STAFF SURVEY

It’s coming with your pay slip, so take the chance to influence real change... and win a fabulous holiday for two in the Med!

See pages 2 and 3.
Some staff tell me that they just don’t have time to fill out all the questionnaires that land on their desks.

But, each of these surveys serves a worthwhile purpose. We need to gather information in order to assess how we’re doing things and whether we might be able to do them better.

So, why fill in the Staff Survey? Why is it worth putting aside the time to answer the questions? Well, it’s the one that directly affects us as NHS employees.

The questions in this survey are all geared towards finding out how you feel about working in, not only the NHS, but your own Trust. For example, thanks to last year’s survey, we found out that 72% of staff across Greater Glasgow enjoyed working for their organisation, yet 59% felt stressed at work.

So what happened with all the information gathered?
The Partnership Fora within each of the Trusts and the Greater Glasgow Area Partnership Forum have been working to develop Action Plans which address issues arising from the survey and have been progressing these Plans.

As a result, new policies have been written and old ones upgraded. These put in place processes to deal with, for example, regrading applications or reporting bullying and harassment.

Around 6,000 people filled in and returned the survey last year - we thank you for that. For the rest, we understand that many of you didn’t fill it in because you were worried about the consequences of answering honestly.

Well, we’re saying don’t worry. The Staff Survey is COMPLETELY ANONYMOUS. No individual filling in the questionnaire can be identified and we’d encourage as many members of staff as possible to participate.

So when will it be out? The Staff Survey will be sent to you with your payslip at the end of this month (September). Your line manager can be approached to set aside a short period during the working day to allow the form to be completed. It won’t take long and the staff and service can only benefit.

For more information on the Staff Survey, contact: Olivia Cornacchia, Co-ordinator, Greater Glasgow Area Partnership Forum on 0141 201 4458 or email her on olivia.cornacchia@gghb.scot.nhs.uk

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**Staff Survey Competition Entry Coupon**

How many staff surveys will be returned this year?

Your answer:

__________________________________________

Your Name:

__________________________________________

Your place of work:

__________________________________________

Contact Number:

__________________________________________

Send to: Olivia Cornacchia, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 3YZ by October 17, 2003. Winners announced in the November edition of *Staff News*.
How does a sizzling week with your other half in a calm and tranquil part of Ibiza sound to you? As part of our Staff Survey promotion, Barrhead Travel and Thomsons Holidays have teamed up with NHS Greater Glasgow to offer one lucky member of staff a week’s holiday for two at the Hotel Panorama Marina in Es Cana worth more than £1,000!

The break from May 8 - 15 2004 includes flights from Glasgow and top bed and breakfast accommodation.

There were slightly more than 6,000 responses to the last staff survey. All you have to do is guess how many there will be this year.

Email your answer along with your name, place of work and contact number to: news@gghb.scot.nhs.uk

Or fill in the coupon and send it: Olivia Cornacchia, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 3YZ.

In the event of a tie, all correct answers will be placed in a draw.

Closing date for entries is Friday, October 17, 2003. The lucky winner will be announced in the November edition of Staff News.

Barrhead Travel Benefits

Those who don’t scoop the prize however can still cash in on the NHS staff benefits scheme with Barrhead Travel, which offers 5% discount and up to two weeks free travel insurance on all ABTA (Association of British Travel Agents) overseas holidays and charter flights.

All you have to do is phone 08707 494 700 for your discount or click on www.staff-travel.co.uk quoting NHS and your location.

A spokesperson for Barrhead Travel said: “Our company has long had an association with the NHS in Scotland, so we’re keen to be with the Staff Survey.”

Founded 28 years ago by Bill Munro, Barrhead Travel is a leading independent UK travel agency and, as a member of ABTA, was voted Best Travel Agency in Scotland for three years in a row.

The spokesperson went on: “Despite tough market conditions Barrhead Travel is bucking the trend by offering new ways of selling holidays by ‘packaging’ flights and quality accommodation, while offering year round bargain holidays at below-brochure prices. “We now source cheap flights when the market is ‘soft’ and then link them with hotel, which allows us to beat the tour operators at their own game! We’re undercutting other players, so even when the market is down we’re seeing growth thanks to our prices.”

The company recently opened a superstore in Glasgow city centre. The 16,000 square feet experience includes 50 sales desks in a variety of themed zones that sell airline tickets, short breaks, adventure and cruising holidays. It even has its own in-store cafe.
Cytology lab staff at the Royal Infirmary are keeping pace with the latest developments in their field thanks to the introduction of new technology.

From this month (September), staff based at the lab will be using liquid based cytology (LBC) methods in a move which will revolutionise how cervical smears are examined.

They have taken possession of a Cytyc Corporation T3000 automatic processor - the machine used in liquid based cytology - which will produce clearer, cleaner slides for examination under the microscope.

John McCorriston, MLSO 4 in Technical Charge of Cytology, explained: “Traditionally, smears consist of many hundreds of thousands of individual cells which because of the smearing process may be piled on top of each other making interpretation much more difficult.

“LBC changes this. The new technology takes all the cellular material gathered by the “smear” taker and produces a representative single layer of cells occupying a much smaller area on the microscope slide.

