



# A closer look at H1N1

Last year, our staff barely reached a 25 per cent uptake of flu vaccination. In North America, uptake rates were as high as 98 per cent. Is it time to introduce mandatory vaccination? *SN* investigates

# Smoking ban in uniform



NHSGGC's smoking policy has been revised for the third time since its introduction in March 2006 and two points in particular have been flagged up.

The revised policy emphasises to staff that they are prohibited from smoking in uniform, because it sends out the wrong health messages to patients and visitors.

Also, community staff carrying out home visits are reminded that they are within their rights to ask patients not to smoke before they visit, nor during the time the health care worker is in their home, so that they can avoid exposure to second hand smoke.



Staff who want to quit smoking will find help and advice by contacting Smokefree Services on [www.nhsggc.org.uk/smokefreeservices](http://www.nhsggc.org.uk/smokefreeservices) or by calling Smokeline on 0800 84 84 84. They can also contact occupational health on 0141 201 5600.

## 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](mailto:staffnewsletter@ggc.scot.nhs.uk) Telephone: 0141 201 4558. Staff Newsletter is designed by Connect Communications: [www.connectcommunications.co.uk](http://www.connectcommunications.co.uk)



Communications Director Ally McLaws is the first to sport the SN Champion T-shirt as he took part in the Great Scottish Run

# Been there, done that... with a fantastic T-shirt

Your SN has launched an exclusive "must have", but "must earn" NHSGGC Champion T-shirt.

Modelled and road tested by corporate communications director Ally McLaws, as he ran across the Kingston Bridge in the Great Scottish Run, the T-shirt is light blue and emblazoned with the nifty SN Champion logo.

We know how fantastic our staff are at taking on a challenge – how imaginative they are at finding wonderful and exciting things to get up to, and how much they do to raise funds for important charities.

Every year we feature stories and pictures of staff doing their thing, whether it be cycling to Paris, climbing some of the world's highest mountains, or jumping out of aeroplanes.

What we want is for you to tell us what you plan to do and we'll give you one of the SN Champion T-shirts. You can wear it on your challenge or adventure and get a

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We want every  
T-shirt to be used  
in a slightly different  
way to create a really  
interesting photo  
gallery

picture to us of you wearing it when you are taking part in your event.

We want to compile a fantastic photo gallery of our most adventurous staff ambassadors to showcase the spirit of our staff.

Ally said: "We want every T-shirt to be used in a slightly different way to create an interesting and diverse photo gallery. I blagged the relatively easy option of a 10k to launch the SN Champion T-shirt, so that challenge doesn't qualify any more!

"The idea is simple – the first person to tell us they are going to do a particular activity gets the T-shirt. We have 99 left."

Let your Staff Communications team know what you plan to do. Get in quick with your idea before someone else does.

And finally, a big thank you to Connect Communications, the Paisley-based publishers of SN for gifting us the T-shirts. Connect Communications managing director Alan Ramsay said: "I'm sure nearly everyone taking part in challenges like this will be raising money for good causes and if the T-shirts encourage more NHS staff to get involved, then it's money well spent in my book!"



To apply for an SN Champion T-shirt, email: [staffnewsletter@ggc.scot.nhs.uk](mailto:staffnewsletter@ggc.scot.nhs.uk) and tell us what you plan to do, when you plan to do it and how much you hope to raise and for which charity. The more original and challenging the idea, the more likely you'll get your hands on one.

# The man with the cash



I really like the Scottish health system with its focus on quality, and not on a competitive health economy



New director of finance Paul James has one of the biggest budgets in Scotland to manage – £2.8 billion this financial year.

Despite the scale of the challenge, Paul is undaunted – he’s operated at the highest level in England before moving to Glasgow two months ago. One of his previous positions was at the Metropolitan

Police, which has a budget of £3.5 billion and employs a similar-sized workforce to our own.

His last post was finance director for Waltham Forest Council and NHS Waltham Forest and it was there he developed his passion for the health sector.

