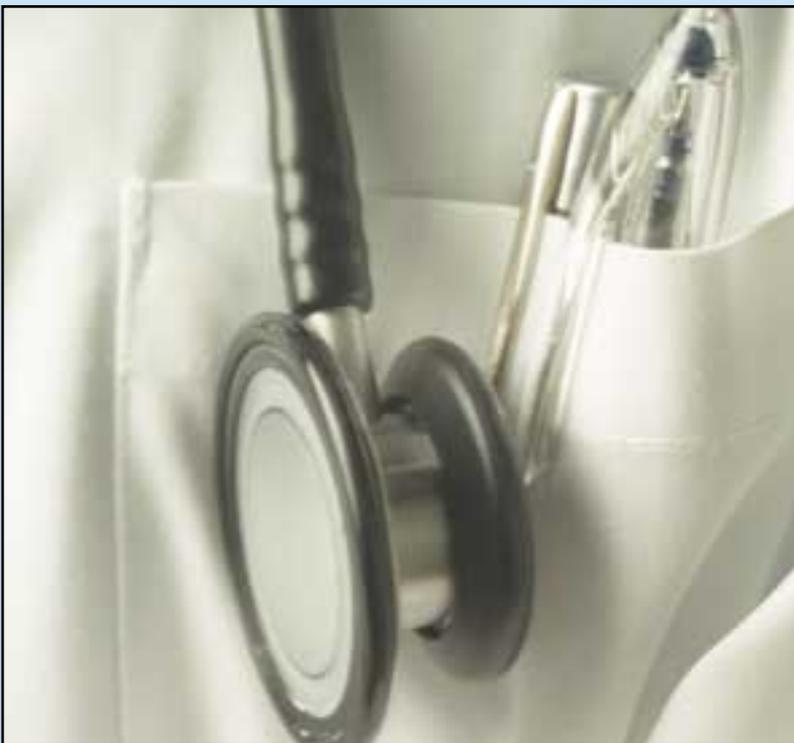


# STAFF NEWS

[www.nhsgg.org.uk](http://www.nhsgg.org.uk)

NEW LOOK MAGAZINE FOR ALL NHS GREATER GLASGOW STAFF

# How £58m shortfall could affect you



**The scale of the £58m financial challenge facing Glasgow's NHS system over the next two years is enormous.**

A few weeks ago partnership forums, trades union officials and then staff were briefed about the need to identify around 5 per cent savings in the current £1.2billion annual spend.

The story first unfolded in the Sunday Mail where it was made clear that Glasgow was not alone among Scotland's 15 health boards in facing financial recovery plans.

In Greater Glasgow there are concerns amongst the 33,000 of us who work in the NHS about how changes in budget spending will affect us as individuals and the services we provide.

This edition of Staff News attempts to answer some of the questions that people are asking.

Where has the financial "black hole" come from? Will jobs be put at risk? Are services being cut? Will modernisation plans be put in jeopardy? **Turn to pages 2 and 3...**

## Inside this issue

**NHSGG  
Financial  
Recovery  
Plan**



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Decisions  
Explained**



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Conditions -  
What's the  
score?**



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Plus... The Endoscope • New Victoria • New Stobhill • Death Becomes Her

# Understanding how we got to where we are

**We arrived at the start of this financial year with £20m of extra recurrent funding costs due to Health Plan investments in mental health, addiction services and acute services developments.**

So first charge against this year's budget is that £20m.

The population decline has also affected – adversely – the size of the expected allocation increase to Glasgow and there's a significant hangover from the unexpected bill to pay for increased employers' National Insurance contributions.

On top of all this comes the convergence of a raft of pay

modernisation issues that are far more significant than anyone could have foreseen... Another one comes from the re-evaluation of NHS property resulting in capital charges soaring by several millions.

The totality of all this coming together at the one time leaves the significant funding shortfall from our budget uplift for 2004/05.

The most publicised has been the cost of implementing the new consultants' contracts, but this is just one of the big numbers.

The GPs' contract including out-of-hours service, delivering the New Deal for Junior Doctors and the Agenda for Change programme are a few others to hit a headline or two.

Then there's the continuing pressures of ever increasing prescribing costs. Extra money does come from the Executive for above inflation rises in drugs but – again – there's always a shortfall as more and more patients benefit from combination cancer treatments and expensive statin drugs (which are used to unclog arteries) to name just two pressure areas.

All this put together with the costs of reaching the next new set of waiting time targets and the cost pressures shortfall attached to the pay modernisation programme leaves the system with no alternative but to identify ways of delivering services in a different way.



## “BIG PICTURE” RECOVERY PLAN

**The commitment to deliver new hospitals to match the needs of patients and a highly trained and well-equipped NHS workforce is not diminished in the overall recovery plan.**

Support services to hospitals will be examined and the structures of management and administration will be examined too... no stone will be left unturned to find more cost effective ways of working to free up monies for a modernising agenda in healthcare.

On the clinical side - where some current inpatient treatments can be offered as day treatments they will be.

This spending review is about prioritising where resources are directed. Current resources cannot pay for the growing list of new demands and priorities while at the same time continue to do everything we currently do in the same way we currently do it.

The workforce and service modernisation will continue apace as construction gets underway to deliver the second and final phase of the new purpose built £87m West of Scotland Cancer Centre.

By the time the new £108m Victoria Hospital and £83m Stobhill Hospital are delivered as operational state-of-the-art modern ACADs, our new style health systems will be ready to take full advantage of them.

By 2007 Glasgow will have the three new purpose-built hospitals to complement the recently opened Princess Royal Maternity and modernised Royal Infirmary. Within a few more years the entire acute hospital stock will have caught up with significant refurbishment at Gartnavel General and a massive re-development and new build programme at the Southern General.

Within 10 short years Glasgow will have the most modern purpose designed acute and primary care health system in the United Kingdom.