“The view down the microscope as a result of this technology is much cleaner and clearer than a traditional smear. This should result in lower levels of inadequate smears meaning women will not require unnecessary repeats.”

South Glasgow is planning to introduce similar technology from January next year.

But, it’s not just new technology that’s making the working day better and easier for the Royal Infirmary cytology lab staff.

Lab Staff Enjoy New Working Environment

They are enjoying an improved lab environment thanks to the introduction of new adjustable equipment including microscopes, workbenches and chairs.

Mr McCorriston said: “Employees screening cervical smears face a complex task and require high levels of concentration spread over a considerable period of time.

“Although working at a microscope is limited to four hours a day with “micro” breaks throughout, we felt we could make further improvements.

“Therefore the microscope screening area was redesigned to help prevent neck, back and arm difficulties caused by poor ergonomic workstation design.”

Rising to the IT challenge

Can’t work your way around a computer? Haven’t a clue about the web? Then get yourself on one of NHSGG/Reid Kerr College’s Basic Computer courses.

Open to all NHSGG employees, the FREE one-day course takes place every weekday (except Mondays) at the Paisley college.

There you will learn everything you need to know about computers from switching them on to surfing the internet.

So far, around 400 NHSGG staff have taken part in the training and there are 1000 places available between now and the end of December.

For more information or to book yourself a place, call freephone 0800 052 7343 and quote reference ‘NHS IT’. Places are limited, so get in quick!
The Endoscope

We know that you can hear us Earthmen...

Once again, we can’t resist venturing into children’s television of decades gone by to take another cheap shot at a senior manager. Ah yes, the memories. Whatever became of the Mysterons, adversaries of Captain Scarlet? Connoisseurs of TV commercials will have noted that they appear to have done a PFI and have a contract with the Benefits Agency tracking down dole cheats (the next time you’re followed by glowing green circles, you might decide it’s an opportune moment to sign off before going back to work). But the clearest evidence that Spectrum Security’s intergalactic foes have had a management restructure that would do NHS Argyll and Clyde proud comes from the uncanny resemblance between Bill Anderson, Medical Director of the North Glasgow Trust and Captain Black, Mysteron Agent. Are there any further similarities between the two I hear you ask? Well, one is the chief emissary of a vicious machine intelligence based on the planet Mars, responsible for reanimating corpses as a means of waging war on the people of the Earth. The other is a plastic puppet featured in a popular 1960’s Kids’ TV show.

and shocked after creating embryos containing DNA from humans and RABBITS!!!!!!!!!!

Perhaps the Endoscope has spent too long in the NHS but it is clear if this catches on that there will have to be a few changes in hospitals. For a start, we’ll need to begin employing vets on the wards. The main problem is that we’ll have to call a halt to the maternity services review: with a half-rabbit-half-human population, Glasgow is going to need to open hundreds of new maternity hospitals. Has someone told Professor Margaret Reid?

What a carry on

Proving that you don’t need to go to Mars to find alternative forms of life, we have received shocking news from a hospital ‘somewhere in Glasgow’. Our mole has tunneled out from under the wire at great risk to tell us that the ruling junta has taken a dim view of this very organ, the NHS Greater Glasgow Staff News. As a promotional tool to encourage staff to read this esteemed publication before wrapping their chips in it, a poster featuring the late, lamented Hattie Jacques in her Carry On Matron role was distributed far and wide. However, it seems that censorship was imposed at this hospital as management deemed that the 40 year-old image with the 240 year-old joke was ‘smutty and offensive’. Well, it seems it’s up to the Endoscope to strike a blow for freedom. We’ve reproduced (oh-er, missus) the offending poster below so the hospital’s staff can cut it out and use it as a surreptitious symbol of rebellion. Hold on comrades, it can only be a matter of time before President George Dubya Bush invades to impose regime change. Hattie’s image is causing quite a stir elsewhere.....see page 12

Run rabbit, run

The picture left, published by The Sun on 15th August, helpfully provides readers with a clear understanding of the moral and ethical dilemmas posed by genetic engineering. “The bunny monster”, screams the headline, “Frankenstein researchers left the scientific world sickened...
Maternity Services Review

Last month saw the start of a comprehensive evidence gathering process that will help determine which of Glasgow’s maternity hospitals will close.

The Modernising Maternity Services Working Group, chaired by Professor Margaret Reid, listened to detailed submissions from both clinicians and other interested parties, including staff and the Health Council.

It was clear by the evidence offered that there was a strong case for both the Queen Mother’s Maternity at Yorkhill and the Southern General maternity unit … and as the Health Council stated during its session “it’s going to be a difficult decision to make”.

Other input to the process came via a seminar event for midwives and a separate event for representatives of Greater Glasgow’s maternity networks (users of the services).

Apart from local clinical evidence, an independent expert team of clinicians from south of the border visited Glasgow’s maternity hospitals and offered evidence as to the best way forward for the safety of mothers and babies who will use our services in the future.

During September, Professor Reid and her colleagues on the group will evaluate the evidence and present their recommendations to the NHS Board at a public meeting in Maryhill Community Centre on October 7.

