While Glasgow continues its bid to become the 2014 hosts of the Commonwealth Games and football fans look forward to the arrival of the UEFA cup, health staff who think they have what it takes to be the next Pele have the chance to ‘put the ball in the back of the net’ at this year’s seven-a-side Eurospital Football Tournament.

NHS Greater Glasgow and Clyde is hosting this year’s tournament and we are looking for teams of seven to register for the knock-out stages, the winner of which will represent Scotland in this year’s Eurospital Football Tournament.

We need a winning team to represent Scotland and will be holding a knock-out tournament on Saturday 26 May in Garscube Sports Complex, have you and your team got what it takes? Find out. Full story, back page.

Your NHS needs you!

Now that the Outline Business Case (OBC) for the £28 million plan to upgrade and modernise the Southern General Maternity Unit has been approved by the Board, work now begins in making the unit a reality. It is hoped that building work could start by the end of this year.

The OBC to modernise and upgrade the Southern General Maternity Unit meets all of the recommendations of the Calder Group and substantially expands on the original refurbishment plans - significantly increasing the unit’s existing capacity and enabling it to provide a wider range of services.

The proposals have now been submitted to the Scottish Executive for formal approval.

See full story on page 4&5.

Rebirth of Southern General Maternity Unit

South Clyde future assured

The Board has now formally approved plans to retain inpatient services and the A&E at Inverclyde Royal Hospital. The decision lifts the threat that has been hanging over the Greenock hospital and hundreds of staff there for several years.

The consultation proposals on the future of key services at both the IRH and the Royal Alexandra Hospital in Paisley received unprecedented backing from both staff and patients.

Now the Board approved consultation proposals are with Health Minister Andy Kerr for final approval.

Some service changes affecting a small number of specialist inpatient services will take place - about 500 patients at the IRH and 900 patients at the RAH.

Full details of the recommendations and a summary of the responses from staff and public can be seen at: www.nhsggc.org.uk and click on Future of South Clyde Hospitals.
New look Staff Newsletter

Welcome to your new look Staff Newsletter. With the launch of the new look intranet and website as well as the revamped Health News last year, we thought it was time that Staff News also got a bit of a redesign and freshen up.

We've gone a little bit smaller so it's now even easier to put in your pocket or slip in your handbag and we've changed the name slightly to Staff Newsletter. However, lots of things have stayed the same, we've kept the blue colour for the cover and we still aim to bring you the most up-to-date news on the subjects that affect you.

Inside, we'll continue to cover all the issues that affect us all as well as featuring staff and news from the whole organisation.

As usual, you can always get in touch with us by email: staffnewsletter@ggc.scot.nhs.uk or tel: 0141 232 2113

or tel: 0141 211 0347

or tel: 0141 232 2113

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Using, customising and updating StaffNet

The first time you access StaffNet, you will be asked to set the ‘My Profile’ area including ‘My Details’ where you can select the Division/Partnership you work for; the Site or Campus you work from; and the Directorate/Department or Service you work in. More than one option can be chosen for each area for those who are involved in joint working or have two bases.

Once you have filled in this information, you will then be re-directed to the StaffNet Homepage. The blue section managed by Communications and HR has information of relevance to all and cannot be moved from the homepage.

The green section is your user customised boxes and contains information relevant to you as selected in your ‘My Details’.

Training to manage parts of the intranet is key as it means that users will be able to manage their own content pages. You will be able to add, edit and delete your own departmental pages without having to go through a third person.

The intranet training sessions will show you how to publish a web page on the intranet. To attend a training session, you will be asked to fill in your ‘My Details’ where you can select the Division/Partnership you work for; the Site or Campus you work from; and the Directorate/Department or Service you work in. More than one option can be chosen for each area for those who are involved in joint working or have two bases.

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The intranet training sessions will show you how to publish a web page on the intranet. To attend a training session, send an email to: staffnet@glacomenc.scot.nhs.uk

Any other questions – contact:
• staffnet@glacomenc.scot.nhs.uk
• Sarah Jane McCready email: sarahjane.mccready@gartnavel.glacomenc.scot.nhs.uk or tel: 0141 211 0347
• Paul Turkington email: paul.turkington@gartnavel.glacomenc.scot.nhs.uk or tel: 0141 232 2113

Joining up with new single intranet

THE new single intranet StaffNet - replacing all the various former Trust intranets – is now in place and accessible to the vast majority of our staff.

Now the priority is to ensure connectability to some staff groups located in local authority-based CHPs and parts of the former Argyll and Clyde.

IT colleagues are making this work a high priority to ensure that everyone has equitable access to this new resource.

StaffNet is far more flexible and functional than any of the former set-ups.

It allows all users to access consistent updated “corporate” information such as policies, procedures, HR advice, management briefings and area partnership briefings, staff benefits.

It allows the user to customise the homepage to site specific information and also directorate/division specific information.

It also enables individuals to create a “favourites” listing on the homepage for rapid access to specific areas of professional interest whether clinical or simply outwith the individual’s core area.

One issue that is always raised when StaffNet is discussed is the problem of maintaining levels of communications and information access for staff who have no access to a PC.

This is a challenge that NHSGGC is tackling through a network of key information being issued in Core Briefs to senior managers prior to posting on the StaffNet, with a responsibility for them to ensure the information is cascaded to staff in face-to-face meetings or via local notice boards.

There have also been suggestions that Intranet connection points be created on NHS sites in staff areas, such as canteens or rest rooms, allowing easy email and intranet access.

The 2006 Staff Survey identified the need to further improve communications and the Communications Directorate along with HR colleagues via Staff Governance networks is taking these issues forward.

Watch this space for further developments.
We are now only weeks away from the introduction of the long-expected car parking charges.

Due to be introduced across many key NHSGGC locations at the beginning of April, staff who are eligible for a paid-for permit will be charged £25 per month if they earn less than a basic (before tax) salary of £30,000 a year or £30 per month if they earn more. These costs will be deducted at source by payroll.