# WHAT ABOUT JOB CUTS?

**There will be fewer people on the NHS payroll in a year's time but assurances have been given to the Area Partnership Forum and to Trade Union officials that the current policy of no compulsory redundancies will not be changed.**

Significant savings are being targeted in the wage bill – by cutting the numbers of NHS staff and reducing the numbers of comparatively expensive agency nurses and doctors.

Turnover in areas of the workforce is relatively high and non-replacement of newly vacant posts is high on the agenda.

Each post will be examined closely before it is re-filled ... and even then it may be that the post will change to fit in with a new way of working.

A very tough approach to filling

vacated posts has been adopted by managers across the whole system.

The speeding up of the existing plans to modernise acute hospital services will be accelerated resulting in staff moving from some existing sites to deliver more effective staff rota systems and quality of services.

Single system working will offer chances for efficiencies by removing duplication and taking advantage of the economies of scale ... again, this will not result in compulsory redundancies but will inevitably result in re-training of some staff to work in either another area of the NHS system or within another discipline.

There's a huge amount of work to be done on this front but the message we are getting is that this is something that will take place – and sooner rather than later as the pressing need is to make the savings as quickly as possible.

## Keeping informed about what's what

■ **AS A RESULT** of the need to swiftly identify areas where money can be saved, changes have been made to the Health Plan and were approved at the Board meeting of April 20. The paper clearly sets out areas that were planned, but that will now not go ahead at present. This can be accessed on the NHS Greater Glasgow's website [www.nhsgg.org.uk](http://www.nhsgg.org.uk) and click on NHS Board icon, followed by "About the Board" and visit Board papers.



■ **TALKS ARE CONTINUING** between divisional management teams, clinicians, partnership forum groups and with trade union officials around other specific areas of change. Staff and forum representatives will be involved throughout the process. Any major developments will also be announced in press releases which can be viewed on [www.nhsgg.org.uk](http://www.nhsgg.org.uk) on the home page simply click on "News". The NHS news release issued to media on April 20 detailing the financial situation can also be viewed here.

### MEDIA REPORTING OF "BLACK-HOLE"



Sunday Mail: April 11th

#### "5000 Hospital Jobs Sacrificed"

POLITICAL EDITOR LINDSAY MCGARVIE broke the story that claimed to quantify the scale of the NHS "black hole" affecting all of whole of Scotland.

His report speculated that as many as 5,000 hospital jobs could be shed through natural wastage across Scotland's 15 Boards to fund the modernising pay agenda and other cost pressures.

McGarvie reported: "worst hit will be NHS Greater Glasgow which aims to lose a minimum of 500 health workers over the next next year through natural wastage".

He reported Unison health organiser Jim Devine quantifying the job cuts as "5000 in a year to avoid a £205m spending black hole".



Herald: April 20th

#### "£60m cut to health care in Glasgow planned"

HEALTH CORRESPONDENT Helen Puttick reports on the radical reforms planned to fight cost pressures.

She reports that staff vacancies will be left unfilled and fewer patients will be kept in hospital overnight to save money.

The article goes on to say that "although overall expenditure will rise, a total of £58m has to be saved over two years to meet rising costs".

NHSGG Chairman quoted as saying "Propping up an out-of-date system is threatening our ability to do new things, so the system has to change."

# Queen Mum's closure explained



**T**here has been significant media coverage about the plans for the future of maternity services in Greater Glasgow.

The stories have focussed on the Board's plans to close the Queen Mother's Hospital, but most haven't explained the background and the reasons why the Board wants to make the changes it does.

At the April Board meeting, 11 months after it started the maternity services review and following a three-month public consultation, the Board of NHS Greater Glasgow agreed to take forward ten recommendations on maternity services.

Twenty-two members of the Board out of 30 present gave their full support for all ten of the recommendations.

Board members, who include representatives from clinical groups, local authorities and communities, did not reach this decision easily. In

the weeks before the meeting, they considered all the information about the consultation, including arguments against the closure of the Queen Mother's put forward by Yorkhill staff; they attended seminars and heard presentations from doctors working in a range of different specialities, including those from Yorkhill; attended a wide range of meetings on the subject and a number visited the three maternity hospitals.

So why does the Board want to make changes? Here's a brief overview of some of the issues raised.

## Maintaining three hospitals is not an option because of:

- Pressures on staff
- Changes to how they work
- New legislation on the number of hours doctors can work

- Continuous training requirements
- Falling birth rates mean hospitals are under-used
- Most mothers now spend very little time in hospital

## Providing safe services

When looking at the issue of closing a maternity hospital, the Board needed to ensure it was providing safe services for mothers and babies.

The pre-consultation Maternity Working Group looked at this issue in great detail, taking professional advice from a range of different clinicians and others. It reached a number of conclusions:

- Few women require intensive care after giving birth, but for those that do become seriously ill, it is often unpredictable and it is vital the woman receives rapid care from specialists in adult services (eg cardiology, radiology and anaesthetics);
- Time is key, a critically ill woman needs ITU expertise as soon as possible;
- Maternal emergencies are less predictable than emergencies in newborn babies and the 20-week antenatal screening should improve prenatal diagnosis of abnormalities.

These are in line with the conclusions of the risk sub group of the Scottish Executive's Expert Group on Maternity (EGAMS) and with the views of the Confidential Inquiry into Maternal Deaths.

For babies, the Working Group concluded that:

- Neonatal intensive care provides the time critical response to very sick newborn babies;





- More than 60% of newborn babies admitted for surgery at the Royal Hospital for Sick Children were already transferred from somewhere else;
- Babies are best transferred in utero (in the womb), but across the UK they are transferred (following birth) between services on a daily basis. Local expert advice confirmed that neonatal transfer is safe.

These conclusions are in line with guidance from the British Association of Paediatric Surgeons.

The three-month public consultation into maternity services has confirmed that there are strong clinical opinions on both sides of this argument.