The NHS Board plans to announce a preferred option - after considering the evidence provided from the Working Group and other factors including financial implications - at its regular Board meeting in October and take the proposal forward for full public consultation before a final decision in January.

Further information on the process can be obtained from Gillian Duncan, NHS Greater Glasgow, Dalian House, 350 St Vincent St, Glasgow, G3 8YZ (tel: 0141 201 4614, email: gillian.duncan@gghb.scot.nhs.uk).

Waiting Times Update

Waiting times figures for April, May, June and July of this year shows they are slightly increasing.

This is not unexpected at this time of the year and NHS Greater Glasgow is still on track for the December 2003 target of no patient waiting more than nine months for treatment.

Published at August Board meeting, the figures also include national and regional acute specialties for patients from other health board areas in such disciplines as head and spinal injuries, cancer, heart and stroke, and paediatric.

Tom Divers, Chief Executive of Greater Glasgow NHS Board said: “This significant and steady progress will continue during the next quarter and NHS Greater Glasgow is confident it will deliver on the national target of no patient waiting more than nine months for treatment by December 2003.”

The members of the evidence gathering Modernising Maternity Services Working Group are:

**Professor Margaret Reid**
Professor Margaret Reid of the University of Glasgow was appointed External Chairperson of NHS Greater Glasgow’s Modernising Maternity Services Working Group. A professor of women’s health, Professor Reid currently heads the Division of Community-based Sciences at Glasgow University.

While a member of the Maternity Services Strategy Group for Argyll and Clyde NHS, Margaret played a key role in reorganising the area’s maternity services.

**Rosslyn Crocket**
Rosslyn Crocket, Nurse Director of Greater Glasgow NHS Board, took her first step on the Health Service career ladder as a registered nurse at Glasgow’s Victoria Infirmary.

Over the years, Rosslyn’s work in maternity services has seen her undertake varied roles across Greater Glasgow and Ayrshire & Arran, while also attaining qualifications in Health Studies and Management. The ambitious Chairperson of the Scottish Association of Directors of Nursing is now devoting her efforts to NHSGG’s Maternity Review.

**Peter Hamilton**
Peter’s business career focussed on the telecommunications industry until 1995 when he retired from the role of West of Scotland Operations Manager.

Since then Peter has been an active member of Greater Glasgow Health Council, where he spent the last four years as Convenor.

As a member of Glasgow Children’s Panel, Mr Hamilton was Vice Chairperson for the city’s east end from 1999 until 2003 when he was appointed Non Executive Member of Greater Glasgow NHS Board.

**Professor Michael Farthing**
Executive Dean of the Faculty of Medicine and Professor of Medicine at the University of Glasgow, Michael Farthing, is providing vital input for the Maternity Review.

Professor Farthing’s capacity as University Medical School nominee (September 2001 to September 2005) and his medical teaching achievements in Glasgow since his graduation from London’s University College, make him a vital member of NHS Greater Glasgow’s Maternity Services Working Group.
Transport Policy

Car parking charges at hospitals has been one of the big talking points in recent weeks ... and recent media coverage about NHSGG’s plans to draw up a radical Green Transport Policy increased interest throughout the NHS system.

There is a Transport Group with representation from all Trusts and the Area Partnership Forum, local Health Council, etc, headed up by Yorkhill CEO Jonathan Best.

Its job is to ensure transport issues for staff and patients are addressed.

Parking fees at the multi-storey car park being built beside the GRI is only one issue. Subsidised public transport to encourage alternatives to car transport is also on the agenda.

As Glasgow progresses down the road of building new hospitals there is an obligation to address transport needs. It is now a formal part of planning law that these issues be addressed and planned for.

Improved public transport is top of the agenda - safe, efficient and affordable options for staff, patients and visitors to get to our hospitals is the aim.

Some of the areas being investigated to encourage fewer car journeys include the possibility of subsidised public transport schemes. One suggestion is that staff be offered easy payment methods for travel card schemes. Car park charging is being looked at responsibly with thought given to issues of staff who use their cars at work, while short stay use is being treated differently from long stay use. A host of other options including free bike loans are also on the agenda.

Glasgow City Council and Strathclyde Passenger Transport partners are working closely with our Transport Group and existing community transport groups to achieve the cleanest, safest and most efficient answers to Glasgow’s growing road congestion problems.

This is a complex issue but it is one that has to be addressed.

There will be full and ongoing consultation with staff groups on these issues as feasible options are formulated into a Green Transport Plan for NHS Greater Glasgow.

The recent press release “Radical Green Hospital Plan” contains in more detail the areas that the group are investigating and more detailed background on the issues we have to address.

It can be viewed on www.nhsgg.org.uk click on News Desk, then on news archive. Staff News would welcome views from staff.

Please send any comments you have to news@gghb.scot.nhs.uk

A-OK for ACADs

Progress towards building new Ambulatory Care Hospitals (ACADs) at the Victoria Infirmary and Stobhill continues apace.

A dedicated team of staff has been set up to oversee letting of a contract under PFI/PPP to build and maintain both new hospitals. The team will ensure that detailed building and service specifications are drawn up and adhered to.

