Fit for life

New Staff Health Strategy supports your physical and mental wellbeing

Full story on PAGES 4 & 5
I’ve not been out and about quite as much this month. That’s partly due to being on holiday and partly due to attending various meetings on the implementation of the NHSScotland Health and Social Care Delivery Plan. This change programme is making some progress now, particularly around planning services on a more regional basis.

I expect us to have a better idea of what regional planning will mean for Greater Glasgow and Clyde early next year.

In the meantime, the Executive Leadership Team continues to work with our people to further develop our thinking on how we can improve the delivery of services to patients across the Board’s area.

As I’ve said many times before, it’s important that our service planning is clinically led and reflects the views of our patients and our staff, so I would encourage you to take every opportunity that arises to contribute to the thinking on how we will deliver integrated health and social care services in future.

I’ve also spent some time with Jane Grant meeting more of our local MPs and MSPs.

Jane and I want to ensure that the local politicians are not only aware of the service changes that could result from the implementation of the Health and Social Care Delivery Plan but also understand and support the thinking behind these changes.

We aim to have met most of the MPs and MSPs by the end of the year and I expect this will be a regular feature of my role as chairman.

I also met with another very important group of stakeholders – the Staff Disability Forum. This group was set up to give a voice to disabled people working in Greater Glasgow and Clyde and it has become a highly effective way of ensuring that the Board and the Executive Leadership Team understand what more we need to do to meet the needs and expectations of all our staff.

Attendance at the Disability Forum is open to everyone and meetings are held during office hours at locations across the Board’s area.

For further information on the work of the Forum, I suggest you contact the Disability Forum Chair, Kate Ocker, email: kate.ocker@ggc.scot.nhs.uk

Our HR director, Anne MacPherson is now considering how we could use this approach to give other groups of staff a louder voice at Board level.

If you would like me to visit your department or ward, email: staff.comms@ggc.scot.nhs.uk

New Duty of Candour will ensure transparency in our care

Duty of Candour is a new process that is coming into effect on 1 April 2018.

The overall purpose of this new duty is to ensure that we are open, honest and supportive when there is an unexpected or unintended incident resulting in the death of or harm to a patient.

When this happens, people want to be told honestly what happened, what will be done in response and to know how actions will be taken to stop this happening again to someone else in the future.

The key stages of the duty are fairly straightforward and what you would expect to receive as a relative. They include the following:

- notify the person affected [family/relative]
- provide an apology
- carry out a review into the circumstances leading to the incident
- offer and arrange a meeting with the person affected
- provide the person affected with an account of the incident
- provide information about further steps taken
- make available, or provide information about, support to the person affected by the incident
- prepare and publish an annual report on the Duty of Candour.

Staff should look out for more information over the coming months on this new duty and where they can get guidance and training resources as they become available.

More information on this new duty will be provided over the coming months and details of where staff can get guidance and training resources as they become available. Currently there are fact sheets available on the Clinical Risk StaffNet page: StaffNet > Corporate Services > Clinical Governance > Clinical Risk > DutyofCandour
On trial – for all the right reasons

Medicine in Glasgow has a proud history of world-leading medical research and development, the use of antiseptic in surgery and the first ultrasound images of unborn babies.

And today, NHSGGC and the University of Glasgow, our key collaborative partner, continue to play an important role in the delivery of ground-breaking research and innovation that will shape health improvement and patient treatments for years to come.

We are home to one of the most ambitious clinical trial programmes in Europe, delivering huge benefits to thousands of patients every year and helping to attract some of the brightest clinical staff to our city’s hospitals and universities.

Professor Julie Brittenden, director of research and development, said: “We are very fortunate here to be developing a very strong research portfolio. There is a real vibrancy – we have lots of world-class researchers and fantastic facilities. There’s no doubt that Glasgow is a world player in clinical trials and research and our reputation is growing. It is our aim to fully embed a research and innovation culture within NHSGGC to maximise the opportunities and support for all our researchers, in order to improve the healthcare of our population and beyond.”

In the past year alone, we have underway more than 850 high-quality trials that aim to improve patient care and outcomes. This represents a greater than 25 per cent increase on the year before.

Driving this agenda forward are more than 474 principle investigator supported in their ground-breaking work by our outstanding clinical infrastructure research facilities, which we share with Glasgow University.

One example is the co-location of adult and paediatric clinical research facilities at the QEUH, which provides an increase in the number of studies with joint paediatric, young adult and adult recruitment at QEUH Clinical Research Facility, and the first paediatric study with a nurse acting as principal investigator.

Julie said: “Success breeds success and our reputation continues to grow. There is so much going on here – we are leading the way and that boosts morale. This makes it easier for us to attract the best of the best.”

One of the key areas of research and development is in the area of precision (formerly referred to as stratified) medicine. Another exciting area is the ground-breaking work involving an app to give patients with psychosis the independent ability to measure mood swings and take more charge of managing their own condition and medication.

