#Hello, my name is...
ABOUT 100 staff, many of whom are based at the former Western Infirmary, are to relocate along with the minor injuries unit and outpatient department to the old children’s hospital site at Yorkhill.

The new West Glasgow Ambulatory Care Hospital, Yorkhill, is a stepping stone before a potential move to Gartnavel.

As well as providing office accommodation for H&I and clinical support staff, the West Glasgow Ambulatory Care Hospital will welcome clinical governance, infection control and the community pharmacy from the closed Victoria Infirmary site.

Meanwhile, consultations are ongoing about a proposed major extension to the GGH outpatient department and refurbishment. The plans involve expanding the ground and first floors to accommodate a combined GGH and Western Infirmary outpatients department, minor injuries, GP out of hours, and diabetes departments.

An allied health professional centre, which would include orthotics, would also be included on the ground floor, with imaging extended in the admin corridor.

A dermatology centre would replace the existing Arena facility and cardiology will be located on the second floor.

Funding has not yet been confirmed and any go-ahead would be subject to the approval of an Outline Business Case and a Full Business Case.

If the plans are approved, the hospital at Yorkhill will close in 2015 and services will move across to Gartnavel.

THE final phase of fundraising is under way to build a garden for patients in the National Spinal Injuries Unit in memory of a teenager who died in a polar bear attack.

An appeal for the £400,000 project, which has already raised almost £270,000 and a final push was launched in September to raise the remaining £30,000.

Horatio’s Garden is a charity that builds beautiful gardens for patients at NHS spinal treatment centres.

It is named after former Eton pupil Horatio Chapple, who was just 17 when he was killed by a polar bear during an expedition in the Arctic.

Before his death, Horatio worked as a volunteer at a Spinal Injuries Unit in Salisbury, Wiltshire, where his father, David, is a spinal surgeon.

He came up with the idea of developing a garden for the patients – a sanctuary where they could find peace and quiet away from the wards.

After his death, Horatio’s family raised the money to make the garden a reality and it opened three years ago.

NHS GGC STEERING GROUP

#Hello, my name is...

A cancer sufferer with coloured lapel name badges is to introduce themselves to patients.

The campaign was officially launched in Scotland last year and the Scottish Government has allocated £250,200 to NHS GGC to implement the initiative at a local level.

The idea of using badges, which are yellow with staff names printed in large letters, came from patients and relatives.

The aim of the Heiloomyamines campaign is to remind staff to introduce themselves to patients and by wearing the badges helps patients avoid any awkwardness if they forget someone’s name.

It is the brainchild of Dr Kate Granger, a consultant in Yorkshire who is terminally ill with cancer.

While being treated in hospital, she found that very few staff have been very understanding and found that it was often very difficult to meet their accommodation needs in the short term.

“They appreciate that this is temporary accommodation and that the Board is trying to meet accommodation needs while looking to the future.

“We are also looking at making more people flexible as we go forward with this step, including looking at more flexible ways of working and how that’s going to be extended in future months.”

The outpatient moves to the former Yorkhill site will be completed by July.

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Spinal patients’ garden planned in memory of Horatio

#Hello, my name is...
Review will make us ready

**ONE.**

**ENCOURAGING ingenuity in professional development for nursing and midwifery staff, ensuring a high-quality standard of care in all settings, working with patients and their families and building relationships with frontline staff are among the key challenges new nurse director Margaret McGuire has set herself.

Joining us from NHS Tayside, where she held the same post, Margaret is a strong believer in investing personal and professional development amongst nurses, midwives and allied health professionals (AHPs).

Since qualifying as a staff nurse in 1979 at St John’s Hospital, Aberdeen, she has not only enjoyed her career as a nurse and midwife, but has also successfully completed degrees at Stirling and Glasgow Universities.

Margaret said: “I think education is very important and I want to encourage and support nurses, midwives and AHPs to get the knowledge and skills they need to provide the care patients deserve and demonstrate their added value and ability to carry out increasingly complex care.

“We need nurses and midwives who are professionally accountable, can exercise complex decisions-making and who have the skills and practice and experience to provide holistic care and to feel valued and be proud of who they are.”

Margaret is also passionate that everyone has a vital role to play when it comes to patient-centred care. “It’s about working as a team where everyone is delivering to the best of their abilities and I include all NHS staff and volunteers as being members of the team.”

Families and carers have their role to play in this caring partnership and Margaret believes that everyone who has contact with our services should be treated to the standard staff would expect if they or a family member were patients.