It is expected that outline specifications for the ACADs will be agreed with the contractor bidding for the project - known to be Balfour Beatty - by Christmas.

Thereafter, work on detailed specifications will get underway with a view to construction on both sites beginning by the spring of 2005. The ACADs are to be operational by the early part of 2007.

In another development, the NHS Board formally announced that Robert Calderwood, currently Chief Executive of the South Glasgow University Hospitals NHS Trust, is to act as Project Director for the Acute Hospitals Modernisation Programme.

Robert will take on his new responsibilities in addition to his current duties until the New Year, at which point he will move full time to his acute services role.

There will be regular updates on the progress of the entire hospitals modernisation plan, including the Phase 2 of the Beatson Oncology Centre and the new inpatient hospitals at Gartnavel, the Southern General and the Royal Infirmary, in future editions of Staff News.

Finance

NHS Greater Glasgow has published its financial position for the first quarter of the financial year to June 2003. The position reported by the four Trusts showed a cumulative deficit of £4.3m over and above the planned deficit. Trusts are already undertaking a major review of current services to ensure a breakeven position by the end of the financial year. The overall forecast for the year end remains break-even.
The ‘Partnership Paper – What It Means’

On the face of it, the White Paper “Partnership for Care” is about the abolition of NHS Trusts throughout Scotland. For NHS Greater Glasgow it is about so much more ...

The process of change will not be allowed to disrupt the momentum that is driving NHSGG forward with the ongoing ambitious modernising agenda.

Instead it will enhance the appetite for change and improvement.

It will not displace structures that work well, but it will promote progressive thinking and best practice within a single and focussed NHS system.

The NHS Board has now approved a consultation paper outlining the opportunities to improve ways of working and the way we all work with each other to deliver better services.

Re-organisation will mean different things to different groups of people. For public and patient groups, it will create new and effective opportunities to influence.

For local authority partners, it will create new opportunities to deliver real improvements to individual communities through joined up planning and working.

For staff, it means working cohesively for a single Greater Glasgow system.

All employees will be contracted to the NHS Board – but they will remain working within the structures they do today - North, South, Primary Care or Yorkhill “Operating Divisions”.

The re-organisation is about improvement and there will be new opportunities to improve the way we work and work with each other to provide better services.

The way Acute services and Primary Care services integrate and work together can change dramatically. These issues are open to consultation and innovation will be recognised and allowed to breathe.

New ideas generated by staff – with the time and the influence to put good ideas into practice – will drive forward clinical reforms. Service re-design, the removal of duplication and wasted effort will deliver efficiencies and improvements if this opportunity is grasped.

HR policies will be designed to ensure best practice is adopted right across the system providing fairness and consistency.

IT systems will integrate across Greater Glasgow delivering huge opportunities for more efficient clinical information access.

More efficient ways of working will free up investment to train and develop staff and open doors to creative thinking that can be put into practice at the frontline of service provision.

One of the most far-reaching proposals is the launch of
new organisations called Community Health Partnerships. These are based on the model of LHCCs, although they will be bigger and more powerful.

The new Partnerships will integrate Primary Care, social care and a range of community and hospital based services. They will advance the agenda of ‘Joint Futures’ and Community Planning, whereby the NHS and local authorities jointly design and manage services.

For most patients, these new bodies will be the local face of the NHS, with services wrapped around communities and opportunities for direct involvement in decision-making through Patient Partnership Forums.

Smaller NHS systems such as Borders have already taken the opportunity to officially adopt total single system working. Some media commentators have suggested Greater Glasgow should have done the same. The scale of our system – with single Trusts larger than many entire NHS systems – has encouraged our different approach.

This is a consultation that affects all 33,000 NHS staff in Greater Glasgow and the local authority colleagues we work with in delivering services in local communities.

The full consultation paper, approved by the NHS Board in August, is available on www.nhsgg.org.uk. Copies of the full document or copies of a user-friendly summary document can be requested from John Hamilton, Head of Board Administration, GGNHS Board, 350 St Vincent Street, Glasgow G3 8YZ. Alternatively, you can give him a call on 0141 201 4444.
You know the posters around NHSGG buildings that tell you to "take the stairs and keep in shape"?
Well John Abbott, Senior IT Support Officer at Dalian House, takes the healthy option one step further by venturing out with Glasgow NHS Hillwalking Club (and putting many a colleague to shame!).
So if your idea of keeping healthy is visiting the Water at Work dispenser and eating one roll-and-sausage in the canteen instead of two, then sit up and take note!
John may exercise his computer wizardry for the NHS during the week, but when the rest of us spend Saturday morning nursing a hangover, John and his mountain mates grab lungfuls of fresh air and heart-friendly exercise.
John explained: "In the autumn of 1999 some NHS employees and their friends started hillwalking together on the Munros and other hills in Scotland. From discussions we had during those walks, the Glasgow NHS Hillwalking Club was born."

The club, which is affiliated to the Mountaineering Council of Scotland, was officially set up in spring 2000 in a bid to "promote the safe participation in hillwalking and climbing activities by NHS staff, family and friends from the Glasgow area."