The new arrangements will apply to Gartnavel General (including the West of Scotland Cancer Centre and the Homoeopathic Hospital), the Western, the Vicky and NHSGGC's Dalian House HQ. Staff at GRI and at the RHSC and QM at Yorkhill already pay for parking.

The paid-for permit can only be used at the staff member's place of work. If you have to travel to another site which has parking charges, you can reclaim your parking fees via your expenses.

Free permits for staff whose job depends on continuous car use between different locations, which allows access to all staff car parks, will also be available.

The policy of introducing charges was adopted by NHS Greater Glasgow and Clyde in 2005. Work has already begun to install ticketing machines and barriers at each location and to ensure that car park layouts meet appropriate standards. An independent company will provide management and security of the car parks.

While staff and public reaction to the introduction of charges has been mixed, the majority of staff at the sites affected have started the process of applying for permits.

Local contacts (with responsibility for car parking) report that while staff do still have some concerns about the parking and filling in the application form, most are beginning the process of applying.

Groups who have welcomed the move to introduce car park charges include the Murray Foundation (an amputee support group). Mr John R. Thompson from the Foundation welcomed the action taken to make parking in hospital for those with disabilities hassle-free.

He said: “I am delighted to hear that the new policy will increase the amount of disabled bays closest to the entrances, but more importantly that they will be "policed" at all times.

"On behalf of the Murray Foundation and all the disabled community, thank you for these much needed improvements."

Why it’s all happening

The introduction of car parking charges has been under discussion for some time.

Director of Facilities Alex McIntyre explained: “Parking charges are being introduced in response to growing and often severe congestion in our hospital car parks, as well as planning and other obligations.

“In part, this congestion is caused by shoppers, commuters and others using our hospitals to park for long periods in the day for free. We want to make sure that patients and visitors - the people who actually use our services - have a far better chance of getting a parking space. The parking tariff has been designed specifically to cater for our many thousands of outpatients and visitors – almost all of whom require to park between one and three hours."

The policy was introduced as:

• patients and visitors have experienced severe problems in finding parking spaces at our hospitals and we must take action
• we need to upgrade the quality of our car parks, especially security and lighting
• we must meet our obligation to provide enough spaces for disabled drivers
• local authorities have demanded that we reduce traffic flows to and from our hospitals
• we have to play our part in reducing the impact of cars on the environment and encourage use of public transport

The next phase of the policy will be rolled out later in 2007, with charges and permits being applied at other sites, including the Southern General Hospital and Stobhill.

Reaction and response

While staff and public reaction to the introduction of charges has been mixed, the majority of staff at the sites affected have started the process of applying for permits.
Proposals to refurbish and extend the Southern General Maternity Unit will improve facilities for staff and patients.

The proposals, outlined in a £28 million development plan, will see a major new three-storey extension being built alongside the existing maternity building. This will house neonatal medical and surgical intensive care services (currently provided in the Queen Mum’s and RHSC), a new state-of-the-art labour suite and two obstetric theatres. A separate, brand new, fetal medicine department will also be developed to provide specialist diagnostic facilities and treatment to unborn babies in the womb from across Scotland.

The addition of these new facilities will significantly increase the unit’s existing capacity and enable it to provide a wider range of services.

Under the plans, much of the existing accommodation will be completely refurbished including the current labour ward which will be transformed to provide modern, attractive accommodation for day care, assessment and early pregnancy advisory services. The layout of the unit will also be completely redesigned to ensure the best possible links with the new adult and children’s hospitals. This will achieve the gold standard triple co-location of adult, paediatric and maternity services. It will also see the Southern General Maternity Unit becoming the national centre for a range of specialist neonatal services.

Dr Alan Mathers, Clinical Director for Obstetrics and Gynaecology, said: “Clinical staff have been closely involved in developing the plans for the unit. We looked at a number of different designs and are confident that this option offers the best solution for patients and staff. “It meets all of the recommendations of the Calder Report and will ensure the majority of services are delivered from new purpose-built facilities. The work will also be able to be completed without disruption to existing services.”

If the Scottish Executive approves the outline business case for the maternity unit, building work could get underway in late 2007 and be completed by the end of 2009. This will then enable maternity services from The Queen Mum’s to transfer to the PRM and the Southern General Maternity Unit as planned, and complete the move from three to two maternity sites.

Staff praised for smooth transfer of maternity services

Staff from both The Queen Mum’s and the PRM have been praised for their efforts to ensure the transfer of services to a new ward at the Princess Royal went as smoothly as possible.

In October 2006, 16 beds from the South Wing at The Queen Mum’s transferred across to the PRM and an additional two beds were added to create a new 18-bed ward on level six of the hospital.

A total of 17 staff transferred across from The Queen Mum’s to work in the new ward.

Eleanor Stenhouse, Head of Midwifery Services, said: “Staff at both sites worked tirelessly to make sure the move went ahead successfully without any disruption to patient care. The staff who transferred across from The Queen Mum’s have settled in well and are enjoying working on the new ward.”

Rosslyn Crocket, Director of Woman’s and Children’s Services, said: “This transfer was one of the first steps in the redesign of Glasgow’s maternity services and our plans to create two first class maternity units with direct links to adult acute care and paediatric support.”

