WIN
The brand new XBOX ONE S games console bundle
SEE PAGE 8

COMPETITION

The best of the best
Chairman’s Awards Gold winners
Full story on PAGES 4-5
My first visit this month was to the Queens Cross Housing Association where I met with their chief executive, Shona Stephen and Helen McNeil, the chief executive of the Glasgow Council for the Voluntary Sector.

In addition to learning more about these two organisations, I had a very useful discussion with Shona and Helen on how the third sector and the voluntary sector can contribute to the work of NHS Greater Glasgow and Clyde. This included their role in helping us plan our services and their contribution to the work of the Health and Social Care Partnerships.

Later that day, I met with the Medical Staff Association (MSA) representatives at Glasgow Royal Infirmary. This was a great opportunity for me to listen to some of the concerns that our doctors have and I've been working with the MSA chair, Dr Adrian Stanley, to take forward some of the issues they raised with colleagues in our estates directorate and with Dame Anna Dominiczak at the University of Glasgow.

I next visited the Burns Unit and the Plastics Unit at Glasgow Royal Infirmary where I was impressed by their approach to caring for patients in difficult circumstances. I was pleased to see the very high standards of infection control that exists in both these wards. This is a credit to all the staff working there and a great example of the high standards that can be achieved.

Accompanied by other Board members, I visited the Royal Alexandra Hospital’s Paediatric Unit, where I was able to speak to staff and patients about the proposed transfer of some inpatient services to the Royal Hospital for Children. This visit helped inform my understanding of the need for these changes and led to me supporting the Board’s decision to consult the public on this proposal.

I expect to visit the other locations included in the list of potential service changes in our Local Delivery Plan later this month.

As always, I'd welcome any suggestions for groups of staff or locations for me to visit, email: staff.comms@ggc.scot.nhs.uk

"Out and about with the chairman"

JOHN BROWN, CHAIRMAN

Fiona McQueen, Scotland’s Chief Nursing Officer, has just launched a national engagement to develop a 2030 Vision for Nursing. Here, our nurse director Margaret Maguire shares her thoughts about that Vision.

“I am very clear about how I see the role of the nurse of the future. The fundamentals of care remain the same but education, research and additional skills will be key to all nurses as we prepare to meet the needs and expectations of the people we look after.”

Margaret fully intends to help shape the 2030 Vision for the nursing workforce in Scotland and is encouraging others to input to the engagement too.

“Our nurses will be equipped professionally and academically and the vision is an opportunity for them to think about what skills and experience they will need to progress their career through voluntary sector can contribute to the work of NHS Greater Glasgow and Clyde. This included their role in helping us plan our services and their contribution to the work of the Health and Social Care Partnerships.

Later that day, I met with the Medical Staff Association (MSA) representatives at Glasgow Royal Infirmary. This was a great opportunity for me to listen to some of the concerns that our doctors have and I’ve been working with the MSA chair, Dr Adrian Stanley, to take forward some of the issues they raised with colleagues in our estates directorate and with Dame Anna Dominiczak at the University of Glasgow.

I next visited the Burns Unit and the Plastics Unit at Glasgow Royal Infirmary where I was impressed by their approach to caring for patients in difficult circumstances. I was pleased to see the very high standards of infection control that exists in both these wards. This is a credit to all the staff working there and a great example of the high standards that can be achieved.

Accompanied by other Board members, I visited the Royal Alexandra Hospital’s Paediatric Unit, where I was able to speak to staff and patients about the proposed transfer of some inpatient services to the Royal Hospital for Children. This visit helped inform my understanding of the need for these changes and led to me supporting the Board’s decision to consult the public on this proposal.

I expect to visit the other locations included in the list of potential service changes in our Local Delivery Plan later this month.

As always, I’d welcome any suggestions for groups of staff or locations for me to visit, email: staff.comms@ggc.scot.nhs.uk

‘Hospitals without walls’

Fiona McQueen, Scotland’s Chief Nursing Officer, has just launched a national engagement to develop a 2030 Vision for Nursing. Here, our nurse director Margaret Maguire shares her thoughts about that Vision.

“I am very clear about how I see the role of the nurse of the future. The fundamentals of care remain the same but education, research and additional skills will be key to all nurses as we prepare to meet the needs and expectations of the people we look after.”

Margaret fully intends to help shape the 2030 Vision for the nursing workforce in Scotland and is encouraging others to input to the engagement too.

