Our first step into single system working happened last April when the Trusts disappeared and we all became employees of the Board – albeit working within four separate divisions.

In December, plans went to the Board setting out the next phase of this process, which involves a major re-design of the organisational structures of NHSGG. It’s all about improving services to patients, but obviously there are impacts for some staff.

Inside your Staff News, there’s a four page special pullout detailing the plans, how you can find out more and put forward your views or comments.

So what are the plans? Basically, there are three main components:

• The acute hospitals and specialist children’s services will become one single operating unit supported by a number of specialised directorates;

• Community Health Partnerships – about which there has already been extensive consultation with staff and other interested groups – will replace the Primary Care Division;

• Certain specialist areas, such as the Communications teams throughout the Board and Divisions, will come together as a single shared service.

If you would like to put forward your views on the plans, call: 0141 201 4616 or write to: John C Hamilton, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ. Closing date for submission of views is February 14, 2004.

Here at Staff News, we’d also like to hear your views.

Write to:
Olivia Comacchia
at the address above
or email:
staffnews@nhsgg.org.uk
Together we can tackle healthcare associated infection

We're all responsible for infection control! That's the message from public health and infection control staff this month as they officially launch an unprecedented new campaign to educate and raise awareness of healthcare associated infections, particularly MRSA.

Aimed at staff, patients and visitors, the new high profile initiative comes as NHS GG welcomes the news that the overall numbers of MRSA bacteraemia in Glasgow hospitals are going down. Over 2005/06, the overall MRSA bacteraemia numbers dropped as a result of the determined efforts by NHS staff working closely with their infection control teams...excellent news for staff and patients.

However, none of us can afford to be complacent and the new initiative has been launched to complement this good work and redouble efforts to maintain this downward trend in hospital infections.

So what will the new campaign entail for staff?

A hard-hitting poster campaign (piloted at the Royal in December) will take place in hospitals, health centres and in the community to reinforce the hand hygiene message and this will be rolled out across the city over the next couple of months.

Some will directly address NHS staff with messages such as “Clean hands, clean conscience”. Others will directly address the public.

These will be complemented by a series of new user-friendly information leaflets which will also ask staff, patients and visitors to pass on ideas or concerns about infection control measures to either local hospital infection control teams or NHS GG's Public Health department.

A new unified infection control manual has also been launched which covers all of Glasgow’s healthcare settings. To launch this manual, Infection Control Teams will be undertaking various activities in support of their previously planned Infection Control Programmes.

In addition, staff will also be able to make use of new web-based, best practice teaching/information modules on NHS Greater Glasgow’s website www.nhsgg.org.uk

Sir John Arbuthnott, Chairman of NHS GG said, “The drop in MRSA numbers in our hospitals is very welcome and is testament to the hard work of our staff to tackle healthcare associated infections.

“However, we can’t afford to be complacent and this new campaign aims to further raise awareness of healthcare associated infections, how they are spread and how we can all work together to reduce them. We will regularly monitor the effectiveness of this initiative.”
A Clean Sweep

NHS Greater Glasgow's new state-of-the-art decontamination centre is still being built, but already it's cleaning up...awards that is.

The project team behind the revolutionary new centre, due to open early next year, received three awards at the Property & Environment Forum's Scottish Healthcare Conference 2004, including the Paul Taylor Award, “Highly Commended” for Energy Efficiency and Runner-up in the Engineering Technology Advisory Board Award.

And they are not the only NHSGG winners in the awards. Yorkhill’s Estates Team - the people behind the ambitious new Paediatric Intensive Care & High Dependency Unit project - has scooped the second prize in the ‘Paul Taylor Awards’ category at the same event.

Glasgow staff scoop health awards

Glasgow made its mark at the Scottish Health Awards 2004 when three of the coveted awards were scooped by NHSGG employees. Jake McGinness, a mental health charge nurse from Parkhead Hospital, received the award for the Nurses category; Dr Richard Groden, a GP at Tollcross Medical Centre, won the Doctors award; and the Health Improvement Team from the Forensic Directorate at Leverndale Hospital won the Mental Health Team Award.