The term “world-leading” is not applied lightly by Professor Brittenden, as she says with confidence that Glasgow is “absolutely world leading” in the areas such as heart failure, cardiac imaging, arthritis and cancer. She also adds that some of the most exciting developments are being forged in the treatment of cystic fibrosis and multiple sclerosis.

The communications directorates of NHSGGC and the University of Glasgow have recently met to devise a strategic communications and marketing plan to promote awareness of the research and development and clinical trials work in the city. We believe increased awareness of this vital work will attract some of the best clinicians and researchers to the NHS here and to the University and help deliver great benefits to our patients.

We have extended visiting times in all adult acute hospital wards, offering visitors more flexibility when visiting relatives or friends in hospital.

As part of our commitment to person-centred care, NHSGGC now offers open visiting from 11am till 8.30pm (as a minimum) every day and hopes that the introduction of these extended visiting times will offer patients more time with their loved ones.

Margaret McGuire, nurse director, welcomed the extended times. She said: “This change will make a big difference to families and friends of patients, enabling them to visit when it is most suitable, thereby ensuring family life and work commitments are not adversely effected.”

“This will ensure patients as well as family and friends are able to plan visits better and patients enjoy a better quality of time with their loved ones.”

Areas that will still need to maintain the visiting times include maternity and children’s wards. Acute receiving units, intensive care units and high-dependency units have also not adopted the new extended visiting times as patients within these areas are critically unwell, but visiting can be flexible depending on the individual patient. If families or friends require to stay with the patient, staff will do their best to ensure they are fully supported.

Visiting outwith the 11am-8.30pm times may sometimes be arranged individually with wards.

For further information on visiting times, visit: www.nhsggc.org.uk and click on Patients and Visitors > Information for Visitors

Professor Julie Brittenden
Ambitious new strategy signals commitment to staff health and welfare

We have listened to your feedback to create a three-year plan that will support people in the workplace to improve their physical and mental wellbeing.
Our five priorities for action

The strategy sets out five priority areas for action over the next three years. These are:

**Health and equality**
We will work with staff to improve understanding and address health and equality issues. Specific actions will include: improving access to health information; recognising and responding to "impactors" on health, including discrimination; and using our opportunity as an employer to make staying healthy as easy as possible for all our staff. Part of this will be to examine and remove barriers to staff taking up initiatives to support employee health. The new web portal for staff, A Healthier Place to Work, was launched in February as part of our commitment to improved access to health information and all staff are encouraged to use the site regularly.

**Working longer**
Changes to the NHS pension scheme and national retirement age mean we are all working longer. We know that, as staff work longer, we are likely to see more people developing health conditions while continuing to work. Over the next three years, a focus will therefore be to examine the issues associated with an ageing workforce and create opportunities for people to work longer in roles that meet their specific needs.

**Health and wellbeing**
We will work over the next three years on activities that improve health and support attendance at work. These will include activities that promote wellbeing, as well as those that give staff coping behaviours in overcoming the psychological issues that affect health. Specific actions include: all staff to have an opportunity to complete a stress survey by 2020; staff to have access to a range of weight management activities and information; improved access to physical activity opportunities; access to healthy eating choices; and access to a range of smoking cessation services either at work or where you live.

**Fair Work**
Fair Work is work that offers staff an effective voice, opportunity, security, fulfilment and respect, and balances the rights and responsibilities of employers and workers. We will link employability/workforce planning to Fair Work and by 2020 will establish programmes that create greater opportunities in our workplace.

**Releasing potential**
Long-term conditions can have a significant impact on a person’s ability to work. Only 0.4 per cent of our staff declare a disability when compared with the statistics for the general workforce population, where between 10-15 per cent are disabled. A Staff Disability Forum was established in 2014, the aim of which is to achieve a positive culture for disability in NHSGGC.

Over the next three years, this will continue to be a priority and by 2020, we will routinely retain staff who develop long-term conditions and impairments by making reasonable adjustments to enable them to remain at work.

As well as these five priority areas for action, our ongoing strategic staff health programmes will continue throughout the three years as detailed in the graphic below.

### Strategic programmes

| Mental health and wellbeing | • Stress management  
|                           | • Resilience support  
|                           | • Risk assessment  
|                           | • Management support/training |
| Physical health           | • Active staff  
|                           | • Smoking  
|                           | • Weight  
|                           | • Alcohol  
|                           | • Health screening |
| Health protection         | • Immunisation  
|                           | • Health surveillance activity |
| Wellbeing                 | • Financial inclusion  
|                           | • Carers support  
|                           | • Support & information service |
| Employee engagement       | • iMatter  
|                           | • FTFT  
|                           | • Staff partnership  
|                           | • Communications strategy |
Bowel cancer is the third most common cancer in Scotland. But when it's found early, it can often be cured. In fact, you’re 14 times more likely to survive when it’s found at an early stage compared to a late one.

Find bowel cancer early

Bowel cancer is the third most common cancer in Scotland. But when it’s found early, it can often be cured. In fact, you’re 14 times more likely to survive when it’s found at an early stage compared to a late one.

