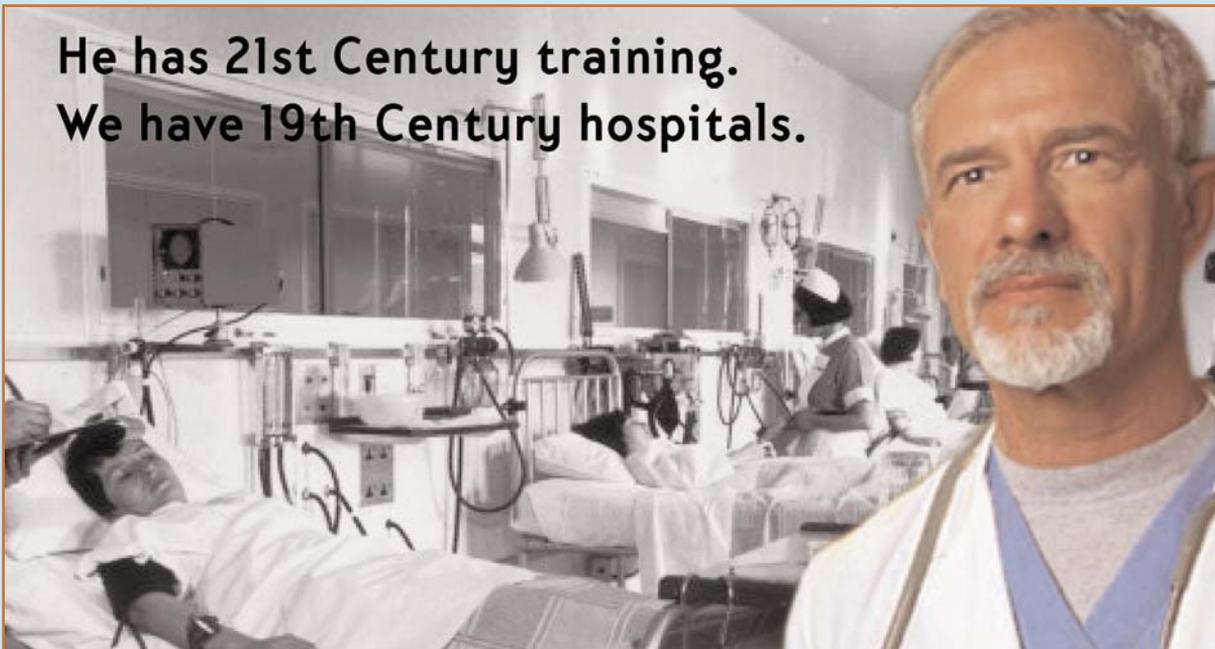


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GLASGOW GETS GREEN FOR GO

Glasgow has been given the green light to build three new hospitals delivering modern working conditions for staff ... and contemporary care facilities for patients.

The new £108m Victoria Hospital in the south and the new £83m Stobhill Hospital in the north have crossed the final planning and procurement hurdles.

And the contract to build phase two of the £87m West of Scotland Cancer Centre at Gartnavel in the west of the city has also been signed off.

Another positive for NHS staff is news that an "in-house" bid to retain portering, cleaning and related jobs

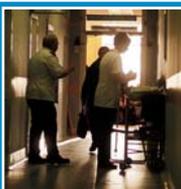
within the new PPP Stobhill and Victoria developments is to go ahead.

The NHS bid will be put together and if deemed to represent "best value", the jobs of 50 staff will be guaranteed to remain under the NHS umbrella instead of being transferred over to the private sector as has happened elsewhere in the UK under Private/Public Partnership finance deals.

- New Victoria and Stobhill details – page 2
- In-house "Soft" FM jobs bid – page 2
- Beatson Phase II story – page 3

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New
divisions



page 4

New
centre



page 8

New
faces



page 9

Job security boost for porters and cleaners at new ACADS

A bid to keep 50 catering, portering and related jobs at the new Victoria and Stobhill hospital developments has been confirmed.

This breakthrough follows months of talks involving staff-side trade unions and Scottish Executive Health Department with the GG NHS Board about the future of the “Soft” FM (facilities management) jobs on both sites.

There were concerns that the portering, cleaning and other related jobs would automatically be “contracted out” of the NHS as part of the Private/Public Partnership (PPP) deal. In recent years other PPP projects did involve the transfer of NHS staff to private contractors.

Under a “best value” approach, the single bidder for the Victoria and Stobhill hospitals is entering the “Final Invitation to Negotiate” on the basis that it presents one bid including “Soft” FM and one without “Soft” FM ... allowing the in-house NHS bid to be fully and fairly considered.

The meetings with trades unions leading up to this position has resulted in welcome safeguards:

- **No existing member of staff need be compulsory transferred to the private contractor even if the in-house bid is not successful;**
- **Suitable alternatives will be guaranteed for the 50 staff involved;**
- **Arrangements for the comparison of bids received will be conducted transparently, in partnership, and will ensure no possibility of a two-tier system of rewarding staff.**



Maternity Consultation Ends

The three-month public consultation into the future of maternity services in Greater Glasgow has now ended. All the submissions are there for staff to read on the NHSGG website (www.nhsgg.org.uk).

