New booking line for first antenatal appointment

See page 8
Dedicated staff break Alcohol Brief Interventions target

STAFF have exceeded our Alcohol Brief Interventions (ABIs) target by an impressive 31 per cent.

All health boards are set targets by the Scottish Government, but hardworking NHSGGC staff surpassed the 14,366 goal for 2013-2014 by carrying out a total of 18,878.

ABIs are short, evidence-based, structured conversations about alcohol consumption with patients/clients carried out in a non-confrontational way.

The aim is to motivate and support the person to think about and perhaps plan a change in their drinking behaviour to reduce their consumption and risk to health.

Nursing staff, midwives and addiction liaison nurses working across the acute services directorate carry out ABIs in medical receiving and admissions wards, antenatal services, maxillofacial clinics and recently they have begun in A&E.

Anne Harkness, director of emergency care and medical services, applauded the acute staff contribution to this achievement.

She said: “I am delighted with staff efforts which have contributed to the delivery of NHSGGC’s overall ABIs standard, consistently achieving targets, while not compromising on patient care.

“They have embraced ABIs as a positive approach which can help bring about behaviour change.”

Primary care and wider settings, such as district nurses, prison health staff and the Sandyford, together with partners such as the Homeless Service, Addiction and Community Safety Glasgow, have played their part in the success story.

One area which has developed quickly is prison settings. Working with colleagues in health improvement in prisons, we have established delivery of interventions in HMPs Barlinnie, Low Moss and Greenock.

Statistics show that 50 per cent of prisoners were drunk at the time of their offence and our staff are involved in work to screen every person sent to these prisons.

One innovative screening tool is the use of scratch cards which asks new arrivals a series of questions about their drinking behaviour and they scratch out their answers, with staff following up later.

A peer support group to deliver ABIs is being developed for prisoners when they are released to help them change their relationship with alcohol.

Dr Trevor Lakey, health improvement and inequalities manager, mental health, alcohol and drugs, summed up: “This intervention is important because it helps tackle hazardous and harmful drinking which contributes significantly to Scotland’s morbidity, mortality and social harm.

“We have had great support from colleagues across the wider setting and I would like to thank all of them for their hard work in helping to achieve such a great result for us and one we intend to build on.”

Recommended daily drinking limits are 2-3 units per day for women and 3-4 for men, with at least two alcohol-free days a week.

However, across Scotland, excessive drinking and alcohol-related problems are estimated to cost the Scottish economy around £3.56 billion a year.
Communication is crucial for everyone at this engaging time

THIS month’s update features some of the activities that have been moving apace to prepare for the migration of staff and restructuring of services associated with the new hospitals as they near final stage completion on the Southern General campus.

Since the last update, there has been good progress but, at this stage, we are just beginning to see what will develop as a highly intensive and engaging time for staff communications.

I firmly believe that we cannot over communicate. The many questions raised by staff at the roadshow events demonstrate the need for increased awareness and detailed information sharing on a number of fronts.

I am assured that, to supplement face-to-face communications, dedicated StaffNet and NHSGGC web portals are being developed, complete with interactive elements to ensure any questions are addressed.

If there are any queries or suggestions, you can also email: childrenshospital@nhcggc.org.uk for the children’s hospital or, for the adults’ hospital, email: southglasgowhospital@nhsggc.org.uk

Workforce planning

SINCE my previous report, local directorates, HR teams and other staff have been working to conclude the workforce plan for the new hospitals. The plan should be complete by early summer, giving a breakdown of the higher level numbers of all staff groups.

Over the coming months, this will enable us to advise staff where they will be going, i.e. the new South Glasgow hospitals, Gartnavel or Glasgow Royal Infirmary.

The nurse staffing model is also being finalised. We have already seen from an initial exercise that we will have additional emergency nurse practitioners, advance nurse practitioners and a surplus in senior charge nurses which will be addressed through our Managing Change Policy working with staffside colleagues.

Work is also progressing to ensure medical colleagues have up-to-date job plans to support the change programme. I am currently working with the Acute Partnership Forum and key staffside leads in developing an On The Move, Managing Change framework which will complement the Managing Change Policy. This document will ensure we have consistency of approach across all our directorates and sites in supporting staff through the change programme.

I am also working with colleagues to ensure that we identify staff who may be planning to retire in the coming year. Anyone thinking about retiring before the move in 2015 or around the time of the move should highlight this to their supervisors/line managers as this will support our workforce planning.

Win an iPad Mini

THIS month Staff Newsletter has once again teamed up with our friends over at the Staff Lottery and Appeals Society to bring you a fantastic competition to win a 32gb iPad mini.