“Our nurses will be equipped professionally and academically and the vision is an opportunity for them to think about what skills and experience they will need to progress their career through voluntary sector can contribute to the work of NHS Greater Glasgow and Clyde. This included their role in helping us plan our services and their contribution to the work of the Health and Social Care Partnerships.

Later that day, I met with the Medical Staff Association (MSA) representatives at Glasgow Royal Infirmary. This was a great opportunity for me to listen to some of the concerns that our doctors have and I’ve been working with the MSA chair, Dr Adrian Stanley, to take forward some of the issues they raised with colleagues in our estates directorate and with Dame Anna Dominiczak at the University of Glasgow.

I next visited the Burns Unit and the Plastics Unit at Glasgow Royal Infirmary where I was impressed by their approach to caring for patients in difficult circumstances. I was pleased to see the very high standards of infection control that exists in both these wards. This is a credit to all the staff working there and a great example of the high standards that can be achieved.

Accompanied by other Board members, I visited the Royal Alexandra Hospital’s Paediatric Unit, where I was able to speak to staff and patients about the proposed transfer of some inpatient services to the Royal Hospital for Children. This visit helped inform my understanding of the need for these changes and led to me supporting the Board’s decision to consult the public on this proposal.

I expect to visit the other locations included in the list of potential service changes in our Local Delivery Plan later this month.

As always, I’d welcome any suggestions for groups of staff or locations for me to visit, email: staff.comms@ggc.scot.nhs.uk

“The prediction of our nurse director is that while nurses are currently based in either acute or community settings, in future they will adapt to working in ‘hospitals without walls’, moving in and out of different environments to provide care.

As part of the multidisciplinary team, the role of the registered nurse and midwife reflect changing demographics and expectations.

She welcomes the evolving role of nursing in future years.

Nurses will move through professional and clinical care career pathways with patients at the centre. Margaret added: “2030 is also an opportunity to modernise public perceptions of what it is to be a nurse. “But patient-centred care remains at the core. Fundamentally, nursing will always be about providing high-quality care to patients and their families.

“In the changing care landscape leading up to 2030, we must have a profession trained, educated and equipped to deliver it.”

Local engagement conversations are now taking place and finish early next month (December).

Nursing staff unable to take part are still able to have their say through an online survey, visit: https://response.questback.com/scottishgovernment/gtv8az6aqn

The 2030 Nursing Vision is scheduled to be published next summer. For more information for our nurses, visit: www.nhsforg.gov.uk/nurses

Nursing staff unable to take part are still able to have their say through an online survey, visit: https://response.questback.com/scottishgovernment/gtv8az6aqn

The 2030 Nursing Vision is scheduled to be published next summer. For more information for our nurses, visit: www.nhsforg.gov.uk/nurses
Emergency department performance in NHS hospitals is regularly in the spotlight and for good reason.

A key indicator of the quality of care an emergency patient receives is the speed in which they undergo a medical assessment and have their condition diagnosed and treatment started.

Lengthy waits in an emergency department can cause potential risks to clinical safety.

Our staff have been working hard to tackle unscheduled care performance to achieve a sustained position where all patients can be seen, treated and admitted or discharged quickly.

We have seen significant improvements in our four-hour performance in recent months. Despite these efforts – both at the front door and further downstream in our wards – we have continued to experience fluctuations in performance.

In June, it was therefore agreed that we would carry out a ‘root and branch’ review of unscheduled care within NHSGGC.

This work is being led by deputy medical director, Dr David Stewart, supported by a small project team. He and the team, Alison Noonan and Mark Rodgers, are working closely with the sectors and with public health and eHealth colleagues to identify practical, well-planned projects that will tackle bottlenecks and deliver improvements, where appropriate, building on work already underway at each of the main acute sites.

Dr Stewart explained: “We have a number of workstreams that have been set up to identify priority areas for improvement throughout the patient pathway in unscheduled care from GP referral to discharge.”

To do this, the team developed a patient flow model which lets them understand the various routes into hospital, relevant pathways and how many patients flow through the pathway on a daily and hourly basis. This model has let them see where the bottlenecks are and the peak times of demand – and therefore where efforts should be prioritised.

The team is now working with colleagues at Glasgow Royal Infirmary and Strathclyde University to explore the potential for developing a simulation model into a tool that can be used to better plan resources and, in time, to provide real-time dynamic operational information to help manage flows on a day-to-day basis. Meanwhile, public health colleagues have been working through the system at QEUH. This will be introduced shortly to other acute sites.

