- 27/4 PCA(P)(2007)13 - A joint working initiative between general practitioners and community pharmacists 2007-08: community pharmacy supplementary prescribing clinics.
- 30/4 CCD5/2007 - Guidance for local authorities: provision of community care services to adults with incapacity .
- 27/3 HDL(2007)21 Strengthening the role of managed clinical networks .

eLibrary www.elib.scot.nhs.uk
Have you registered yet?

The **Community Care Integration Team** have moved to Assynt House, Beechwood Park, Inverness. Tanya Capp - 01463 704870

The next Team Update will be issued on 11 June. Submissions by deadline 4 June.

Forthcoming Events:

NHS Highland Board Meetings 2006

5 June 2007

7 August 2007 (Argyll & Bute)

Get WISE Staff Briefings

Oban - 8 May 2:00pm

Helensburgh - 15 May 2pm

Campbeltown - 16 May 10am

Lochgilthead - 16 May 2pm

Assynt House - 6 June 2:30pm

John Dewar Building - 7 June 12-2

Caithness (tbc) - 18 June

Golspie - 20 September

Health & Homelessness Conference

Lochaber 17th May 2007

Liz Stevenson 01397 709850

Learning @ Work Day 2007

Coffee Lounge, Raigmore Hospital

Thursday 24th May 10am-4pm

Drop in any time during the day, or come along to one of our scheduled sessions

Inverness Open Day on Stammering

Saturday 19th May 2007

10.30 - 16:30

Give and get support, share ideas, find inspiration and access information at this event for children and adults who stammer, relatives, friends and professionals.

Review of Nursing in the Community: Workshops

20th June: 12.00 - 2.00 Rec Hall, Raigmore, Inverness

21st June: 10.00 - 12.00 Argyll Hotel, Inveraray

22nd June: 10.00 - 12.00 the Community Room, Lawson Memorial Hospital, Golspie

Deafblind Scotland's Annual Forum

The Campanile Hotel, 10 Tunnel Street, Glasgow 11th June 2007

'Making Progress' - this year we look at governmental, technological and mental health service improvements in the field of dual sensory impairment. To book a place call 0141 777 6111 or email info@deafblindscotland.org.uk write to Deafblind Scotland, 21 Alexandra Avenue, Lenzie, Glasgow, G66 5BG

Freedom of Information Workshops 11th June, 13th August; 15th October; and 17th December 2007. Contact Chris Meecham on chris.meecham@hnb.scot.nhs.uk or on 01463 704857 to book a place.