The prestigious ceremony in Edinburgh was sponsored by the Daily Record and was attended by key figures including Health Minister Andy Kerr.

Tom Divers, Chief Executive of NHS Greater Glasgow, said: “It was wonderful to see our staff achieve national rewards for the admirable work they do for the people of Glasgow.”

In addition to the final awards, the Forensic Directorate at Leverndale received three awards at the Property & Environment Forum’s Scottish Healthcare Awards special Job redesign.

Nerve-wracking move turned out for the best

Carrying on with our series about staff who’ve found themselves working on new sites following reorganisation of services, we meet Rosie Little, a Staff Nurse with the Southern General’s Gynaecology Department.

Rosie’s move came when it was decided that, as part of the modernisation of services, the Gynaecology Departments of both the Vicky (where Rosie had been working for four years) and the Southern should merge. So all the Vicky staff found themselves moving to join colleagues at the Southern.

Despite the move being planned for some time and staff being kept informed along the way, Rosie still found it a little difficult. “It was nerve-wracking. I really wanted to do it as my chosen speciality is gynaecology, but in the Vicky, my time was divided between Gyn and Surgical Receiving. When the move finally became a reality I had to face the fact that my work would be changing and those of us who were moving were worried about being the newcomers in an established unit.”

How did that work out then? “Really, really well in fact. The staff who were already here suddenly found themselves with a bigger patient caseload and were actually looking forward to us coming in and we were keen to get involved in the work of the unit. The result is that we quite quickly began to work as a team. I have to admit I thought I’d be expected to change to how things were done here, but we must be doing something right. The unit is serious about implementing best practice and, in some instances, procedures have been changed to reflect the way we worked at the Victoria.”

No problems then? “I’m not saying that. For me personally, the extra travelling is a real pain. I lived about three minutes from the Vicky and the commuting now takes a lot longer. Also, we have the usual day-to-day work niggles to deal with. I keep in touch with friends from the Victoria, but it was hard leaving colleagues behind.”

You’ve now been at the Southern for about a year, do you think on the whole the move has been a positive thing?

Absolutely no doubts about that. I’m enjoying being able to focus on the work that matters to me. I was worried that I’d miss the range of work I was exposed to in Surgical Receiving, but it’s great being able to concentrate on gynaecology and spend so much more time with patients. I have access to study days and other training and everything I’m doing is contributing to the progress I want to make in my career. I’d really like to stay in Women’s Health and I’m able to access learning opportunities in a way I couldn’t before. In my opinion as a nurse in this unit, I also think it’s been a very positive thing for patient care. Because the whole team here works so well together – and I mean, doctors, nurses, physios, everyone involved - those of us who came over from the Victoria have learned loads in the time we’ve been here and we’ve also been able to bring the benefit of our experience in a different environment. The unit is relatively new so obviously there are still some things that will need to be evaluated with time, but the fact that already bed allocation is better and waiting lists are down means we must be doing something right. And you can’t underestimate the effect of a newer, better-equipped unit. Apart from the obvious benefits, it does wonders for morale.”

If you’ve experienced change (good or bad) in your job and would like to tell your story, contact Staff News today: staffnews@nhsgg.org.uk or write to Olivia Cornacchia, Staff News, NHS Greater Glasgow, Dallan House, 350 St Vincent Street, Glasgow G3 8YZ.
**New year, old gags**

Corporate branding appears to be the bizarre inspiration for much nomenclature, although the parents of Diet Coke, a girl born in Yorkshire in 1379, are likely to be blameless in this regard. Not so, the irrevocably cruel or witless Americans who, in more recent times, called their children Armani (300 girls), Del Monte (seven boys), Timberland (six boys) and Courvoisier Cognac (six boys).

Presumably, if born in these parts, the latter bunch of lads would all have been named ‘Bacardi Breezer’. Certainly, many babies can be attributed to that particular source.

Although not particularly associated with the world of commerce, other newborns are perhaps genuinely more unfortunate. Holden Cox and Chase Cox spring to the Endoscope’s attention.