Implementing Glasgow’s Maternity Strategy

A huge amount of activity is underway to implement the agreed changes to maternity services across Greater Glasgow. Much of this focuses on the preparation work required to complete the move from three to two maternity sites for Glasgow. This includes taking forward plans to extend and refurbish the Southern General Maternity Unit to increase its capacity and identifying an alternative base in the west-end of the city for local antenatal care.
services. This will enable maternity services from The Queen Mum’s to transfer to the Southern General Maternity Unit and PRM, as planned. Many frontline maternity staff working across the city are involved in this work which is being overseen and co-ordinated by a Maternity Strategy Implementation Group. Many clinical staff are also involved in a wide range of sub-groups which have been set up to carry out the detailed work required in a number of key areas. These include:
- Pregnancy Pathways sub-group
- West Glasgow Antenatal sub-group
- Neonatal sub-group
- Capital and Finance sub-group
- Accommodation sub-group
- HR & Staff Communications sub-group
- Community Engagement sub-group

A separate process is underway in Clyde to ensure that maternity services in Clyde are in line with the strategy agreed for Greater Glasgow.

Maternity Staff Briefing Sessions
Details of forthcoming briefing sessions on the maternity strategy are listed right. These are designed to update staff across the city on progress and outline the next steps. A number of additional evening sessions will also be arranged.

March 2007
- Tuesday 6 March at 2:00pm at PRM Conference Room
- Friday 9 March at 2.00pm at SGH Walton Conference Room
- Wednesday 14 March at 2.00pm at QMH Conference Room

June 2007
- Tuesday 12 June at 2.00pm at QMH Conference Room
- Thursday 14 June at 2.00pm at PRM (venue tbc)
- Tuesday 26 June at 2.00pm at SGH Seminar Room, Maternity Unit

September 2007
- Monday 17 September at 2.00pm at QMH Conference Room
- Tuesday 18 September at 2.00pm at PRM (venue tbc)
- Tuesday 25 September at 2.00pm at SGH Seminar Room, Maternity Unit

Totally smoke free by end March

The introduction of the total smoking ban across all off NHSGGC will see us be totally smoke-free by the end of this month (March).

If you are a smoker, you will not be allowed to smoke anywhere on site at any of our premises, including external areas and designated smoking areas, which are being removed.

The ban comes into force on March 26 – a year to the day from the introduction of phase one of our smoking policy, which banned smoking in our buildings, vehicles and outside areas with the exception of designated smoking areas on some sites.

The complete ban will require the support of all staff. NHSGGC staff have a duty of care to take reasonable care for the health and safety of both themselves and others. Policy enforcement is a really important role for staff, as studies show that if rules are adhered to strictly from the outset, they are adopted well by all.

This means we all have a duty to ask people not to smoke on any part of our premises.

When approaching the public it is important to be friendly and polite, to draw their attention to the no smoking signage, and to remind them of the reasons for our policy. Most people who are approached in such a manner will respond well to a request to stub out their cigarette.

If staff are worried about enforcing the policy, we do have policies in place to protect staff from aggressive behaviour and guidance has been developed for approaching illicit smokers on NHS premises. This is available on StaffNet under No Smoking.

If you are required to visit patients in their own homes, you can ask them not to smoke before and during your visit.

If you work on-site, you should be aware that patients are no longer allowed to smoke in our external areas, not even at grassy areas away from buildings. If you have an in-patient who simply can’t go without smoking and doesn’t want to attempt to quit, you can provide them with Nicotine Replacement Therapy, which will help reduce the cravings.

For those who want to stop smoking, hospital-based stop smoking advisors can offer support and give information on the local services. Contact Smoking Concerns for details of your local advisor, tel: 0141 201 9825.

Information on the smoking policy is available on StaffNet and on the web, visit: www.nhsggc.org.uk/smokefree

If you’re a smoker who wants to give up, contact either Smoking Concerns tel: 0141 201 9825 or dial the Starting Fresh freephone number: 0800 389 3210.
A homeless liaison service working across Glasgow aims to help some of the most vulnerable people in our society access healthcare.

It is estimated there are some 10,500 homeless people in Glasgow. This service, based at the GRI, aims to offer continuity of healthcare to homeless persons discharged from hospital.

Service co-ordinator Diane Cassidy explained: “Homeless people often have poor access to health services. They have many associated issues and healthcare is not always a priority. We aim to ensure that they are referred or have information on how they can access health services in the community when they present at A&E.

“As well as addressing their health needs when they are in hospital, we try to help with many of the issues that concern them such as losing temporary accommodation while in hospital or ensuring they have accommodation on discharge if they present with No Fixed Abode. Really, it’s just making sure that the issues that are important to them are addressed, to assist them when leaving hospital which will help with their recovery.”

Nurse Margaret Montgomery added: “Normally people are very glad to see us; even for patients we see repeatedly we always adopt a fresh approach and treat each admission to hospital as an opportunity. We link them to all relevant services and help with practical issues that can make a difference to their stay in hospital.”

All of the team say the best thing about their job is that every day is different but they all really enjoy it as they can utilise all of their skills.

Margaret said: “There is no typical patient. Some have been homeless for years; others have just lost their house for whatever reason. There are many sad stories, which can be very upsetting, but we like to think that we are helping and making things a little better for them, starting with getting them back to the life they want for themselves.”

The team face many challenges though it is possible to get good results in the short-term. Making sure that someone has accommodation when discharged from hospital, knowing that someone is looking at any social care needs and linking the patient to all services that can help, is rewarding.

But there can also be frustrations when you can’t get the accommodation options you’d like and alternative options are not ideal.

Diane explained that when a homeless person is in hospital you have a clear window of opportunity to work with people in a very unique way. Nurse Elizabeth Campbell said: “For those with alcohol or drug problems this may be a time of clear insight and they can decide what they want to change. While they may have a totally chaotic life outside of the hospital, being in hospital can be used as a period of reflection.

“They see people helping them to make changes they have previously contemplated, and they feel supported to take a fresh approach to addressing their issues. It’s all part of trying to offer the beginnings of a new start.”

The Homeless Liaison Service is led by co-ordinator Diane Cassidy with nurses Elizabeth Campbell and Margaret Montgomery, administrator Isabel McGlone and overseen by IRIS Service Manager Christine Ashcroft. The service sits within the Integrated Discharge Team, Rehabilitation and Assessment Directorate.

