



Staff Newsletter March 2017

**STEP 1
IDENTIFYING
OPTIONS**

Engagement with Health and Social Care Partnerships

Engagement with acute hospital service staff

Engagement with trades unions

NATIONAL CLINICAL STRATEGY/HEALTH & SOCIAL CARE DELIVERY PLAN

**STEP 2
OPTIONS
APPRAISAL**

Engagement with other NHS Boards

Engagement with the public

Engagement with the third sector

**STEP 3
DETAILED
PLANNING**

Proposals taken to NHSGCC Board

Board approve consultation

Formal consultation process

Proposal to Board for approval

Cabinet Secretary for approval

IMPLEMENTATION TO BEGIN

**STEP 4
CONSULTATION**

The road to delivering our services differently

Full story on **PAGES 4-5**

Enhance your learning and improve your skills with our Staff Bursary Scheme

EDUCATIONAL OPPORTUNITY

The Staff Bursary Scheme is available to NHSGGC employees from all grades and service areas to support them to gain educational qualifications and undertake courses of study relevant to their role and personal development.

Over the years, our staff have completed a wide range of qualifications and educational opportunities, bringing benefits not just to the staff themselves, but also to the teams and services where they work.

Up to £1,500 can be made towards course fees, so if you've thought about undertaking a qualification/formal course of study, why not find out more?

The most important thing is that you have a real desire to learn, can show how it links to your work/service objectives and how in putting the learning into practice, it will improve the service that we provide.

Julie Coats, speech and language therapist, is just one member of staff who, with bursary support, decided to take up the challenge of

further qualifications/learning.

Julie has just completed her MSc in advanced practice with the University of Dundee.

Looking for a new challenge and keen to develop as a professional within her workplace, Julie said: "I enjoyed working through the modules, which were all highly relevant to my everyday job. I've been able to apply what I was learning and share this with colleagues."

Julie took on this learning at the same time as buying her first flat. "It would not have been possible to do this further studying without the financial support from the bursary

scheme," she explained. "The continued support from the bursary scheme across the three-year MSc was reassuring and showed me that the organisation felt the work I was doing was worth investing in."

Lyndsay Lauder, head of people and change, organisational effectiveness, said: "The Staff Bursary Scheme is just one way in which we encourage staff to continue to learn.

"Supporting staff's development and applying that learning in practice is key in continuing to improve the quality of our services."

The bursary scheme opens on 6 March and closes on 21 April 2017.



Julie Coats, speech and language therapist

For further details, visit: www.nhsggc.org.uk/HRConnect or tel: 0141 278 2700 [option 3] or email: staff.bursary@ggc.scot.nhs.uk



From left: Dr Lisa Reynolds, chairman John Brown, Maureen Watt MSP, and David Williams, chief officer Glasgow City HSCP

New centre for trauma victims

The Anchor, a new Glasgow psychological trauma centre, was officially opened by Maureen Watt MSP, Minister for Mental Health.

The service is designed to tackle the mental health difficulties associated with experiences such as childhood abuse, war, human

trafficking, major incidents, or domestic abuse and is expected to see about 600 people annually.

Referrals are made to the service through a range of resources including GP, community mental health teams and social work to optimise accessibility.

The Knowledge Network is improving



NHSGGC Library Network is joining the rest of NHSScotland in a new combined library catalogue and discovery platform.

The new improved Knowledge Network, a one-stop shop to finding resources, will enable NHSGGC users to see and reserve, for local pick-up, any book held across the libraries of all health boards.

The inclusion of resources from other libraries will double the amount of material available to NHSGGC staff.

All the resources – including access to local books and ebooks and the national

resources – will be via NHSScotland Athens username and password.

This is free to get and any member of staff can obtain one by simply registering via the existing Knowledge Network, visit: www.athensregistration.scot.nhs.uk

To view the library, visit: www.knowledge.scot.nhs.uk

Please note you will not be able to sign in to the service until it is live on 27 March. As it is still in development, there may be times it is unavailable.

If you require more information, email: knowledge@nes.scot.nhs.uk



Roles of influence

Advisory committees ensure a clinical voice is heard at the highest level. This is your chance to help to shape the agenda

AREA CLINICAL FORUM

One of the most influential committees in NHSGGC is the one that gives voice to medical and other clinical staff.

The Area Clinical Forum (ACF) is at the heart of decision-making and represents a powerful structure of advisory sub-committees.

The chairs of each of the sub-committees make up the ACF and the chair of this overarching committee takes a seat on the full Board of NHSGGC.

These committees offer medics and other clinical professionals a tremendous opportunity for personal development and right now is a great time to grab that opportunity and stand for election.

ACF chair Heather Cameron said: "It's my role to provide a multi-professional clinical perspective on strategy development and service delivery issues considered by the Board. Another core role is to promote opportunities for clinicians to be involved in

"Now is a great time to grab the opportunity and stand for election"

THE COMMITTEES THAT "FEED INTO" THE ACF ARE:

Committee	Current Chair	Election date
Area Medical Committee	Andrew McMahon	21.04.17
Area Pharmaceutical Committee	Audrey Thomson	19.04.17
Area Optometric Committee	Morven Campbell	08.05.17
Area Allied Health Professional and Healthcare Scientists Committee	Heather Cameron	18.05.17
Area Dental Committee	Yas Aljubouri/David McColl	04.05.17
Area Nursing and Midwifery Committee	Kathy Kenmuir	21.04.17
Area Psychology Committee	Fiona Alexander	01.04.17
Area Clinical Forum	Heather Cameron	01.06.17

decision-making locally; championing multi-professional co-operation across the clinical disciplines and provide a vital link between the Board and the ACF."