However, the early signs of bowel cancer are often hidden – even your doctor can’t see them. So the best way to find it is to do your home screening test. Everyone aged between 50 and 74 will be invited to take part in the bowel screening test every two years and we would encourage you all to do it – it could save your life!

Every year, around half a million people in Scotland do their home screening test. It’s not the most pleasant of things to do, but you’re not alone and it can be done in the privacy of your home. Everyone should also familiarise themselves with the common signs of bowel cancer.

Visit www.getcheckedearly.org for more information or call the Helpline for a replacement home screening test on 0800 0121 833.

Don’t get scared – get screened.
Paula’s hopes of being crowned Miss Scotland

One of our biomedical team has been combining working in the pathology service at the QEUH campus with bidding to be crowned Miss Scotland 2017.

Paula McCormack is a finalist at this year’s competition in Glasgow and has so far raised £2400 for Beatson Cancer Charity, her nominated charity.

Paula said: “I had a bake sale during the competition, from having money boxes at the Arnold Clark dealership her brother works at to holding a bake sale. She said: “I lost my Grandpa to cancer quite recently, so I wanted to raise money for the Beatson Cancer Charity. He was very fit and healthy, but he who got me interested in fitness and eating healthy.

“I had a bake sale in the lab building recently and I hosted a charity night in East Kilbride and George Bowie played a GBX set for free.”

Paula has done a number of fundraising activities during the competition, from having

RHC nurse shortlisted for prestigious national prize

Nurse Lisa Gervais, who cares for children with digestive disorders, has been shortlisted for a prestigious national award.

Lisa, who works at the Royal Hospital for Children as an IBD research nurse specialist, has been shortlisted in the Nursing Times awards, under the Nurse of the Year category.

Lisa said: “I was shocked but delighted to be nominated by my manager, Vikki Garrick, and lead clinician Professor Richard Russell. I had to read and re-read the email when it came through. I am really grateful and delighted that colleagues took the time to nominate me.”

Lisa will now attend a selection interview panel in London this month, ahead of the November ceremony.

“I really feel honoured to be recognised in this way for a job I love. The great thing about it is that I get to combine clinical work, with exciting research work. It really is the best of both worlds,” added Lisa.

Vikki said: “Lisa has only been with us for two years and is the first person in our team to ‘morph’ the two roles of research and patient care. Her research targets have gone through the roof – up by 300 per cent – as she has such a great rapport with her patients.

“She has transformed the role of the clinical IBD nurse by integrating research into clinical practice, increasing the number of patients taking part in clinical research studies and promoting innovation in clinical practice driven by research findings. Lisa is driven, knowledgeable and, above all, patient centred. We feel she’s very worthy of this award and we wish her well.”

Lisa is the only Scotland-based nurse to be shortlisted in the awards, which will be announced at a glittering event in London in November.

Sign up and help save a life

This year’s Organ Donation Week will take place between 4–10 September, providing the perfect opportunity to highlight the importance of organ donation and celebrating those who have saved lives.

Being able to donate organs to help people who desperately need transplants is one of the great miracles of modern medicine and this generosity was life changing for 431 people in Scotland last year.

Scotland has the highest rate of registration in the whole of the UK, with 45 per cent of use having signed up to the NHS Organ Donor Register. But it’s not good enough. People are still dying while waiting for a transplant. Right at this moment in Scotland, about 580 people with life-threatening illnesses are on the transplant waiting list.

Would you be willing to accept an organ transplant if you needed one? If you would, please consider joining the NHS Organ Donor Register today. You can indicate your wish to be an organ donor by telling a relative or close friend, carrying an organ donor card or by joining the NHS Organ Donor Register.

Your decision could one day give someone else a second chance of life.

To sign up, visit: www.organdonationscotland.org/yes
Get fit at our free classes!

There are now 24 free activestaff classes for staff to take part in each week. Ranging from yoga to MokyFit to badminton, all have proved hugely popular with staff.

The classes take place on major sites across the organisation, bringing fitness to your door.

It couldn’t be easier to join a class – all you have to do is visit: www.nhsggc.org.uk/activestaff to find your nearest class.

Staff from across the organisation are already enjoying a ‘fitness high’ taking part in Fatburn Extreme, tai chi and Metafit. Here are some of the comments from staff who are engaging with our activestaff programme.

“As a part-time worker who is a single parent, the free classes are a great way for me to manage my physical and mental health without increasing my financial worries.”

“Loving the Metafit at GRI on a Tuesday. Well done, activestaff – providing a great mixture of classes.”

“Loving yoga class at NVACH Wednesday after work! Definitely reduces my stress levels!”

“These classes have helped improve my mood and motivation, allowing me to perform at my optimum while at work.”

“Very important for those of us with sedentary jobs.”

Follow us on Facebook/NHSGGC

COMPETITION

WIN an Apple Watch

Enter this month’s competition and Get Active while you stay connected!

Track your activity. Measure your workouts. Monitor your health. Stay up to date with the people and information you care about most. Apple Watch Series 1 lets you do it all in an instant, thanks to a powerful dual-core processor.

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: In the Staff Health Strategy how many priorities do we have for action?

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 September 2017.