For more information or to contact the Homeless Liaison Service, tel: 0141 232 0784.
Keeping staff up-to-date and making sure they are involved in the decisions which affect them is a key priority for NHSGGC. This is particularly important during periods of potential change. That’s why over the last few months a number of events have been organised to keep local staff updated on the ongoing review of health services across Clyde.

Advance briefing sessions for staff were organised before the launch of the public consultation on the future of acute services at the Royal Alexandra and Inverclyde Royal Hospitals. This ensured staff were aware of the detailed proposals before they were made public and had an opportunity to feedback comments as part of the consultation process. The recommendations from this consultation, which would see A&E and core inpatient services retained on each of the sites, were approved by the Board in February and have now been submitted to the Health Minister for formal approval.

A number of local meetings have also been held to update staff on the progress to review maternity and mental health services and discuss the initial findings of the Health Needs Assessment for West Dunbartonshire. Local staff have also been involved in discussions on the balance of care for older people at Johnstone Hospital and the future shape of local Physical Disability services.

These meetings have given staff the opportunity to ask questions, feedback views and discuss some of the key challenges faced by local services. Similar engagement and update events have also been held for local service users, carers, support groups and voluntary organisations. Many frontline staff are also involved in a wide range of planning and clinical sub-groups set up to oversee and co-ordinate the work required for each of the service areas.

Deb den Herder, Director of Acute Services for Clyde, said: “We are committed to listening to the views of frontline staff and ensuring they are closely involved in the review process. The feedback from all of the local briefings and engagement events will help us to develop detailed proposals for the Clyde area which staff and the general public will have the opportunity to comment on during the formal public consultation process later in the year.”

Providing health information

A new website from Health Rights Information Scotland (HRIS) aims to help health professionals and others involved in producing patient information.

The site hosts a wide range of information for patients about their health rights, as well as a variety of support materials and links for staff.

It is the best place to find HRIS information in other languages and different formats. These can be easily printed off on computer in response to demand. HRIS project staff can also provide practical advice and assistance to individuals and organisations involved in producing patient information. They have developed a great deal of expertise in producing information and are able to comment on, edit, and draft documents. They can give advice about organising research with patients and members of the public and producing information in alternative formats.

If you would like more information about HRIS, visit: www.hris.org.uk or email: hris@scotconsumer.org.uk

Be fraud aware

Fraud is a major problem within the NHS and we all play a part in preventing it. The NHSScotland Counter Fraud Services (CFS) highlights the detrimental impact of fraud and aims to increase awareness of how it can be reported.

As part of a pan European anti-fraud campaign to develop a real anti-fraud and anti-corruption culture within healthcare systems, CFS staff have visited locations within NHSGGC asking staff about their awareness of fraud within the Health Service; what they would consider to be the best methods to promote the issue; and by what means would they consider reporting a suspected fraud. Several thousand questionnaires were completed and the results will be analysed and reported back to CFS in due course.

Suspected fraud can be reported to the Fraud Liaison Officer within your Board. It can also be reported, anonymously if you prefer, online via the CFS website or by calling the Fraud Hotline tel: 08000 15 16 28.

For further information on the work of CFS, go to: www.cfs.scot.nhs.uk
Behind the Beatson

The opening of the new £105 million Beatson West of Scotland Cancer Centre is one of the highlights for NHSGGC this year. Behind the scenes a team of staff have spent many a long night and day to get it finished. Here we find out about just two.

Name: Stephen Baker
Job: Project Manager for new Beatson
How long have you worked for NHS Greater Glasgow and Clyde?
Since May 2002
Before that, what did you do?
I was a Commercial Manager with a major building contractor and worked on various major projects like Braehead Shopping Centre.
What does a Project Manager do?
Good question, goes mad and shouts a bit, stays calm and keeps everyone at ease, finds his hair going a wee bit greyer weekly! The textbook answer is someone who should foresee as many dangers as possible, and to plan, organise and control activities in such a way that risks are avoided or countered leading to a final result that satisfies the requirements of the project sponsor without using more money or resources than those that were included in the budget. But then who reads textbooks?
What's it been like working on this particular project?
Murder polis at times. But it has been great to work with the User Teams on this project who have been right on side of the Project Team to help us deliver this new facility. It has been interesting and exciting to develop the centre in a purpose-built way to accommodate the clinical and patient need plus we have had the added benefit of being able to incorporate some great design enhancements through our own art budget and the support of our charitable funding partners. It has been the best construction project I have been involved in.
What have been the most challenging and most rewarding parts of the job?
Most Challenging - getting out of bed on a freezing, wet and windy morning when you know it's a day for a site visit first off. Realistically, we have had milestone challenges throughout the life of the project: getting an affordable design solution out to tender in May 2003; going through the contractor design and selection process to get the best value for money solution by January 2004; then managing the client input to the building element, complicated due to the high degree of technical medical kit involved in running a modern cancer centre.

Name: Margaret Welsh
Job: Commissioning Manager for new Beatson
How long have you worked for NHS Greater Glasgow and Clyde?
I started with the NHS in Glasgow 33 years ago in 1974.
Background?
I come from a clinical background. I've worked as a nurse and midwife, transferring from my clinical role into General Management in 2003.
What does a Commissioning Manager do?
I needed to find my own working definition for the role. It's about “putting the building into service” and “putting the service into the building”. A commissioning manager has what seems at times to be the world's biggest 'To do' list.
I work with lots of different services, leading them through this new build commissioning process and organising with them their programmes of work.
The building needs to be prepared by an army of NHS workers - 100s of telephone extensions and 100s of PCs all have to be ready for staff; 20,000 items of equipment to be selected, ordered and delivered to around 1000 rooms; very busy cleaning teams needed for dust control; a variety of physics staff are needed to test all types of medical equipment; and estates staff need to PAT test everything with a plug and make sure all the building systems are working.
Running in parallel with all of this is the migration planning and the preparation for the move with lots of debate before we finally agreed who would move during the week and who would move at weekends.
What's it been like working on this particular project?
The overall design philosophy for this building has the 'WOW' factor and the building offers an incredible environment for both patients and staff. The services moving into the new cancer centre are rather complex and varied and it has been really interesting learning all about them.
What have been the most challenging and most rewarding parts of the job?
The most challenging part of this job was developing the migration plan which is about ‘flitting’ around 800 staff from 12 different buildings across three hospital sites. Just imagine how stressful moving house is!
The most rewarding part of this role;
centre; and being able to achieve the SEHD target of having patients in the new centre for 2007.