Walk this Way for Yorkhill
Fancy following the Inca trail to Machu Picchu? Then why not do it on behalf of one of our own hospitals? Yorkhill Children’s Foundation Inca Challenge (part of its Magic Million appeal) is giving you the opportunity to trek Peru and raise money for their new intensive care unit.
The Trust has already identified the £3.5m it needs to build and equip the new unit, but staff reckon they need around another £1m to put in the latest version of a state-of-the-art patient monitoring system as well as other new equipment which will be the 'icing on the cake'.
Taking place over ten days from April 26 to May 5, 2004, the trek will see participants fly into Lima before starting their walking challenge in Cusco. Over the following days, walkers will climb to a height of 4200m at Dead Woman’s Pass through Winay Wayna and then on to Machu Picchu itself.
The cost of the trip will be a minimum of £2500 sponsorship, but don’t panic, as you’ll be given lots of ideas on how to raise this from the fundraising pack you’ll receive when you register. You will also receive details on how to get in shape for the trek with a full training programme!
For more information, contact Yorkhill Children's Foundation on 0141 201 0723 or email: yorkhill.fund@yorkhill.scot.nhs.uk
FOR WALKING

So if traipsing up Buchanan Street is your idea of a hard climb then hang your head in shame, as most of the club’s treks are on the 3,000 feet hills that are the Scottish Munros.

John insisted however that you needn’t be as tough as Sylvester Stallone to take part!

He said: “The club is made up of members with varying abilities and ages ranging from teenagers to 50-somethings.”

“We seek to provide walks of all grades to suit members ranging from the less fit beginner to the experienced hillwalker. Each walk is graded (hard, moderate or easy) and training can be organised where needed.

“All outings are led by an experienced walk leader who carries equipment such as maps, a compass, a whistle and first aid gear.”

John added: “Due to the way the club was formed, most members have a medical background which ranges from Board staff and ambulance drivers, to doctors and nurses. "We’re a sociable group and enjoy a good banter on the hills. While we do carry out necessary organisation, we try to be informal, relaxed and cheerful. After all, hillwalking is a hobby not a chore.”

To find out more about Glasgow NHS Hill-Walking Club, contact club secretary Lesley Cameron on 0141 954 8860.

And while John and co are taking a hike in Scotland, fellow NHSGG employee Dan Jenkins is tackling 4,200 metre mountains in Peru! The health promotion officer said simply: “I took part in a four-day trek along the Inca trail and it was out of this world.”

Having tackled a hill or two in his time, Dan decided to join fellow meditation class members for the adventure in the Andes, which involved everything from encountering Dead Woman’s Pass to standing over Machu Picchu - the ruins of the mysterious Lost City of the Incas.

Dan said: “It was great to trek with a real mix of people. We had walkers of varying ages, abilities and social backgrounds.

“One lady was registered blind, with only tunnel vision, yet she made a remarkable effort and gained a lot of satisfaction as well as giving inspiration to us all.”

He added: “The whole journey was a breath-taking physical and spiritual experience. Our meditation classes look pale in comparison!”

LOOKING AFTER YOUR MENTAL HEALTH

If you read Stressed Out (Staff News issue 1) and were keen to find out more about combating worry at work, then new year - Occupational Health is here!

The Occupational Health team is keen to provide practical support to fellow NHSGG employees who are suffering from work-related stress.

Frances Wilson, Senior Occupational Health Nurse at Stobhill Hospital, said: “We firmly believe that Occupational Health is a valuable resource for all NHSGG staff. Every job creates a certain amount of pressure and sometimes it is this pressure that motivates us to do a job well.

“Stress, however, is the body’s reaction to excessive pressure. If we are under excessive pressure for a long time this can lead to physical or mental illness.

“Occupational Health (OH) recognises that excessive and sustained levels of occupationally induced stress can adversely affect the health and safety of employees. Consequently, we’re well rehearsed in pinpointing individual people’s needs and coming up with plans on how best to address them. And for those who don’t want their colleagues or line manager to know how they feel, we have a confidential counselling service in place that is professional and discreet.”

Frances went on to say that, in brief, the North Glasgow Trust Stress Policy states:

• The OH department attempts to provide support for individuals in times of pressurised or stressful situations.
• All NHSGG employees can access a confidential counselling service through their local OH service.
• As well as providing an in-house service, such nurses work hand-in-hand with the Employee Counselling Service, which can be accessed by either confidential self-referral or management referral. The Occupational Health Nurse may link with other outside agencies (with the employees consent) if appropriate.
• If consulted, line managers of any employees involved may fully investigate the circumstances surrounding the stress before contacting OH.
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• If consulted, line managers of any employees involved may fully investigate the circumstances surrounding the stress before contacting OH.

The Employee Counselling Service, of which NHSGG is a registered client, is available from Monday to Friday on Floor 8 of the Savoy Tower on Renfrew Street (which has disabled access). The team can be contacted on 0800 435 768.

And for top de-stressing advice, staff can request an NHS Health Scotland Work Positive pack by emailing liz.donaghy@gghb.scot.nhs.uk or on 0141 314 0024.

