

Monday 24 February 2025

Annual leave – using it up and planning ahead Your annual leave is **yours** to take. Leave arrangements vary across the organisation, as follows:

- Agenda for Change staff, and Executive & Senior Managers, have an annual leave year which runs from 1 April – 31 March. Unless exempt e.g., due to maternity leave or long-term sick leave, they **must** use their annual leave allocation for 2024/25 by 31 March 2025.
- Doctors and Dentists in Training have their leave year starting from their training contract date i.e., August - July.
- Consultants, Associate Specialists, Speciality Doctors and Staff Grades have their leave year starting from the date of appointment to their post, or in some cases from 1 April. Career Grade Medical staff should comply with [the Medical Staff Leave Protocol, which can be accessed here](#) (intranet link, networked devices only).

Looking to plan your next leave year? [There is an annual leave calculator available here.](#)

February pay day If you are paid monthly, the next payday is this Friday (28 February). Electronic payslips will be available from Wednesday. More information about ePayslips is available here (networked devices only): [Pages - Self-Service](#)

New tactical group – joining up the system In order to better resolve issues escalated from the daily system connect meetings, or to address challenges right across our health and social care system, a new tactical group has been set up. This group may also be activated in the event of significant disruption or declared critical or major incidents. The overall aim is to have a standing group which can tackle a range of issues, avoid project duplication, and support longer term planning, rather than reacting to individual challenges. Initially the group will meet weekly and be chaired by Geraldine Fraser (Executive Lead Medicine Unscheduled Care Portfolio & Integrated Family Portfolio).

This is a test of change, and it will take time to bed in. However, it presents an exciting opportunity to change the way we solve problems. If you want more information, you can contact Eddie Graham (Head of Resilience) or Geraldine Fraser.

Treatment Escalation Plans (TEPs) A TEP is a tool which captures the outcome of realistic conversations with our patients and their loved ones, to make sure that their treatment and care is based on what matters to them. Research carried out in NHS Lanarkshire has indicated using TEPs in acute clinical settings has the potential to reduce complaints relating to end-of-life care. You can read more about that here: [A case-controlled study of relatives' complaints concerning patients who died in hospital: The role of treatment escalation/limitation planning - PubMed](#)

We continue to look for ways to support TEPs being business as usual; you might have noticed Datix now includes a question on TEPs for patient event reporting. There are lots of learning resources to help shape realistic conversations and complete a TEP. Registered Turas users can find a [Shared Decision Making module](#) and more resources are available on the Future Care Planning SharePoint site ([request access here](#)).

CDD (Core Discharge Documents) CDD is due to be updated tomorrow (25 February) between 8-9am. **It will not be available for use during this time, and you should have contingency measures in place.** The upgrade will fix existing bugs and introduce CDD drug edit and HEPMA drug importing scheme.

Research advisory opportunity The Grampian Commercial Research Delivery Centre (CRDC), one of 21 set up across the UK, is inviting expressions of interest from staff with chief or principal investigator experience to join an advisory panel to support the Director. The expected commitment is one hour per week until 19 December 2025, which can be reimbursed. Interested staff should email gram.vpag@nhs.scot by 2 March 2025. For more details on the CRDC, see the Daily Brief dated 13 December 2024.

'Draughtproof your home' online workshop This will take place this Thursday (27 February) between 10.30-11.30am. It's your opportunity to pick up some money- and energy-saving tips and learn about products to keep your home warm. To register, please contact gram.northpublichealth@nhs.scot

Families helping children's services make improvements As part of progress towards Royal Aberdeen Children's Hospital achieving Magnet® status, recognising care excellence, quarterly patient feedback surveys are helping to improve patient experiences. These online questionnaires enable teams to gain insights into what they're doing well and where improvements could be made. And they're seeing an improving picture of patient experience and satisfaction since the surveys started in 2023, from around 75% to 95% overall.

All inpatient and outpatient areas in RACH, Dr Gray's Children's Ward and the Neonatal Unit are participating in the patient surveys. RACH is on track to becoming the first children's hospital in the UK and the first hospital in Scotland achieving Magnet® designation. It will be a huge boost for attracting new staff and retaining the great talent we have here in the North-east. Well done, folks!

Pause for thought It's commonly said, 'everything can teach us something'. What have you learnt recently? Was that learning new, or a reminder to you?

Tune of the day Our sources* tell us Laura Mallarkey, haematology clinical nurse specialist, is celebrating the big 4-0. Sending her our very best wishes, lots of love from the haematology team, and [Wonderwall](#) for her special day.

*Laura's colleague (also Laura)!

If you want to request a tune, follow up on items included in this brief, or suggest an item for sharing, drop us an email via gram.communications@nhs.scot