Most rewarding - seeing the great reaction of various visitors from staff, patient and other outside groups to how good the building looks and feels.

What is your favourite part of the new Beatson?

Too many favourites really. There is a different significance or story behind how we got to many of the design enhancements, but if I had to pick I’d plump for the curved corridor through outpatients with its pyramid rooflight, it just has a nice spacious feel to it. It’s very calming to walk through.

What are you looking forward to most in next six months/a year?

Well, I guess if Partick Thistle don’t win the Scottish Cup again, I’ll settle for getting the roof leak fixed in my flat or a bigger bucket.

well I like that I am in a position to influence what new healthcare facilities will be like and as I have spent most of my clinical career in old Victorian buildings, it is great to be part of the biggest modernisation programme that Glasgow has ever embarked on.

What is your favourite part of the new Beatson?

A bit spoiled for choice really as there are a number of lovely design features for example the curvy raspberry ripple wall, decked roof gardens, external wall lights, the day case unit multi-coloured ceiling lights, the art work in the linac mazes but I reckon the water features in both internal courtyards will be fabulous.

What are you looking forward to most in next six months/a year?

Finishing off the ‘big Beatson flitting’ and then looking forward to my summer holidays.
No boundaries for our staff

One of our docs is heading off to Malawi to work in one of the country’s main hospitals.

After spending some time saying goodbye to friends and family including two grandchildren, Consultant Surgeon at the IRH, Dr Eric Taylor, and his wife Celia are off to Malawi for up to two years.

Dr Taylor said: “I thought I’d better do this before I fall completely into senility. I had thought about doing something like this previously so when opportunity came up again, I thought I’d better really think about this.

“I’ve been to Zambia before working on a water project and I’ve also been in Kathmandu, so I am aware of some of the problems we’ll face out there.”

Celia Taylor was born in Kenya so is familiar with East Africa and it helps that they already have family and friends out there to help them with this transition.

Dr Taylor is realistic about the challenges they will both face in Malawi. “I think one of the main problems will be a lack of resources and a lack of staff.

“I know that on a previous visit to a hospital in Kenya, a surgeon there showed me his hospital where five wards held 450 beds treating 90 patients at a time. Often there is only one nurse to a ward and no nurse at night. I think the lack of junior staff and drugs will also be a problem amongst a population which has a high HIV positive rate.”

The type of illness and disease that people in Malawi face is also very different from what we see here. Dr Taylor explained: “Life expectancy in Malawi is 37, people just don’t live long enough to get things like cancer so the pathology of illness is different, you are more likely to see diseases originating from typhoid or TB.

“I think once we arrive, we will find out what is needed and from there see how best we can help. Working in a hospital means we will be quite central as opposed to working out in one of the regions, but hospitals are still quite poorly equipped so will still present many challenges compared to home.”

As a trained general surgeon who has also worked in orthopaedics, Dr Taylor’s breadth of training will come in very useful in these circumstances. “It does concern me that younger doctors do not get the training or experience in the breadth of subjects that I did. That is why I would urge younger doctors to look at ways to broaden their own skills and experience by doing things like VSO, this is the perfect opportunity.”

NHSGGC physio Joanna Dawes gives us her personal view of VSO from Zambia

Since graduating, I have always wanted to work with VSO, but life never lent itself to a two-year placement. Upon hearing that VSO had started offering short-term placements I got in touch.

At the time I applied, short-term placements were a relatively new venture for VSO, so no physiotherapy placements matching my skills or availability existed. Once I had completed a masters degree, I expressed an interest in research so my placement adviser suggested that I consider working as a research officer in Zambia.

Although my placement is completely different from my job at home, it seems to be within my capabilities and I hope my time here provides a valuable contribution to my employer.

Although life in Lusaka is very different to life in Glasgow (climate, pace of life, food and absence of home comforts, to name but a few) I can confidently say I have settled in perfectly. Despite being just two weeks into a three-month stay, this is already proving to be an amazing experience - from which I am learning about Zambia, its people, its culture and an awful lot about myself.

This is unquestionably an experience I would encourage others to consider.

Joanna Dawes is a Physio for Homeless Service based at Hunter Street.

If you are interested in finding out more about VSO opportunities, visit: www.vso.org.uk or send a CV to: enquiry@vso.org.uk indicating 'NHSScotland partnership' clearly in the subject line of the email. Alternatively, if you have a specific query you can contact the VSO Scotland manager by e-mail: Catherine.hewit@vso.org.uk or write to: Catherine Hewit, VSO Scotland Manager, St Colm’s International House, 23 Inverleith Terrace, Edinburgh EH3 5NS.
Giving up your job to go and study homoeopathic medicine in India under one of the world’s leading experts on the subject may only be a dream for some but secretariat officer Carla Carmichael is making it a reality.

Carla, who was based at Dalian House, is off to study homoeopathic medicine in India and is then going on to work in a homoeopathic hospital in Sri Lanka.

Carla first got interested in homoeopathy some years ago as she underwent her own health problems and has studied at the Scottish College of Homoeopathy in Glasgow. She explained: “Very early on in my studies I recall a visiting Lecturer to the College talking about the opportunities to study in India once we graduated. I was excited then at the prospect, but never thought at that time it would materialise because of my own health issues, but it remained my dream.”

