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Thursday 20 May 2021

to

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# Podcast with Ewan Summers: Planned Date of Discharge with Marianne Hayward

May 4, 2021

Categories: Pulse, Pulse - General News

Tags: Marianne Hayward, planned date of discharge, podcast

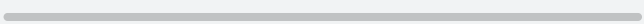




When people are admitted to hospital, one of the first questions often asked is ‘when am I getting home?’.

Planned date of discharge (PDD) allows for that question to be answered. The key feature of PDD is multi-disciplinary teams of health and care professionals working together with hospital staff and looking at discharge planning with the patient and family as soon as possible. A PDD is identified at the earliest opportunity, sometimes on admission.

PDD has already reduced delayed discharges in South Lanarkshire Health and Social Care Partnership (HSCP) from one of the highest in the country – to one of the lowest. This approach is now being scaled up in NHS Lanarkshire’s three acute sites, in close partnership with Health and Social Care North Lanarkshire and partners.

In this special-issue podcast, Marianne Hayward, head of health and social care for South Lanarkshire HSCP explains what PDD is, how it works and the benefit for patients and staff alike.

▶ 0:00 / 0:00   

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What did you think of this podcast? We'd be really keen to hear your views. Email [ewan.duguid@lanarkshire.scot.nhs.uk](mailto:ewan.duguid@lanarkshire.scot.nhs.uk)

### **Podcast Transcript**

**Ewan (E):** Hello and welcome to a special edition podcast with Marianne Hayward. Marianne is head of health and social care for South Lanarkshire's Health and Social Care Partnership and joins me to talk about a programme called planned date of discharge. Going into hospital for an operation or procedure can often feel like the beginning of a daunting and complicated journey, but well-established systems are in place to provide a clear route, with full support from a range of health and care professionals as well as partners. This spans from your arrival, to your time in hospital, to your discharge back home or to a community setting. I'm delighted to say that Marianne Hayward joins me down the line right now to talk us through this journey and the main principles of planned date of discharge. So Marianne, thanks a lot for coming on. To kick us off, would you be able to tell me what happens when a patient arrives in hospital?

**Marianne (M):** Well, the idea behind this principle, Ewan, is that people have a date for discharge as soon as possible when they're admitted to hospital. If you ask anyone who goes through the hospital journey, the first question they always ask is 'when am I going home?'. Planned date of discharge allows this to happen. So when someone's admitted to hospital and haven't gone through A&E, usually through acute receiving on to the ward of where they can be best cared for, the specialists and the staff and the social workers will be responsible for setting a date when that person can go home, and sharing that with the family, the person, as well as discussing it as part of their MDT (multi-disciplinary team). And then all the goals and requirements for getting that person home will be set and worked through with the patient.

**E:** What staff will be involved in the patient's care?

**M:** It's numerous people involved at every stage, depending on what's required. We have patient advocates involved, social workers, home care staff, pharmacists, doctors, obviously, nursing staff, dietitians, speech and language therapists, physiotherapists. There's a range of professionals who will make a judgement alongside the person's needs as to when that discharge date can be achieved. Very often people need a period of not just getting medically stable, they require a period of rehabilitation and support for getting back on their feet. And the planned date of discharge would take all that into account. So whatever the person's requirements are, they're worked through and there will be a logical plan agreed with all these professionals for that person to get home.

**E:** And how long will this journey last for?



**M:** Well, it's very unique to each person coming through the hospital and some people can be in for a significant length of time, but that doesn't mean their discharge goals can't be set quite far in advance. So we would hope that by now, after a year of doing planned date of discharge across the acute sites in Lanarkshire, we have a fairly good idea based on people's medical history, their social history, their circumstances at home, when that discharge date should happen. So sometimes it can be a 24-hour turnaround, but equally, it could be two to three weeks – it may be even a bit longer for some specialties. For some of our mental health patients, when we're looking at rehousing etc, it can take a few months in terms of stability, so it's very individual to the person, but every effort is made to make sure it's customised and the journey is applicable to that person as an individual.