It was clear right from the beginning that there were strong conflicts of clinical views as to the best way forward to modernise maternity care in Greater Glasgow. These strong views come through in the submissions, but one thing united clinical opinion....the absolute and urgent need to reduce the number of maternity hospitals in this city from three to two.

Throughout March, members of the Board will consider and deliberate the issues raised and, it is hoped, they will be able to make their recommendations on April 20, 2004.

Time to deliver

The final stage of the Victoria and Stobhill (ACAD) construction contract is about to be completed.

Termed as the “final invitation to negotiate”, it should see formal agreement on the projects, both of which are crucial to the overall modernisation of Glasgow’s acute hospitals.

Other news on the ACADs includes inclusion of a new day surgery theatre and diagnostic complex within the £83m Stobhill development and the £103m Victoria Hospital development will now include 60 new-build rehabilitation beds.

Both hospital building programmes are part of a single contract and will be managed by a single NHS planning team consisting of expertise from both North and South Trusts and from within the Board. Heading up this team is Bob Calderwood, CEO of the South Trust.

Community engagement staff and NHS communications staff will work closely with this team to ensure staff and patients are kept fully up-to-date with the new hospital developments as they progress toward the construction stage.

Information boards, raising awareness of the developments, will be erected in acute hospital sites in the next few weeks along with information booklets that will be regularly updated with site specific information.

What's happening with the new Beatson?

The £87million contract for the new phase of the West of Scotland Cancer Centre (affectionately known as the Beatson) means changes to our non-surgical cancer services are on the horizon. But what's in the work pipeline for cancer staff?

Beatson General Manager, Isobel Neil, said: "At the moment, specialist cancer staff are spread all over various sites in North Glasgow, but when the building is up-and-running in 2007, they will be transferred there. We will continue to brief staff as we go along."

NHSGG's non-surgical cancer services are currently made up of:

- The existing Beatson Oncology Centre on the Western Infirmary site;
- Glasgow Royal Infirmary's St Mungo Unit;
- Haemato-oncology beds at Stobhill Hospital;
- Gartnavel General's cancer treatment ward;
- The radiotherapy outpatients section of the Beatson (the Tom Wheldon building) on the Gartnavel General site.

ST MUNGO STAFF MOVE TO BEATSON

Seven medical oncology beds from the St Mungo Unit at Glasgow Royal Infirmary have been transferred to Ward G10 at the Western-based Beatson. As part of this arrangement three nurses have moved over to the Beatson.

The staff were originally due to transfer to the new West of Scotland Cancer Centre when it opens on the Gartnavel site in 2007.

For some time Beatson medical staff have, as part of their overall duties, covered the St Mungo Unit and there has been a gradual reduction in the need for and use of medical oncology beds at GRI.

The recent retirement of the consultant working at the unit has meant the small number of medical oncology beds at GRI can no longer be sustained.

In addition, there are also other pressures such as changes in working and training regulations for medical staff.

As a result action to transfer the beds to the Beatson has been taken to ensure the service can continue.

The vast majority of medical oncology patients treated at GRI are either day case or outpatients and both these services will continue to be provided at GRI.

The Bone Marrow Transplant and haematology-oncology service will remain at GRI's St Mungo Unit and will have more dedicated beds as a result of this transfer. This service will move, as planned, to the new West of Scotland Cancer Centre in 2007.

An artist's impression of what the new Beatson might look like.



Isobel added: "It will be excellent for cancer staff and patients to be together in a brilliant new cancer centre. "As well as having state-of-the treatment facilities, the building's interior will be designed to promote a sense of wellbeing among patients and staff, and the project team plans to appoint an artistic advisor who will help to develop a therapeutic environment."

"This approach was pioneered by the Glasgow Homeopathic Hospital, also on the Gartnavel site, where it has proved tremendously successful. We know that using the right colours, finishes and furniture can create positive surroundings for patients and a pleasant working environment for staff."

The finished product will stretch over five floors, which will include three floors of inpatient wards; varied patient and family information services; a pharmacy; outpatient areas with state-of-the-art scanning equipment; clinical trial and research space; and an education suite for everything from student lectures to long-distance medical image and video links with other cancer specialists. The Tom Wheldon building will solely be used for outpatient radiotherapy.

NHS Greater Glasgow Chief Executive Tom Divers said: "Patients and staff will undoubtedly benefit from the long-awaited development of the new West of Scotland Cancer Centre. It will be one of the finest specialist oncology units in the world."

BOC Medical Director Professor Alan Rodger added: "All staff involved have worked hard to get the project to this stage and I know they will be very pleased with the end result. Our staff, patients and their families deserve the very best, and thanks to the development of the new West of Scotland Cancer Centre they will receive this." Construction is due to start in July.



Employed by the Board instead of your Trust... What does it mean?

The world as we know it won't change on April 1 ... despite rumours to the contrary!

The NHS has experienced many overhauls in recent years – this time it is a move toward single-system working bringing an end to the four Trusts operating in Greater Glasgow.