Last year, Carla attended the International Homoeopathy Conference in Ireland and found herself totally inspired by the speakers. Two world renowned Homoeopathic Doctors – Dr David Lilley and Dr A U Ramakrishnan – had a particular influence. While there, Carla learned that Dr Ramakrishnan was running a post-graduate Homoeopathic medical course in India and from there she just knew she had to attend.

Having successfully completed her academic studies and clinical training, Carla went to London in October of last year for an interview with one of the professional Homoeopathic bodies and has now achieved her practising certificate. Speaking to other professional Homoeopaths, she found out about Medicina Alternativa in Sri Lanka, a hospital offering an intensive one-month’s acupuncture and homoeopathy course to doctors from all over the world.

After finding out some more, Carla applied and has been accepted as a volunteer at the hospital. “They have already agreed that I can stay on as a volunteer working in the hospital for sometime after training. I’m really looking forward for the chance to needle people in a different way!”

“Currently, I am both excited and sad. Excited to be living my dreams and sad to be saying goodbye to my friends and colleagues, some of whom I’ve known for more than 10 years. Thanks to email though I can stay in touch and I can be contacted at: carla.carmichael@yahoo.com but I’m looking forward to embarking on what will be for me a life changing experience.”

Seven members of maintenance staff from the Royal Alexandra Hospital, Inverclyde Royal Hospital and Vale of Leven Hospital, have been honoured at a special ceremony at Inverclyde Royal Hospital.

Mark Tarvitt, Brian McKay, Paul Allan, Andrew McCrae, Stuart McPhail, Michael McTiernan and Alan McArthur completed a two-year day release course, qualifying as Maintenance Technicians (Steriliser) at James Watt College, Greenock. Each candidate completed the course with flying colours.

The staff received their certificates from Brian Wilson, Head of Facilities, Clyde in front of Hospital Estates Managers - Derek Martin, John Gilmore and Brian Gillespie, college lecturers and work colleagues.

The Scottish Workforce Information Standard System (SWISS) Equality Monitoring Survey should be circulating among staff at the end of March.

The survey is part of a national project for NHSScotland as a whole and will help to create a more comprehensive picture of the workforce. Every member of staff will be asked to complete a simple form - either online or on paper - providing details in respect of disability, ethnicity, gender, religion and sexual orientation.

The information provided will be treated with the highest standards of confidentiality and will only be used to improve employment practice to ensure that staff can work in an environment free from discrimination.

Look out for a copy of the survey in your payslip on 29 March, or visit the SHOW website to view an e-version of the questionnaire, visit: www.diversitysurvey.scot.nhs.uk
Improving clinical learning

Providing the proper clinical learning environment for staff is the main role of the Practice Education Facilitator (PEF).

This means providing support, educational input and development activities for mentors and students within HNC, pre-registration and post registration educational activities.

PEF roles aim to improve the quality of the practice learning experience and positively contribute to the future nursing workforce development for the NHS.

In order to facilitate this ethos within Mental Health, Learning Disabilities and Addiction Services, Practice Education Facilitators Lesley McNab and Margaret Caldwell have identified a number of support mechanisms that have been provided for mentors and students to support and enhance their knowledge, skills and application within the clinical learning environment.

Alongside line manager Joe Winters, they presented their findings at a conference in Edinburgh, "Celebrating Ten Successful Years of Nursing & Midwifery Programmes in Higher Education".

Margaret said: “This was the perfect opportunity to promote our identified mentor support mechanisms to a wider audience of students, mentors and academic staff from all over Scotland, as evidence of practice developments for mentors.”

For more information on mentors, contact: Lesley McNab and Margaret Caldwell, tel: 0141 232 2060 or e-mail: Lesley.McNab@glacomenscot.nhs.uk or Margaret.Caldwell@glacomenscot.nhs.uk

Breaking down barriers

A major project looking at the health of those aged 45 to 64 is happening in a range of general practices across Glasgow. Practices in the North and East of the city are already inviting patients in this age group to attend the practice and take part in health screening. GP practices in other parts of NHS Greater Glasgow and Clyde will come on board later in the year.

The Project will focus on cardiovascular disease, and associated risk factors. One of the aims of the project is to identify whatever barriers exist that prevent the target group from going to their GP and other services. By working together with patients, healthcare staff hope to break down these barriers and find other ways of engaging with patients to improve their health.

The Public Health Resource Unit (PHRU), Health Scotland and other partner organisations provide a range of learning and development opportunities for Keep Well staff from receptionists, GPs and other Providers from enhancing communication skills to exploring issues with literacy and developing approaches to support changes in health behaviours.

A critical issue is the contribution of Keep Well and partners to reduce health inequalities. Staff will be able to access a range of workshops exploring what this means for their practice.

Later on it is hoped that Keep Well practitioners will provide training from their experiences to enhance the skills of other colleagues.

Courses are running over the coming year with some dates still to be confirmed. Information will be sent out to all in the relevant CHP areas, but any enquiries can be sent to: anne.dunbar@ggc.scot.nhs.uk

All members of the NHS and partners can access PHRU courses at: www.phru.net or for more information and online booking visit: www.nhsggc.org.uk/content/default.asp?page=s447

‘Helping Smokers Stop’ - 1 day training

Aim: To provide participants with the basic knowledge & skills necessary to deliver brief, opportunistic advice to stop smoking

Suitable for anyone who is expected / has the opportunity to bring up the issue of smoking with clients.

The course covers:
- Understanding tobacco use
- Health effects
- Addiction
- Facilitating behaviour change
- Services to help quitting including Nicotine Replacement Therapy (NRT) products

No charge for this training if participants work within the Greater Glasgow and Clyde area. £10 for external participants.