**E:** And do you try and be as specific where you can?

**M:** Yeah, we try to be very, very specific, but we recognise – we've gone through a period of growth around this – we recognise that sometimes that can change and that we have to be responsive to that change. But we do try and give people an exact date and that actually helps the staff on both sides as well because they're aiming for that date. So, for example, if somebody requires a homecare package to support them at home, we can work with the various providers for that package and make sure it's lined up if we have a specific date. If a person requires long-term care, then we would work with the long-term care provider to make sure that person can be discharged on that date, so it's not just about the patient. Although the patient is at the centre of the process, there's a lot of people involved in making sure that specific date happens

**E:** But the planned date can change?

**M:** Yes, absolutely, and does. We try and bring the date forward as well, so if we set the date for a couple of weeks' time and somebody becomes clinically well before that, we'll move the date so that they go home earlier. So it can be quite flexible, but at the same time we try and not change it too often because that can be confusing for the patient and their carer and family and wherever they're going in terms of a final destination. But we try and be as flexible around people's clinical needs.

**E:** How will the patient know when they're ready to go home?

**M:** Well, they'll have achieved their goals. So if all goes well, and the multidisciplinary team has done its job at the beginning and set the date with the patient, they should know what they've got to achieve to get out. For those patients who are unable to make that decision, then advocacy and family and carers would be involved in helping them support that date. So the person has to be clinically ready, they have to be signed off by a registered medical officer



then the supports at home need to be in place. So as long as the person has met their minimum goals for achieving all that, then they can discharge.

**E:** And that will only happen when they are ready?

**M:** Yeah, that will only happen when they are clinically ready to go. Nobody would discharge anybody that was safe. It would have to be an agreed across the MDT that that was the case.

**E:** What should the patient do if they have concerns about being discharged?

**M:** The patient should be an active participant in the process and any concerns from family, carers and the patient themselves is taken into account when we're having that conversation. Ultimately, everybody wants to go home, and that's what we try and support as best as possible. Where that's not possible, we work with a patient and their choice on what we call a co-production assessment for social work where the person has a say on how their discharge process will happen and where they're going to go. Once that's achieved, and the person's choice and control is taken into account, they will be able to be discharged. So it happens all the way through the process, it's not just at the end, or at the beginning, it happens all the way through the journey.

**E:** And when they're in hospital, is there anything that the patient needs to do to get home?

**M:** Well, while they're in hospital, the patient needs to concentrate on getting better, so whatever the clinical reason for them being admitted in the first place needs to be paramount. Achieving their minimum goals and working with the rehabilitation teams, making sure that all the information required to get them home is given to the staff that can help support them. But on the whole, it's mainly about working alongside those goals so that we can get them home safely.

**E:** And what if all the patient's treatment goes according to plan?

**M:** If everything goes to plan, then they will leave on their planned date of discharge – and that's the ideal scenario. But it doesn't often happen like that; you get small blips in the past where you have to change direction. Sometimes people need more equipment than you imagined at the beginning, sometimes they need more support to get through the journey. But if everything goes to plan, and ideally that would be the ultimate goal and people then leave on their preferred date.

**E:** How exactly do they get home?

**M:** Well, if people can go home by themselves or go with their family then we encourage to do that, but if they can't, we'll arrange for transport to get them home, either by ambulance



or by private ambulance, to make sure people are safe in that journey home. And that can be arranged by the discharge team and the multi-disciplinary team.

**E:** And what support will be available in the community for when they are discharged?

**M:** There's a multitude of different types of supports for when people are at home, including access to general practice (GP) and the practice staff. But our social work teams, our ops teams in terms of home care, there is support from third sector and then there's a multitude of befriending and support structures outside statutory services. Ultimately, what we deal with in the community in terms of statutory services, homecare and social work. Also there's a multitude of other things that people can access and we have a library of those options for people once they're discharged.

**E:** But not everyone will need support services on discharge, is that right?

**M:** That's right. If people can go home with what they had when they came in, we'll encourage them to do that and encourage them to be enabled at home with our community support rehabilitation enable teams who will come in to make sure that people are safe at home and can be rehabilitated back to their previous state before they went into hospital so it's possible for people to go home with nothing, that's right.

**E:** That's perfect, Marianne, thanks a lot for talking me through planned date of discharge. I hope it was really helpful for our listeners and thank you for your time.

**M:** Thank you, Ewan.



# Walking Challenge update

May 4, 2021

Categories: Pulse, Pulse - General News

Tags: walking challenge



There is 11 days left to go for participating teams to complete this year's walking challenge.

