



Living Life at 15,000 feet

T-shirt campaign scales new heights

Out and about with the chairman

BY JOHN BROWN, CHAIRMAN

I'VE been kept busy over the past few weeks attending meetings to finalise the Board's Annual Accounts for 2015/16 and developing the Local Delivery Plan for this year. I've also been having 1:1 meetings with all the non-executive Board members as part of their annual performance appraisal. This work and my summer holiday meant that I've not been 'out and about' as much as in previous months. I hope to remedy that in the coming weeks.

Having said that, I did spend a very interesting afternoon with frontline staff in the Florence Street Resource Centre in the Gorbals. This is where the South Sector's Community Mental Health Team (CMHT) is based, and during my visit Dr Pavan Srereddy and his colleagues delivered a very informative presentation on the role of the CMHT and how they work with colleagues in primary care and the acute sector to deliver high-quality, patient-centred care to our patients. Maureen Watt, the newly appointed Minister for Mental Health, joined us for the presentation and I think it's fair to say that not only was she very impressed by the services NHSGGC provides, she was also pleased to see the integrated approach we have developed to deliver those services. While at Florence Street we also met the South Crisis Team and the Adult Eating Disorder Team – both integral parts of our service.

I also met Elaine Little, the chief executive of the Mental Health



Chairman John Brown with staff from the crisis team at Florence Street Resource Centre

Network, and some of the volunteers who provide an essential independent voice for people with mental health problems. I was impressed with what this organisation has delivered so far and expect us to work closely with them in future to ensure that our patient centred approach continues to develop in an appropriate way.

I visited the St Margaret of Scotland Hospice in Clydebank where I met Sister Rita Dawson, some of the board members and senior staff. St Margaret's is the oldest and largest hospice in Scotland and has been working with the NHS since 1950 to provide care and support to people with advanced life-limiting illness and to older people with complex medical

and nursing needs. Not only does the Hospice provide the highest quality of inpatient care it also offers a wide range of services to the local and wider community – including the Edwina Bradley Day Hospice, Out Patient Facilities, Community Specialist Palliative Care and Counselling Services.

My final visit this month was to the newly-built Eastwood Health and Care Centre. The Centre cost £15m and will help the East Renfrewshire Health and Social Care Partnership (HSCP) to deliver a more integrated approach to patients' health and social care.

The Centre not only has five GP practices but also provides the people of Eastwood with a wide range of services such as

physiotherapy, podiatry, adult mental health service, social work services, health visiting and district nurses.

The Centre also provides a base for voluntary and independent sector organisations in Eastwood. The Centre is seen as a reference guide for the development of future primary care facilities across Greater Glasgow and Clyde.

I'm looking forward to meeting more of our hard-working staff in the coming weeks and if you would like me to visit, email: staff.comms@ggc.scot.nhs.uk I can't guarantee when that will be but I will get there as soon as possible. In the meantime, thanks again to all our staff who deliver such a high level of care to our patients.

STOP SMOKING CAMPAIGN

Quitters are real winners

CONGRATULATIONS to 15 members of staff who signed the pledge to quit smoking and remained 12 weeks smokefree during this year's "Quit and Win" campaign.

For Graham Livingston, nurse team leader, north community addiction team, stubbing out the cigs has saved enough cash to pay for a holiday! Graham started smoking aged 11 and at his peak was puffing up to 30 a day, spending up to £300 a month.

Not only is he quids in, he is now breathing easier and plans to get back into running again.

He'd tried to quit several times, but this time he is determined to remain smokefree. Graham said: "It's thanks to a mixture of personal determination, Champix and support from

Gerry Crawley at Smokefree Services."

Champix is a medication that works by reducing withdrawal symptoms and the satisfying effects of smoking.

For Tracy McColl, a receptionist in Gartnavel General Hospital's emergency care and medical services, giving up smoking is helping to save for a home makeover and a holiday to Florida.

A smoker since she was 15, Tracy continued to smoke for 32 years and had a 30-a-day habit.

When she signed up for Quit and Win, Tracy began putting aside her cigarette money of £70 to build up a pot of more than £700 to pay for her plans.

She said: "That was definitely my motivation. But the support I got from staff and Smokefree



Three of our quitters, Tracy, Jaie, and Graham with their certificates

Services was amazing, I'm also feeling healthier and less breathless."