YOUR SERVICE, YOUR SAY

Plans are underway to organise a major event on April 23, 2004 aimed at informing and developing a common strategy for Patient Focus and Public Involvement (PFPI) across NHS Greater Glasgow.

The event, with the working title of 'Your Service, Your Say', is to be staged at Celtic Park's conference centre.

Around 130 public, patient and voluntary sector representatives will be invited to join NHS Board Members, managers, clinicians and support staff at the event.

Developing a new strategy for PFPI is necessary because of organisational changes resulting from 'single system working' after the April 1, 2004. New legislative responsibilities for the local healthcare system arising from the NHS Reform Bill are another important factor.

April 1 is the date circled for all of Glasgow's 33,000 NHS staff to come under the single employment umbrella of GG NHS Board.

That's the date when our four NHS Trusts cease to exist as Trusts and become operational divisions.

SO WHAT DOES IT ALL MEAN TO YOU?

Your line manager does not change; your pay and conditions of employment do not change. The term "Trust" will be dropped and replaced with "division". Discussions are ongoing as to the exact wording of these divisions.

Some staff have asked about changing name badges. Others have asked about hospital signs being replaced and any need to create new headed notepaper. Generally there is no desire to divert hard-pressed resources into replacing existing materials.

As when the new corporate NHS logo was adopted throughout Scotland a couple of years ago, the changeover should be phased in as and when existing stocks of materials run out.

Meanwhile a huge amount of work is underway, with the full involvement of the Staff Partnership, to drive forward the single system evolution which aims to identify more effective and collaborative ways of working to deliver services.

One of the biggest impacts we will see is the introduction of Community Health Partnerships in place of Local Health Care Co-operatives. For more details of CHP progress please turn to page 7.

Staff News will endeavour to keep everyone up-to-date with progress in future editions.

So what's all this about grade reviews and terms and conditions?



The Agenda for Change Project Steering Group: (front, left to right) Rona Agnew, Janice Whitelaw, Jonathan Best (joint chair), Elizabeth Stow (joint chair), Caroline Fee, Paul Watt; (back, left to right) Jennifer Crockett, Stewart MacLellan, Irene Shields, Rosslyn Crocket, Jim Whyteside and Donald Sime. Not pictured, but part of the team: Andy Carter, Alan Boyter, Billy Hendry, Jane McCready, Julie McQueen, Marjorie Mullins, Isobel Quarrell, Ian Reid.

Let's get it clear ... there's a lot of confusion about.

Partnership For Care is about changing the way we all work together to deliver services ... Agenda For Change is about making sure NHS employees throughout the UK are treated equally wherever they work.

It's a plan to ensure terms and conditions and grades are consistent and the aim is to work toward implementation by or soon after October 2004.

NHS Greater Glasgow has begun work on the key elements of the Pay Modernisation programme in partnership with staff-side organisations.

Jonathan Best, Chief Executive at Yorkhill, and Elizabeth Stow, Society of Radiographers, jointly chair Glasgow's Project Steering Group which has been established to plan and prepare for the "harmonisation" of wages and conditions.

The project group will have six sub-groups focusing on

specific aspects of the proposals.

The following staff-side chairs have been nominated by the Area Partnership Forum:

Rona Agnew (management group); Jennifer Crockett (communications); Caroline Fee (job matching/evaluation); Stewart MacLellan (terms and conditions); Jane McCready (finance); Isobel Quarrell (knowledge and skills framework/organisational development).

A programme of events will take place over the next few months to inform staff across NHS Greater Glasgow about progress— look out for details of events in your area. Staff News will provide updated reports in every edition.

If you have views to make, concerns to raise ... send them to staffnews email address: staffnews@nhsgg.org.uk or Olivia Cornacchia, Dalian House, 350 St Vincent Street, Glasgow (olivia.cornacchia@gghb.scot.nhs.uk).

Want to Help Improve Services for Patients?

If the answer's 'yes' then why not think about applying for one of the five staff places on NHSGG's Service Redesign Committee.

Chaired by Dr John Nugent, the committee aims to look at the redesign of services including: how and where services are provided; affordability and efficiency; making sure we provide quality services with the resources we've got.

If you are interested in becoming a staff member to this Committee, (time will be given for attendance at meetings) please submit your expression of interest or nomination to Shirley Gordon, Service Redesign Committee Co-ordinator, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ or by email to shirley.gordon@gghb.scot.nhs.uk.

The Endoscope

OD OR NOT OD

As yet another re-organisation lands on NHS Greater Glasgow with all the excitement and energy of a sedated and mildly confused koala bear, the bun-fight begins about nomenclature. One of the few perks we NHS-types have is the ability to assemble strange and somehow awesome titles for ourselves and our organisations with the express purpose of hiding the fact that all the real decisions are taken in Edinburgh.

However, the Endoscope is relieved to note that, for once, the most spectacularly unlikely of the civil servants' ideas is not likely to come to fruition. Clearly, whoever came up with this one either has a sense of humour (unlikely – we are talking about Edinburgh after all), or has spent too much time reading *The Lord of the Rings*.