To date, 68 teams have successfully completed this year's challenge, which saw each of them cover at least 1,420.8km within their teams. Across the whole challenge, 541,330,746 steps (371,259.4km) have been walked in total – the equivalent to over nine times around the earth.

Congratulations go to Ogechi Lubeigt from The Knockouts and Suzanne Lees from the Hot Steppers who have both individually reached over 10,00km.

Currently topping the leader board is the Hot Steppers, a group of staff from the anaesthetics department at University Hospital Wishaw (UHW).

The current top 10 teams are:

1 <sup>st</sup>	Hot Steppers	3,220km
2 <sup>nd</sup>	Legs Miserablè	3,035.km
3 <sup>rd</sup>	The Knockouts	2,861.4km
4 <sup>th</sup>	Pimp My Stride	2,719.3km
5 <sup>th</sup>	Endoscopy Dolls	2,588.8km
6 <sup>th</sup>	I Can Step Team 3	2,266.6km
7 <sup>th</sup>	Pavement Pounders	2,047.5km
8 <sup>th</sup>	Fizzios LD	2,017.5km
9 <sup>th</sup>	Poor Soles!	2,006.8km



10<sup>th</sup>

Fit Chicks

1,937.8km

This year's walking challenge will offer prizes for the most improved, best photo submissions and the best overall performance.

Let us know how you are getting on, or upload your photos, via [Twitter](#) and [Facebook](#).

Walking for just half an hour a day can increase cardiovascular fitness, strengthen bones, reduce excess body fat and boost muscle power and endurance. You can also get a lot of great advice from Paths for All – [Walking, Cycling and Wheeling](#).

For details of walking and cycling routes in Lanarkshire click [here](#).





# Obituary of Hakim BenYounes

May 5, 2021

Categories: Pulse, Pulse - People News

Tags: Hakim BenYounes, obituary



Hakim BenYounes was born in Tripoli, Libya on 6 October 1959, a sibling to two brothers and three sisters. He studied medicine at the Medical School of Al-Fateh University, Tripoli from where he graduated in May 1983. He worked in Abusittah, Central and El Khadra General Hospitals in Tripoli before travelling to Scotland in 1987, with a plan to sit the FRCS examinations and take this qualification back home to Libya along with his experience of working in the UK.

Hakim first worked in the surgical department at the Southern General Hospital in Glasgow before taking the opportunity to work as a clinical attachment in surgery at Law Hospital, Carlisle in August 1988. The appointment was to change the direction of Hakim's life. Here, he was promptly appointed as registrar in general surgery and also when he met a registrar in medicine, Susan, who was later to become his wife. His plans to return home to Libya soon changed and he chose to stay on at Law Hospital in a region that he came to love and which ultimately would become his home.

Hakim was appointed as a visiting registrar in the West of Scotland and joined the higher surgical training rotation from August 1991. During the rotation, he worked in Ayr Hospital, Victoria Infirmary in Glasgow and Monklands District General Hospital in Airdrie.

In February 1994, Hakim took the post of research fellow in the department of surgery of Aberdeen Royal Infirmary where his research, carried out in collaboration with the University of Aberdeen, focussed on the use of positron emission tomography in patients with pancreatic and locally advanced breast cancer. The lack of a salary and maintaining a long-distance relationship showed his commitment to the post, which in time would be rewarded. His work and publications impressed to the point that he was offered a higher surgical training number in Oxford, England. This prompted a similar offer of a training number in Aberdeen which he happily accepted, preferring to remain in Scotland, and took up the post in July 1996.



Throughout these years, Hakim and Susan's close relationship grew stronger and they married in January 1996. The wedding was a modest occasion that ended with a three-day honeymoon in Dunkeld, where they received an unexpected gift of a bottle of champagne sent as a surprise from Hakim's very first research participant, 'Patient 001'.

Hakim's further training sent him on his final specialist registrar posts in Aberdeen and Inverness, before returning to Lanarkshire in September 1998 to take up a substantive appointment in Law Hospital as a consultant surgeon. Here, Hakim once again found himself working alongside Susan – now a consultant in diagnostic radiology – until she made the decision to retire in October 2019.

Over the following 22 years, Hakim established a successful surgical practice specialising in upper gastrointestinal (UGI) surgery. He made the move from Law Hospital to the newly-built Wishaw General Hospital in May 2001 with ease and worked tirelessly to build a respected oesophago-gastric resectional practice that still stands today. He was innovative and adaptive and took purpose in ensuring Lanarkshire had a voice in national developments in UGI surgery.