To register for the course or for more information contact Rebecca Campbell on 0141 201 4813 or email Rebecca.Campbell@ggc.scot.nhs.uk

Health Promotion Officer (Tobacco - Training)
4 North Dalian House
PO Box 15327
350 St Vincent Street, Glasgow
G3 8YZ
Tel: 0141 201 4813
www.smokingconcerns.com

For more information on mentors, contact: Lesley McNab and Margaret Caldwell, tel: 0141 232 2060 or e-mail: Lesley.McNab@glacomenscot.nhs.uk or Margaret.Caldwell@glacomenscot.nhs.uk
Agenda for Change update

At the end of March around 30,000 employees will have transferred to Agenda for Change (AfC) pay bands. We are continuing to assimilate staff based on the previous Board areas.

Look out for Core Brief updates for information on the transfer of particular staff groups to the new AfC pay bands.

Staff in posts that have not matched to national profiles

The Agenda for Change Project Team will soon begin to contact employees who are in posts that do not match to any of the published national profiles. More information and advice will be communicated to staff over the next few weeks to explain this process.

Review Procedure

The Job Evaluation Review procedure has been agreed in Partnership and provides information for employees on the process for reviews of job matching/evaluation outcomes as part of the transfer of employees from Whitley Council to enhancements to Agenda for Change.

Employees who are unhappy with the result of a matching or evaluation outcome have a right to seek a review either on an individual or collective basis. It is strongly recommended that employees or groups of employees seek advice from their trades union or professional organisation before lodging a review request. This may also help to allow similar requests to be grouped together.

Employees who wish to submit a review request should do so in writing, as advised in the assimilation letter, within 13 weeks of the date of the letter. It is important to remember that review requests must be based on the job as it was performed on 1 October 2004. Where changes to jobs took effect after this date, these may be subject to the Board’s grading review procedure. Further advice is available from your line manager or Human Resources department.

Design award for new sexual health centre

A brand-new home for sexual, reproductive and emotional health services in the East End of Glasgow has been commended in the 2006 Glasgow Institute of Architects Awards. The purpose-built Sandyford East represents a £1.2 million investment in healthcare for the East End of the city and, for the first time, offers a number of sexual health services to people locally.

The building was designed by Glasgow based architects studioKAP.

Supporting the public health workforce

A new extranet site has been launched to support the public health workforce to provide information and services on learning and development, knowledge management and public health networks.

The new site is part of the Public Health Resource Unit’s (PHRU) support for staff involved in health improvement and is a central point of access to the key support functions of the PHRU.

Although it is designed specifically to support multi-disciplinary Public Health staff, anyone working to improve health in NHS Greater Glasgow and Clyde can access information on the site.

The new site at: www.nhsggc.org.uk/phru offers specialised and interactive knowledge services for staff as well as enhanced support to the Public Health Networks via dedicated shared spaces. Registered users of the extranet will be able to:

• browse and upload news, events and resources
• access and share key strategic documents and knowledge
• work collaboratively on documents or presentations from any PC with an internet connection
• create lists of contacts and useful links
• keep informed via email alerts as news, events and resources are added to the site
• participate in the Public Health Networks team sites

Even without registering, visitors to the extranet will still be able to access a wide range of public health information and resources. Norma Greenwood, Programme Manager for Public Health Development wants Public Health staff to visit the site on a regular basis. However, she is keen other staff see what the extranet site has to offer.

She said: “This site was initially designed for Public Health staff but we are confident that any member of staff involved in health improvement who visits the site will get something out of it.”

Comments on the new site are welcomed via the website or to Pauline Innes, email: pauline.innes@ggc.scot.nhs.uk

AfC information and queries

To find further information on Agenda for Change, including the review policy, visit: www.nhsggc.org.uk/agendaforchange

Staff should contact their Manager, in the first instance, in relation to queries about Agenda for Change. In addition to this, local Human Resources teams are able to offer advice, guidance and support for managers and staff.

Staff can also contact their trades unions and professional bodies for advice and support.

All Core Briefs are available on StaffNet.

To see the full list of published national profiles used in the Job Matching exercise, visit: www.nhsemployers.org/pay-conditions/pay-conditions-262.cfm

You can contact the Project Team by email at: jobmatching@gjnh.scot.nhs.uk

Staff update

Norma Greenwood, email: normagreenwood@gjnh.scot.nhs.uk

Pioneer Selections

www.pioneerselections.co.uk

Agenda for Change

www.nhsggc.org.uk/agendaforchange

HRU

www.nhsggc.org.uk/hru

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Winter pressures headline New Year news

NHSGGC shared the media spotlight with all the other Scottish boards at the beginning of 2007. The Press Office received around 110 calls in the first week of the New Year, with attention focused on how A&Es and GP practices were coping with the large number of patients suffering from respiratory illnesses.

Media were informed that hospitals were indeed extremely busy but coping, and staff were thanked for all their hard work. Advice was also given via the media to the public, specifying that GPs and community pharmacies should be the first point of call for anyone whose symptoms weren’t life-threatening.

Stobhill HCSW wins award for IT innovation

Stobhill Health Care Support Worker Carol Hamilton has been presented with an award for IT Innovation at a conference held by the West of Scotland Outpatient Nurses Forum.

Carol, who works in the Outpatient Department, has developed a role as department IT Champion and has produced a book which is written as an easy guide to using IT systems.

The book is written in easy to understand terms, and includes information on subjects such as how to send an email, how to access files, saving a document, being safe on the internet and so forth.

Carol offers training and support to all members of staff and is known as a link nurse who troubleshoots IT hardware and software problems with the help of IT staff.

Not content with producing one book, Carol has been hard at work putting a second book together. The pocket-sized phlebotomist handbook gives details on which lab to send samples to and the correct bottle which should be sent.

Both books are available from Medical Illustration at the GRI, tel: 24692 quoting the reference numbers below.

To mark her achievements, Carol was awarded with a cheque for £50 and a certificate.

