

SN

Staff Newsletter
June 2014



See page 8

**New booking line
for first antenatal
appointment**

DIARY DATES

MOTOR NEURONE DISEASE AWARENESS MONTH

1 – 30 JUNE
WWW.MNDASSOCIATION.ORG

VOLUNTEERS WEEK

1 – 7 JUNE
WWW.VOLUNTEERS.WEEK.ORG

NHS SCOTLAND EVENT

SECC, GLASGOW
3 – 4 JUNE
WWW.NHSSCOTLAND.EVENT.COM

CERVICAL SCREENING AWARENESS WEEK

8 – 14 JUNE
WWW.JOSTRUST.ORG.UK

DIABETES WEEK

8 – 14 JUNE
WWW.DIABETES.ORG.UK

MEN'S HEALTH WEEK

9 – 15 JUNE
WWW.MENSHEALTHFORUM.ORG.UK

NATIONAL CYCLE WEEK

14 – 22 JUNE
WWW.BIKEWEEK.ORG.UK



STAFF NEWSLETTER

Staff Newsletter is written by staff for staff with the full support of the Area Partnership Forum

Please send articles, letters and photographs to: NHSGGC Communications, Staff Newsletter, JB Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow G12 0XH

Email: staffnewsletter@ggc.scot.nhs.uk

Telephone: 0141 201 4558

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Dedicated staff break Alcohol Brief Interventions target

STAFF have exceeded our Alcohol Brief Interventions (ABIs) target by an impressive 31 per cent.

All health boards are set targets by the Scottish Government, but hardworking NHSGGC staff surpassed the 14,366 goal for 2013-2014 by carrying out a total of 18,878.

ABIs are short, evidence-based, structured conversations about alcohol consumption with patients/clients carried out in a non-confrontational way.

The aim is to motivate and support the person to think about and perhaps plan a change in their drinking behaviour to reduce their consumption and risk to health.

Nursing staff, midwives and addiction liaison nurses working across the acute services directorate carry out ABIs in medical receiving and admissions wards, antenatal services, maxillofacial clinics and recently they have begun in A&E.

Anne Harkness, director of emergency care and medical services, applauded the acute staff contribution to this achievement.

She said: "I am delighted with staff efforts which have contributed to the delivery of NHSGGC's overall ABIs standard, consistently achieving

targets, while not compromising on patient care.

"They have embraced ABIs as a positive approach which can help bring about behaviour change."

Primary care and wider settings, such as district nurses, prison health staff and the Sandyford, together with partners such as the Homeless Service, Addiction and Community Safety Glasgow, have played their part in the success story.

One area which has developed quickly is prison settings. Working with colleagues in health improvement in prisons, we have established delivery of interventions in HMPs Barlinnie, Low Moss and Greenock.

Statistics show that 50 per cent of prisoners were drunk at the time of their offence and our staff are involved in work to screen every person sent to these prisons.

One innovative screening tool is

“

This intervention is important because it helps tackle hazardous and harmful drinking... We have had great support from colleagues

”

the use of scratch cards which asks new arrivals a series of questions about their drinking behaviour and they scratch out their answers, with staff following up later.

A peer support group to deliver ABIs is being developed for prisoners when they are released to help them change their relationship with alcohol.

Dr Trevor Lakey, health improvement and inequalities manager, mental health, alcohol and drugs, summed up: "This intervention is important because it helps tackle hazardous and harmful drinking which contributes significantly to Scotland's morbidity, mortality and social harm.

"We have had great support from colleagues across the wider setting and I would like to thank all of them for their hard work in helping to achieve such a great result for us and one we intend to build on."

Recommended daily drinking limits are 2-3 units per day for women and 3-4 for men, with at least two alcohol-free days a week.

However, across Scotland, excessive drinking and alcohol-related problems are estimated to cost the Scottish economy around £3.56 billion a year.



Anne Harkness and Trevor Lakey are delighted with the efforts of health board staff

Win an iPad Mini

THIS month Staff Newsletter has once again teamed up with our friends over at the Staff Lottery and Appeals Society to bring you a fantastic competition to win a 32gb iPad mini.

Q: What is the iPad mini screen size?

Simply answer the question, above, and email your answer, along with your 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

T&C: Open to all NHSGGC employees. Only one entry per person. Winners must be available for a photo, which may be printed with their details in SN. Closing date is 30 June 2014.

Staff Lottery

You've got to be in it to win it so sign up to the Staff Lottery now.