>> For further information on local stop smoking services, visit: www.nhsggc.org.uk/smokefree services or visit us on Facebook: [facebook.com/nhsggcsmokefreeservices](https://www.facebook.com/nhsggcsmokefreeservices)

BREAST SURGERY AFTERCARE

Clinic and charity partnership success

IN the first trial of its kind in Glasgow, the breast surgery team at Stobhill Hospital is working with a charity to offer follow-up support to patients discharged following treatment.

The Stobhill Hospital Transforming Care After Treatment (TCAT) Mammogram Clinic project is run by the clinical team, and funded by cancer charity Macmillan.

It offers a new approach to following up patients by putting them in touch with support in the community and to hopefully reduce return visits to hospital clinics.

A patient group has been set up to support the design and delivery of the project which has led to a 33 per cent decrease in consultant visits.

Mr Keith Ogston, consultant surgeon, describing the benefits for both staff and patients, said: "The development of this project has been an important first step in supporting patients and clinical staff to move



The breast surgery team. Back row: Linsey Leen [superintendent radiographer], Mary McGlade [CNS] Lena Oswald [CNS], Keith Ogston [consultant surgeon] Front row: Michelle Kane [radiographer], Claire Crawford [radiographer], Anna Morton [Macmillan TCAT project manager]

away from the traditional medicalised model of follow-up care to a more holistic person-centred model.

"Improvements in capturing patients concerns has led to strong links to third sector support for patients that are now available on site in conjunction with clinics."

Patients complete a holistic needs assessment questionnaire to record any concerns for the clinic and breast cancer nurse specialists (CNS).

The nurses then develop an individually tailored post-treatment care plan for their

patient covering issues ranging from fatigue, side effects of medication, mental health or financial worries – with support provided either by the health care team or the third sector.

Gordon McLean, TCAT national programme manager, said: "We are very proud of our TCAT project at Stobhill Hospital Breast Cancer Clinic. Our project at Stobhill aims to make sure every patient is offered all the care they need based on an in-depth assessment of their needs, whether that's regular contact with a cancer specialist or help with the emotional impact of cancer."

RECOMMENDATIONS COMPLETED

Vale measures met

NHSGGC has completed 62 recommendations set out in the Vale of Leven (VoL) Inquiry Report, with a further three being implemented throughout the organisation

This was announced in the final report of our Short Life Working Group (SLWG), which was set up in January this year, and co-authored by medical director Dr Jennifer Armstrong and nurse director Dr Margaret McGuire.

The group was set up to review in detail the progress made against each recommendation set out by the inquiry report, published in 2014.

Board members were told that there were "no significant gaps requiring attention".

Dr Armstrong said: "This was a comprehensive and major review with all staff working together to draw up policies which are now in place and are routine practice for patients.

"Staff worked extremely hard to introduce new systems which included early monitoring and warning systems and the development of quicker updates."

Dr McGuire added: "Monitoring and improvement will continue through the relevant professional or Directorate/Board structures.

"All improvements and developments are focused on ensuring the best possible care and outcomes for the people we look after throughout NHSGGC."

Recommendations from the VoL inquiry have been shared with all Scottish health boards to ensure that lessons have been learned system wide.

>> To read the full Board paper, visit: www.nhsggc.org.uk/media/238234/nhsggc_board_paper_16-35.pdf



Right: Dr Jennifer Armstrong

We are listening and learning from feedback

OUR latest annual report on patient feedback is published this month (August) and is available online for staff and patients to read.

This report highlights a major area of work designed to put the patient experience

right at the centre of everything we do and how we develop services.

Thousands of patients and their families told us of their healthcare experiences and the vast majority of those comments were hugely reassuring.

But, just as importantly, many of the comments told us about issues and concerns that could be addressed to make the patient experience better.

The ideas coming from patients, relatives and carers have helped staff to see things from a patient's perspective and have inspired real change.

- One patient told us that they had chosen a preferred hospital site for their planned surgery and that this led to an extended waiting time. Unfortunately, while waiting for a date, this patient then had to be admitted for emergency surgery. We have now put in place a change of practice so that patients who choose a specific hospital for their operation are contacted at six-weekly intervals to update any change in their circumstances to enable the service to offer admission at an alternative site.

- Another patient said they had not been given out-of-hours service contact details following discharge from an

assessment with the Community Mental Health Team. It has now been emphasised to staff the importance of giving this information to patients and noting this in the patient-care record.

Margaret McGuire, nurse director, said: "2015/2016 was a challenging time with inpatient and emergency services moving from four city hospitals to the new Queen Elizabeth University Hospital involving the relocation of 10,000 staff.