Hakim took the position of specialty cancer lead for UGI in March 2006 while already in the post of clinical director of surgery, which he held until he was appointed as an associate medical director for NHS Lanarkshire in June 2011. Despite this prominent position, his passion lay in his clinical work and in delivering cancer care therefore he accepted the post of chief of medical services at Wishaw General Hospital – later renamed University Hospital Wishaw – during his tenure.

Throughout his time in this role, Hakim promoted and advanced quality improvement, leading innovation and change. He was passionate about medical education and was determined to lead without the barriers of hierarchy. His vision and passion brought an invitation to meet Prince William at an evening to celebrate the 70<sup>th</sup> anniversary of the NHS in 2018. His tireless promotion of good quality medical care won him the William Cullen Award in 2019, rightly acknowledging his passion for improving care and recognising his exceptional leadership qualities.

While he was industrious at work, he was known as industrial at home. Some may have acknowledged his interest in model planes and helicopters, but few will have known the extent of his abilities. Quietly – and modestly – he spent his time single-handedly building an eco-friendly house. From re-wiring the electrics, installing kitchens and building a solid wood pergola, he did it all. He was a plumber, an electrician, a joiner, a carpenter and a stone cutter. While most would go to bed with the latest novel to read, Hakim would sit up with the latest Screwfix catalogue. There were no disasters. He was well researched on his ventures at



possibly his greatest triumph was building a garden shed the size of a small house, fully fitted with electrics, plumbing, insulated and with a living roof to top it off.

Whatever was thought of his many remarkable achievements, the way in which he carried himself and undertook his duties was inspirational. Hakim took the time to know everyone and was a true gentleman who exuded warmth and compassion that spread through the entire hospital community. He was generous with his time, had a smile for everyone and always respected and praised the hard work of others. He treated every person with the same importance regardless of their position. His influence was recognised throughout the hospital and, as a result, his loss has been felt by all. While he was a talented surgeon, an inspirational leader, a devoted husband and a compassionate mentor, he was above all else a friend. It is possible in an obituary to overstate the truth, however, with Hakim this can never be the case. He was 'simply marvellous'.

Hakim BenYounes, consultant surgeon and chief of medical services, University Hospital Wishaw (born 1959; qualified 1983; FRCS (Edinburgh) 1990, general surgery FRCS (UK) 1998), died from complications relating to major cardiac surgery on 3 November 2020.



# Quality Week kicks off today!

May 1, 2021

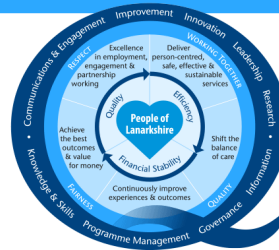
Categories: Pulse, Pulse - General News

Tags: Quality Week

## Quality Week 2021

Monday 24th – Friday 28th May

Finalised  
programme  
now available



Quality Week 2021 is finally here with hundreds of staff signed up for sessions throughout this week.

There is a mixture of face-to-face, live Teams and pre-recorded sessions taking place, promoting quality and celebrating the improvement work taking place across the organisation.

Karon Cormack, NHS Lanarkshire Director of Quality said: "The engagement and uptake from staff has been phenomenal with over 600 people signed up for Quality Week sessions.

"I am so encouraged that the staff of NHS Lanarkshire strive to do their very best for their patients and recognise the benefit of Quality Improvement. After a difficult year where staff have gone above and beyond what could be expected of them, I hope the Quality Week programme provides opportunities for us all to learn and reflect.

"We have a fantastic programme available, covering a wide variety of topics and I hope everyone enjoys the week. Please take a moment to give us your feedback via the smart survey evaluation link, attached to your session invites."

The programme can be found on the Quality Directorate [FirstPort page](#).

You can also access details of events planned by North and South Health and Social Care Partnerships on the FirstPort page.

Get involved during the week on social media using the hashtag #LQAWWeek2021



# It's OK To Ask

May 2, 2021

Categories: Pulse, Pulse - General News



A new national campaign has been launched to support patients and healthcare professionals in creating positive conversations about care and treatment.

'It's OK to ask' encourages patients to ask health professionals four questions at their appointment:

1. What are the benefits of my treatment?
2. What are the risks of my treatment?
3. Are there other treatments I can try?
4. What if I do nothing?