There is a belief that there is no public or professional support for the closure of the Queen Mother's. That is simply not the case. There is a substantial professional body of support for closure from most obstetricians and all anaesthetists. There is also opposition to closure from paediatric interests and clinicians within or associated with the Queen Mother's Hospital.

The Board carefully reflected on a range of views, national policy guidance and evidence and the other opinions expressed in consultation before coming to a decision.

## Putting maternity, children's and adult services on one site

During the consultation, new clinical support emerged for placing the three services together on one site and that includes backing from doctors opposed to the closure of the Queen Mother's Hospital. The Board

feels that it can't put forward this proposal at this stage because it hasn't consulted on it, something we need to do as this proposal would mean moving the Royal Hospital for Sick Children to another site.

## Queen Mother's Staff

There will be no redundancies. Staff who currently work there will be redeployed to either the Princess Royal Maternity or the Southern General Maternity, or will be working within the new style of community-based maternity services.

## Ensuring services for babies are safe

The Board established the Maternity Planning Group involving clinicians from across Glasgow to ensure that the important service issues highlighted during the consultation were addressed.

## What happens now?

The Board has now made its final decision about maternity services. The Health Minister, Malcolm Chisholm's approval is necessary to enable the Board to implement its proposals and it has made a detailed submission to him for consideration before reaching a decision.

The Board is confident it has come to the right decision in the best interests of the safety of mothers and their babies.

**If you want to find out more about what happened at the meeting, the full minutes of the Board meeting or the full version of this staff briefing, they are available on our website:**

[www.nhsgg.org.uk/maternity](http://www.nhsgg.org.uk/maternity)

## THE RECOMMENDATIONS AGREED BY THE BOARD:

- Develop the maternity services at the Princess Royal and Southern General Maternity Hospitals and close the Queen Mother's Hospital;
- Develop a single organisational structure to manage maternity and children's services across Greater Glasgow;
- Ensure the quality of specialist children's services remains high and is not reduced by the closure of the Queen Mother's Hospital;
- Strengthen and develop community-based services including strengthening community midwifery and putting in place a new public health approach;
- Provide midwifery delivery beds at both maternity hospitals for use by women who are at low risk of complications whilst giving birth;
- Ask the Maternity Services Liaison Committee to develop proposals which would enable pregnant women to have direct access to a midwife;
- Centralise fetal medicine services at the Princess Royal Maternity Hospital retaining strong links with specialist staff at the Royal Hospital for Sick Children; and continue to provide those services to the West of Scotland and nationally;
- Work with the existing NHS Greater Glasgow transport group to address access and transport issues identified during the maternity services consultation;
- Consider the clinical advice to move the Royal Hospital for Sick Children to a site which also includes adult and maternity hospitals and developing proposals for wide public consultation by the end of 2004;
- Reassure staff that, although it may mean they may be working elsewhere, the closure of the Queen Mother's will not mean job losses and any redeployment of staff should ensure that their skills are fully utilised.

# Annual Leave, Pay, Terms and Conditions...

## everyone's favourite topics – learn how Agenda for Change will affect YOURS!

**B**y October 2004 or soon after, a major change is coming to NHS Scotland to ensure that ALL staff are treated fairly and consistently when it comes to pay grading, annual leave, overtime, out-of-hours pay and much more.

For NHS Greater Glasgow, a group has been set up to work in partnership with trade unions to help make the new way of working a reality for everyone. The members of this group were listed in the last Staff News. If you want to find out more about Agenda for Change in lots of detail then you can visit <http://www.show.scot.nhs.uk/sehd/paymodernisation/afc.htm> or [www.dh.gov.uk/agendaforchange](http://www.dh.gov.uk/agendaforchange)

A lot of the details have still to be worked out and it is not possible to answer questions about how individuals will be affected at this time, however, more information will be coming in future editions of Staff News specifically looking at the big issues including:

### Terms & Conditions

A number of changes will be coming regarding terms and conditions, including changes in working hours per week, a change in annual leave entitlement and much more.

### Knowledge & Skills Framework

The Knowledge & Skills framework is about supporting staff in developing the skills necessary to progress through their pay scale. The framework will be linked to the annual personal development plans staff currently receive.

### Job Evaluation

Under the new pay system, basic pay will be determined on the basis of a job evaluation measuring 16 factors covering the knowledge and skills



required to do the job, the responsibilities involved, and the physical, mental or emotional effort required, as well as any extra demands imposed by the working environment.

This is clearly a big topic and there will be lots of questions staff want to ask. In the meantime, there will be further staff briefings in each Division

as well as articles in the Staff News. However, your line manager and staffside representative will be able to talk to you about the process and record any questions/concerns you may have.

**Watch out for details on each of the topics described here in future editions of the Staff News.**

## Times are a-changing

**AGENDA FOR CHANGE, the initiative that will harmonise terms and conditions for staff across the NHS, received a kick-start in February.**

Start events, including two in the Glasgow Piping Centre and the Victoria Infirmary, were attended by senior managers and senior staff-side representatives. They marked the first-stage in three months of awareness-raising about Agenda for Change, the process that will be put in place to deliver it and its implications for staff and their line managers.

Event co-chairs Susan Russell of GMB Scotland and Ian Reid, the Pay Modernisation Director for Agenda for Change, set the scene for each of the sessions, which included presentations from the Pay Modernisation Team followed by workshops.

Among the topics discussed were:

- the need for managers and staff side representatives to understand what they have to prepare in advance the formal launch of Agenda for Change;
- local issues and tasks in respect of terms and conditions, job matching and evaluation and the knowledge and skills framework; and
- staff and managers' support and information needs.

Following the events, Project Steering Group Joint Chairs Elizabeth Stow and Jonathan Best expressed their confidence that Agenda for Change was on track. The Steering Group is preparing a detailed project plan, which will be launched at the end of May. This will be accompanied by a full communications programme which will detail the 'why, what, where and how' of Agenda for Change – so watch this space!