Simply go to StaffNet and either click directly onto Staff Benefits or call 0141 211 5885. You'll need to have your payroll details to hand and supply a signed consent form.

A single entry in the monthly draw costs £1.50 and every member of staff is allowed up to 10 entries. The money is taken directly from your salary (35p per week for those on weekly pay and

£1.50 a month for those on monthly pay).

Appeals Society

Don't forget all profits go to fantastic causes to benefit staff and patients thanks to the Appeals Society.

>> Anyone can apply for funding - even if they aren't in the Staff Lottery. To suggest a worthwhile scheme for NHS Staff Lottery funding, go to StaffNet > Info Centre > For Staff > Appeals Society to see how to apply



On The Move: staff update

BY ROBERT CALDERWOOD, CHIEF EXECUTIVE

Communication is crucial for everyone at this engaging time



THIS month's update features some of the activities that have been moving apace to prepare for the migration of staff and restructuring of services associated with the new hospitals as they near final stage completion on the Southern General campus.

Since the last update, there has been good progress but, at this stage, we are just beginning to see what will develop as a highly intensive and engaging time for staff communications.

I firmly believe that we cannot over communicate. The many questions raised by staff at the roadshow events demonstrate the need for increased awareness and detailed information sharing on a number of fronts.

I am assured that, to supplement face-to-face communications, dedicated StaffNet and NHSGGC web portals are being developed, complete with interactive elements to ensure any questions are addressed.

>> If there are any queries or suggestions, you can also email: childrenshospital@nhcggc.org.uk for the children's hospital or, for the adults' hospital, email: southglasgowhospital@nhsggc.org.uk

BY ANNE MACPHERSON, WORKFORCE DIRECTOR

Workforce planning

SINCE my previous report, local directorates, HR teams and other staff have been working to conclude the workforce plan for the new hospitals. The plan should be complete by early summer, giving a breakdown of the higher level numbers of all staff groups.

Over the coming months, this will enable us to advise staff where they will be going, i.e. the new South Glasgow hospitals, Gartnavel or Glasgow Royal Infirmary.

The nurse staffing model is also being finalised. We have already seen from an initial exercise that we will have additional emergency nurse practitioners, advance nurse practitioners and a surplus in senior charge nurses which will be addressed through our Managing Change Policy working with staffside colleagues.

Work is also progressing to ensure medical colleagues have up-to-date job plans to support the change programme.

I am currently working with the Acute Partnership Forum and key staffside leads in developing an On The Move,



Managing Change framework which will complement the Managing Change Policy. This document will ensure we have consistency of approach across all our directorates and sites in supporting staff through the change programme.

I am also working with colleagues to ensure that we identify staff who may be planning to retire in the coming year. Anyone thinking about retiring before the move in 2015 or around the time of the move should highlight this to their supervisors/line managers as this will support our workforce planning.

>> Turn to pages 4-5 for updates on nursing, medical services and travel & transport planning

On The Move: **sta**

BY ROSSLYN CROCKET, BOARD NURSE DIRECTOR

Nursing readiness for move to the new South Glasgow hospitals

THE move to the new South Glasgow hospitals in 2015 will represent a time of major change for nurses with the move to single room patient accommodation.

Many of the advantages of the new hospitals are of major benefit to both patients and staff. These include ergonomic physical design to reduce stress, increase access to natural light to improve general wellbeing and close proximity to other services that will support multi-disciplinary working and enhance professional relationships and development.

Crucially, over the design period, there has been significant nursing input to the development of the new wards. A key design principle which has been achieved is good visibility from the ward corridor into the patient bedrooms, through large observation panels to give direct line of sight into the bedroom. Patient privacy and dignity will be addressed by the incorporation of interstitial blinds (blinds in sealed double glazed units so never need cleaning) into the observation panels.

Key ward design features such as near patient data entry, touchdown spaces and centrally located clean and dirty utilities, linen and equipment bays will

reduce walking times for nurses and maximise the amount of time spent with patients at their bedside.

The new hospitals will include use of intelligent staff call systems, with the potential to link to the staff call, cardiac arrest, pager / telephone alert system.

A new system for delivery and storage of linen will be used within the hospitals. The time spent by nurses unpacking linen and repacking onto cupboard shelves will be released for direct patient care.