It was suggested that, as Trusts cease to be in April, the former Chief Executives be reclassified as 'Chief Operating Officers' of the new 'Operating Divisions'. Under this system henceforth Mr Tim Davison would be known as the COO of NOD, Mr Jonathan Best would be the COO of YOD, Mr Ian Reid the COO of POD and Mr Robert Calderwood would get the sticky end of the lollipop as the COO of SOD.

The Endoscope feels unable to comment further.



Coos who are not in charge of divisions



The Sir John

SIR JOHN IN THE SIR JOHN

Fresh from a recent public meeting, the Chairman of NHS Greater Glasgow, Professor Sir John Arbuthnott felt in need of a small libation.

His choice fell between the 'Waterloo Bar' (which would perhaps have resulted in a much more interesting but very different story) and the 'Sir John Moore'. However, the staff of the latter establishment seemed rather unimpressed with the irony of Sir John trying to get a pint in the 'Sir John': his attempt at ordering was rebuffed with "I'm busy serving, wait your turn".

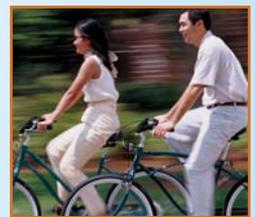


Our Sir John

ON YOUR BIKE

More trouble with pesky acronyms.

News that NHS Greater Glasgow is to put together a 'green travel plan'



for staff and patients alike revealed a number of facts in the strange but true category. The Victoria Infirmary has not had its troubles to seek of late as regards the old microbiology flapdoodle, but it does seem somewhat insensitive of ecologically concerned staff there to set up what they call the 'Bicycle Users Group' – or 'BUGs' for short.

One wonders if a member of this group should be referred to as a 'Buger' – which would certainly be in tune with what one wag said the Health and Safety Executive has tried to do to the hospital.

Initial proposals for CHPs unveiled

Closer working for community, hospital and social care staff

NHSGG has just unveiled initial proposals for the development of Community Health Partnerships (CHPs) for Greater Glasgow – so what are they and what do they mean for NHS staff?

Responsible for managing a wide range of local health services and, with the agreement of local authorities, possibly other social care services, CHPs will see community based health staff working even more closely with their local authority and hospital based colleagues to improve patient care.

Ian Reid, joint chair of the Greater Glasgow CHP Steering Group, said: “CHPs will build on the work of our existing Local Health Care Co-operatives (LHCCs), but will be larger organisations with wider responsibilities and greater influence.

“They will develop closer partnerships with local authorities and hospitals to break down some of the barriers that have traditionally existed between community health, social care and secondary health services.”

The proposals, which have been developed with NHS Greater Glasgow’s six partner local authorities, include plans to develop eight CHPs in the following areas:

- Five in the area served by Glasgow City Council (Eastern, Northern, Western, South East and South West Glasgow);
- One in the area served by East Dunbartonshire Council;
- One in the area served by West Dunbartonshire Council;
- One in the area served by East Renfrewshire Council.

NHS Greater Glasgow is also working with North and South Lanarkshire Councils to develop boundary

proposals for the CHPs which will cover the Rutherglen/Cambuslang and Stepps/Moodiesburn areas of Greater Glasgow. As these Lanarkshire CHPs and the proposed West Dunbartonshire and East Renfrewshire CHPs also cover areas which are served by neighbouring health boards, they would be developed in partnership with NHS Lanarkshire and NHS Argyll and Clyde.

Once initial principles and boundaries have been finalised more detailed plans on how CHPs will be organised and resourced will be developed. This work will be done in consultation with staff and partner agencies with the aim of having the new CHPs in place by April 2005.

As well as working closely with independent health contractors, such as GPs, dentists, pharmacists and opticians, it is proposed that CHPs will take over the management of all existing services provided by LHCCs,

including health visiting, district nursing, community-based oral health, physiotherapy, dietetic, speech and language and footcare services. In addition, it is proposed that CHPs should manage school nursing services and local community-based health promotion teams.

Proposals on how CHPs should work with a number of other related services will be developed once boundaries have been finalised.

Information: www.nhs.gg.org.uk or 0141 211 3860. Comments (by March 31, 2004) to: John C Hamilton, Developing Community Health Partnerships Consultation, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ (email: chp@nhsgg.org.uk).



Scotland's sickest city



The last couple of editions of the Staff News have had articles updating staff on the progress in establishing the Centre for Population Health, but a lot of staff have been asking: what is the Centre for Population Health and what does it do?

The Centre has already achieved a high academic profile, arousing considerable interest in the West of Scotland and beyond. But what will the Centre do for local people?

Dr Carol Tannahill, Project Manager, is busy making sure policymakers, practitioners, academics and local people are aware of the role the Centre for Population Health will play in Glasgow.

She said "There are huge challenges to be addressed in moving Glasgow up the health league table, but the Centre for Population Health has already provided a focus for new thinking and added momentum.

"This is a very exciting opportunity to build on existing strengths and to bring a wide range of players together in understanding and acting to make a real difference to the health of Glaswegians."

A combination of social circumstances and behaviours have created the health problems in Glasgow and the Centre aims:

- to build up an understanding of what determines bad health;
- learn how to improve health;
- and establish new ways of improving health.