But the great puzzle is how some parents were prescient enough to know their offspring would choose a career in healthcare. For example, the mummies and daddies of Dr Alden Cockburn (a urologist) and Dr Marion Dick (reproductive health) must have had second sight.

Best of all, how did Mr and Mrs Beaver, parents of Bonnie, know she would become a doctor of gynaecology?

**Reid all about it**

Ian Reid (I HR – geddit?), NHSG’s new Director of Human Resources, was apparently sneered at by colleagues as he vacated his post as Acting Chief Executive of Primary Care. To the tune of ‘Wild Rover’ they sang:

> For ten years or more
> Ian worked under Tim (Del Monte).
> Survived his excesses, lived life to the brim,
> Supported his leader and counselled him right.

And steered us away from all of the…mess.

The Endoscope feels that with such creativity at the top, the reason why the Primary Care Division is being turned into Community Health Partnerships is now obvious.

**Update on plans for major restructuring of NHS Greater Glasgow**

Most of us know that NHS Greater Glasgow is going through major re-structuring, but what are the reasons behind this and how will it affect us in our day-to-day jobs?

All the strands of NHS Greater Glasgow are being pulled together to form one body, and Community Health Partnerships are being created so work can be done in-the-thick-of-things locally.

The latest stage of these re-organisation plans came before the Board last month (December). Staff consultation and public/patient engagement has since been taking place, with a closing date of February 14, 2005.

So what are the main aims of this re-organisation of NHSGG?

Ian Reid, new HR Director for NHS Greater Glasgow, explained that the proposals for the next stage of single-system working are being driven forward in line with “Partnership for Care” which clearly directs Scottish health boards to:

- make better use of our resources to improve services for patients;
- devolve decision-making to a local level;
- increase consistency and equity of access;
- reduce duplication.

Ian said: “Discussions began in November about this next stage of the single-system working, when a staff briefing letter was issued to all NHSGG employees detailing the plans for the redesign. December then saw a paper outlining further details of the approach being presented to Board members.”
Among the plans is the replacement of the existing ‘acute hospital divisions’ with one single operating unit supported by specialised directorates. In other words there won’t be one set of managers for the acute hospitals in the south and another for the north – there’ll be a united team for all acute hospitals in Glasgow.

And that’s only a small part of the re-organisation in Greater Glasgow. There have been extensive and ongoing consultations about the development of CHPs (Community Health Partnerships) across the city.

These are hoped to develop closer partnerships with local authorities and hospitals, in order to break down some of the barriers that have traditionally existed between community health, social care and specialist health services.

And with the scrapping of divisions/trusts, there has also been the drive to identify efficiencies from shared services as NHSGG becomes one body - such as HR, finance, planning, laundry, laboratories and communications.

Ian stressed: “It’s important to note, however, that the re-organisation of acute services won’t make much difference to the day-to-day jobs of frontline health staff, for example nurses will still be caring for the same patients in the same way day-by-day, week-by-week.”

**So why bother restructuring on such a big scale?**

The biggest challenge facing Greater Glasgow is improving health and quality of life.

One of the biggest issues we face in Scotland, and Glasgow in particular - in the National Health Service, local authorities, voluntary sector and community groups and as individuals – is to address our unenviable inequality gaps in health, life and education.

The providers of the health services that can address these issues are many and they are diverse – ranging from social work to housing to mental health to GP services and opticians.

The current models of care are not delivering the improvements in health that we want and that people demand and deserve. Now there is an opportunity to radically change the approach and to decentralise healthcare in the broadest possible terms - i.e. creating new CHPs that are bigger organisations with greater responsibilities and influence to drive forward local priorities and develop stronger links with a new single acute hospitals operational unit.