"It was vital that we maintained our commitment to delivering the highest standards of care and meeting the needs of patients, carers and families during this massive migration and one way of capturing how we performed was to hear the opinions from our patients and their carers.

"Hearing about both good and bad experiences are important opportunities for us to learn about how we can improve the delivery of services.

"This is why patient and carer feedback is crucial in our work to continuously improve services to make them truly patient-centred."

>> To read the full Annual Report on Feedback, Comments, Complaints and Concerns, visit: <http://www.nhsggc.org.uk/get-in-touch-get-involved/we-are-listening/>



IDENTIFYING NEEDS

How we use your views is critical

ANN McLinton, person-centred health and care team programme manager, and her team gather care experience feedback on a monthly basis from patients in acute and primary care.

They then use this information to provide coaching, mentoring and improvement support to help clinical teams introduce changes and improvements.

Ann, right, said: "The feedback is a valuable driver and influencer for these teams to identify and learn what they are getting right for

patients, and finding out what really matters to them in their care experience and also how things could be improved."

The team collects all the feedback from online, written reports and from questionnaires every month to evaluate how the improvements are benefitting the experience of patients going through the service.

Introducing very small changes can make a big difference to how patients feel when they are in our care.

So far these have included increased involvement of patients in

care planning, person-centred ward rounds, and staff wearing the bold yellow and black "Hello My Name Is" badges.

"These are small changes," said Ann, "but are fundamentally important to establishing a relationship between the health care professional and patients."

Now Ann's team is looking at feedback across care pathways and six clinical staff have been seconded to this project, which involves 30 medical areas at Glasgow Royal Infirmary, and the maternity pathway

at the Queen Elizabeth University and Royal Alexandra Hospitals.





FEEDBACK METHODS

Patient comments captured

WE have three main methods of capturing patient feedback:

- NHSGGC online Patient Feedback system which generates quality and detailed real-time comments on a wide range of issues and is analysed directly by the relevant healthcare team involved. This is hosted on our own website
- Universal Feedback, which reflects a person's experience of

being a patient on a ward by answering two simple questions on a card

- Patient Opinion, a web-based independent resource marketed nationally – enabling patients or relatives to write about their experiences of healthcare and their personal experiences.

During 2015/16 we received a total of 10,402 comments from these three methods of feedback,

87 per cent of them positive.

These three methods are complemented by feedback gathered by individual teams in wards and clinics. This enables face-to-face discussions with patients to capture their views of the care and treatment they received.



INNOVATION AWARD

Paul is a heart hero in innovation



L to r: Simon Gillespie, chief executive BHF; Anna Dominiczak, Regius professor of medicine, University of Glasgow and NHSGGC board member; Paul; radio presenter Bryan Burnett, and Professor Rhian Touyz

CONGRATULATIONS go to Paul Forsyth, who was named “Heart Hero in Innovation” at the British Heart Foundation Conference in June.

Paul, lead pharmacist – clinical cardiology, picked up the accolade for taking an innovative collaborative approach to tackling heart failure, where pharmacists work in partnership with their medical and nursing colleagues.

Paul and his team provide specialist services for people in Glasgow with left ventricular systolic

dysfunction after a heart attack who often develop heart failure symptoms at a later stage.

The team supports these patients to take the right medication that can delay the onset of heart failure symptoms – and can help improve their quality of life and life expectancy.

Following a pilot at the Royal Alexandra Hospital, led by Dr Clare Murphy, consultant cardiologist and Paul, this collaborative pharmacist-led service is now in place in six locations across Glasgow.

NURSING AWARD

Unsung hero award for Sarah

COMMUNITY learning disability nurse Sarah Shovlin has scooped the Scottish Learning Disability Nursing Network (SLDNN) unsung hero award.

Sarah, who works at the Glenkirk Centre, was nominated by her colleague Chris Cunningham, for being a “true role model”.

Chris said: “Sarah goes above and beyond for every patient and shows great tenacity and drive to get whatever the patient needs, not only to meet their needs, but also to enhance their lives for the better.

“She is a hardworking, caring, empathetic and, above all, effective nurse who deserves recognition for the high standard of her work and her constant drive to improve the lives of people with learning disabilities.”

The award presentation rounded off the SLDNN conference, which focused on learning disability nursing across Scotland and the great work being carried out in pre and post-registration nursing.