There have been some encouraging changes recently, in turn, but Glaswegians still lag behind the rest of Scotland, who lag behind the rest of Europe.



Dr Carol Tannahill.

IMPROVING THE HEALTH OF THE NATION SPECIAL REPORT

Health in Glasgow is improving. Each year, the chance of the average Glaswegian dying of heart disease or cancer gets less.

However, for some people living in the poorer areas of the city, health is not improving as fast as it could.

Indeed, while Glasgow's health is improving, health in the rest of Scotland is improving faster, so the gap in health between the poorer parts of Glasgow and the rest of Scotland appears to be getting wider.

NHSGG, in partnership with Glasgow City Council and Universities in the city, is setting up a new centre to examine in closer detail the reasons for our failure to improve health faster in Glasgow.

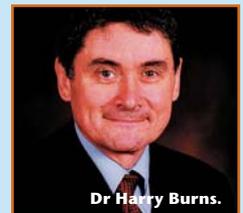
As well as trying to understand better what creates health in a city, the new Centre for Population Health will work on new ways to narrow the health gap between ourselves and the rest of Scotland.

WHY ARE WE UNHEALTHY?

When the National Health Service was introduced 55 years ago, there was an expectation that free access to healthcare would eventually eradicate most illness. By the 1960s, it was clear that free healthcare alone was not the answer. An alternative approach to creating health was necessary.

By the 1970s, it was generally understood that it was important to pay attention to economic and social well-being in communities if health was to improve. In 1978 the Declaration of Alma Ata called on members of the World Health Organisation to tackle health inequalities by a series of economic and social measures addressing the broader determinants of health.

As part of this, community development has become an



Dr Harry Burns.

fighters back



DR HARRY BURNS, DIRECTOR OF PUBLIC HEALTH

essential part of the health improvement process. At the same time, the obvious need to influence health-damaging behaviours through health education and health promotion campaigns became an important part of public policy in documents such as “The Health of the Nation.”

With almost 40 years of activity aimed at improving health, it would be surprising if health had not improved - and it has. However, health has not improved as fast in Scotland as it has in the rest of Europe and it has not improved as fast in Glasgow as in the rest of Scotland.

At present, it would be fair to say that it is generally understood that a variety of influences such as employment, education, housing, genetics, early life experiences, smoking, diet and exercise all contribute to health.

What is not well understood is how these circumstances and behaviours act together to create or damage health. Nor is it known how best to influence this complex environment in ways that might support the creation of health. This is the task set for the new Glasgow Centre for Population Health.

Supported by the Scottish Executive, three of the major public sector organisations in the city – NHS Greater Glasgow, Glasgow City Council and the Universities in Glasgow – have given their commitment to work together in a sustained way, to change Glasgow’s place in the health league table. It is anticipated that the initial partners will be joined by other organisations who are keen to contribute to the Centre.

From the outset, the Centre will seek to be inclusive and to draw on the experiences and insights of people from diverse walks of life. It will not simply be an organisation carrying out research. Its prime task will be to make a difference to the health of the most disadvantaged in our community.

New Faces in Community Engagement



Left to right: Mark, Kate and Dan.

NHSGG’s Community Engagement Team has now been boosted from one to four thanks to the appointment of three new members of staff.

Mark McAllister, Kate Munro and Dan Harley will make up the team along with Head of Community Engagement, Niall McGrogan.

The Team’s role will be to work with Greater Glasgow communities and health staff on some of the key issues surrounding the building of the new hospitals (ACADs) at Stobhill and the Victoria.

These include access to information, transport issues, access to premises, service changes, and employment opportunities.

The members of the new team are:

- Mark McAllister – Mark has extensive experience in working with community projects in the east end and, more recently, in Drumchapel. His new role will include working with projects involving community transport, he’ll be working with community groups and be looking to create employment opportunities through the building of the new Stobhill and Victoria hospitals.
- Kate Munro – Kate helped established MatNet, the maternity users network, and chairs the Mental Health Service Users Group. Kate will be focussing on the patient experience within the new hospitals and how the buildings can be made more accessible.
- Dan Harley – Dan studied nursing in Aberdeen and latterly worked as nurse in London acute hospitals. Part of Dan’s role will be to work with older and disabled people and involving them in the changes that are happening to services as a result of the new hospitals being built.

Hospitals Helping Unem

A hospital-based pilot initiative which helps jobless people back into the workforce has been inundated with applicants.

The new Working for Health in Greater Glasgow project offers unemployed people the opportunity to gain practical experience working as support workers in hospitals across the city

First advertised at job clubs and job centres before Christmas, there was so much interest from potential participants, the project was oversubscribed.

NHSGG's Mark McAllister, who is part of the project coordination team, said: "We're delighted this new project was so popular. Unfortunately, we couldn't take

everyone who applied, but 15 trainees have already taken part, nine of whom were offered jobs. We also have another 19 trainees who are now in placements throughout Glasgow hospitals, shadowing health workers and picking up the vocational skills they need to get jobs in the NHS."

Trainees are given six weeks of work experience which sees them taking up a variety of posts including catering, portering, administration, nursing assistants and medical laboratory assistants. Training is provided on-the-job and by training provider, the WISE Group.