Speaking from his office in JB Russell House on the Gartnavel site, Paul said: “I really like the Scottish health system with its focus on quality, and not on a competitive health economy.”

Another attraction of the post for Paul is becoming involved in the massive South Glasgow Hospital development and again it’s the scale of the project that ticks the box. “It’s clearly a huge asset and will be a flagship for the Scottish Government and the NHS in Scotland. It is also something the people of Glasgow should really be proud of once it is fully up and running in 2015.”

Financially, it is a tough environment for everyone in the public sector, but Paul went on:

## A MOVE FOR THE BETTER

Paul was born in Brighton but has spent much of his working life in London. He says that relocating to the West End of Glasgow was not a difficult decision. He says he “loves Glasgow” and the chance to come here to work with the largest health system in the country held such huge appeal that he was happy to be uprooted.

“I am genuinely committed to delivering the best services we can, against the background of a tight funding envelope.

“My top priorities are to make sure that we achieve this, while delivering a balanced budget this year. I’m also keen to ensure that we have in place a longer-term financial strategy which works and covers every part of the organisation. Delivering both, while supporting quality, is a real priority for the people we serve.”

# The person to call in a crisis

Our new head of civil contingencies Neil Rogerson brings military skills to his new post, which makes him the ideal person to handle a crisis.

Originally from Staffordshire, he completed a degree in anthropology and politics at Oxford before joining the army as a commissioned officer in the infantry.

Neil served as a platoon commander and brigade liaison officer between 2004-2005 during a tour in Iraq, before leaving the army in 2008.

Deciding to move into civil contingencies he began an MBA in Risk and Disaster Management at Coventry University.

Halfway through the course, Neil successfully applied for the job of civil contingencies co-ordinator with Brent Council in London, later being promoted

to be a senior member of the team and completed his studies on a part-time basis.

He said: “The civil contingencies post allowed me to transfer my experience of training, exercises and planning for operations and management ability, plus thinking clearly under pressure and ability to communicate clearly.

Neil’s arrival in Brent coincided with a number of events which tested his civil contingency skills – the flu pandemic, which required anti-viral distribution and vaccinations, and a lightning strike on a block of flats that needed evacuated.

The NHSGCC area offers a wide variation

of challenges to Neil in terms of civil contingencies, such as more extreme weather conditions and the diversity of the organisation.

Neil went on: “It is 10 times larger than Brent and there is a bigger diversity of services within the Board and each one of them has to be resilient.”



## SENIOR MIDWIFE IS CONVERT TO PEER IMMUNISATION

Peer vaccinators are established throughout the organisation, but not everyone has been convinced of this approach.

However, when Cathy Harkins, lead midwife for Clyde, put it into practice last year, she became a convert.

Cathy had regarded peer flu vaccination as an additional task for her busy team, but when she and her staff faced an unexpected increase in the number of pregnant mums in the Royal Alexandra Hospital's Maternity Unit at the end of last year, she made a judgement call.

Cathy said: "Pregnant women and their babies are among the most vulnerable groups who can succumb to flu.

"Not everyone at the unit had an opportunity to have their vaccination when it was available in organised clinics held by occupational health, and so it was decided on New Year's Eve to offer staff vaccinations onsite.

"The lesson we learned from that was that we really needed staff to take up the opportunity of vaccination as early as possible.

"In other words, we were protecting staff and patients from contracting flu."

Senior charge midwife Lianne Manion and midwife Rhona Urquhart carried out the immunisation while Cathy made sure that the appropriate forms were completed.

Lianne said: "Including completing the paperwork and giving the injection, it takes around five minutes and that is a very small amount of time out of someone's shift."

It's an exercise that Cathy is happy to repeat again, combined with the organised clinics, and she will certainly encourage staff to take up opportunities to get vaccinated. Cathy said: "It was easy, successful and can be organised at short notice when workload activity allows."