ABSTRACT AWARD

Alcoholic liver disease epidemiology study achieves national recognition

CLINICIANS and scientists across Glasgow and Clyde have been recognised by the British Society of Gastroenterology for a study on hospital admissions for alcoholic liver disease, which recently won best abstract in one of the liver sessions at the British Society of Gastroenterology in Liverpool.

The study was necessary because liver disease is a significant worldwide problem, with Scotland having one of the worst statistics in the Western world.

It looked at more than 35,000

initial alcoholic liver disease hospital admissions over a 20-year period between 1991 and 2011.

It looked at trends over time, identified how often patients were re-admitted to hospital, correlated this with levels of deprivation, the cost to the NHS and mortality rates for patients with different severities of liver disease.

Dr Mathis Heydtmann, consultant hepatologist and gastroenterologist at the Royal Alexandra Hospital and vice chair of the Renfrew Alcohol and Drug



Partnership, is the lead clinician of the study.

He worked with colleagues from the University of Glasgow, Glasgow Caledonian University and NHS National Services to analyse the data.

He said: “The study shows that alcoholic liver disease plays a significant role in inpatient stays in hospital and mortality rates in Scotland, and many admissions, in particular re-admissions, can be preventable.

“One of the worrying trends this study identified is that female patients present at a younger age than their male counterparts. Also, they are now presenting younger than patients 20 years ago.

“Although the length of hospitalisations has decreased over the same time, the frequency of re-admission for females has doubled over the past 20 years.

“Costs for the NHS are staggering and I feel that we need to improve collaboration between hospital and community services to reverse this development.”

WIN an iPad mini 4!



For full details, visit: www.nhsggc.org.uk/staffcommunications

Leading the way – and spreading the word

TWO of our speech and language therapists have developed a groundbreaking approach to train staff in multidisciplinary teams to support patients with complex communication needs.

Laura Renfrew and Janet Scott will present their work at the international Augmentative and Alternative Communication (AAC) Society conference in Toronto this month.

AAC offers different methods of communication with patients who struggle to speak, and can include anything from using pictures and gestures to computer technology.

People may use AAC if they have problems communicating as a result of a stroke, brain injury, or have motor neurone disease, cerebral palsy, autism or other conditions.

Laura works for the south sector rehabilitation service in the Glasgow City Health and Social Care Partnership (HSCP), and Janet is a consultant speech and language therapist at the Scottish Centre for Technology for the Communication Impaired (SCTCI) on the Queen Elizabeth University Hospital campus.

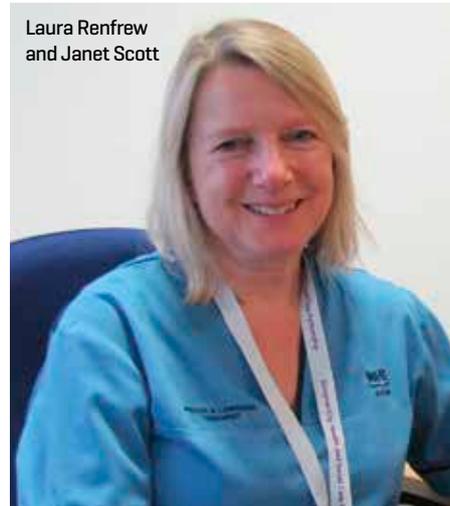
Janet developed the learning framework to support staff develop the skills to respond to patients with communication needs and Laura's team were among the first to adopt it.

Laura said: "Staff have reported an increase in confidence, awareness and skill levels when working with patients who use or may need AAC.

"This will benefit patients' engagement with rehab staff who will be able to support them to communicate and therefore help them reach their goals."

Staff who took part in the training included physiotherapists, pharmacy technicians and admin workers. The framework, Informing and Profiling AAC Knowledge and Skills (IPAACKS) is the only one of its kind in the UK.

It is now being rolled out to throughout the organisation.



Laura Renfrew and Janet Scott



MONEY-SAVING INITIATIVE

It's a win-win to recycle the bin!



Elaine with one of the refurbished bins in Glasgow Royal Infirmary

THERE'S an old saying: "Where there's muck there's brass"...

Now one of our colleagues has created a new twist on the same theme by identifying a money-saving scheme from bins that are destined for the dump.

Purchasing lead Elaine Gray had been challenged to try to identify ways of saving NHS cash by looking at better utilisation of equipment.

"I discovered we had 300 dented, scratched and rusty sack holder bins from decommissioned sites that were destined for the tip," said Elaine.