“We have increased discharges before noon and are making better use of discharge lounges. We’re also doing work on staffing profiles and benchmarking ourselves against other comparable boards on staffing and activity ratios to ensure best practice and see what we might learn from colleagues elsewhere,” he explained.

Dr Stewart and the team were interviewed on a day when performance at the QEUH was above 98 per cent, GRI hit 96 per cent, RAH achieved 96 per cent and IRH performed at 94 per cent. Overall the Board achieved 95 per cent on the day and 96 per cent that week.

Asked whether he thought the improved performance was a reflection of the work done by the programme and the start of a new trend, Dr Stewart was hesitant.

“Would I say that we’ve done what is required to consistently achieve the target? I think it’s too early to say that… I do believe that, working with the sectors, we have identified clear measures that can evidence improvement and that overall they will have a positive impact on our performance and will start to deliver results.”

The work of the programme board will continue throughout the winter.

Dedicated web pages have been set up to ensure that colleagues are kept informed of progress with the programme. For more details, go to www.nhsggc.org.uk/unscheduledcarereview
Our stars with the golden touch

**CHAIRMAN’S AWARDS**

On 7 November, we celebrated the best of the best at our Celebrating Success Event. Here we highlight our Chairman’s Awards Gold winners.

1. **CLINICAL PRACTICE**
   **Scottish Parasite Diagnostic and Reference Laboratory**
   This team is the first UK NHS laboratory to develop and introduce a rapid, highly sensitive National molecular Acanthamoeba detection service resulting in significant improvements to the outcome for Acanthamoeba keratitis (AK) patients. AK is a painful, debilitating eye disease which can lead to blindness.

2. **IMPROVING HEALTH**
   **InS:PIRE**
   This multidisciplinary project based at Glasgow Royal Infirmary has successfully addressed problems which can affect patients following admission to intensive care. Patients participate in an eight-week programme which addresses issues such as rehabilitation; problems for patients and carers that can arise when returning home; and the daunting prospect of returning to work.

3. **INTERNATIONAL SERVICE**
   **John McGarrity**
   John has been heavily involved in working with our procurement department and the charity Raising Malawi to arrange the shipping of surplus medical and general equipment to a new children’s unit in Malawi. As well as being involved in identifying the surplus equipment, John will fly out to Malawi later this month to oversee the distribution of the equipment and train local staff.

4. **NURSING**
   **Staff on Ward 11 D, QEUH**
   This team responded to a large fire in the early hours one morning. Despite being faced with immense danger, and being aware of the responsibility resting on them, the staff acted with professionalism and their response was superb. They clearly knew their drill and reacted promptly and with efficiency, which ensured that no patients or staff came to harm.

5. **PATIENT CENTRED CARE**
   **Tom Chalmers**
   Tom has demonstrated that someone who has used our services can make a significant contribution to the quality of mental health services. He challenges stigma associated with mental health and has been a very positive role model for clients within mental health services by sharing some of his own recovery journey which led to employment in the NHS as a peer support worker.

6. **USING RESOURCES BETTER**
   **SPHERE Bladder and Bowel Service**
   The project developed two community-based clinics to determine TPTNS effectiveness and cost benefit for a general continence population compared to standard treatment and establish roll-out feasibility for first TPTNS service in the UK. Clinical and cost outcomes over one year showed TPTNS is safe, low-cost, dignified, non-invasive and simple to use and teach.

7. **VOLUNTEER**
   **Bert Muir**
   Bert has been a Therapet volunteer for 11 years and wouldn’t change one minute of it. He has dedicated more than 4,500 hours of his own time, providing a little four-legged therapy and companionship to animal lovers. As well as being on hand for conversation and to allow patients to remember their own pets. Bert’s golden retriever Skye provides a soft and gentle tactile experience, allowing patients to stroke her and gain the proven positive benefits we all gain from stroking a pet.

To find out who else was a winner on the night, visit: [www.nhsggc.org.uk/chairmansawards](http://www.nhsggc.org.uk/chairmansawards)

---

**Honour for life-saver Jade**

Staff nurse Jade Gilmore was singled out by the 2016 Chairman’s Awards judging panel for special recognition for her outstanding care, compassion and decisive life-saving intervention.

When 81-year-old Archie Robertson failed to turn up for his regular Friday appointment Jade became concerned for his wellbeing. Archie attends the centre three times a week and never misses an appointment. As she saw to other patients and time passed Jade’s concern grew – she called Glasgow Royal Infirmary A&E to see if he had been admitted for unscheduled care but he wasn’t.