# The Endoscope

## Dead good

**THE ENDOSCOPE** has always been of the view that the travails of the NHS would disappear faster than an unattended pie and pint of lager in Partick by removing the most troublesome element of the equation – the patients.

Nevertheless, the time has come to admit that patient power, in the form of the much-trumpeted Patient Focus Public Involvement initiative beloved of politicians, is reaching new dimensions – literally.

One Michael Gayler, of the University Hospital Leicester NHS Trust, used something called the Knowledge Exchange to ask a question of the vast family that is the NHS.

“How to achieve patient involvement in pathology services?” he begins, before adding helpfully, “Pathology services, historically, have not sought this type of involvement.”



Now, like many others, the Endoscope felt compelled to e-mail Mr

Gayler to the effect

that an ouija board might be the most practical way forward. However, it would seem prudent not to encourage the man, for as sure as eggs are eggs, the departed patients aren't likely to moan from the other side about their treatment in pathology – their whingeing would probably focus on the services that actually landed them on the slab.

One can imagine some of the messages that could come our way: “Told you I wasn't well”; or “You were right doc, I should have quit the booze and the fags. But, the strange thing is, there are no consultants in Heaven.”

## Blow me down

**THE LAUNCH** of a ‘hard-hitting’ sexual health campaign across the West of Scotland a few weeks ago triggered at least one unexpected reaction. The campaign, aimed at the gay community, was intended to attract attention by using ‘the language of the street’ – swears words to you and me – to describe sexual parts and practices.

An informant tells us that at the moment the racy posters were first unveiled, a very, very senior person from NHS Lanarkshire piped up with the question, “What is a ‘w\*\*\*er’?”

You may snigger, but one must recall that the word is regarded as a term of endearment in Lanarkshire.

Once the actual meaning had been explained to the baffled person, a look of horror darkened her visage as she realised it was not the jocular greeting she had previously been led to believe. It was also the moment it occurred to her why her friendly letters to the Minister for Health and Community Care had had entirely the opposite effect on NHS Lanarkshire's annual financial allocation than she intended.

## Honour among thieves

**IN RECOGNITION** of the fact that the Herald Diary has stolen three of the Endoscope's stories to date, we shall reciprocate by, ahem, ‘borrowing’ one of theirs – which is entirely appropriate given that it carries on the theme of delivering a ‘patient-focused NHS’.

A ward sister at the GRI received a phone call. “Hello, I'm enquiring about a

Mrs McGinty in Ward 13. Can you tell me how she's doing?”

Dutifully, the sister checked her case notes and eventually responded: “Absolutely fine. In fact, she should be discharged tomorrow morning. Can I ask who's enquiring?”

The reply came: “This is Mrs McGinty – no one tells you anything ‘round here – this is the only way I could find out what the bloody hell's going on!”

## Eye eye

**THE ENDOSCOPE** doesn't believe that all consultants are necessarily bad people. Here's a joke from the Obstetrics and Gynaecology Network – just to prove that they don't spend their entire time on the golf course.

Picasso's mistress was losing her eyesight. He took her to the best ophthalmologist in Europe and was told nothing could be done. Later, on a trip to Glasgow to sample the local delicacies of haddock, chips and Irn Bru (hence his famous work ‘Still Life with Fish Supper’), he was passing Sandyford Place and saw the sign ‘Eye Infirmary’ and decided that it wouldn't do any harm to arrange an appointment for the good lady there (this was before waiting times and the building being turned over to other purposes).

So, an examination was undertaken and the consultant agreed to try a revolutionary new operation. It was duly performed and, a few weeks later, the bandages were removed and the mistress's eyesight was perfect.

Picasso was beside himself with joy: “I am a rich man and I will pay whatever fee you name”.

The consultant thought for a moment and said: “I ask only that you paint a mural in the infirmary so that my patients may enjoy your art.”

“I will”, said Picasso, “and when I am finished we will have a showing for the art critics.”

Picasso worked for three weeks behind a curtain and when he was finished, he summoned the press for a showing. When they gathered, he withdrew the curtain and there on the wall was a painting of a great big eye. “Marvellous!” said the art critic of one newspaper. “This is one of Picasso's great masterpieces.”

Picasso nudged the consultant and said, “Well, what do you think?”

“It's a good thing”, he replied, “that I'm not a gynaecologist.”



# Death Becom

**G**RIM, scary and spine-chilling may be the words that spring to mind when we see a movie scene set in a mortuary, but to the Western's Alison Anderson, it's all in a day's work.

The 38-year-old Anatomical Pathology Technician is bright, friendly and dedicated to her unusual profession.....working in the hospital's mortuary.

So when Staff News braved Alison's workplace, she shed new light on her job and showed how there's much more to it than Hollywood would have us believe.

The old mortuary building itself seemed no more than a smaller version of a traditional day clinic, with its hospital-style corridor, administration office and 'treatment' rooms.

One room, with a temperature that would make the Antarctic feel cosy, contained everything from ventilated specimen cabinets, to a 'work' table that no doubt has many a tale to tell. (Not exactly what most of us would want to be greeted with on a Monday morning).

Looking at Alison in her silent and sterile workplace with mind-boggling tools and only a refrigerated unit full of the dead for company, it begs the question: "What on earth made you opt for a job like this?"

Alison smiled and explained: "I was always interested in forensics and suspicious death investigation and I have a diploma in biological sciences.

"About 15 years ago, I successfully applied for the job of Trainee Anatomical Pathology Technician. This involved four years of training, two exams and some practical assessments before being fully qualified."

So with a well-earned title and a steady job at the Western Infirmary, what's a typical day in the life of Mrs Anderson?

She explained: "We start each day with a bit of admin. This involves processing all the details of the deceased and arranging the paperwork required by the funeral director concerned. Also in our 'viewing room', we prepare to receive relatives who wish to pay their last respects."