During the course of her work, she met with Scottish Supported Business Sector company Haven Protective Technology Solutions and took the initiative to ask director Jamie Lawson if there was anything he could do to bring the bins back to serviceable condition.

Stirling-based Haven, where the majority of the workforce has a registered disability, swiftly

identified a cost-efficient way of giving the bins a total refurb that would put them back in business and save waste disposal charges – and the cost of buying new bins.

Now the damaged sack holder bins from our sites have been refurbished and are back in service, saving £18,600 against buying replacements and also avoiding waste charges.

And when national procurement heard about the initiative, they were so impressed they decided to roll it out Scotland wide.

Elaine added: "To me, it was a no brainer. Now we are looking at taking the same approach with old chairs, bed tables and beds – in fact, anything we can upcycle."

>>> Do you have an idea that could help reduce waste and save the NHS money? Let us know at staffnewsletter@ggc.scot.nhs.uk and we'll pass on your ideas to our colleagues in Procurement.

LIVE LIFE

Staff Newsletter reaches new heights!

IS this a record for our Live Life t-shirts? At a whopping 15,777 feet, could you take one higher?

Primary care pharmacist Rachel Bruce has a love of hill walking and to celebrate her impending 40th birthday, she took her hobby to new heights and climbed Mont Blanc!

She promised to wear her NHSGGC 'Live Life' t-shirt if she made it to the top – and make it to the top she did.

Mont Blanc is the highest mountain in the Alps. Rachel had hoped to climb the Trois Mont route; however, due to the avalanche risk, she was advised to do the traditional Gouter Route.

Rachel said: "It was quite a tough challenge going up; however, we hit the summit just at the right time to get the reflection of Mont Blanc itself – that, coupled with the scenery, more than made up for it.

"Over the last few years, I have been doing higher altitude walks such as Kilimanjaro and Everest Base and decided to celebrate my birthday by leaving the country and climbing Mont Blanc.

"I felt surprisingly well after I had done it

(even after a 2am start!) and was back in Chamonix for 1pm for a celebratory drink and cake.

"It's definitely encouraged me to do more high-altitude walking and climbing and obviously to continue hill walking in our own beautiful country (minus the midges!) Walking is such great exercise and helps you relax and de-stress – I'd highly recommend it!"

>> If you would like to wear one of our Live Life t-shirts on a personal challenge, email Staffnewsletter@ggc.scot.nhs.uk



Main pic: Rachel didn't feel like taking her jacket off in sub-zero temperatures so put the t-shirt over it!
Inset: Rachel on the peak of Mont Blanc

PEDOMETER CHALLENGE

A gentle stroll across the USA!



Three of the mighty challengers: Jacqueline, Violet and Fiona

THOUSANDS of staff stepped up to the plate and got into the spirit of the pedometer challenge this year.

The steps were real, but the route was virtual – with participants in teams of four or five people taking a virtual walking route across California from Eureka in the north to San Diego in the far south.

Of course, the main objective is about encouraging everyone to walk a bit more and have some mildly competitive fun along the way with colleagues. All the reports coming back from the legions of healthcare workers and council staff who took part indicate everyone got right into the life and "sole" of the trainers challenge!

For most participants, the challenge was to increase their normal daily step-rate and encourage their fellow team-mates to use friendly rivalry as an extra incentive.

Winning isn't really what it's all about, according to Chris Kelly, who is one of our senior physical activity leads: "Even small increases in activity can lead to huge physical and mental health benefits, with individuals with the lowest levels of fitness gaining the most.

"This annual challenge is about encouraging more staff to increase their own personal physical activity levels and realise the health benefits."

But we all love a winner and there was no hiding the delight among health staff when the six-week challenge ended with an NHS team being declared overall champions over council rivals for the first time in several years!

The 2016 champs were the aptly named "Champion Challengers", from Area 2 Macmillan Day Ward at the Beatson West of Scotland Cancer Centre. They clocked up an impressive 947 miles – that's an incredible 4,887,838 steps! Hats (and shoes) off to every one of them.

Staff nurse Violet Scoular completed a gruelling fundraising Muskathlon, walking 63 kilometres non-stop in under 14 hours in the Jordanian desert.

Fiona Shaw, staff nurse, took up running and trained regularly to complete a 10k race to up her steps.

Staff nurse Debbie Parker and advanced nurse practitioner in haematology Louise Miller took part in a series of half-marathons and 10k runs to increase their steps.

Meanwhile, healthcare assistant Jacqueline Yuill is a "walkaholic" who spends most of her free time walking.