Margaret wants to keep in touch with the day-to-day reality. She added: “I plan to hold regular ‘meet the staff’ events to talk about the main priorities and listen to what staff are telling me.”

“I did this in Tayside and we learned so much about how staff were feeling about various issues.

“I have always had a policy of encouraging staff, patients and families to contact me and I want that to continue here.”

She joins the organisation at a time of major change and is looking to the opportunities to make an impact.

Margaret concluded: “We have to grasp the opportunities we have, stand up and be counted, because professionally, we play our part as a crucial member of the multi-disciplinary team and the patient and their family or carer at the heart of everything we do.”

**Making his Mark**

**SINCE taking on the role of director of finance earlier this year, Mark, who was previously chief executive of corporate services and integrated joint boards, Peter Ramsay, assistant director of financial services, and ColinNeil, assistant director of acute services – all reporting to Mark.

The major aim of the review is to have consistency of advice and support for managers and staff, improved efficiency and a high quality of service delivery.

Anne, pictured, added: “This is about ensuring that our service is fit for the future and also recognising the service changes under way to support the delivery of our patient services both in hospital and community settings.”

**NHSGGC** is a better position for planning and going forward.

*The structure will have the dual benefits of expanding finance staff career and improvement opportunities, which will in turn aid development and progress of the organisation over the coming year. The developing work of the six joint boards, Peter Ramsay, assistant director of financial services, and Colin Neil, assistant director of acute services – all reporting to Mark.

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**Thanks and farewell**

Andrew Robertson, Chair of NHSSG, 1 December 2002, to 11 December 2007

Andrew has served the NHS in Greater Glasgow for almost 20 years in Chair positions, including Non-Executive roles, Vice Chair, and as Chair of the NHS Board.

Andrew joined as Chair of the Greater Glasgow Community Health Partners NHS Trust in 1996 and was a Director of the Greater Glasgow Health Board in 1997 before becoming Chair of the former Greater Glasgow and Clyde Joint Board in April 1998 and then Chair of the newly established Primary Care NHS Trust until its Trust was dissolved on 30 March 2004.

In 1998, he also became a Non-Executive Member of the NHS Board in Greater Glasgow. In 2000, he became Vice Chair of NHS Greater Glasgow.

Andrew was appointed Chair of NHSSG on 1 December 2007.
Bowel cancer campaign aims to boost early diagnosis

THE Scottish Government is urging people to join the “bowel movement” and boost participation in the national bowel screening campaign.

Statistics show that the likelihood of surviving bowel cancer, the third most common form of the illness in Scotland, is 14 times higher if detected at an early stage compared to diagnosis at a later stage.

Every year, half a million people in Scotland complete and return their bowel screening kits.

Although this response rate is higher than ever, the latest campaign is targeting those who put off taking the test.

It can be completed in the privacy of your own home and could save your life.

The early signs of bowel cancer are often hidden so it’s important to take the test. Even if you get screened, it’s still important to look out for these signs or changes in your bowel movements.

If you experience any of the symptoms below, make an appointment with your GP as soon as possible.

- Repeated bleeding from your bottom or blood in your poo that ‘look a bit pale’.
- Severe pain in your stomach that won’t go away, especially after eating.
- You’ve recently lost weight without trying.
- You feel tired all the time and it won’t go away, especially without trying.
- A recent change in your bowel movements.
- You feel bloated or have a lump or swelling.
- You have blood in your urine.
- You have blood in your stool.
- You have had pain in your abdomen.
- You have an itchy bottom.
- You notice your skin across a surface.
- You have anemia.
- You have a family history of bowel cancer.

In participating in dementia research.

If so, you can now register your interest in participating in dementia research.

Once you are registered, your details may be matched with research studies.

Finding new treatments can only be done if people are prepared to support dementia research – by assisting Join Dementia Research you may be able to help beat dementia.

For further information, visit: www.sdcrm.org.uk or email: cationamell@nhs.net or veronicasmith2@nhs.net

Bowel screening

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Statistics show that the likelihood of surviving bowel cancer, the third most common form of the illness in Scotland, is 14 times higher if detected at an early stage compared to being diagnosed later.

The home bowel screening test – offered to people aged 50 to 74 years every two years in Scotland – is the most effective way of discovering the disease early.

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THE Bowel cancer campaign aims to boost early diagnosis

THE: “It is vital that all staff who have direct contact with patients be vaccinated to protect themselves and to minimise the risk of passing the flu virus to their patients and family as the virus can be transmitted even if they have very mild symptoms.”