At the end of that training period, they are then guaranteed an interview for any support worker vacancies



Dawn Fyfe enjoyed her time training in the recruitment department at the Southern General.

Unemployed Back Into Work

James Alford is shown the ropes within the catering unit at the Southern General.



that may arise throughout NHSGG.

Mark revealed the initiative isn't just about getting unemployed people 'job ready' nor is it about filling empty posts.

He said: "Part of the challenge for the project is to overcome the stigma attached to unemployment. Returning to work after being out of a job for a long time can be difficult for candidates, but Working for Health operates to dispel the barriers and improve employment opportunities for participants."

Another one of the aims of the project is to improve participants' overall wellbeing.

Mark said: "Employment is an excellent start towards good health. The project brings together workforce planning and health improvement. Being in employment is the first step towards physical and mental wellbeing."

So what did the trainees think? As the second largest employer in Greater Glasgow, NHSGG particularly appealed to two candidates James Alford and Dawn Fyfe, who have been training at the Southern General Hospital.

James (43) is training in hospital catering and views the NHS as a place that provides job security and the chance to help others. He found out about Working for Health

through the Gorbals Initiative. He has a personal interest in catering, since cooking is his hobby and revealed the project has boosted his self-esteem.

He said: "This placement has given me a great insight into the NHS. You don't need any qualifications or experience to get on to this course and I've really enjoyed it. A benefit from this course is that I've started to eat more healthily because of it."

Twenty-six-year-old Dawn aspires to be an auxiliary nurse and is keen on working with children, so the project was an excellent opportunity for her to find out about working in the NHS.

She found out about the project through her local job centre and told Staff News she feels more confident and secure since gaining her placement. Through the project, Dawn has had the chance to refresh skills from a previous computer course at college.

She said: "The placement is important for me because I have two children and prefer to be in secure employment. I will definitely pursue a career in the NHS."

It is hoped that this type of initiative will become part of the mainstream means of recruitment and training in NHS Greater Glasgow.



Image courtesy of The Big Issue

PCT Staff Helping the Homeless

Scotland's first health and social care centre for the homeless has opened in the Gallowgate.

Run by Glasgow's Homeless Partnership, the new custom-built £700K centre brings together Glasgow's health and social care services for the homeless under one roof for the first time.

Not only that, it also includes a new dedicated GP service specifically for homeless people.

Kate Benson, Primary Care Homeless Service Manager, said: "Health staff have been working in Glasgow to improve and develop homeless health services for many years, but this is the first time we have been able to bring together services in an integrated, custom-built centre.

"We're delighted to be able to offer our services in such high quality surroundings and feel that this is a major step forward in meeting the health and social care needs of Glasgow's homeless population."

She continued: "We'll be seeing around 160 people at the centre

each week and offering a wide range of services, including nurse treatment clinics, methadone clinics, psychiatry, physiotherapy and dietician assessment, podiatry sessions, mental health services and resettlement assessments as well as child immunisation and chronic disease management clinics."

The opening of the centre is part of a bigger plan to improve services for homeless people. In the future, the Homeless Partnership aims to resettle homeless people into local communities where they will be able to access mainstream health services. When this happens, health staff based in the centre will be transferred to work in local health services in communities to assist mainstream staff.

So what's happening to existing homeless services being offered outwith the centre? Well, outreach services will continue to deliver care and treatment in the 62 clinics across the city, including in the city's hostels and at the premises of voluntary organisations.



The new centre.



A patient chats to a GP.

Artwork for hospitals

It isn't often you can say that a specialist legal journal led to a cultural revolution. But consultant rheumatologist Rajan Madhok of the Glasgow Royal Infirmary is one of the few people who can.

"It was through a chance reading of *Summons*, the magazine of the Medical and Dental Defence Union, that I was drawn to the cover picture, which was of a ship and was very unusual."

It turned out that the magazine had run a series of front covers showcasing works of art that have been made available by an Edinburgh-based charity, Paintings in Hospitals Scotland, known as PiHS for short.

Roger Jones of PiHS revealed that the charity has its origins in 1960's London. He said: "There are now offshoots in York and Edinburgh. What we do is buy paintings, or take them on loan from artists and collectors, and then offer them to hospitals and other healthcare facilities in return for a nominal annual rental. Sixteen hundred paintings have been placed in 60 locations around Scotland."

Given all the pressures on the NHS, you could be forgiven for being cynical about art in hospitals. However, Dr Madhok is clear as to why it has a place in healthcare: "This isn't just the environment where we help patients to get well, it is also the place in which our staff work day in and day out. The NHS is about people – a bland, impersonal, literally clinical environment betrays a failure to recognise that basic fact."

Dr Madhok is positive that art on the wards has very specific benefits: "It's stimulating. Not only does it get people to take an interest in their surroundings, get their minds off their illness and so result in a direct effect on their wellbeing, art is also a talking point. It encourages

people to speak to one another about something totally objective, about which everyone's opinion is valid. Barriers are broken down because whether you like or don't like a painting is not dependent on whether you are a patient, a visitor or a member of staff."