**So how will the city see the impact of this?**

Let’s look at child health and child protection issues as an example. Child health in Glasgow is of great concern, with too many vulnerable youngsters facing difficulties with social, physical and mental health problems. For example:

- There are 160,000 children in Greater Glasgow, of which 25,000 live with a parent or guardian with an addiction problem;
- More than 5,000 of our children are admitted to hospital every year;
- There are six parliamentary constituencies in our area where more than 50% of the children officially live in poverty;
- Five out of 10 children in Greater Glasgow rely on free hot school meals – such is the level of deprivation.

This level of poverty and inequality can only be tackled with local services and action.

And that’s where the CHPs come in. The new organisations will develop closer partnerships with local authorities and hospitals to break down some of the barriers that have traditionally existed between community health, social care and specialist health services.

By doing this, they will create new opportunities to develop additional health services at a local level and make it easier for child patients to access all of the health and social care services they require regardless of whether these are provided by their CHP, hospital or local authority.
So what’s next in this re-organisation process?

Following December’s Board meeting, staff were invited to put forward comments as part of a consultation on the plans. Comments will be collated and help form the finalised plan which will go to the Board early this year.

In the meantime, some staff will have already moved or are in the process of moving about the system, including the Communications team which produces your Staff News – staff from the Divisions’ and the Board’s communications teams will come together early this year.

Ian added: ‘This re-organisation is a positive way forward to better management and organisation and a consistent and smooth-running approach that will strengthen our health service in Glasgow for both patients and staff.’

If you would like to put forward your views on the plans, email: org.change@nhsgg.org.uk or call: 0141 201 4616 or write to: John C Hamilton, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ. Closing date for submission of views is February 14, 2004.

North Glasgow staff in environment buzz

In a bid to reduce its impact on the environment, the North Division launched a major energy and environmental awareness campaign with a series of staff roadshows across each one of its eight hospital sites.

Anne MacPherson, North Glasgow’s new Director of HR, said: “An organisation the size of North Glasgow uses a great deal of energy. The aim of our campaign is to get people thinking about simple measures that can be used to reduce energy consumption and therefore reduce our impact on the environment.

With the help and support from key partners - Scottish Water and the Carbon Trust - who also took part in the roadshows, we demonstrated simple techniques that can be used at home and at work which have a positive impact on the way we use energy.”

Leaflets packed full of useful information and advice to safely use energy more efficiently were distributed to staff, while posters and stickers were put up throughout the hospitals at key points to remind staff to use energy wisely. Every week electronic messages are now sent to staff with hints and tips on how they can help.

Mrs MacPherson added: “We all have a duty to play our part in helping the Earth - I hope our campaign will help to change even the simplest of behaviours and make a difference to the environment around us.”

The campaign hasn’t stopped with the roadshows – we’re going to keep the momentum up so, watch this space for the next instalment…

Celebrating our successes

Congratulations to Sister Irene Loch, BOC Outpatients; Superintendent Radiographer Anne McIntyre; Ann McLinton, Practice Development Facilitator; and Lynn Wabret, PCD-based Tissue Viability Nurse Specialist; who were all part of a Scottish team which scooped the Nursing Times Award 2004 for Cancer Nursing.

The award-winning group developed a ‘Best Practice Statement’ for the skincare of patients receiving radiotherapy.

Also well done to Emma Gregory, Communications Manager for North Glasgow who was recently named Young Communicator of the Year by the Institute of Public Relations in Scotland. This is a fantastic achievement and all her colleagues send their congratulations.

A big well done to the GRI Cardiac Rehabilitation team who were recently runners-up in the Heart Health Award section of the Scottish Health Awards. A special mention must go to Gillian Armstrong, Senior I Physiotherapist and member of the team, who was also awarded ‘best presentation’ at the British Association of Cardiac Rehabilitation Conference. This award specifically relates to Gillian’s work on the Community Phase 3 Exercise Classes at Tollcross Leisure Centre.
Consultation aims to bring more services to community

New policy to help staff experiencing domestic abuse

The Sandyford Centre was packed to the seams recently when Glasgow people of all ages flocked to its open day.

The Health and Wellbeing Event in November saw the Sandyford team stage a day for the public and health professionals that included stalls, talks and material, ranging from information on voluntary and community sexual health and support services, to details about Worlds AIDS Day, the launch of the C-Card (free condoms) scheme and violence against women work.