Alison has found her ideal job working as an Anatomical Pathology Technician for Glasgow's hospital mortuaries.



And that's where the nitty gritty comes in.

Alison went on: "If relatives have consented for further investigation, I proceed to working on the body with a Pathologist. After any necessary investigations to determine the cause of death (a Post Mortem), I reconstruct the body in preparation for collection by the funeral director. The reconstruction allows the family to view the deceased if they wish with no visible signs of investigation."

Interestingly, Alison's workplace is a key NHS facility as it's classed

**"I was always interested in forensics and suspicious death investigation and I have a diploma in biological sciences."**



# es Her



as a high-risk mortuary. This means deceased people who are infected with illnesses such as Hepatitis can be transported there for Post Mortems in an infection-controlled environment.

So although Alison's satisfied with her career in mortuary services, what has been her worst experience?

She recalled: "I'll never forget one of my first times in the Post Mortem room whilst training. The senior technician uncovered the body of a 20-year-old for a Post Mortem. I can just remember seeing the boy's face every time I closed my eyes after that. It felt awful."

But, after being reassured by the pathologist that this was a perfectly normal way to feel in the training stages, Alison went on to qualify.

Now it's her turn to reassure new colleagues that this reaction doesn't mean a person's not suited to the profession.

A chat with Alison is certainly enough to prove she has found her career niche, but her real dedication is proven when she speaks of using her annual leave to set up 'disaster mortuaries' in war-torn countries. Using a derelict factory building in Bosnia with no water and holes in the roof certainly isn't most people's idea of a holiday, but for Alison it's a calling.

She said simply: "It's so rewarding to think I can make a real difference in places like Bosnia when crisis strikes. The people there really need practical and emotional support at such disastrous times, so giving them



**NHSGG has seven major mortuaries, sited at Gartnavel, the Western, Stobhill, the Royal Infirmary, the Southern General, the Victoria Infirmary and Yorkhill.**

**There are additional 'mini' mortuaries at smaller buildings such as Lighburn and Drumchapel Hospitals.**

**The North Division's mortuaries alone deal with around five thousand bodies per year.**

**Only a small percentage of the total number of deaths across Greater Glasgow have subsequent Post Mortems. These can only be carried out at the mortuaries in the Western (where high risk cases are sent), the Royal Infirmary, Yorkhill and the Victoria.**

**Deaths that require Post Mortems under the jurisdiction of the Procurator Fiscal are carried out at Glasgow's City Mortuary in the Saltmarket, although all forensic radiography is performed in Gartnavel's mortuary.**

my own time and skills is much more satisfying than getting a wage slip.

"It has also let me pass on the valuable experience and training gained as an NHS employee, so that people in places such as Bosnia and Kosovo can be better equipped to deal with ongoing investigations into war crimes."

So with a job that would give most of us nightmares just thinking about it, what would be this Anatomical Technician's idea of a job from hell?

Alison replied with a horrified expression: "I couldn't POSSIBLY be a nurse!"

# Let's not waste a drop...

## **A programme to improve blood transfusion practice and maximise the benefits of the supply of blood and blood products has been established across NHS Scotland.**

The 'Better Blood Transfusion Programme' was launched in May 2003 and is, over the next three years, reviewing:

Blood ordering and administration, focusing on the findings of the Serious Hazards of Transfusion (SHOT) programme;

Efficient management of blood components;

Clinical effectiveness and the use of evidence-based best practice in prescribing blood to ensure that it is used in a clinically appropriate way.

The programme also includes the introduction of Transfusion Practitioners in hospitals across Scotland.

In Greater Glasgow, we've got four Transfusion Practitioners based in our hospitals and they've already begun identifying Blood Saving Initiatives within Divisions.

They'll also be promoting a special educational programme to help staff achieve the required standards in safe transfusion practice. Launched in May this year, this will be the first national education and training programme for blood transfusion in Scotland. It includes trainer-led



**Diane Creighton and Susan Bateman.**

sessions, self-directed and 'e-learning' facilities.

For further information please do not hesitate to contact your local Transfusion Practitioner.

So who are the people who are working to improve blood transfusion services in Glasgow?

### **North Division**

Diane Creighton, Transfusion Practitioner in the North Division, has been a Nurse since 1983. Diane has worked in a variety of locations including Acute Medical Receiving and the Bone Marrow Transplant Unit in the Glasgow Royal Infirmary, as well as working with the Scottish National Blood Transfusion Service (SNBTS). Diane can be contacted on 0141 211 1996 or email [diane.creighton@northglasgow.scot.nhs.uk](mailto:diane.creighton@northglasgow.scot.nhs.uk)

Susan Bateman is also a Transfusion Practitioner in the North Division. Susan comes from a

predominantly nursing background. After qualifying from Napier University Edinburgh, Susan worked initially within theatres at St John's Hospital, Livingston, moving on to specialise in Cardiothoracic Surgery at Glasgow Royal Infirmary. Susan can be contacted at Glasgow Royal Infirmary on 0141 211 4271 or email [susan.bateman@northglasgow.scot.nhs.uk](mailto:susan.bateman@northglasgow.scot.nhs.uk)



**Johan Fleming.**

### **South Division**

South Glasgow's Transfusion Practitioner is Johan Fleming who comes from a Haematology/Transfusion laboratory background. Johan has worked in a variety of locations, including 13 years within the SNBTS, and has valuable experience and understanding of the transfusion process. Johan will cover both the Southern General Hospital and Victoria Infirmary.

You can contact Johan at Southern General Hospital/Victoria infirmary on 0141 201 2389/0141 201 5942 or email [johan.fleming@sgh.scot.nhs.uk](mailto:johan.fleming@sgh.scot.nhs.uk)

### **Yorkhill Division**

Yorkhill's Transfusion Practitioner is Elaine Harrison, a former Senior Staff Nurse from the Surgical Receiving Ward. Elaine has built up a good understanding and knowledge of the organisation having worked there since 1987.