Information posters about the virus, together with times and clinic venues, are now appearing on healthcare sites and can be found on [StaffNet>Human Resources>Occupational Health](#). Staff with any questions about the vaccine can contact Occupational Health on 0141 201 5600 Monday to Friday, 9am to 5pm.

As staff flu vaccinations remain low throughout the NHS not an emerging argument for mandatory vaccinations. America has gone for all healthcare staff and this approach is welcomed by some. Dr Syed Ahmed, consultant in public health, expresses his personal view. You can also hear from Cathy Harkins, lead midwife for Clyde, who is a

# Personal or a duty



Dr Syed Ahmed

Following the Influenza A (H1N1) 2009 "swine flu" pandemic, the virus became endemic in the UK and last year, Flu A (H1N1) 2009 was the dominant flu A virus circulating during the winter months. Some healthcare workers still believe that flu is a relatively mild infection and only affects those who are old

and infirm, although the facts do not support this misconception.

Last year in the NHS GGC area alone, 42 patients with flu required prolonged treatment in ITUs with 17 deaths, the majority being under the age of 60 years and unvaccinated – some previously fit and healthy.

The threat from swine flu



One of the teams that has benefitted from peer immunisation: (left to right) Dr Nicola Kenyon, Lianne Manion, Carol Daly, Rhona Urquhart, Anne Ford

only in Scotland but across the UK, there is an...  
s already introduced compulsory flu vaccinations  
ne medical professionals in the UK. Below, Dr Syed  
ews on compulsory vaccination. On the left, we  
a recent convert to peer flu immunisation...

# choice of care?

has not gone away and it is expected that like last year (2010/11), H1N1 (2009) swine flu will also be the predominant Flu A strain in the coming winter (2011/12). So what can staff do to protect themselves, their patients and their family members from this infection?

Flu virus, like many other respiratory viruses can spread easily from person to person. In fact, those infected with flu are highly contagious 24 hours before any symptoms appear. Therefore, to prevent the spread of infection at work and at home it is important that healthcare workers practise good infection control and seek annual flu immunisation.

The flu vaccine has a long safety record with millions of doses used worldwide over decades. The constituents of the flu vaccine vary

from year to year and the Flu A H1N1 (2009) strain is incorporated in this year's seasonal flu vaccine. The vaccine works best and provides good protection in those who are usually healthy adults. However, the protection provided by vaccination is reduced in those with most risk of complications such as young children, older adults and immunocompromised persons either due to diseases or treatments.

Given the evidence that vaccination of care staff prevents disease transmission to the patients, healthcare workers have a special duty of care towards the vulnerable who cannot protect themselves. This is in keeping with their obligation to honour the core professional code of ethics of "First do no harm". In addition, healthcare workers gain protection against catching flu themselves and passing it on to their own families and friends.

After reaching an all time high of approximately 50 per cent during the H1N1 (2009) pandemic of 2009/10, vaccination rates for seasonal flu among healthcare workers in NHSGGC barely reached 25 per cent last year, a trend

seen elsewhere. A recent article in *The Lancet* (Volume 378, Issue 9788, Pages 310-311, 23 July 2011) argued that flu vaccination of healthcare workers should be mandatory and a condition of employment, an approach adopted by an increasing number of healthcare systems in North America with uptake rates as high as 98 per cent.

In the UK, all immunisation programmes are voluntary, based on the principle that "immunisation is more highly valued by a public persuaded of its benefits not coerced". This approach has served the UK well

## DO YOU WANT TO BECOME A PEER IMMUNISER?

Anyone wishing to become a peer immuniser should discuss this with their line manager. Once approved, the newly appointed peer vaccinator should contact Occupational Health on 0141 201 5600 to arrange for supplies of the vaccine to be dropped off and appropriately stored.



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with one of the most successful general immunisation programmes in the world.

But occupational vaccination is an exception and unless healthcare workers in the UK take seriously their responsibility not to place their vulnerable patients at undue risk of harm, regrettably the time may come for the UK to consider adopting the American mandatory approach.