Dr Babu Mukhopadhyay, clinical lead for realistic medicine in Lanarkshire, said: "These questions facilitate open and helpful conversations with patients.

"It is important that fellow healthcare professionals are aware of this campaign as the people under their care may ask these questions."

Realistic Medicine puts the person receiving health and care at the centre of decision-making and encourages a personalised approach to their care.

Research shows only one in three patients prepare questions to ask at their appointment, and as a result may leave a consultation unclear on the importance and impact of taking a prescribed medication, or without a clear understanding of the options they have for shaping or managing their own healthcare.

Babu added: "This national campaign aims to encourage patients to take time to consider what they need to know in advance of any upcoming appointment so they can feel confident empowered in their healthcare plan."



# New Cabinet Secretary, Humza Yousaf, message to staff

May 3, 2021

Categories: Pulse, Pulse - General News



In his new role as Cabinet Secretary for Health and Social Care, Humza Yousaf made his first official visit to University Hospital Monklands.

Humza took the time to say a 'thank you' message to staff. The video is available on You Tube and Vimeo:

Vimeo – <https://vimeo.com/555183047>

You Tube – <https://www.youtube.com/watch?v=-5zHJJIQVzU>

# Community mental health team put on their walking boots for charity

May 3, 2021

Categories: Pulse, Pulse - People News

Tags: community mental health, Elaine Neill, Houldsworth, Kiltwalk



Nursing staff from the community mental health team at Wishaw's Houldsworth Centre took part in a 15-mile virtual Kiltwalk challenge to raise money for the Scotland Association for Mental Health (SAMH).

Staff wished to recognise and honour the incredible work SAMH provide within mental health services. The service has been truly invaluable to the team, who have worked closely together to promote recovery and restore hope to those most vulnerable.

On completing the challenge, the team raised an amazing £935, which was topped up by the Hunter Foundation to reach a total of £1402. All funds raised will help to ensure that the service can continue to positively impact on the lives of those who need it.

Team members Danielle McKeown, Nicola Hislop, Ali Aitken, Kirsty Love and Lauren Magunnigal took on the challenge by walking a route along Hamilton, Bothwell and Blantyre, on one of the most sunniest of Saturdays in April.

Elaine Neill, nursing team leader, said: "The girls have all been overwhelmed by the generosity of everyone who kindly donated to their cause. They initially only aimed to complete 13 miles but, due to a detour, they ended up walking 15. As a team, we are all incredibly proud of them."

Photograph (L-R): Ali Aitken, Danielle McKeown Nicola Hislop, Kirsty Love and Lauren Magunnigal







# Leadership podcast – staff wellbeing

May 3, 2021

Categories: Pulse, Pulse - General News

Tags: podcast, Quality Week, staff wellbeing



As part of Quality Week 2021, this podcast focuses on staff wellbeing.

- Vimeo: <https://vimeo.com/554851710>
- You Tube: <https://www.youtube.com/watch?v=zQcsGMBE55M>

Questions submitted by staff from across NHS Lanarkshire and the health and social care partnerships were put to the panel consisting of:

- Eddie Docherty, executive director for nurses, midwives and allied health professions;
- Paul Graham, head of spiritual care and wellbeing;
- Lilian Macer, employee director;
- Dr Su Ross, consultant clinical psychologist and the lead for the specialist staff wellbeing psychology service;
- Kay Sandilands, director of human resources.

The session is part of NHS Lanarkshire's realistic medicine communications plan and is supported by a project grant from the realistic medicine unit of the chief medical officer.

# Quality Week focus: neurology services

May 4, 2021

Categories: Pulse, Pulse - People News

Tags: neurology services, Quality Week



This week we are celebrating Quality Week.

In essence, the week is about identifying and creating opportunities for shared learning and continuous development. It is also about excellence, ensuring our services are innovative, efficient and, crucially, safe.

Work like this abounds – and has characterised the overall emergency response to the pandemic.

We asked you to tell us about your work by answering three short questions.

Today we focus on neurology services. Claire Purdie, neurology nurse specialist, answered the following three questions.

## **Question: What happened before you made changes to service delivery?**

**Answer:** Since 2017, specialist nurses Claire Purdie, Claire Millar and Julie Wilkie have been in post to provide a Lanarkshire-wide service to those with a diagnosis of multiple sclerosis (MS). They have provided a patient-centered service at six sites to safely monitor patients on disease modifying therapies and also provided an annual review to those patients not on therapy, demonstrating decision-making skills to lead the delivery of a clinically excellent, high quality service.