As Jade took the decision to raise the alarm and call for the police to make a forced entry to his home Archie was lying on the floor praying that someone would come and help him. Unable to move or call for help the 81-year-old was drifting in and out of consciousness and was hallucinating as a result of severe dehydration.

The emergency services rushed him to the Royal Infirmary where he remained as an inpatient for three weeks of fairly intensive treatment.
CLOCKWISE FROM TOP: Staff Nurse Jade Gilmore; John McGarrity; InS.PIRE; SPHERE; AK team: Bert Muir with Skye; Tom Chalmers; Staff on Ward 11D at QEUH
Safer scans during a normal night’s sleep at the RHC

Radiographers at the Royal Hospital for Children are giving young children between the ages of one and two-and-half years an MRI scan in a simple but effective way without the trauma of an anaesthetic.

They are bringing young children into the hospital at night with their parents or guardian. By having as normal a bedtime routine as possible, allowing the child to fall asleep in the department, the scan can be done when the child is fast asleep.

The child is relaxed and unaware of what is going on and the parents do not have to see their little one being anaesthetised and getting distressed or upset.

The hospital was the first worldwide to introduce this unique way of giving young children an MRI scan without a general anaesthetic.

Mary Pirie, the hospital’s site superintendent radiographer, introduced this safer way of scanning young children, and to date, more than 200 children have had their scans this way.

Kirsten Lanaghan, lead MRI radiographer, said: “We are the only children’s hospital in the UK who provide this unique way of providing MRI scans to young children.

“We advise the parents to bring the child in with whatever pyjamas, teddies, toys, blankets and books the child is familiar with at night.

“We also advise the parents to minimise their child’s sleep during the day so that when they come into the hospital the parents can follow as normal a routine as possible.

“They can read the child a bedtime story, play a game, whatever they do to settle the child and once they are sound asleep, we can carry out the scan.

“This really makes a massive difference to the child and the parents.

“Not only is it safer, but it takes away the upset and distress to both the child and their parents.”

The latest training for nurses is at a ‘tap’ of their fingers

Teleconferencing tool WebEx is being piloted across a number of wards and departments to widen access to important training for Care Assurance Standards (CAS) link nurses.

The technology is being accessed on ward computers with the aim of it being adopted as a potential alternative to the traditional way clinical nurse specialists (CNSs) deliver training.

The main focus is link nurses involved in delivering the CAS standards, and the sessions have been supported by library services.

By using WebEx, difficulties around releasing staff for training, including travelling and associated expenses to another site, are eliminated because the 30-45 minute sessions can be accessed on the ward computer.

It also means staff are available on wards to deal with any clinical emergencies.

Testing and evaluation is now continuing to give all CAS CNSs and link nurses the chance to be involved in and experience how WebEx works.

Kate Cocozza, lead nurse, clinical practice, involved in the WebEx testing, said: “About half of the CNSs have delivered a session so far.

“Theyir evaluation, together with feedback from link nurses, has been very positive, particularly in relation to saving time, the opportunity to ask questions during the live sessions, and staff have found the system easy to use.”

Kate added that by becoming familiar with WebEx, nurses could use this new skill to tap into training provided by other organisations such as Health Improvement Scotland and QI.

Get the flu jab at work

Staff flu vaccination clinics finish on 11 November, but peer immunisers will still be in action to vaccinate colleagues.

So far, we’ve received 69 orders for peer immunisation sessions.

Jennifer Reid, immunisation programme manager, said: “The majority of staff have 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.”

At the time of SN going to press, 6,500 or 17 per cent of staff had been vaccinated.

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.”

For information contact Agata Janicka, email: PeerImmunisation Booking@ggc.scot.nhs.uk or tel: 0141 201 4464.
Help for patients with money worries

Staff in mental health services have made great in-roads to providing a better service to patients with money and debt worries.

The results in South Glasgow have been particularly impressive with referrals to money advice services doubling from this time last year, with an estimated financial gain per client per year of £2,779.

Money advice services have helped our patients with submissions for unclaimed benefits such as job seeker’s allowance, personal independence payments, working tax credits and child tax credits. They have assisted with appeals, budgeting advice and access to crisis grants for clothing, white goods, fuel and food poverty.

Staff awareness sessions and pilot work in mental health resource centres have been very positive.