## Pioneering head of clinic steps down

Dr Alison Bigrigg has stepped down from her post as director of the Sandyford.

Acting director Dr Rak Nandwani paid a personal tribute to her innovative work in the field of sexual health.

He said: "I first met Alison in 1998. She had already established family planning services in Glasgow on 29 sites, becoming the first such service in the UK to achieve Chartermark status.

"Alison has an ability to challenge the orthodox way of delivering services while motivating those around her to pool their individual strengths. I was fortunate enough to work with Alison to jointly lead the creation of Sandyford, which was launched in 2000 with Alison becoming director in 2001.

Rak continued: "Sandyford is now the largest integrated sexual health service in Europe, and is held up as an exemplar for its work on inequalities. Without Alison, Sandyford would not exist.

"As Sandyford director, Alison led the merger with Clyde, established eight new local hubs and the creation of the Archway sexual assault referral centre.

"Alison has chaired many national and international committees, including the national sexual health IT programme board and the sexual health lead clinicians group, providing advice to ministers and government.

"In 2001, Alison was elected President of the Faculty of Sexual and Reproductive Healthcare, and she also spent 10 successful years as the UK representative on the board of the European Society of Contraception.

"Alison's legacy is not just an internationally recognised centre of excellence. Her leadership has transformed sexual health in the UK from a Cinderella service to a mainstream specialty. Alison has been a great colleague and will be missed."



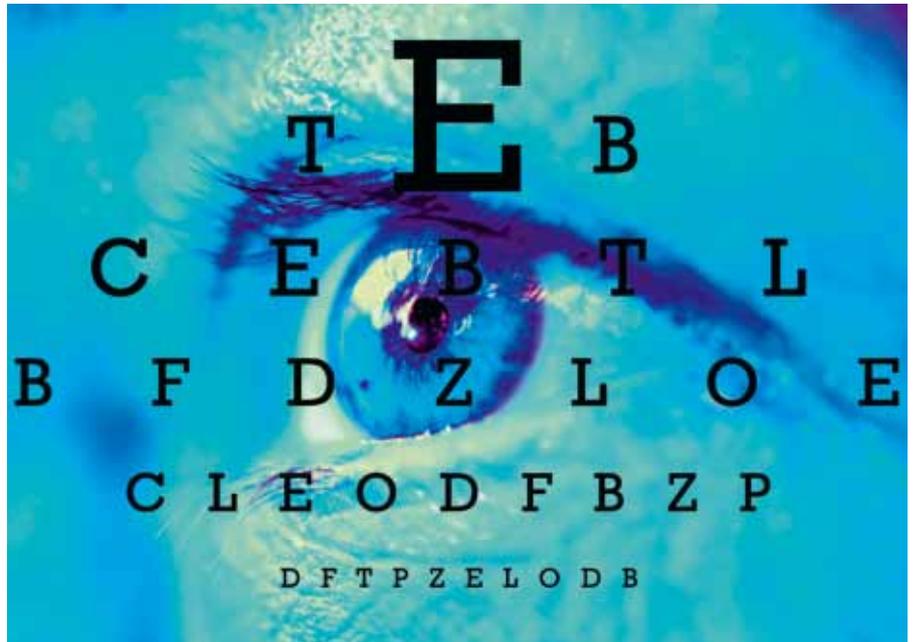
**NEW NHSGGC INTERPRETING SERVICE**

**24 hours, 7 days a week**

**TEL: 0141 347 8811**

Email: [interpretingservices@ggc.scot.nhs.uk](mailto:interpretingservices@ggc.scot.nhs.uk)

# Keep an eye on health



**SOME OF OUR** most important colleagues are High Street-based and trained to spot potentially long-term conditions, but many people are unaware of their existence.

Optometrists are placed within opticians outlets and these key healthcare specialists are trained to examine the eyes to detect defects in vision, signs of injury, eye diseases or abnormality and problems with general health.