Colin Mackillop, (pictured) Sandyford Community Access Co-ordinator and organiser of the day, said: “It was a great and very busy event. The day was topped-off with free lunch and fun activities such as Indian head massage, relaxation techniques, reiki, silk screen painting and MOT health checks.”

Innovative Diabetes Service Wins Award

Congratulations to pharmacy staff who’ve been awarded the prestigious Arun Baksi Award for improving care for diabetes sufferers from ethnic minority communities.

A pharmacy led team – which included Ali Gilani, Prescribing Support Pharmacist; Richard Lowrie, Lead Clinical Pharmacist and Rafik Gardee, Director, National Resource Centre for Minority Ethnic Health - scooped the £2,000 award for innovation in diabetes care in the Practical Diabetes International awards.

They were given the award for their work in developing services to improve how people from ethnic minorities access diabetes care, particularly South Asians.

South Division

Community Staff Attend Dermatology Study Day

Dermatology Nurses at the Southern General Hospital held a study day for community nursing staff in the city on common skin conditions and treatments.

The event, which was organised with the support of the Nursing Practice Development Unit, covered conditions such as psoriasis, eczema, leg ulcers and allergies.

Forty-five nurses from GP practices, district nursing teams and nursing homes across Glasgow attended the event, which was held in December.

Study day organiser, Southern General Staff Nurse Diane Houldsworth explained: “Basic nurse training spends very little time covering dermatology issues, but skin problems are one of the most common reasons why people attend their GP.”

“We wanted to improve the level of discharge support given to patients by taking the time to go through some of the more common conditions and treatments with our colleagues in the community. We feel this will be of benefit, particularly to chronic patients.”

The study day had a mix of lectures and practical sessions with workshops in the afternoon on the most common treatments for psoriasis and eczema and how to apply these, and on the use of compression bandages.

Community Staff Attend Dermatology Study Day

NHS Friends - Reunited

If you are a retired NHS employee or know of any existing or retired NHS employees who might be interested in meeting up with former workmates and colleagues, the NHS Retirement Fellowship enable former NHS staff to meet in a social and friendly atmosphere.

Anyone interested in joining the NHS Retirement Fellowship or wanting more information should contact - Sheila Pollock, Membership Secretary, 97 Balerno Drive, G52 1NA.
Nursing link between Jordan and Yorkhill

Yorkhill’s links with other children’s services around the world have been boosted thanks to a new association with the Royal Medical Service in Jordan.

The new partnership was launched with the arrival of four qualified nurses in June last year who spent six months working in various areas of Yorkhill.

Staff in the PICU, Ward 2B and the Queen Mother’s Paediatric Department have all worked with the new arrivals to demonstrate the way we work, whilst also learning what it is like to nurse in Jordan.

Irene McKune, Acting Director of Nursing & Patient Services set up the link during her visit to Jordan earlier this year.

She said: “Traditionally there have been good links between Yorkhill’s medical staff and doctors in Jordan. Last year one of our Consultants, Mr Robert Carachi visited Jordan and during a conversation with Dr Bassam Tawalbeh and Fatima Al Thodan - Muna Abu Alwan, Samah Al Tawalbeh and Fatima Al Thodan – we noticed a great deal of similarities but also a number of differences during their time here.

They definitely prefer the working patterns at Yorkhill, since they are used to more rigid rota’s without any pay enhancements for working nights, weekends etc. However, the nurses are familiar with much of the equipment and care being offered here. One of the main differences they have noticed is that care is delivered much more holistically at Yorkhill, something that they are very keen to introduce to Jordan.

On behalf of the nurses, Fatima said: “The staff at Yorkhill have been great and we always felt like normal members of the team. It’s interesting seeing how things work here and we will be taking back what we learn for the new children’s hospital that is being built in Jordan. We are very proud to have taken part in this project and will be true ambassadors for Yorkhill and Scotland when we go home.”