Q: What is the iPad mini screen size?

Simply answer the question, above, and email your answer, along with your name and work location to: StaffNewsletter@ggc.scot.nhs.uk or send to: Corporate Communications, JB Russell House, Gartnavel Campus, 1055 Great Western Road, Glasgow, G12 0XH

T&C: Open to all NHSGGC employees. Only one entry per person. Winners must be available for a photo, which may be printed with their details in SN. Closing date is 30 June 2014.

On The Move: staff update

BY ROBERT CALDERWOOD, CHIEF EXECUTIVE

Competition & Staff Lottery

Win an iPad Mini

BY ANNE MACPHERSON, WORKFORCE DIRECTOR

Workforce planning

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On The Move: staff

Nursing readiness for move to the new South Glasgow hospitals

The move to the new South Glasgow hospitals in 2015 will represent a time of major change for nurses with the move to single room patient accommodation.

Many of the advantages of the new hospitals are of major benefit to both patients and staff. These include ergonomic physical design to reduce stress, increase access to natural light to improve general wellbeing and close proximity to other services that will support multidisciplinary working and enhance professional relationships and development.

Crucially, over the design period, there has been significant nursing input to the development of the new wards. A key design principle which has been achieved is good visibility from the ward corridor into the patient bedrooms, through large observation panels to give direct line of sight into the bedroom. Patient privacy and dignity will be addressed by the incorporation of interstitial blinds (blinds in sealed double glazed units so never need cleaning) into the observation panels.

Key ward design features such as near patient data entry, touchdown spaces and centrally located clean and dirty utilities, linen and equipment bays will reduce walking times for nurses and maximise the amount of time spent with patients at their bedside.

The new hospitals will include use of intelligent staff call systems, with the potential to link to the staff call, cardiac arrest, pager/telephone alert system.

A new system for delivery and storage of linen will be used within the hospitals. The time spent by nurses unpacking linen and repacking onto cupboard shelves will be reduced for direct patient care.

The new hospitals include a range of leading-edge equipment and operational systems in order for clinical services to be supported by high-quality, efficient and technologically advanced facilities management services including automated guided vehicles (AGVs), a pneumatic tube system (PTS), an automated pharmacy and a dedicated FM centre. AGVs will be utilised to provide on-time transportation of catering, linen/laundry, sterile supplies and general supplies around the facilities. The PTS will allow high speed and efficient movement of supplies around the buildings via a fully sealed and secure distribution network. Outpatient dispensing will be provided from an automated dispenser in the new hospitals supporting the efficient distribution of medication. All deliveries will be received at the FM Centre for checking, storage and distribution via the tunnel network to the hospitals.

The key design features incorporate previous learning from Leading Better Care and Releasing Time to Care programmes to:

- Increase the proportion of time staff spend on direct patient care
- Enhance the patient experience
- Improve safety
- Increase staff wellbeing.

Professional nursing is about putting patients first by delivering a service that embraces the human values of caring, compassion and dignity alongside the necessary technical and decision making skills.

As part of the On The Move programme, a multidisciplinary Generic Ward Operational Policy Group has been established led by Marion McDonald, head of nursing for surgery and anaesthetics, as the main cross-directorate forum to develop new ways of working for the inpatient ward areas including:

- Electronic record keeping
- Single room patient management
- SBAR handovers
- Communication processes on wards
- Nursing roles
- Patient pathways
- Ward/other department interface

Our next update will provide an overview of the progress of this group.
The On The Move Programme Board has established a Staff Travel Advisory Group, chaired by Scott Young, corporate facilities lead, along with representatives from RCM, RCN, Unison, BMA, Community Engagement, HR and Corporate Transport teams.

The Group shares information on all travel planning matters and helps to get an employee’s perspective on the challenges, issues and possible solutions relating to transport and parking at the new hospitals.

The car parking provision on the campus will total 3,500 spaces. The number of spaces is calculated as part of the planning application process and the decision on car parking numbers is decided by Glasgow City Council.

In calculating the number of spaces, the council considers projected staff and visitor numbers likely to require access to the campus.

NHSGGC has given a commitment to work with partner agencies including Glasgow City Council and SPT to realise the following travel objectives as set out in the planning agreement:
1. Reduce “drive only” journeys
2. Increase car sharing
3. Increase use of public transport
4. Increase cycle to work activity
5. Increase walk to work activity.