You can contact Elaine at the Royal Hospital for Sick Children (Glasgow) on 0141 201 0440 or email [elaine.harrison@yorkhill.scot.nhs.uk](mailto:elaine.harrison@yorkhill.scot.nhs.uk)



**Elaine Harrison.**

# The New Victoria and Stobhill Hospitals

## Bringing Hospital Care Into the 21st Century

**W**e've all heard by now that things are changing at Stobhill and the Victoria.

The old hospitals are quite simply wearing out and are no longer fit to provide modern medicine and house a 21st century workforce.

The good news is that we're now only a year away from start of building work on the new hospitals that will replace them.

The brand new walk-in, walk-out hospitals will provide patients with one-stop rapid diagnosis and treatment centres north and south of the city.

They will house a number of outpatient services which are listed to the right of this article.

Part of a multi-million pound programme of work to modernise Glasgow's hospitals (known as the Acute Services Modernisation Programme), plans to build the two brand new hospitals by 2007 are currently being finalised.

Both the Stobhill and Victoria building programmes are part of a single contract managed by a single NHS planning team headed up by Robert Calderwood, Chief Executive of the South Division.

**Over the coming years, Staff News will make sure you're kept informed of how the new hospitals are coming along. When we have new information or details on the new buildings' progress, we'll let you know. In the meantime, the latest information is available through Staff News or on the web:**

[www.nhsgg.org.uk](http://www.nhsgg.org.uk)

### SO WHAT WILL BE IN THE NEW VICTORIA AND STOBHILL HOSPITALS?

#### The new Victoria Hospital

Cost: £103million

Start building: Spring 2005

Opening: Winter 2007

- day surgery unit
- treatments for blood disorders and cancers
- investigatory treatments that require X-rays and scans including specialist imaging (CT and MRI scanners)
- adult renal dialysis unit
- laboratory and pathology services
- minor injuries unit
- elderly day hospital and 60 new-build inpatient rehabilitation beds for the elderly
- GP out-of-hours service
- rehabilitation and therapy services including dietetics, physiotherapy, speech and language therapy, podiatry and occupational therapy

**Clinic facilities for:** anticoagulation therapy / audiology / breast / chemotherapy / antenatal care for expectant mothers / cardiology / colorectal / colposcopy / dental services / dermatology / diabetic clinic and endocrinology / ear, nose and throat / gastro-enterology / general medicine / general surgery / medicine for the elderly / gynaecology / pain management / plastic surgery / pre-assessment / psychiatry / renal / respiratory / rheumatology / stroke / urology / vascular



#### The new Stobhill Hospital

Cost: £83million

Start building: Spring 2005

Opening: Winter 2007

- day surgery unit
- treatments for blood disorders and cancers
- investigatory treatments that require X-rays and scans including specialist imaging (CT and MRI scanners)
- adult renal dialysis unit
- laboratory and pathology services
- minor injuries unit
- elderly day hospital
- GP out-of-hours service
- rehabilitation and therapy services including dietetics, physiotherapy, speech and language therapy, podiatry and occupational therapy

**Clinic facilities for:** anticoagulation therapy / audiology / breast / cardiology / colorectal / colposcopy / dental services / dermatology / diabetic clinic and endocrinology / ear, nose and throat / gastro-enterology / general medicine / general surgery / medicine for the elderly / gynaecology / pain management / plastic surgery / pre-assessment / psychiatry / renal / respiratory / rheumatology / stroke / urology / vascular



# New CATs teams for Glasgow

**How we care for people with drug and alcohol addictions is changing thanks to the launch of brand new joint health and social care teams.**

Developed by NHSGG and Glasgow City Council, nine new Community Addiction Teams (CATs) are being created across the city, bringing together specialist nursing and social work staff.

Providing a comprehensive range of more accessible, community-based services for people with drug and alcohol problems, forty nurses have already been transferred into the first three pilot CATs teams in the East, North East and West of the city.

A further 40 nurses are being recruited to support the roll out of



the six remaining teams.

The development of these new community teams is part of a wider redesign of addiction services which will bring community, specialist and residential addiction services for people with drug and alcohol problems together in a single co-ordinated system.

Iona Colvin, Joint General Manager for Addiction Services,

said: "Many people with drug and alcohol problems may also have other underlying health and social problems such as mental illness, financial difficulties and family problems. The introduction of these new joint community addiction teams therefore represents a major step forward in tackling the wide range of problems associated with addictions."



**BBC Scotland reporter, Fiona Walker (right), recently visited the new East Community Addiction Team to interview staff and service users for a forthcoming feature on drug treatment and rehabilitation services. She's pictured (right) chatting to Jim McBride (Project Co-ordinator East Community Addiction Team) and service user Kim Ferguson.**

## Ditch the Fags

A NEW GIVING up smoking website has been launched that aims to help you ditch the fags once and for all.

Set up by our Smoking Concerns, the site has handy hints about quitting and information on where to go for help. There's even a page specifically for health professionals featuring a wide range of information including where to go to get training to help others quit. And the address of this new website? It's:

[www.smokingconcerns.com](http://www.smokingconcerns.com)

## CCI TAKES TO THE ROAD



The Centre for Change and Innovation (CCI) is taking to the road.

Set up in 2002 to give NHS staff support and expertise to improve patient care, staff from the CCI will be at Stobhill on May 12 and the Southern General on May 13.

The purpose of the tour is to spread the word about the work of the CCI and to encourage greater dialogue amongst health staff.

All NHS staff are welcome to visit the bus and take part in the CCI seminars.

# Partnership working - It's a real balancing act



**You might not be aware of it, but there's a huge amount of work going on behind the scenes just now to ensure we're all represented when it comes to all the big changes that are taking place throughout NHSGG.**

Agenda for Change, the Maternity Services Consultation and single system working are just three of the major issues that will affect some or all of you at some point in the near future.