OH contacts across NHSGG are:

PCT - Sarah Jane Allison 0141 531 6236
North Trust - Principal Nurse Rhona Wall 0141 201 0427
Stobhill - Senior Nurse Frances Wilson 0141 201 3467
Gartnavel - Senior Nurse Barbara Rennie 0141 211 2058
Western and Royal - (Acting) Senior Nurse Lorna Straine 0141 211 4709
Yorkhill - Connie Dooley 0141 201 0456
South Trust - Senior Nurse Diana Moffat 0141 201 2375
At the risk of being misunderstood as a humour-bypass candidate, I cannot be alone in being sick fed up to the back teeth of representational images of nurses in the Hattie Jacques / Barbara Windsor / Florence Nightingale mode.

Much debate surrounds Florence Nightingale, it is however acknowledged that she at least had a competent level of mathematical skills (development of pie charts etc), and attempted to apply them to public health issues. In spite of this, we still have a negative image of a servile handmaiden.

The "Carry On" brigade bring giggling imbecility, a touch of matronly austerity and a large dose of sexual repression to the scene. The impression is that nurses are mindless, yet benevolent playthings who are incapable of innovative thinking or mature leadership. A few nurses themselves are unfortunately guilty of holding themselves back by pandering to conventional stereotypes of dedicated vocational angels who never complain. This profile does not concur with existing as a human being, nor assist in the struggle to recognise nursing as a true profession where practitioners are rewarded accordingly.

Although many nurses on the ground would fail to recognise a moderate degree of support and original thought from many of their present "leaders", this should not discourage them from future aspirations of attaining true leadership qualities, high degrees of autonomy and a key role in team decision making.

In the past when I have been asked my occupation and replied that I am a nurse, the response has often been, "what, do you mean a male nurse?" I really don’t recall having a sex-change operation, so I reassure them that the last time I checked, I was indeed a male. A further sensational admission is that I have never wanted to marry a doctor!

I wonder if next month’s edition will portray Kenneth Williams with flared nostrils crying "Matron!" He indeed is a man with a record of which an executioner would be proud.

Another possible front cover could be the depiction of Press Officers as red-nosed alcoholic hacks, lying prostrate on the floor of the Press Bar. It is rumoured that press hacks are presented with a new liver on retiring rather than the boringly conventional gold clock. Or how about an NHS bureaucrat, pinstripe at the ready, clearing a way through a large crowd to gain access to a person having a heart attack screaming "clear the way, I’m an NHS bureaucrat?"

Something to think about! Posters in the Health Board and hospitals depicting this 1950’s saucy picture postcard nonsense, generated from the very people who are supposed to be eager to plan, manage and present positive images of care services in this city?

Are you getting it now?

Vincent McKeown
Public Health Infection Control Nurse

* In defence of the red-nosed hacks (of the Press Office) - they weren’t bright enough to think of this great marketing tool. It was the concept of Public Affairs Manager, Jim Whyteside and was given the whole-hearted and enthusiastic support and encouragement of the Area Partnership Forum.

Inclusion

Communication is the key to inclusion. Speech and language therapists have been campaigning for a long time to assist people who don’t understand spoken or written English.

Use of plain language with picture symbols will include people with learning disabilities, people for whom English is not a first language, people who have difficulty with literacy, people with visual impairment or with communication problems after a stroke or head injury.

And let’s not stop at signs - what about making all those information leaflets, letters and appointment cards more accessible too?

Sharon Griffiths, Speech and Language Therapist, Complex Needs Support Team, Ruchill Street
Putting the Record Straight

We read (in a recent newspaper article) that yet again, a single unpublished study that has not been subjected to critical scientific scrutiny has generated such an alarmist story about the MMR vaccine.

Such articles are misleading and irresponsible. Many suppositions are made in this article that fly in the face of common sense, logic, established facts and other scientific evidence.

This MMR scare began with a study published by Dr Wakefield et al in the Lancet in 1998. The study has since been widely discredited and no valid scientific evidence has ever been produced to support such a hypothesis.

On the contrary, a large number of rigorous scientific studies have testified to the vaccine’s safety and absence of linkage with autism.

Having failed to demonstrate the culpability of the MMR vaccine, we are now being told that it is Thiomersal, a preservative present in the certain brand of the Diptheria/Pertussis/Tetanus vaccine (DTP) that is the cause of the perceived rise in autism in recent years (the MMR vaccine does not contain Thiomersal).

Better diagnosis and changes in diagnostic classification are often ignored as at least part of the explanation for the rise. This assertion is strange in the context that DTP vaccine has been in use for more than 60 years and yet this claimed “epidemic of autism” is a relatively new phenomenon.

In addition it is also the case that the amounts of Thiomersal received by children from the infant immunisation programme in the UK has decreased in recent times. These facts clearly contradict a causal relationship between Thiomersal and recent rises in autism.

Finally, it is the view of this department that such unsubstantiated and ill-founded claims are detrimental to public confidence in the childhood vaccination programme which has been an outstanding success in eradicating serious and life threatening infections in recent times.

Dr Syed Ahmed, Consultant in Public Health
Vincent McKeown, Public Health Infection Control Nurse

Jargon

I was really excited to read the Jargon Busters article in Staff News. This is a message that is very dear to my profession’s heart! I’m certain that Speech and Language Therapists across Greater Glasgow will be keen to get involved and move towards clearer communication.