The team has managed to maintain its service to support people living with a diagnosis during a worldwide pandemic.



**Question: In very concise and simple terms, please tell us what you/the team has done differently to improve the quality of the service delivered.**

**Answer:** To ensure the staff delivered safe, effective, patient-centered, efficient, timely and equitable care within their scope of practice, enhanced data collection was established within weeks of the pandemic. Critical analysis of each of the six nurse-led clinics ensured planning, implementing and monitoring systems and processes to ensure clinical integrity, patient safety and efficient use of resources.

Clinical governance standards were met through the professional advice and clinical guidance within area of responsibility in conjunction with the Association of British Neurologists, local consultants and local line of command. A 'traffic light' system was implemented to highlight those on high, medium, low risk therapies. Home visits were offered to carry out blood monitoring for those in the shielding category.

Working autonomously as part of the MS team, the MS specialist nurses (MSSNs) used their clinical knowledge and expertise together with listening, questioning and probing skills to assess patients in their care to ensure safe clinically appropriate outcomes. This was achieved by changing the way the service has been delivered by embracing tele-health.

A telephone reminder service was implemented initially to ensure patients were not showing any symptoms of Covid-19 prior to their appointment. This has now been embedded in the service as it has shown to reduce the did not attend (DNA) rate to clinic by 50 per cent. This has shown to be a quality improvement of the service which will continue. A new audit from May 2021 is now in place to identify where the service could further reduce the DNA to its clinic.

**Question: Please provide an example of the real world difference this has made (without disclosing patient details).**

**Answer:** The use of tele-health ensured the delivery of health advice and information to the person with MS and their carers during the pandemic. The aim was to enhance the quality of life by continuing to offer an annual review to those patients who were not coming to clinic for blood monitoring or to those who were due a home visit. The relevant onward referrals were made for symptom management to the multi-discipline team (MDT) or to the relevant third sector agency who also adapted to the evolving needs during the pandemic.

Prior to Covid-19, only a few Near Me consultations took place annually. In the period July-March, a total of 70 were carried out.

Near Me consultations facilitated face-to-face delivery of care, meaning the MSSNs could provide care and compassion in a safe environment.



Prior to Covid-19, telephone reviews were not offered. Not everyone has the means to use this technology, which has meant telephone consultations are now being offered almost daily to those patients not attending clinics for blood monitoring. The team has delivered over 500 telephone reviews lasting, on average, 30 minutes each.

MS teams ensured MDT meetings and professional development were not compromised.



# Walking Challenge update – the countdown is on!

May 4, 2021

Categories: Pulse, Pulse - General News

Tags: leader board, walking challenge



There is only four days left to go for participating teams to complete this year's walking challenge.

So far, 130 teams (out a total of 377) have completed the challenge and reached Rome.

Still topping the leader board is the Hot Steppers, a group of staff from the anaesthetics department at University Hospital Wishaw (UHW).

The current top 10 teams are:

1 <sup>st</sup>	Hot Steppers	3,892.5km
2 <sup>nd</sup>	The Knockouts	3,618.7km
3 <sup>rd</sup>	Legs Miserablè	3,498.8km
4 <sup>th</sup>	Pimp My Stride	3,169km
5 <sup>th</sup>	Endoscopy Dolls	2,908.7km
6 <sup>th</sup>	I Can Step Team 3	2,638.7km
7 <sup>th</sup>	Poor Soles!	2,433.7km
8 <sup>th</sup>	Pavement Pounders	2,424.7km
9 <sup>th</sup>	Walkuronium	2,286km



Congratulations go to Maureen Cossar, senior nurse, mental health and learning disability service, University Hospital Wishaw, who won the 'best photo' submission. Maureen successfully climbed Tinto Hill in South Lanarkshire and proudly captured the moment.

Maureen said: "As part of my commitment to the walking challenge, I managed to push myself to climb Tinto. I know many have done this but I'm still quite proud of myself – now I've recovered a little!"

Those who have still to complete the challenge have until 8pm on Monday 31 May to log their steps.

Keep letting us know how you are getting on, or upload your photos, via [Twitter](#) and [Facebook](#).