So who's there representing our interests? Well, that's easy to answer – staff representatives.

It's nice to think that other people are there representing us while we get on with our work, but who's doing their job when the staff reps are at all these meetings? The answer to that one is that the onus lies on colleagues to pick up the reins or – and this is most often the case – no-one does, leaving the staff rep to struggle with union business and their own job.

Olivia Cornacchia, who's our Employee Director's righthand woman, explained: "Because of the way we work in partnership in managers, staff representatives are being asked to spend a good deal of time contributing to discussions. This is more difficult for some people than for others – but, it isn't easy for anyone. While they're away on union duties staff reps can't also be in the ward or the lab or the office."

She said that she had heard from many staff reps who are finding it difficult to juggle a job and their union duties.

For instance, one Amicus representative spoke about the difficulties she and others like her were experiencing.

"I'm part-time. There was an expectation that I would attend meetings as a rep in my own time as

it wouldn't be looked on as work, whereas Managers taking part in the same discussion were regarded as working. If I did come in on my days off for meetings, I wasn't to claim the time back. I was trying to fulfil my responsibilities without being able to access proper facilities time. But reps are being asked to participate in more and more partnership working. If we have to be in the meeting room, we can't be at our workstation at the same time."

Other representatives told Staff News: "No-one gets replaced when they are at meetings. In services which are already overstretched, this puts an intolerable pressure on staff - either for colleagues who bear the brunt of overwork, or, if someone works single-handed, going back to do work which has accumulated when they are off. Reps who would be willing, and indeed anxious, to play a fuller part in partnership groups, feel unable to even request time off because of the burden on colleagues".

So what's the solution? Well, said Olivia, managers need to be fully up to speed on the facilities agreement which allows staff reps time to fulfil union duties.

She said: "An issue like Agenda for Change is huge and time-consuming. It has to be taken forward in partnership. After all, we're talking about a review of pay and conditions for every single member of staff.

"But that means we need staff reps on project teams AND working groups AND matching panels AND any other place they need to be to represent us – the staff. And that's only one of the things going on at the moment. There are many other projects underway which will have repercussions on the service and the people in it.

"No-one is under any illusion about how difficult this balancing act is. We all know that the needs of the service come first. However, the only way we can ensure the future of the service is to go forward in partnership now, involving the people who provide the service.

"There are facilities agreements in operation with which Managers need to become familiar, there is a commitment to backfill where possible (and if necessary) and it needs to be recognised that partnership working requires staff representatives to spend time away from their posts."



**In this new column, we're aiming to give you a flavour of some of the news from the Mound - in a bite-size form.**

### GPs

Woodside Health Centre in Glasgow is one of 100 general practises across Scotland working to cut waiting times and improve services for patients.

Working with the Scottish Executive led Scottish Primary Care Collaborative, the centre has slashed waiting times: patients used to wait six days to see a GP, now they can get an appointment within 24 hours.

### Cancer Nurses

Proposals to give nurses a stronger, leading role in developing cancer care services were unveiled recently.

The Executive's Framework for Nursing People with Cancer in Scotland, looks at ways to strengthen the role of nurses working in cancer care by:

- giving nurses more opportunities to lead cancer care, including expanding the number of Consultant Nurses in Cancer

- encouraging more research into caring for people with cancer and their carers
- ensuring all nurses have access to education on cancer as part of pre-registration nursing programmes
- providing adequate support for nurses caring for people with cancer, in recognition of the significant emotional and physical toll it can have on practitioners

The Framework for Nursing People with Cancer can be seen at [www.scotland.gov.uk/library5/health/npsc-00.asp](http://www.scotland.gov.uk/library5/health/npsc-00.asp)

### Blood

The new Glasgow Blood Donor Centre was officially opened last month by Malcolm Chisholm, Minister for Health and Community Care.

Based at 8 Nelson Mandela Place, the new centre will play a critical role in ensuring that the Scottish National Blood Transfusion Service continues to satisfy the need of Scottish hospitals for blood and blood products on a daily basis.

### Allied Health Professionals

The Scottish Exec is setting aside £100,000 to help allied health professionals from across Scotland develop as future NHS leaders and assist them in playing 'their full part in NHS processes, including service redesign'.

### Heart Disease and Stroke

Heart and Stroke patients will benefit from more than £5.5million of investment in new services and equipment across Scotland.

NHSGG was awarded £992,806 from this fund which will support the development of valuable clinical psychology services.

*If you want a full lowdown on the stories, go to the News section of the Scottish Exec's website: [www.scotland.gov.uk](http://www.scotland.gov.uk)*

*For other news on the Health Service in Scotland, go to the SHOW (Scotland's Health on the Web) site: [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)*

# Homeless Centre Officially Opens

**Glasgow's new Homeless Health & Social Care Centre (featured in the last Staff News) was officially opened recently by the Health Minister, Malcolm Chisholm.**

The new centre, at 55 Hunter Street, now gives homeless people in Glasgow access to a full range of health and social care services.

Staffed by 62 health and social work professionals, the centre offers a range of services.



## UNITED IN NURSING

**G**lasgow nurses, midwives and health visitors will come together on May 24 for the first nursing conference of its kind in the city.

Nursing staff - joined by representatives of the Board, health academics and groups such as the Health Council and trade union - will use the Pan Glasgow Nursing Conference at Hampden Park to celebrate their work and share good practice ideas.

Brenda Jackson, Practice Development Senior Nurse for the North Division, said: "The Directors of Nursing in Glasgow together with the Schools of Nursing at both Glasgow and Glasgow Caledonian Universities wanted to unite staff from across our health service, so an organising committee of senior nursing staff was set up with representatives from all NHSGG Divisions.

"Staff on the committee, who went on to plan and create the conference, have found that the work has generated a lot of interest from nurses in all sectors of healthcare, which is very encouraging."