The new hospitals include a range of leading-edge equipment and operational systems in order for clinical services to be supported by high quality, efficient and technologically advanced facilities management services including automated guided vehicles (AGVs), a pneumatic tube system (PTS), an automated pharmacy and a dedicated FM centre. AGVs will be utilised to provide on-time transportation of catering, linen/laundry, sterile supplies and general supplies around the facilities. The PTS will allow high speed and efficient movement of supplies around the buildings via a fully sealed and secure distribution network. Outpatient dispensing will be provided from an automated dispenser in the new hospitals

supporting the efficient distribution of medication. All deliveries will be received at the FM Centre for checking, storage and distribution via the tunnel network to the hospitals.

The key design features incorporate previous learning from Leading Better Care and Releasing Time to Care programmes to:

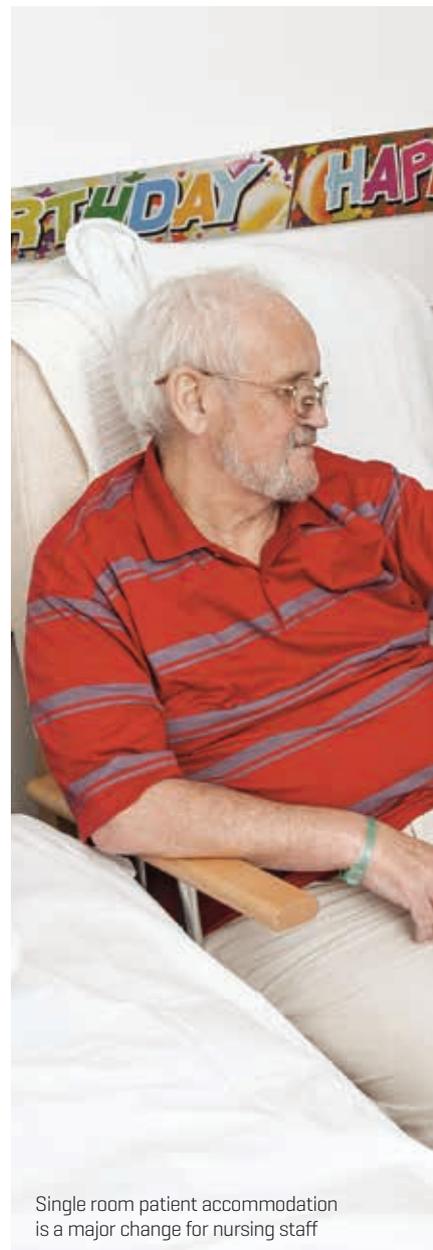
- Increase the proportion of time staff spend on direct patient care
- Enhance the patient experience
- Improve safety
- Increase staff wellbeing.

Professional nursing is about putting patients first by delivering a service that embraces the human values of caring, compassion and dignity alongside the necessary technical and decision making skills.

As part of the On The Move programme, a multidisciplinary Generic Ward Operational Policy Group has been established led by Marion McDonald, head of nursing for surgery and anaesthetics, as the main cross-directorate forum to develop new ways of working for the inpatient ward areas including:

- Electronic record keeping
- Single room patient management
- SBAR handovers
- Communication processes on wards
- Nursing roles
- Patient pathways
- Ward /other department interface

➤➤ Our next update will provide an overview of the progress of this group



Single room patient accommodation is a major change for nursing staff

BY DAVID STEWART, LEAD DIRECTOR FOR ACUTE MEDICAL SERVICES

Hospital at Night and doctor cover

THE clinical planning continues for the new hospitals through the six workstreams and the Clinical Executive Group.

Detailed work is underway in the Hospital at Night Sub-Group of the

Clinical Executive Group to describe the staffing and operational requirements for hospital at night cover in the new hospitals and across the Southern General campus. The group has

merged with the Junior Doctor Workforce Planning Group to ensure that junior doctor staffing issues are considered and addressed as part of redesigning the Hospital Night Service.

Discussions are taking place with GP colleagues regarding strengthening communication between GPs and acute hospital clinicians. These arrangements will



also enable us to share in more detail with GP colleagues, not just in the south of Glasgow, but across the Board area, the changes taking place in 2015 to our acute hospital services.

Meanwhile, detailed planning is underway to develop safe Clinical Migration Plans for moving patients into the new hospitals.

It is intended that 350 adult bedrooms/bed spaces will be

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pre-equipped in the Adult Hospital and 100 bed spaces in the Children's Hospital. Support areas such as clean and dirty utility rooms, the regeneration kitchens and storage areas will be pre-stocked to enable a smooth migration of patients.