Jill Murray
Head of Profession for Speech and Language Therapy (PCT)

Crossed Wires

After leaving the Stobhill staff gym I caught my Dial-a-Bus home. Joe, the bus driver, asked me how my workout had gone and the following conversation ensued:

Me: I was on the cross-trainer looking out of the window and a wee deer ran down from the Mental Health bit at the back and on to the road. Right out in front of the traffic and then back again in a panic.
Joe: No! What did you do?
Me: Well, there’s not much you can do. I phoned Security, but they said it happens a lot. You just have to let them run around and hope they find their own way home.
Joe: No! Really? Was there no one else to help?
Me: Not really at this time of night, but I rang the SPCA to ask what they thought. They said that the worst thing I could do was give chase in any way. They’re so fragile that their hearts could give out. Either that or they panic and start smashing themselves into trees or crashing through bushes.
Joe: That’s terrible! You’d think there’d be something someone could do. It doesn’t seem right just letting them run around like that.
Me: I’m surprised Joe. I didn’t know you were such an animal lover.
Joe: Animal?? Oh, you mean ..........? I wondered when you said the SPCA........

It was then that I realised we had been having two entirely different conversations and recalled that, when Joe takes his Dial-a-Bus and picks up groups of ladies for the garden centre and bingo he refers to them as his “wee old dears”.

Olivia Cornacchia, Coordinator, Greater Glasgow Area Partnership Forum

Multiple Sclerosis

I am sorry NHS Greater Glasgow has been receiving such bad reports in the press about Multiple Sclerosis. I have been involved with service provision for this condition in many Health Board areas for a number of years. I have always found Greater Glasgow to be most understanding of the needs of people with Multiple Sclerosis, developing services, which maintain and enhance their quality of life.

On behalf of our users, directors and staff, I thank you for your continued concern and support.

Margaret Neill, Director, Revive Scotland

* Revive Scotland is the name for the MS Therapy Centre based in Maryhill, Glasgow.

YOUR VIEWS
In the first of articles highlighting individual members of staff in NHS Greater Glasgow, we talk to Senior Staff Nurse Kamaljitt Virhia, better known as 'Pinky', of the Surgical High Dependency Unit at the Southern General.

Senior Staff Nurse Virhia has always been called Pinky. She explained: "When I was born in India, it was common that births wouldn't be registered formally — so you would be known by one and all by your family nickname. It wasn't until I was enrolled at nursery that I needed an 'official' name and that's when I was registered as Kamaljitt Virhia."

Pinky was something of a latecomer to nursing. "I was a university drop-out, mainly because I met the man I was to marry in my final year."

She spent the next six years in the Blood Transfusion Service, where she developed her interest in healthcare. At the age of 26, she enrolled in adult general nursing, spending the first three years of her training at the Southern General.

Her first post was in the Urology Ward followed by a position in the Southern's Surgical Intensive Care Unit. Then she was off again, but this time to the hospital's Surgical High Dependency Unit. "In intensive care we would look after the patients for a brief period and then they would be moved on elsewhere. The good thing about high dependency is that we can see the patients make progress - they come at death's door and we watch them get steadily better."

Like any NHS job there is a downside. "The shift work does make it difficult to organise my family life. I have two girls, and I had to get used to the discipline of working around shifts early on. What I've found is that, compared to friends outwith the NHS, I have a very efficient domestic life. Even so, it can be an unsociable job."

If being a mother and a Senior Staff Nurse were not enough, Pinky has kick-started her education again. She has achieved a BSc in Health Studies and a Post Graduate Diploma in Critical Care Nursing as well as a Specialist Practitioner qualification. She is about to let others benefit from her hard won experience and learning by teaching nurses on the High Dependency Course.

Pinky is obviously well-motivated and positive about her job, but there are some aspects of the NHS which are able to make her and her colleagues angry. "We were looking after a young chap with a spinal injury. His parents were pensioners and had to come down from Inverness to be with him. Despite the fact they didn't have much money, they were only offered free accommodation by the Trust for a short time. They really couldn't afford to pay for local accommodation and the patient was distraught when they had to go home. We were so appalled by this that one of my friends was ready to put the parents up in her own house. I know that resources are limited but there has to be a way around problems like this."

Despite difficult situations like this, Pinky is convinced that her job is a good one. "I would encourage people to go into nursing - contrary to what people say it is a great career and you can work around issues like shift patterns. "I have really enjoyed myself and, overall, the job has definitely lived up to my expectations. Looking back, I have no hesitation in saying I would do it all again."
A Brand New Challenge

A STOBHILL Hospital lab assistant is rising to the challenge after being made Chairperson of a brand new professional association.

Maureen Jenkins has been elected the first Chairperson of the recently launched Association of Medical Laboratory Assistants (MLA) - a nationwide professional group developed to provide advice and guidance on education and training for laboratory support staff.

Maureen Jenkins has worked for the NHS for more than 30 years.

She has been very active in helping set up the Association and is delighted with her new role.

Speaking to the Staff News, she said: "Medical Laboratory Assistants form the support group of workers employed in all laboratory disciplines throughout the NHS and our numbers have increased greatly over the past ten years.