The Conference will be officially opened by Health Minister Malcolm Chisholm and closed by Anne Jarvie, Chief Nursing Officer for Scotland.

# University Partnership

medicine   
Glasgow

**G**lasgow's worldwide status in the field of medical research is getting stronger by the minute - and thanks to a new agreement contract, the only way is up.

The ongoing united approach between NHSGG and the city's three universities (Glasgow, Strathclyde and Caledonian) has achieved such great things that our Chairman Professor Sir John Arbuthnott was determined to sign on the dotted line and set the partnership in stone.

The Chairman sealed the 'University/NHS Partnership Agreement' to ensure that the existing working relationship between everyone from uni lab researchers to GPs makes further healthcare advances in our city.

Professor Ian Greer, Deputy Dean of the Medical Faculty at Glasgow University said: "Key research is constantly being undertaken by lab staff in our hospitals and researchers at the universities. It lets us work with patients to learn about health issues, make new discoveries and formulate treatment for the future."

Professor Chris Packard, Research and Development Lead Officer at the North Glasgow Division,

added: "Glasgow is a relatively small city, but our unique way of working and the amazing skill and dedication of the staff involved mean we have an exciting medical future to look forward to, and the new Partnership Agreement will guarantee that."

Professor Sir John Arbuthnott agreed, saying: "This partnership agreement is great news as it will allow us to further develop our work in attracting and undertaking groundbreaking research, bringing benefit not only to the patients in Glasgow but to people from across the globe."



**Chairman Professor Sir John Arbuthnott signs the agreement.**



**Vandalism can lead to serious injury and death – that's the message from the actors, police and film crew who were filming a community safety video at the Southern General recently.**

## In the Frame...

**S**TAFF at the Southern General may have been taken aback recently when the hospital was the scene of a grim death caused by vandalism.

But, despite the hospital being invaded by police and a film crew, thankfully this was not a real-life situation.

Instead, the officers and crew were there to film a community safety video as part of a project between NHSGG and Renfrewshire Council, Strathclyde Police, Strathclyde Fire Brigade, the PACE Youth Theatre Company and Paisley Grammar School.

The video, which is due to hit school screens in the very near future, graphically delivers the message that there is a very real price to pay for vandalism in our communities.

# Win a DVD player and Borders vouchers

**To mark the launch of the new improved internet resource the NHSScotland eLibrary, NHS Greater Glasgow library services is taking the website on tour around NHSGG's hospitals.**

During June, library staff will be holding special eLibrary days in the hospitals' libraries to explain how the site works.

As an added bonus, staff who come along to find out more about eLibrary will be given the chance to win a DVD or Borders book tokens in a special eLibrary competition. Entry forms for the competition will be available at the roadshow.

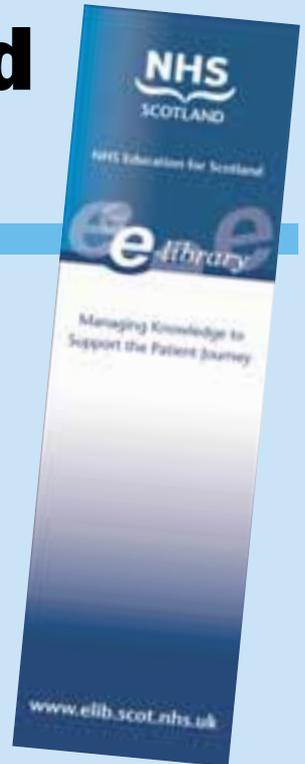
Malcolm Dobson, NHSGG's Health Information Coordinator, said: "The new NHSScotland eLibrary has a hugely improved user interface and functionality. It still has the extensive range of databases and 4000+ full-text journals, but now has a number of new features. These enable you to personalise the site, with Profiling, Favourites, Alerts Service and ability to set up "My Specialist Homepage"; keep up to date – including RSS Newsfeeds from the SHOW media monitoring service; get quick access to selected resources for Cancer, Coronary Heart Disease and Mental Health via subject portals; and exchange information through discussion forums and Knowledge Exchanges.

"During the roadshow, librarians will be available to answer queries, demonstrate the site and help you register for an eLibrary password if you do not have one already."

**So, where can you find out more?** All staff are invited along to the roadshows which will be visiting the hospital libraries at the following places:

## June

- 14th** Yorkhill
- 15th** Sandyford Initiative
- 16th** PERL at the Board headquarters
- 17th** Western Infirmary
- 18th** Royal Infirmary
- 21st** Gartnavel General
- 22nd** Gartnavel Royal  
(Primary Care Division headquarters)
- 23rd** Stobhill
- 24th** Southern General
- 25th** Victoria Infirmary



## Books for Afghanistan

**Well done to North Division staff who helped collect half a tonne of nursing, medical and allied health related books for Afghanistan.**

A collection was organised by the North Glasgow Division Library Service on behalf of Professor Hugh Simpson, former Head of the Pathology Department at Glasgow Royal Infirmary, and his son Colonel Robin Simpson.

Up until recently, Col Simpson was one of many army doctors teaching medical skills to Afghan students at the Balkh Medical School, Mazar-e Sharif in Northern Afghanistan. Balkh Medical School was all but destroyed by the Taliban: there are few books left, but no internet and the donated books are desperately needed.

The books were uplifted by Glasgow University Officers' Training Corps for transportation to Afghanistan.



Colonel Robin Simpson in Afghanistan.

Malcolm Dobson, Health Information Co-ordinator, with the Public Education & Resource Library (PERL) based at Dalian House, said: "All of us at NHS Greater Glasgow Libraries would like to thank all those who contributed to this appeal. It has enabled NHS Glasgow to help people in an area of the world which is in desperate need of aid and support."

## 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](mailto:staffnews@nhsgg.org.uk)**



**Send them to: Olivia Cornacchia, Staff News, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ.**