A detailed migration plan has been produced for the transfer of patients from the Southern General Hospital into the new adult hospital and it is planned that, following the 12-week commissioning period, the first patient moves will start

on 23 April 2015. At this time, it is planned that the demitting hospitals will move into the new hospitals in the following order:

- The Southern General
- The Victoria Infirmary
- The Western Infirmary
- The Royal Hospital for Sick Children

>>>Detailed migration plans are being developed for the Victoria Infirmary, Western Infirmary and the Royal Hospital for Sick Children. More information will be provided soon.

BY DAVID LOUDON, PROJECT DIRECTOR
- SOUTH GLASGOW HOSPITALS DEVELOPMENT

Take your space at staff roadshow



The new campus has 3,500 parking spaces

THE On The Move Programme Board has established a Staff Travel Advisory Group, chaired by Scott Young, corporate facilities lead, along with representatives from RCM, RCN, Unison, BMA, Community Engagement, HR and Corporate Transport teams.

The Group shares information on all travel planning matters and helps to get an employee's perspective on the challenges, issues and possible solutions relating to transport and parking at the new hospitals.

The car parking provision on the campus will total 3,500 spaces. The number of spaces is calculated as part of the planning application process and the decision on car parking numbers is decided by Glasgow City Council.

In calculating the number of spaces, the council consider projected staff and visitor numbers likely to require access to the campus.

The council also consider the public transport arrangements to and from the campus and this is reflected in their

calculations of car parking spaces. In addition, NHSGGC has given a commitment to work with partner agencies including Glasgow City Council and SPT to realise the following travel objectives as set out in the planning agreement:

1. Reduce "drive only" journeys
2. Increase car sharing
3. Increase use of public transport
4. Increase cycle to work activity
5. Increase walk to work activity.

I know that travel and transport is an important issue for staff. This is one of the key issues being covered in the

roadshows currently underway and I would encourage colleagues to try to get along to one of the roadshows if possible. For more information, visit: [StaffNet >](#)

[Corporate Services >](#)
[Communications >](#) [Hot Topics](#)

>>>Additional information regarding car parking and public transport services will be included in future editions of *Staff Newsletter*.



Ecosmart RAH saves £270,000 a year

“GREEN” LED lighting installations at the Royal Alexandra Hospital (RAH) are on track to save us more than £270,000 a year, cutting carbon emissions and raising NHSGSC’s sustainability credentials.

The hospital has installed the energy-efficient lighting in a mixture of ward areas, the glass link corridor and external ambulance bay, and this is expected to produce annual savings of £271,215.

Our consumption is down by 186,494 kilowatts and CO₂ reduction is down by 91.5 tonnes, the equivalent of electricity consumption for 44 average (as defined by the UK Department of Energy and Climate Change) family homes for a year.

Thanks to the upgrading of the boilerhouse, plantroom and other equipment at the RAH, these savings are set to continue to cut utility bills.

Elsewhere, more ecosmart initiatives are in the pipeline to reduce our carbon emissions. These include the installation of a biomass plant at Inverclyde Royal Hospital’s education centre.

Biomass systems use wood chips/wood pellets rather than fossil fuels to produce heat which is



LED lighting is a more cost-effective option

used to increase the temperature of water circulating in radiators throughout the building.

It works in tandem with gas boilers and, as an added bonus, we receive Renewable Heat Incentive payments of 8.8p from the Scottish Government for every kWh generated from the plant because biomass heating is produced using a renewable source.

This is the equivalent of around £10,000 per year in the payments alone as a bonus for having the biomass kit there. This will help offset increasing utilities costs across the rest of the Board.

The scheme has a zero carbon impact because the CO₂ it absorbs during its life as a plant is released back into the atmosphere during burning, leading to a neutral emission of CO₂.

It is also cheaper than fossil fuels, which are expected to become increasingly scarce and costly over the next decade.

Mary Anne Kane, interim director of facilities, said: “I would like to commend our energy team and all staff who are playing a continuing part in reducing energy costs and making our organisation ever more sustainable.

“We take sustainability extremely seriously and this is being reflected in our ambitious plans and hard work by staff.”

We are encouraging staff to come up with eco-smart ideas, if you have any suggestions, email: gillian.brown2@ggc.scot.nhs.uk or tel: 0141 314 6994.