Jennifer Reid, immunisation programme manager, said: “Last year, 74 per cent of staff surveyed said that they would be more likely to get the flu vaccine if it was available on the spot in their area or ward.

“So I would urge staff to consider vaccinating their colleagues in their work area to protect themselves and others from this serious and sometimes fatal virus.”

Jennifer added: “It only takes a couple of minutes to be vaccinated, but this should protect you for up to 12 months and reduce the potential spread of the virus to vulnerable patients.”

Rosie Cameron, programme manager of the corporate mass flu campaign, said: “A pressure ulcer can develop in only a few hours and is usually caused by sitting or lying in one position for too long without moving by rubbing or dragging the skin across a surface.

“Bowel cancer campaign aims to boost early diagnosis

It’s important to prevent pressure ulcers happening in the first place because they can take an awful long time to heal.”

The roadshows will have information for staff to remind them of the signs to look out for and those parts of the body most at risk.

Rosie added: “Patients, relatives and carers can do a lot to help themselves in terms of prevention and we will be promoting our NHSGGC guide to preventing pressure ulcers at awareness events.”

Jennifer: “For more information about sources is available from the tissue viability service, tel: 0141 300 6317 and via posters, leaflets, and patient information booklets.

>> For more information visit: www.bowelscreening.scot.nhs.uk

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Jennifer: “We’re striving to deliver new and innovative ways of recruiting young people in larger numbers.”

Through NHSGGC’s Modern Apprenticeship programme, the health board has enabled a cohort of young people to secure training and employment opportunities.

However, it’s also about developing a pool of talented and confident young people who have the skills NHSGGC needs for the future.

Anne continued: “During 2014/2015, we also offered 513 school pupil work experience placements within wards and departments, which are co-ordinated in conjunction with school careers advisors.

“Services also identify areas where programmes can support vulnerable young people with specific barriers to employment.

“The Board has also committed to increase this number further and expand the range of job opportunities available through its innovative Youth Employment Strategy and Education Partnership.

“Programmes such as Project Search, which we’re participating in for the third year in a row, are designed to support these young people through transition to the NHSGGC workforce.”

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SUPER SUSAN DOES IT FOR HOSPICE

SHE may be aching all over, but no challenge is too tough for internal communications officer Susan Carden.

She took part in this year’s Great Scottish Run alongside over 30,000 runners. Her original story began three years ago when she joined the North West Glasgow Running Network (NWGRN). Despite having done no sport whatsoever, they encouraged her to try 5k then 10k runs and then a half marathon.

Sponsored by friends and colleagues, she ran in aid of the “Brick by Brick Appeal” to build a brand-new £21 million purpose-built facility for the Prince and Princess of Wales Hospice in Bellahouston Park, Glasgow, a noble cause that the other members of the NHSGGC comms team have pledged to raise £10,000 for.

Susan said: “That’s the longest distance I have ever run, but I had a real sense of achievement.”

Susan didn’t run with her group, but the crowd’s overwhelming support gave her a real buzz and spurred her on and so she managed to complete the run in an impressive two hours and 44 minutes.

She revealed that the hardest part was “running seven miles and having seven miles still to go!” Susan intends on running marathons in the future because “one of the best feelings in the world is running across that finishing line”.

If you would like to donate to the comms team Brick by Brick Appeal, visit: www.justgiving.com/comms1050brick

For more info about the NWGRN contact: Larry Callary, email: larry.callary@ggc.scot.nhs.uk or tel: 07534 228543.

TOUCH RUGBY

Yorkhill Bears have the winning touch!

The Yorkhill Bears Touch Rugby team are celebrating becoming champions of the Glasgow Touch Association’s Third Division only months after being formed.

The team is made up of staff from the former Royal Hospital for Sick Children at Yorkhill and, after claiming their first title, they are hoping for continued success as they face the challenge of life in the Second Division.

WIN A PS4!

WE here at Staff Newsletter are excited about the new Star Wars movie and hope you R2!

That’s why we’ve brought you a fantastic competition this month with the chance of winning a Sony PlayStation 4 1TB Star Wars deluxe edition – including a copy of Star Wars: Battlefront.

All you need to do to enter is simply answer the following question and email your answer, name and work location, to: staffnewsletter@ggc.scot.nhs.uk or send to: Corporate Communications, JB Russell House, Gartnavel Campus, 1055 Great Western Road, Glasgow G12 0XH.

Question: What colour is the #Hello, my name is badge?

T&C: The competition is open to all NHSGGC employees. Only one entry per person. Winners must be available for a photograph, which may be printed with their details in future issues of SN. The closing date for entries is 30 November 2015.