Computer Instruction Book – Ref: 127052
Phlebotomist Help Book – Ref: 130924

Specialist nursing

The School of Nursing, Midwifery and Community Health at Glasgow Caledonian University is offering clinicians the opportunity to further develop skills and qualifications with a post-registration nursing degree – BSc/ BSc (Hons) Specialist Nursing.

Places are still available for September. For further information contact Janette Palmer, tel: 0141 331 8356, email: J.M.Palmer@gcal.ac.uk or for an application pack contact Evelyn Irwin, tel: 0141 331 3084 or email: E.Irwin@gcal.ac.uk

Paediatrician reassures parents over IRH Children’s Unit

A senior paediatrician from the IRH reassured local parents when the children’s ward’s acute assessment unit closed its doors in January.

A small number of children from Inverclyde who need to be admitted to hospital for tests or observation will now be seen in Paisley, but Dr Graham Stewart was able to reassure parents that the vast majority of children will continue to be treated locally. Through local media, Dr Stewart was able to remind families in Inverclyde that emergency care for youngsters there will remain the same as always, and that children will continue to access day surgery and outpatient care at their local hospital.
Brave breast cancer trials women thanked by staff

The thousands of women who have taken part in clinical trials over the years were thanked publicly for the first time in February. Doctors from the West of Scotland Cancer Network launched Project Thank You, using the media to try to reach the thousands of women who had taken part in the life-saving research that has made the production of new treatments possible.

A number of outlets ran the story, also pointing out how the role of clinical trials will be at the heart of the new Beatson. One radio station also ran an interview with Vivienne, a patient who had herself taken part in a drug trial at one of the West of Scotland Cancer Network hospitals.

The Beatson also hit the headlines thanks to a number of substantial charity donations, including eight hot pink scalp coolers from the Walk The Walk and Breast Cancer 2000 organisations.

Children’s dental health boost

The latest figures on children’s dental health within NHS Greater Glasgow and Clyde provided a piece of good news. The National Dental Inspection Programme revealed the number of children in Primary One who have “no obvious oral decay experience” is coming down.

Director of Dental Public Health, David McCall, gave an interview in which he explained that much of the improvement was down to tooth-brushing programmes in nurseries, where children are giving free toothbrushes and toothpaste to take home.

Miami therapy training for Glasgow addictions staff

A groundbreaking family therapy programme from the University of Miami made its UK debut in Glasgow, resulting in a considerable amount of interest from press and broadcasters. The Multi-dimensional Family Therapy (MDFT) programme helps teenagers who suffer from addictions by putting their families at the heart of their treatment.

Staff from the Glasgow Addictions Service gave interviews to print and broadcast media, spreading the message that Glasgow had been chosen from an extremely wide range of cities because of the strength of the partnerships between NHSGGC staff and their Glasgow City Council counterparts.

Minister opens Emergency Dental Treatment Centre

The £900,000 refurbishment of the Emergency Dental Treatment Centre (EDTC) on Level One of the Dental Hospital was put centre stage when Deputy Health Minister Lewis Macdonald performed the official opening.

Staff and patients saw themselves on television and in print, with a great deal of media interest in the EDTC’s effort at providing routes back in to mainstream NHS dentistry for patients.
Raising funds for MS

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R Associate Director Andy Carter is currently in training for the London Marathon which takes place on Sunday 22 April. Andy will be running the 26 mile-long course to raise money for the Multiple Sclerosis Society.

He explained: “When you commit to running a marathon, you’ve got to use it as a way to raise money for a good cause. It’s a big challenge if you don’t consider yourself to be any kind of athlete! There are also so many good causes around, it’s difficult to decide which charity to raise funds for. For me, it’s easy, my brother-in-law Josh has secondary progressive MS and has episodes in our care.”

Currently Josh, who is only 38 and father of three young children, is spending some time in the Southern General’s Physical Disability Rehabilitation Unit (PDRU) for intensive physiotherapy. Andy says Josh lives with MS with inspiring grace and courage. The marathon, which Andy describes as a “gruelling event” is in tribute to that bravery and in support of Josh’s family.

Andy started his marathon training back in December and goes out running three times a week for between 30 minutes and two hours. He is hoping to complete the course in four to five hours. “The training is hard, especially during these cold and windy winter months. I’ve lost around one stone in weight in the last six weeks so it’s undoubtedly a health improving activity! Raising money for more research in this field and to help train and to employ more clinical staff is a great motivator though.”

If you would like to sponsor Andy, visit: www.justgiving.com/josh-andy using your debit/credit card. Alternately, you can email: andy.carter@ggc.scot.nhs.uk or tel: 0141 201 4781 and arrange to fill in a sponsorship form.

Fun and fit

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Stobhill Hospital Maintenance Engineer Robert Sanderson (pictured above right) has a busy life and keeping fit and healthy is at the very heart of it. As well as running the Stobhill adventure race team and hillwalking club, Robert plays a key part in Adventure Zone Scotland which aims to encourage sport among young people.

Adventure Zone is sponsored by Glasgow City Council whose support is essential, Rob believes, for its success.

He explained: “It is great to be involved with a council which is willing to try new ideas and ways of motivating teenagers in a positive direction. Adventure Zone promotes not just one sport but many different sports such as mountain biking, trail running, orienteering, climbing and canoeing. The level of skills needed can be as low or high as the race organisers feel necessary, to make the race run smoothly and safely. It involves teamwork, takes care not to damage the environment and promotes health and fitness in a fun way”.

You can find out more about Adventure Zone by logging onto: www.sleepmonsters.co.uk

Details of the Stobhill Hillwalking Club are available at: www.stobhill-roughnecks.org.uk

Send your articles, letters and photographs to:

email: staffnewsletter@ggc.scot.nhs.uk
tel: 0141 201 4995

address: NHSGGC Communications, Staff Newsletter, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