>> To find out more about our sustainability plans, visit: [StaffNet > Corporate Services > Sustainability](#)

TRAINING

Tackling HIV stigma and discrimination

NEW training is being drawn up by the Community Inequalities Team (CIT) in response to a survey testing staff knowledge of HIV stigma and discrimination.

It follows a series of reports from patients with HIV who had experienced stigma and discrimination within some of our services.

The questionnaire asked staff about their understanding of the virus, their attitudes towards people living with HIV, plus any training needs.

Around 4,000 staff replied to the questions and it revealed a varied, basic knowledge of HIV transmission and a variety of attitudes expressed towards people living with HIV.

Dr Rachel McAdams, principal health improvement officer – sexual health, said: “Although staff reported low levels of awareness of stigma and discrimination towards people living with HIV within the health

service, the survey has flagged up some gaps in knowledge that the new training will address.”

Many staff took the time to express their desire for further and more flexible training on HIV. Now we are working with some of our patients and colleagues in public health and clinical services to review and revamp our HIV and blood borne viruses staff training this year.

It will also emphasise that an HIV diagnosis is a protected characteristic under the Equalities Act 2010, meaning that it is unlawful to discriminate against people living with HIV, including withholding treatment.

The first phase of this is the re-launch of the Learn Pro Module on Blood Borne Viruses, visit: <https://nhs.learnprouk.com>

>> Read the Survey Summary document or the full report at: www.equalitiesinhealth.org/public_html/staff_resources_disability.html



Campaign posters encourage people to review medicines

Let’s talk medicine

A NEW campaign called ‘Let’s talk medicine’ is urging people to take a fresh look at what medication they take and raise any questions or concerns with the pharmacist or GP.

Mairi-Anne McLean, senior prescribing advisor, said: “Many people may have been taking the same repeat prescription for a while and may be unsure how effective it is or even if it is still required. Others may experience side effects or have stopped taking medicines they no longer think they need but have never told their pharmacist or GP.

Whatever the issue, we want people to know it’s always okay to ask.”

Harry McQuillan, chief executive of Community Pharmacy Scotland, said: “This will improve safety by reducing risks associated with not taking your medication correctly, as well as reducing prescriptions issued for medicines no longer required.”

Posters for the campaign, developed by West of Scotland NHS Boards, will be in community pharmacies across Scotland.

>> Visit: www.letstalkmedicines.com



Sally is gearing up for Glasgow 2014

EMERGENCY PLANNING

Let the Games begin, says Sally

BEING part of the Commonwealth Games team in Glasgow was one of the major attractions for Sally Johnston to successfully apply to become our new head of civil contingencies.

Cardiff-born Sally, who was previously an emergency planner with NHS Tees, in the Teeside area, said: "What attracted me to this job is that I am working for the biggest health board in Scotland, plus there is the challenge of the Games."

"This is an opportunity not only to promote Scotland to an international community, but also

a major platform to show how good we are as a health service."

For the Games, Sally and her team are working with multi-agency partners, including the police and every Scottish health board on a mutual aid basis.

Sally added: "We need a co-ordinated NHS response."

It's a massive undertaking but Sally points out that plans and protocols for treating overseas visitors, athletes and dignitaries are already in place.

She said: "We deal with big events attracting large audiences

and high-profile visitors on a regular basis, so really the challenge is how to maintain business as usual while implementing extra measures to support the athletes and visitors.

"If there is a major incident or an outbreak of some kind, we will follow our established procedures to deal with it."

Sally believes that a major issue will be transport, making sure that clinical staff and patients are aware of road closures and getting out the message that they should leave earlier to get in on time for work

and appointments. She is working with the communications directorate to create a one-stop-shop web portal on the NHSGGC website for all information about the Games, which will be regularly updated.

Staff are also reminded to wear their ID badges at all times.

Sally's final test before moving north was dealing with flooding in the Stockton area when the River Tees burst its banks just before Christmas.

She said: "Health was part of a multi-agency tactical command cell which co-ordinated the evacuation of 300 people."

"Part of the health response was to identify vulnerable people and support evacuation centres and facilitate any requests made for medication or access to a health professional."

"Then we looked at short and long-term recovery, the public health issues and the re-housing of some of the community due to the damage."

Sally began her career in the ambulance service, working in patient transport, and became an ambulance technician before moving into emergency planning.

She added: "Civil contingency is where my heart is and I'm looking forward to working with my colleagues to make sure everything runs smoothly when the world's eyes are on Glasgow."