It is Dr Madhok's faith in the power of art that one dreich February afternoon caused the stairwell between the Royal Infirmary's rheumatology wards to be filled with paintings, photos and collages of all possible shapes, sizes and colours. Patients in dressing gowns shuffled among staff in their scrubs as they gave each and every piece the once-over. Many had already earmarked one particular work of art for the wall

opposite their bed or workstation.

It costs PiHS £25 to supply each painting for one year. The Royal Infirmary found the money to turn the walls of the rheumatology wards into a visual treat by pulling in contributions from a variety of sources, including fundraisers like the Dorcas Society. No money was taken from mainstream patient care budgets.

This is just the start of the relationship between the Royal and the world of fine art.

Kirsten Lloyd of PiHS is keen to show that artists have even more to offer the hospital: "The work makes a big impact very quickly on the wards – but with the larger spaces in the hospital, like the floorwells, we are looking to commission original pieces."

One option being considered is to place a mobile in the hospital which will transform the fabric of the building.

And what do patients think of the sudden outbreak of canvases in the rheumatology department?

One, Jeanette Wilson, is definitely happy with what she sees. "It's nice to see the pictures up. They brighten the ward up – it was a bit dull before."



Spiritual care in the workplace

Not sure what to do when you come across religion in the workplace? Well whether it's to do with your own or a patient's religious practices or you deal with patients who would benefit from meditation or counselling, NHSGG's new Spiritual Care Policy will help you.

The new set of Greater Glasgow guidelines are being applied across the system - everywhere from cancer care wards to health centre admin offices.

Covering a wide range of spiritual care areas, the new guidelines incorporate everything from the training of staff who are responsible for delivering spiritual care to reviewing (in conjunction with faith communities) our facilities so they fulfil everyone's spiritual needs.

The new policy has been put together by a Spiritual

Care committee made up of representatives from the Board and the Trusts, healthcare chaplaincy, faith communities, the Humanist Society of Scotland and the Health Council. There is additional representation for those who have no faith.

This committee will not only ensure the agreed changes are put in place, but will monitor and evaluate them over the coming years.

John Hamilton, Head of Board Administration and a key player in the Spiritual Care Committee, explained: "In short, our new policy will ensure that we continually provide healthcare that is responsive to the psychological, emotional and spiritual needs of our staff and patients."

A safe pair of hands

Here's a problem for you. Vancouver, on the western seaboard of Canada, is known as the 'friendly city'. Sandwiched between the Pacific Ocean on one side and the Whistler's Mountain ski resort on the other, the city is a concoction of wide, tree-line boulevards and laid-back charm. So why give it all up to come and work for the NHS in Glasgow?

It's as well that the person who can answer the question just happens to have a job that is basically all about problem solving.

Kay Craig, native of Vancouver, is now a Moving and Handling Co-ordinator for the North Glasgow Trust: "My family are originally from Glasgow, so I had been over few times and fell in love with the place. But, when I originally came to live in the UK rather than just visit, it was in Sevenoaks, Kent.

"I took a job as an auxiliary at the local Leonard Cheshire Home, and that's when I realised I really wanted to be a nurse – which was ironic, as I had promised myself I wouldn't work in either waitressing or nursing."

This was 1996 and it wasn't long before Kay headed north. She didn't quite reach her beloved Glasgow though, as her nursing training was in Edinburgh. After qualifying, there was a short spell as an agency nurse before she returned to Canada. But she soon came back to Scotland because of, as Kay herself puts it: "A man". The 'man' was Paul, who is now her husband.

By January 2000, Kay had a job as a Theatre Nurse at the Glasgow Royal Infirmary. "I was scrubbing and doing anaesthetics and I loved every minute of it. It was a logical progression from that into moving and handling."

Kay is one of six co-ordinators in the Moving and Handling Team, based between the GRI and the Western Infirmary. Their job is to help support, advise and train staff right across the North Glasgow Trust.

"We try to make sure that staff have the equipment and training to get patients from one position to another without compromising the health and safety of one or the other".

This means moving seriously ill patients into the right position for complex surgery – this may mean having to turn someone without compromising the intricate equipment attached to them. It also means moving people in the right way because they have particular illnesses or physical problems that make it difficult for them to be cared for or fed properly.

In a bid to better disseminate the best practice offered by the team, Kay and one of her colleagues produced a video showing an improved way to turn an anaesthetised patient onto their front. This has proved such a success that requests to buy it have come from all over the UK and Ireland, bringing in much needed cash to buy more equipment.

There are now plans to produce a complete video guide to Moving and Handling patients for the benefit of staff right across the Trust.

"Every person is different and even people with the same condition may have to be moved in a different way – I love problem-solving and each patient presents a unique problem.

"I remember one patient who wanted to travel home to the Highlands for Hogmanay – as she weighed 35 stones and had complex health needs, we had to work long and hard with the nursing team and ambulance crew to make sure the right techniques and equipment were used to get her there.

"Another lady had Parkinson's Disease. She was so rigid that nurses on her ward couldn't sit her up. I could see right away that the solution was simple – to put her in an electric bed. Sometimes its just a question of experience and knowing the capabilities of the equipment."