I know that travel and transport is an important issue for staff. This is one of the key issues being covered in the roadshows currently underway and I would encourage colleagues to try to get along to one of the roadshows if possible. For more information, visit: StaffNet > Corporate Services > Communications > Hot Topics

Detailed migration plans are being developed for the Victoria Infirmary, Western Infirmary and the Royal Hospital for Sick Children. More information will be provided soon.
SUSTAINABILITY

Ecosmart RAH saves £270,000 a year

“GREEN” LED lighting installations at the Royal Alexandra Hospital (RAH) are on track to save us more than £270,000 a year, cutting carbon emissions and raising NHSGGC’s sustainability credentials.

The hospital has installed the energy-efficient lighting in a mixture of ward areas, the glass link corridor and external ambulance bay, and this is expected to produce annual savings of £271,215.

Our consumption is down by 186,494 kilowatts and CO₂ reduction is down by 91.5 tonnes, the equivalent of electricity consumption for 44 average (as defined by the UK Department of Energy and Climate Change) family homes for a year.

Thanks to the upgrading of the boilerhouse, plantroom and other equipment at the RAH, these savings are set to continue to cut utility bills.

Elsewhere, more ecosmart initiatives are in the pipeline to reduce our carbon emissions. These include the installation of a biomass plant at Inverclyde Royal Hospital’s education centre.

Biomass systems use wood chips/wood pellets rather than fossil fuels to produce heat which is used to increase the temperature of water circulating in radiators throughout the building. It works in tandem with gas boilers and, as an added bonus, we receive Renewable Heat Incentive payments of 8.8p from the Scottish Government for every kWh generated from the plant because biomass heating is produced using a renewable source.

This is the equivalent of around £10,000 per year in the payments alone as a bonus for having the biomass kit there. This will help offset increasing utilities costs across the rest of the Board.

The scheme has a zero carbon impact because the CO₂ it absorbs during its life as a plant is released back into the atmosphere during burning, leading to a neutral emission of CO₂.

It is also cheaper than fossil fuels, which are expected to become increasingly scarce and costly over the next decade.

Mary Anne Kane, interim director of facilities, said: “I would like to commend our energy team and all staff who are playing a continuing part in reducing energy costs and making our organisation ever more sustainable.

“We take sustainability extremely seriously and this is being reflected in our ambitious plans and hard work by staff.”

We are encouraging staff to come up with eco-smart ideas, if you have any suggestions, email: gillian.brown2@ggc.scot.nhs.uk or tel: 0141 314 6994.

Campaign posters encourage people to review medicines

A NEW campaign called ‘Let’s talk medicine’ is urging people to take a fresh look at what medication they take and raise any questions or concerns with the pharmacist or GP.

Mairi-Anne McLean, senior prescribing advisor, said: “Many people may have been taking the same repeat prescription for a while and may be unsure how effective it is or even if it is still required. Others may experience side effects or have stopped taking medicines they no longer think they need but have never told their pharmacist or GP.

Whatever the issue, we want people to know it’s always okay to ask.”

Harry McQuillan, chief executive of Community Pharmacy Scotland, said: “This will improve safety by reducing risks associated with not taking your medication correctly, as well as reducing prescriptions issued for medicines no longer required.”

Posters for the campaign, developed by West of Scotland NHS Boards, will be in community pharmacies across Scotland.

For further information please visit: www.letstalkmedicines.com

To find out more about our sustainability plans, visit: StaffNet > Corporate Services > Sustainability
Let the Games begin, says Sally

Sally is gearing up for Glasgow 2014

BEING part of the Commonwealth Games team in Glasgow was one of the major attractions for Sally Johnston to successfully apply to become our new head of civil contingencies.

Cardiff-born Sally, who was previously an emergency planner with NHS Tees, in the Teeside area, said: “What attracted me to this job is that I am working for the biggest health board in Scotland, plus there is the challenge of the Games.

“This is an opportunity not only to promote Scotland to an international community, but also a major platform to show how good we are as a health service.”

For the Games, Sally and her team are working with multi-agency partners, including the police and every Scottish health board on a mutual aid basis.

Sally added: “We need a co-ordinated NHS response.”

It’s a massive undertaking but Sally points out that plans and protocols for treating overseas visitors, athletes and dignitaries are already in place.

She said: “We deal with big events attracting large audiences and high-profile visitors on a regular basis, so really the challenge is how to maintain business as usual while implementing extra measures to support the athletes and visitors.

“If there is a major incident or an outbreak of some kind, we will follow our established procedures to deal with it.”

Sally believes that a major issue will be transport, making sure that clinical staff and patients are aware of road closures and getting out the message that they should leave earlier to get in on time for work and appointments. She is working with the communications directorate to create a one-stop-shop web portal on the NHSGGC website for all information about the Games, which will be regularly updated.