Obviously, it wasn’t all work and no play, and they have managed to take in some of the best sights, not only in Scotland, but London and other parts of England. One of their highlights was a trip to M&Ds Theme Park at Strathtyde Park which a ‘kind’ member of staff within Yorkhill said was a ‘must see’!

The next cohort of nursing staff from Jordan began work at Yorkhill in December. Two of the nurses are based at Yorkhill for six months, again gaining experience in high dependency areas, with another two staying for three months, with one developing skills in the operating theatres and the other working in a surgical ward.

Yorkhill Telemedicine comes ‘Highly Commended’

Following on from the last Staff News, the Yorkhill Telemedicine team were delighted when they received a "Highly Commended" award in this year’s Health Service Journal Awards.

Project Manager Hazel Archer and Consultant Mr Robert Carachi received the award at a ceremony in London in November. The panel of judges was very impressed by the project, which was entered into the “Improving Care with E Technology” category, commenting: “The structured project approach and teamwork were obvious strengths. Very high quality project management and excellent clinical engagement will realise maximum benefits.”

Searching for the “Glasgow effect”?

Health in Glasgow is improving...

...but health has not improved as fast in Scotland as it has in the rest of Europe and it has not improved as fast in Glasgow as in the rest of Scotland.

Cue: the Glasgow Centre for Population Health

With premises secured in the city centre and staff in place, the Glasgow Centre for Population Health is now very much up-and-running. As reported in previous editions of Staff News, the Centre is a resource to inject new thinking into the enduring problem of Glasgow’s poor health record.

The Centre was officially launched last October, with a scientific meeting of some of the best-respected minds in public health.

Centre Project Manager, Dr Carol Tannahill said: “We believe there’s something particular to the city that we’re calling the ‘Glasgow effect’. Part of the work we are doing at the Centre is to understand the effect that living in Glasgow has on health, comparing it with other parts of the UK and abroad. Poverty and deprivation don’t adequately explain why many people in Glasgow suffer from such poor health. It’s more complex than that.”

In January, three full-time Public Health Programme Managers will join the existing core team. They will also work alongside several part-time attachments now linked to the Centre from organisations including the Universities of Glasgow and Strathclyde, and Glasgow City Council.

The Glasgow Centre for Population Health is a partnership between NHS Greater Glasgow, Glasgow City Council and the University of Glasgow, supported by the Scottish Executive. The Centre is located at Level 6, 39 St Vincent Place, Glasgow G1 2ER and can be contacted on 0141 221 9439. For further information see the Centre’s website - www.gcphe.co.uk

Free help and support for your conference

Have you ever wanted to bring a professional conference to Glasgow?

That’s where Glasgow’s Ambassador Programme can help you.

Managed by Greater Glasgow & Clyde Valley Tourist Board (GG&CVTB), the Programme provides a high level of free support to members to enable them to persuade their own associations to meet in the city.

For more information contact: Laura Beaton, Ambassador Executive, Greater Glasgow & Clyde Valley Tourist Board on 0141 566 4026 or email lbeaton@glasgow.com (www.seeaglasgow.com/ambassadors)
Publishing something new? Let us know!

If you're bringing out a new leaflet, information booklet or document, then let us know. That's the message from NHSGG’s Freedom of Information officers who need to know about any new publications for the Publication Scheme.

A guide to all the information that we routinely publish, the Publication Scheme aims to help the public find information about NHSGG. You may remember that we featured information about the Act – which came into force on January 1 - a couple of issues ago. We need to make sure the Publication Scheme is kept up-to-date with new information. Please help us to do this.

For more information, contact your local representative:

**Board**
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**North**
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**South**
Gavin Barclay 0141 201 1257 Foi.southglasgow@nhsgg.org.uk

**Yorkhill**
Coral Brady 0141 201 9279 Foi.yorkhill@nhsgg.org.uk

Or why not have a look at our web page at www.nhsgg.org.uk/foi?

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**Staff News**

Written by staff for staff with the full support of the Partnership Forum.

If you’d like to send an article, letter photograph or comment to us

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staffnews@nhsgg.org.uk

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