>> New web portal www.nhsggc.org.uk/CWG2014 goes live in early June

Pressure ulcers prevention and management

ALL healthcare staff caring for patients have a shared responsibility for the prevention and management of pressure ulcers.

A new policy on pressure ulcers prevention and management has now been devised and is available for staff.

The purpose of the policy is to ensure that all patients within NHSGGC are thoroughly assessed and effective strategies put in place to reduce the risk to healthy tissue and facilitate healing of damaged tissue.

Staff should take particular note to a number of changes within the policy, including:

- Individual roles and responsibilities
- Grading of pressure damage
- Mandatory Datix reporting of all grade 2, 3 and 4 pressure damage
- Mandatory referral to the Tissue Viability Service of all healthcare acquired grade 2, 3 and 4 damage.

To support this policy, the Tissue Viability

VISIT ONE OF THE AWARENESS SESSIONS:

DATE	TIME	SITE	VENUE
16 June	9am – 4.30pm	GRI	Ground floor, main foyer
17 June	9am – 4.30pm	RAH	Main foyer
18 June	9am – 4.30pm	Victoria Infirmary	Canteen
19 June	9am – 4.30pm	GGH	Main foyer
20 June	9am – 4.30pm	WIG	Canteen foyer
20 June	9am – 4.30pm	RHSC	Canteen
10 July	9am – 4.30pm	SGH	Foyer, Institute of Neurological Sciences

Service is holding a series of drop-in awareness sessions, open to all staff, where they will also introduce the new pressure ulcer module on LearnPro.

Further awareness session dates and venues will be published on the Tissue Viability pages on StaffNet > Acute > Division

Wide Functions > Tissue Viability Service – Acute Division

The LearnPro module, aimed at all staff grades, can be accessed at: <https://nhs.learnprouk.com>

>> For more information, email: tissueviability.referral@ggc.scot.nhs.uk

The new booking system should help to give mums-to-be smoother and quicker access to maternity services



NEW SERVICE

Direct line launched for antenatal appointments

NHSGGC has launched a new central booking line, 0141 232 4005, to streamline antenatal appointments.

The call centre, based at the Southern General, is being implemented in two phases. It is already available in the Glasgow area and is due to be up and running in Clyde later this month.

It is part of wider changes to provide smoother and quicker access to maternity services and achieve the antenatal Health

Improvement Efficiency Access to Services and Treatment (HEAT) target of at least 80 per cent of women in each of the SIMD quintiles, securing an appointment by the 12th week of pregnancy.

When women make a call, they will be given an appointment with a named midwife and scan slot. An SCI Gateway information request will then be sent to the GP with details of the two appointments, asking for the information to be provided in advance of the booking

appointment. As far as possible, women will be offered appointments close to the GP and their local hospital to ensure improved continuity of care.

Michelle McLauchlan, general manager, obstetrics and gynaecology, said: "Earlier booking provides more time for improvement of health behaviours, including reducing smoking cessation rates, substance and alcohol misuse, and increasing breast-feeding rates. All of this will

have a positive impact on long-term public health."

There will be exceptions to the new booking system. For example, if the GP considers that a patient needs to be seen very early or should be seen first by an obstetrician, the usual SCI referral can be followed.

Leaflets and posters promoting the booking line have been distributed in health and community settings, and are available in different languages.

Step up to active new lifestyle

LAURA Horton is one of our Live Active Advisors, whose goal is to encourage all of us to get more active, more often in the year of the Glasgow Commonwealth Games.

Under the 12-month Activestaff programme, Laura and her colleagues encourage and support staff to consider different kinds of exercise and make it a regular part of their lifestyle.

She explained: "My role is to motivate and support people by giving them the knowledge, tools and confidence to lead a more

active lifestyle which can help improve physical and mental wellbeing. We arrange one-to-one consultations at a variety of leisure centres and NHSGGC sites across the city for a chat about activity levels.

"We then agree tailor-made goals and levels of support for participants based on their individual needs."

Everyone is fully screened at the first consultation before they and the advisor discuss suitable activities, ranging from zumba

or spin classes, to walking and going to the gym.

Laura said: "We run a variety of supervised exercise sessions suitable for people with particular medical conditions, there's something for everyone."

The programme also promotes healthy eating and weight management to participants.



Throughout the year, there will be opportunities to take part in large-scale events, benefit from "first timer" discounted offers, and receive information about local training programmes.

>> For more information, visit: www.nhsggc.org.uk/activestaff or tel: 0141 287 0180