"Working alongside biomedical and clinical scientists, pathologists and medical staff - amongst others - the quality of our work is crucial to patient service and delivery. Concentration and attention to detail is of the utmost importance at all times.

"The AMLA hopes to promote and progress the professional capabilities and aspirations of Medical Laboratory Assistants throughout the National Health Service. We aim to extend and improve vocational and academic training and education and to raise the profile of the Medical Laboratory Assistant.

"Becoming a member of AMLA and being involved in setting up this organisation has been very challenging and exciting for me. Obtaining recognition and a "voice" for Medical Laboratory Assistants has been something I have hoped for since the introduction of the grade."

Maureen is happy to speak with anyone interested in receiving further information on the Association of Medical Laboratory Assistants and is contactable on 0141 201 3044.

Think Pinky!

Pinky’s Day

"As a Senior Staff Nurse I will be in charge of a shift. Much of my time is spent co-ordinating and prioritising the care offered to patients. For example, I need to make sure that people are prepped up in good time for scheduled surgery or are ready to be moved to another site.

"A shift will last 12½ hours but conditions of service mean we only get paid for 11½!"

Retaining Staff

"We talk about this at every ward meeting. We know that the Directorate is putting in more staff to each ward to help. But some of the good things about the job, like study leave, often get cancelled. We need to make nursing more attractive by recognising that people need off-duty time and more flexible arrangements around shifts have to be put in place."

Aggression and Violence

"This is definitely more of a problem on the wards. A patient shouting at you is common and recently there was an incident where a knife was pulled on a colleague.

"I don’t think we’re supported enough to deal with this in terms of staffing or legal back-up. For example, in the US, they can restrain patients. I think we should be able to do that here."

Partnership for Care

"We haven’t heard about this but I suppose it does make sense for Trusts to be dissolved and to go back to a big happy Health Board. I don’t really know why Trusts were set up originally and we do seem to go around in circles. If there is too much change there is disillusionment and it has to be carefully considered and based on evidence that it will improve things - they need to involve people like us at the shop floor more!"
Communication across Britain’s NHS system is moving with the times as the email directory revamp brings health service employees together. The system now enables email holders widespread but direct access to their colleagues, as concisely labelled areas and departments on the directory allow long distance contact to be easily established at the touch of a button.

But what’s the next move in the technological update?

Brian Gervaise, who is at the forefront of the NHSGG’s National Directory and NHSmail Project Steering Group, explained: “We’re still at the planning stage for email address alterations as, although the directories in place, we’re considering setting up a corporate address system. This proposal would mean a simple NHS address would exist throughout a person’s career, no matter what Trust or job title he or she moves to across Britain. Plans suggest this would be the employee’s full name followed by @nhs.net”.

He added: “Aside from making correspondence simpler, the system would allow workers to access their accounts anywhere, any time.”

Sounds good, but as the technical wizards get out their toolboxes, the staff question floodgates open!

So to make things a bit clearer to those who aren’t surgically attached to the internet, Staff News grabbed the dictaphone and got the lowdown from Mr Gervaise....

Q. If the email address system is changed, who would pay for it and would an external computer company be employed to carry out the work?
A. The cost to develop the National Directory is centrally funded and the cost to use the service would also be carried centrally. The national email services have been developed and provided by an external company. We’ve got to remember, however, that funding would be required locally to update computer systems if the email address overhaul went ahead.

Q. So how much has actually been done so far?
A. The National Directory and NHSmail services are now live, however only a small subset of people are on the Directory at present, so until you’re included you can’t register for NHSmail. Plans for the corporate address are still at the drawing board stage.

Q. If the plans go ahead, would the new set up allow us to access shared drives from home?
A. No, it would only be email accounts that were accessible from outside the NHS.

Q. But how would staff access NHS email from external machines?
A. An employee’s external access to the service will be subject to the submission of a unique identifier user name and password, which is a safe and efficient method.

Q. As for the proposed address alterations, what happens if your name is John Smith and there are 90 people with that name in the NHS across Britain?
A. Very like internet email services such as Hotmail, all addresses must be unique. If you are John Smith and a John Smith has already registered, you will be offered a number of alternatives such as John.Smith2 or JohnDSmith. You’re free to choose one of these or suggest another one, however all names must be appropriate for external visibility.

Q. Would absolutely every NHS employee have an address?
A. Every employee will be on the Directory, but how extensive the access NHSmail would actually be within each organisation is to be agreed.

Q. Would we keep our current address too or would this replace it?
A. Initially both would exist, however we think NHSmail may provide the opportunity to ‘retire’ local systems and therefore make savings.

Q. Would Outlook be able to perform all this?
A. Access to NHSmail wouldn’t require Outlook although it’s possible to use Outlook to access it.

Q. Would there be a general contact for the country or a contact per board if changes had to be made to a person’s name?
A. Each organisation would have a local administrator to apply changes. The intention is to build automated links to the directory so that it will be updated automatically when changes occur, minimising the manual effort required of an administrator.

So if you’re still an nhsemployee@confused.com, click on Gervaise and send Brian an email with your computer questions.