Outreach peer support models have resulted in identifying clients with complex issues and suicidal thoughts related to money worries that were not known to services. The work is in partnership with local authority, housing associations and third sector partners.

Alex MacKenzie, chair of NHSGGC’s Adult Mental Health Operational Group commented: “Poverty can be a route into mental health problems but can also make mental health problems worse.

“With welfare benefits changes having a significant effect on people with mental health problems, those both in and out of work, this issue continues to be a high priority for NHSGGC.

“A key element of this is NHS staff routinely enquiring about money and debt worries and using NHSGGC referral routes into money advice services.”

Information on how to enquire about money worries and referral routes are available on NHSGGC’s health and wellbeing directory http://infodir.nhsggc.org.uk

The results are in

More than 3,000 of you took part in the Fairer NHSGGC staff survey earlier this year – an increase of more than 20 per cent from our 2013 survey.

There was huge support for equalities work, with 86 per cent of you agreeing that understanding discrimination can improve healthcare.

“A lot of comments have been extremely encouraging in that they have confirmed we are on the right track with key areas of work such as helping patients with money worries, better care of the elderly and hate-crime training,” said Jackie Erdman, head of inequalities.

“Our workforce is clearly committed to meeting the needs of all their patients in relation to inequalities.

“However, we still have more to do, and this feedback will help us determine our actions for the coming years.”

Actions already identified include:
• ensuring that all staff know how to book an interpreter and use telephone interpreters for patients whose first language isn’t English
• improving our facilities to better meet the needs of people who are hearing impaired or have a hearing loss
• ensuring that a British Sign Language interpreter is booked for all required appointments or alternative technology is used such as online.

Captured in blue and white

This fabulous image of catering staff at the Central Production Unit in Inverclyde was taken by award-winning professional photographer John Young as part of a commission for the NHSScotland Photo Library.

The immediate question from one library user who was looking for a hospital catering image was: “Why do some staff wear navy blue brimmed hats while others wear white hats or caps? Is it a style option for the fashion conscious?”

A quick call to Central Processing Unit provided the answer that was evading us – supervisors wear navy blue. We thought this interesting observation was excuse enough to use a great photo of some of our hard-working catering staff.

Have you registered to use the NHSScotland Photo Library, simply visit: www.nhsscotlandphotolibrary.org
NHSGGC’s magazine for the public, Health News, is going digital.

From October 2016, the sister title of SN (Staff Newsletter) will be available as a fully interactive digital-only magazine and will no longer be published as a print edition.

The move is based on a growing audience of the board’s existing digital platforms including the NHSGGC website, which attracts more than two million visitors a year, our Twitter account with 7,000 followers and our latest social media site – our Facebook page – which was launched in late September and amassed more than 1,500 likes within three weeks.

By going all-digital, the magazine will be able to relay news about our staff and services in bite-size chunks using new media, including video and audio clips.

Readers looking for more information will be signposted to the website and other resources for details.

The magazine will be offered on a free subscription basis, helping to develop and expand our digital audience to aid effective and regular engagement with our communities.

It will complement the staff magazine, SN, which continues to be published as an online and printed edition each month.

Ally McLaw, communications director, said: “We are very excited to launch our all-digital Health News.

“As an organisation, we have a lot to tell patients and the public – to share the successes of our staff, to inform them of service improvements, and to explain when difficult decisions have to be made.

“A digital publication allows you to tell all of this in a compelling way using a mix of words, video, audio, images and animations.

“It will also make for a more efficient use of funds as we’ll save on print and distribution costs.

“As a potential user of NHSGGC services, as well as being a member of staff, you’ll find a lot that should interest you and your family in Health News.

“I’d encourage everyone to sign up today to receive your own copy of the magazine. Why not register your personal email address to ensure you receive your digital magazine, whether you are at work or on leave?”

WIN an Xbox One S console bundle

How would you like to own the Xbox One S Console with Battlefield 1 bundle? Microsoft’s new slimmed-down console has proven immensely popular with gamers, and now you could be the proud owner of one.

To be in with a chance of winning, simply answer the question below and email your answer, along with your name and work location, to: competitions@ggc.scot.nhs.uk or send to: Corporate Communications, JB Russell House, Gartnavel Campus, 1055 Great Western Road, Glasgow G12 0XH.

Q: How many visitors does the NHSGGC website get a year?

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 2016. Prizes must be claimed within four weeks of the closing date.

For details on how to subscribe, visit www.nhsggc.org.uk/hnsn