The winning team.



Kay in action on the volleyball court.



With the help of 'patient' Bernadette Hoey (from the Western Infirmary) Kay (second left) shows Catherine Ford and Mary McDonald of Gartnavel General the correct way to move a patient.

Kay and her colleagues are just a phone call away from coming down to help ward staff. "We try to be as approachable as possible – we're there to help and as NHS staffers we know the problems only too well."

Not content with her day job and a spot of video production, Kay has yet another string to her bow: she also happens to be the women's volleyball Scottish Player of the Year.

"I got into volleyball through playing at High School and the Simon Fraser University in Vancouver. When I came to Edinburgh, I played for the University there too. We were always being defeated by a team called the Edinburgh Jets – so, I decided if you can't beat them, join them!"

With Kay on the team, the Jets won first division league titles but when she moved to Glasgow, she had to change sides. She joined the Troon team, which has since won two league titles and the Scottish Cup, the biggest prize in women's volleyball.

Kay is a member of the Scottish Women's National Team that has just been to Dublin, where they won the European 'C' Division qualifying rounds. "We're now all set to go to Liechtenstein in June – I'm duty bound to point out that the Scottish National Men's Team has never

had this level of success!

"My position in the team is 'Libero', which is a defensive position, and I suppose there is an element of problem-solving to that: I have to co-ordinate the team's defence in response to the opponents' tactics."

A direct link between NHS Greater Glasgow and volleyball came about through the unlikely scenario of a Health and Safety staff night out. "After more drink than was healthy, we got talking about team building. For obvious reasons, I'm very much into teamwork and I suggested we get a few people together to play volleyball.

"The result was that staff and a few partners to make up the numbers all play volleyball at the Kelvin Hall followed up by a few drinks. It has proven a great way to bring people together and do something for their health and fitness too."

All in all, the staff of the North Trust and the women's volleyball team seem to have one thing in common: they are both in Kay's safe and capable hands.

If your interested in joining Kay and her colleagues for a game of volleyball, please e-mail her via staffnews@nhsgg.org.uk or by writing to: Staff News, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ.

Skill bagging

Keen to learn something new? Want to bag some new skills and widen your career choices? Then pop down to one of NHSGG's Learning Centres and find out what's on offer.

Positioned throughout the NHSGG area, the Learning Centres give all staff members the opportunity to access a wide range of open learning courses.

ALL YOU HAVE TO DO IS MAKE THE COMMITMENT!

Derek Grant, Convener of Learning Centre Coordinators Group, said: "We've got a wide range of courses including IT, personal development skills, European Computer Driving Licence and leisure. You can learn in your own time, at your own pace. Training and education booklets, university and college prospectuses are also available.

"Don't worry if you've never done anything like this before. There's always a Learning Centre Coordinator on hand to help with any questions you may have."

Derek revealed that a large number of staff had already benefited from taking part in one of the courses on offer. Staff News asked him why a staff member should consider open learning.

He said: "Open learning is ideal for personal development, for people wanting to learn new skills or pursue a new interest. Not only will it boost your competence in your job, but will also increase your confidence and effectiveness."

SO WHERE DO YOU FIND OUT MORE?

Information about courses in your area is available on your Trust or Board intranet.

Or you might like to contact the Learning Centres directly:

NORTH TRUST

Seona Reid, E-Learning Manager

Tel: 0141 211 1239

Email seona.reid@northglasgow.scot.nhs.uk

Stobhill Hospital, Library and E-Learning Centre,

Tel: 0141 201 3357

Glasgow Royal Infirmary, Library and E-Learning Centre,
Tel: 0141 211 5975

Western Infirmary, Library & E-Learning Centre,
Tel: 0141 211 1856

Gartnavel, Library and E-Learning Centre,
Tel: 0141 211 3013

BOARD

Kate Findlay, Library and E-Learning Centre,
Tel: 0141 201 4475

Email: kate.findlay@gghb.scot.nhs.uk

YORKHILL

David Campbell, Open Learning Centre,
Tel: 0141 201 0160

Email: david.campbell@yorkhill.scot.nhs.uk

SOUTH TRUST

Victoria Infirmary and Southern General
Robert McIlreavy, Library and E-Learning Centres

Tel: 0141 232 7549

Email: robert.mcilreavy@sgh.scot.nhs.uk

PRIMARY CARE

Derek Grant,
Open Learning Centre,
Gartnavel Royal Hospital, Glasgow.
Tel: 0141 211 3913

Email: derek.grant@glacomen.scot.nhs.uk

Clydebank Hall Street	Derrick Grant	211 3653
Rutherglen Health Centre	Ian Mitchell	531 6000
Parkhead Hospital Library	Marie Burns	211 8477
Parkhead Switchboard	Tony Doherty	211 8343
Sandyford Centre	Doreen or Fiona	211 6717

All the centres are open Monday to Friday between 9am and 5pm and you can use the centres by booking time slots either in your own time or with agreement of your manager.

Staff News

Written by staff for staff with the full support of the Partnership Forum.
If you'd like to send an article, letter, photograph or comment to us....

Send them via
our email address:
staffnews@nhsgg.org.uk

or

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