Now a new NHSGGC campaign aims to raise the profile of these specialists and make the public more aware of the services they have to offer.

The move comes under the umbrella of our "Know Who To Turn To" initiative which urges people to access the right services to get the right treatment in the most appropriate time.

Posters will be sent to GP surgeries, dental surgeries, pharmacies and sports centres as well as opticians encouraging

people that for eye problems: "look no further than your optometrist".

Consultant ophthalmologist Beth MacDonald said: "Many people think of their High Street optician as someone to dispense glasses for reading or distance but they can offer more than just the latest glasses.

"As part of the health profession, they have the equipment necessary to fully check out the health of the eye."

A detailed eye exam can reveal conditions such as high blood pressure or diabetes.

All eye tests are covered by the NHS so there is no charge for people who wish to have their eyes checked.

Conditions such as

Age-related Macular

Degeneration (AMD), which is the

leading cause of blindness in the western world, is a real concern even though the majority of people have never heard of it.

**Many people think of their High Street optician as someone to dispense glasses for reading or distance**

Find out more about the campaign at [www.nhsggc.org.uk/knowwhototurnto](http://www.nhsggc.org.uk/knowwhototurnto)

## ROLE IS GREAT MATCH FOR EILEEN

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**It's been a great match of my skills**

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Eileen Carroll is an NHS stalwart of 36 years who has found rewarding new challenges through the redeployment scheme.

In February this year, this experienced manager was appointed to the new post of business manager for interpreting services.

Eileen said: "It's been a great match of my skills. I feel I have been very fortunate, I couldn't have dreamt that a job like this could have come up.

She added: "People are anxious at the prospect of being put into redeployment, but my experience is proof that you can be pleasantly surprised at what's on offer."



# Redeployment

We aim to retain the talents of our staff

**IN COMMON** with every health board in Scotland, we are undergoing organisational change to improve the way we deliver services and realise more efficient ways of doing business.

The NHS is committed to no compulsory redundancies and while some staff reductions will be met by natural turnover and retirements, there will be a number of staff who are moved into different roles than the ones they are in today.

As detailed in the published NHSScotland workforce plans for 2011/12, our local workforce of 40,000 is likely to reduce by some 800 this year.

The current NHSGGC Workforce Change Policy and Procedure was introduced in June 2010. Its aim is to move displaced staff into suitable alternative employment. An objective is to retain the skills and experience

of NHS staff within the system, with all vacancies screened to check if they are suitable for staff to redeploy to before being advertised.

Many managers recognise the benefits of filling posts by contacting the Redeployment Service as soon as they have a vacancy in their department, with some staff being interviewed and starting their new post within days.

George Carson, redeployment lead, said: "The policy can be seen as a win for displaced members of staff, the hiring manager and the organisation, because it utilises and retains the talents of our people while providing them with job security."

“

**The policy can be seen as a win for displaced members of staff, the hiring manager and the organisation**

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## OPPORTUNITY KNOCKS

Alex Fleming has had a varied NHS career, thanks partially to redeployment.

In 2004, his post of practice development nurse disappeared, and he was placed on deployment. He then worked his way up from a lower banding role as a research and development nurse to a clinical service manager before securing his current job as service manager for both the National Child Psychiatry In-Patient Unit at the Royal Hospital for Sick Children at Yorkhill and the West of Scotland Adolescent

Psychiatric Unit at Skye House in Stobhill.

During his career, with funding and support from NHSGGC, Alex also achieved a degree in Community Mental Health Nursing and a Masters in Primary Care.

Alex said: "Through redeployment, I've had an opportunity I would not otherwise have had."



# Award winners to be revealed

The winners of this year's prestigious Chairman's Award will be announced later this month.

At the start of this year's Annual Review on Monday 17 October, our Chairman, alongside the Cabinet

## ★ Chairman's Award 2011

Secretary Nicola Sturgeon, will present the winners with their awards.