Staff are also reminded to wear their ID badges at all times.

Sally’s final test before moving north was dealing with flooding in the Stockton area when the River Tees burst its banks just before Christmas.

She said: “Health was part of a multi-agency tactical command cell which co-ordinated the evacuation of 300 people.

“Part of the health response was to identify vulnerable people and support evacuation centres and facilitate any requests made for medication or access to a health professional.

“Then we looked at short and long-term recovery, the public health issues and the re-housing of some of the community due to the damage.”

Sally began her career in the ambulance service, working in patient transport, and became an ambulance technician before moving into emergency planning.

She added: “Civil contingency is where my heart is and I’m looking forward to working with my colleagues to make sure everything runs smoothly when the world’s eyes are on Glasgow.”

Let the Games begin, says Sally

Pressure ulcers prevention and management

ALL healthcare staff caring for patients have a shared responsibility for the prevention and management of pressure ulcers.

A new policy on pressure ulcers prevention and management has now been devised and is available for staff.

The purpose of the policy is to ensure that all patients within NHSGGC are thoroughly assessed and effective strategies put in place to reduce the risk to healthy tissue and facilitate healing of damaged tissue.

Staff should take particular note to a number of changes within the policy, including:

- Individual roles and responsibilities
- Grading of pressure damage
- Mandatory Datix reporting of all grade 2, 3 and 4 pressure damage
- Mandatory referral to the Tissue Viability Service of all healthcare acquired grade 2, 3 and 4 damage.

To support this policy, the Tissue Viability Service is holding a series of drop-in awareness sessions, open to all staff, where they will also introduce the new pressure ulcer module on LearnPro.

Further awareness session dates and venues will be published on the Tissue Viability pages on StaffNet > Acute > Division Wide Functions > Tissue Viability Service – Acute Division

The LearnPro module, aimed at all staff grades, can be accessed at: https://nhs.learnprouk.com

For more information, email: tissueviability.referral@ggc.scot.nhs.uk
Step up to active new lifestyle

LAURA Horton is one of our Live Active Advisors, whose goal is to encourage all of us to get more active, more often in the year of the Glasgow Commonwealth Games.

Under the 12-month Activestaff programme, Laura and her colleagues encourage and support staff to consider different kinds of exercise and make it a regular part of their lifestyle.

She explained: “My role is to motivate and support people by giving them the knowledge, tools and confidence to lead a more active lifestyle which can help improve physical and mental wellbeing. We arrange one-to-one consultations at a variety of leisure centres and NHSGGC sites across the city for a chat about activity levels.

“We then agree tailor-made goals and levels of support for participants based on their individual needs.”

Everyone is fully screened at the first consultation before they and the advisor discuss suitable activities, ranging from zumba or spin classes, to walking and going to the gym.

Laura said: “We run a variety of supervised exercise sessions suitable for people with particular medical conditions, there’s something for everyone.”

The programme also promotes healthy eating and weight management in participants.

Throughout the year, there will be opportunities to take part in large-scale events, benefit from “first timer” discounted offers, and receive information about local training programmes.

For more information, visit: www.nhsggc.org.uk/activestaff or tel: 0141 287 0180

Direct line launched for antenatal appointments

NHSGGC has launched a new central booking line, 0141 232 4005, to streamline antenatal appointments.

The call centre, based at the Southern General, is being implemented in two phases. It is already available in the Glasgow area and is due to be up and running in Clyde later this month.

It is part of wider changes to provide smoother and quicker access to maternity services and achieve the antenatal Health Improvement Efficiency Access to Services and Treatment (HEAT) target of at least 80 per cent of women in each of the SIMD quintiles, securing an appointment by the 12th week of pregnancy.

When women make a call, they will be given an appointment with a named midwife and scan slot. An SCI Gateway information request will then be sent to the GP with details of the two appointments, asking for the information to be provided in advance of the booking appointment.

As far as possible, women will be offered appointments close to the GP and their local hospital to ensure improved continuity of care.

Michelle McLauchlan, general manager, obstetrics and gynaecology, said: “Earlier booking provides more time for improvement of health behaviours, including reducing smoking cessation rates, substance and alcohol misuse, and increasing breast-feeding rates. All of this will have a positive impact on long-term public health.”

There will be exceptions to the new booking system. For example, if the GP considers that a patient needs to be seen very early or should be seen first by an obstetrician, the usual SCI referral can be followed.

Leaflets and posters promoting the booking line have been distributed in health and community settings, and are available in different languages.