The presentation will culminate with the presentation of the Chairman's Award of Excellence. This award will go to the person who has shown outstanding dedication and commitment to their profession and patients.

This year we received more than

120 entries which have been of an extremely high standard, leaving the judging panel with a very tough decision on their hands.

Chairman Andrew Robertson said: "The number of entries we received this year has been overwhelming and made the shortlisting process very difficult.

"I would like to take this

opportunity to thank staff for their hard work and dedication which has shone through in all of the entry forms."



To find out who the winners are, visit: [www.nhsggc.org.uk/chairmansaward](http://www.nhsggc.org.uk/chairmansaward) in the afternoon of Monday 17 October.

# Your views needed



Help us make staff communications all they can be.  
Fill out the survey now, either below or online at

[www.surveymonkey.com/s/NHSGGCcommssurvey](http://www.surveymonkey.com/s/NHSGGCcommssurvey)

Please take a few minutes out of your busy lives to help us ensure staff communications are as good as they could be... and be in with a chance of winning £50

worth of fantastic shopping vouchers!  
The survey will help us to establish the areas we need to build on.

## SECTION ONE: STAFF NEWSLETTER

### How often do you read SN?

- Monthly   
Bi-monthly   
Never

### How do you normally access SN?

- Online   
Print   
Both

### I find the magazine to be:

- |                | Not at all               |                          |                          | Very                     |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Informative    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interesting    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relevant       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Objective      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Useful         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Easy to read   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understandable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Well designed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### I find the information in SN useful in helping me understand the corporate objectives of NHSGGC and the role I and my colleagues can play in contributing to these.

- Strongly agree   
Agree   
Neutral   
Disagree   
Strongly disagree

### What do you like to see in SN?

- (you can select more than one)*
- Policies, service changes, terms and conditions   
Staff achievements/awards   
Fundraising/sports   
Competitions   
Starters/Leavers/Retirals   
Campaigns   
Other (please specify)

## SECTION TWO: TEAM BRIEF

### How do you receive Team Brief?

- Face-to-face meeting   
Electronically (emailed)   
Print copy   
StaffNet   
Never

### When you receive Team Brief, is it localised and made relevant to your service/department?

- Strongly agree   
Agree   
Neutral   
Disagree   
Strongly disagree

### I have an opportunity to feedback/comment of the content of Team Brief?

- Strongly agree   
Agree   
Neutral   
Disagree   
Strongly disagree

### I find the information in Team Brief useful in helping me understand the corporate objectives of NHSGGC and the role I and my colleagues can play in contributing to these?

- Strongly agree   
Agree   
Neutral   
Disagree   
Strongly disagree

### How do you think Team Brief could be improved?

## SECTION THREE: CORE BRIEF

### Do you read Core Brief?

- Often   
Seldom   
Never

### How do you normally receive Core Brief?

- By email   
On a noticeboard   
From my manager   
StaffNet   
Other (please state)

### I find the information in Core Brief useful in helping me understand the corporate objectives of NHSGGC and the role I and my colleagues can play in contributing to these.

- Strongly agree   
Agree   
Neutral   
Disagree   
Strongly disagree

### What would you like to see more of in your Core Brief?

- Staff issues e.g. info on pensions, pay, terms and conditions   
National announcements   
NHSGGC press releases   
Other (please specify)

### How do you think Core Brief could be improved?

## WIN £50 LOVE2SHOP VOUCHERS



### PRIZE DRAW ENTRY FORM

By completing this survey questionnaire on staff communications before 30 November 2011, you are automatically entered into a prize draw to win £50 of Love2shop vouchers.

Your name:

Location where you are based:

Department/division you work in:

Telephone number:

Email address:

**Terms and conditions:** This prize draw is only open to employees of NHSGGC. Only one entry per person please. We reserve the right to publish the name of any winner in future issues of Staff Newsletter, but will not hold details for any other purpose. Entries must be received by 30 November 2011. One winner will be selected at random, and will be informed by email or telephone.