The Advisory Committee Elections 2017 are being held in April, May and June and Heather is urging anyone interested in joining one of the committees to visit a new web portal that has been created to showcase the work of the ACF and the advisory committees.

How to put yourself forward and find out what is involved in taking up post is detailed on the new web portal along with



Heather Cameron

other useful information about their work.

Nominations are sought through professional and management channels.

However, individuals may also self-nominate.

It is expected that during a call for interest, the nominating person will take account of the current membership to ensure there is appropriate representation from different sectors of the organisation.

For further information, visit: www.nhsggc.org.uk/acf or email: Margaret.Smith7@ggc.scot.nhs.uk

Meeting the changing needs of our population

Redesign of acute services required to meet needs of more people living longer

DRIVE FOR CHANGE

We are taking forward the reshaping of our acute services in line with the aims of NHS Scotland's Health and Social Care Delivery Plan (published in December 2016) and the National Clinical Strategy.

Both documents reinforce that there is a compelling case for continuing to evolve our health and social care services to meet new patterns of care, demand, and opportunities for new treatments and technologies.

To do this, the Board recognises the need to examine every option of service

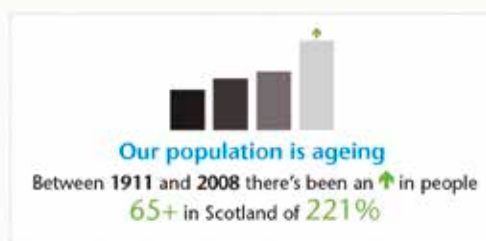
redesign and to take this forward with the full engagement and participation of our staff in conjunction with a proactive and effective engagement strategy for patients, charities, volunteer agencies, politicians and the media.

Any redesign of our acute hospital services is likely to impact on all of our acute hospital sites. However, the NHSGCC Board remains committed to the delivery of acute services from all our main acute hospitals – Queen Elizabeth University Hospital, Glasgow Royal Infirmary,

Gartnavel General Hospital, New Victoria Hospital, New Stobhill Hospital, Royal Alexandra Hospital, Inverclyde Royal Hospital and the Vale of Leven Hospital.

The principle reasons driving the need for change include the need to:

- integrate services between hospitals and the community
- meet the changing health needs of our population
- improve population health.



Dependency ratios are due to increase by 2040 across NHSGCC



Older single person households

It is anticipated these will account for 54% of households by 2031

We know this will be a major challenge for the delivery of health and social care services



People can expect to spend an unprecedented 10 years at the end of their lives in poor health



Aging is associated with an increase in long term conditions and chronic disease

Forecasts predict from 2008 to 2033



under 50

70% to 62%



50+

30% to 38%

The biggest increase is expected to be in 65+ range

Significant increase in the numbers of people with dementia as the population ages



18% increase in dementia in GGC by 2020



1 in 3 aged 65+ will die with a form of dementia



1 in 4 hospital inpatients will have dementia

Living longer is a real success story. But this success means we have to adapt how we structure our NHS resources to meet the changing demands of a population which has more older people in it.

People are living longer, but this also means more people are living longer periods of life with multiple long-term health conditions.

More people are living alone in a flat or house, resulting in new challenges for community-based services to support frail or ill people to live at home.

The consequence of significantly increased levels of dementia requires a realignment of NHS and Social Care resources.

More support will be developed in the community to enable people to stay locally and out of acute hospitals unless necessary. New approaches to the effective delivery of care and support for people with multiple health conditions will result from better integration and investment.

ng health tion



INTEGRATED SERVICES BETWEEN HOSPITALS AND THE COMMUNITY

The integration of health and social care aims to change the way services are delivered with greater emphasis on supporting people in their own homes and communities and less inappropriate use of acute hospitals and care homes.

For our community health service, this will mean everyone being able to see a wider range of professionals more quickly, working in teams.

With more integrated health and social care services operating at hospital entry and discharge points we can prevent unnecessary admissions and more effective discharge support for patients.

Using beds only for patients who require acute hospital inpatient care will free up blockages and deliver more efficient patient flows.

Front cover explained...

Our front-page cover sets out our programme of engagement that will ensure all voices can be heard and can influence change.

Staff engagement at all levels is key to this process. This is a high-level 'road map', but more detailed staff communications and engagement opportunities will be developed and finalised by a



transformation executive group chaired by the chief executive to oversee the programme. Other groups including the clinical senate, acute divisional leadership group, strategic management group, HSCP planning and a specially formed and wide-ranging transformation team will drive activity forward.

Queen's Nurse title returns after 50 years

Two of our local community nurses are among only 20 community nurses selected by The Queen's Nursing Institute Scotland (QNIS) to be part of the first group of Queen's Nurses in almost 50 years.

Anne Burns, family nurse partnership supervisor, and Hilary Alba, a charge midwife with the SNIPS (Special Needs in Pregnancy Strategy) team, have been chosen to take part in a special professional development programme allowing them the right to use the prestigious Queen's Nurse title.

Margaret McGuire, nursing director, said: "I'm delighted Anne and Hilary have been chosen to take part in the programme to become Queen's Nurses.

"Once they have completed

the programme, they will help to support new ways of promoting health improvement and further improving standards of care in the community."

QNIS was established by Queen Victoria in 1889 in honour of her Golden Jubilee.

Historically, the Queen's Nurse title was awarded to nurses who completed training that equipped them to work in the community.

They provided healthcare and health promotion to people in their own homes, and they were well respected in the communities in which they practised.

Our new Queen's Nurses will take part in a nine-month programme designed to develop their existing skills and capabilities.

ONE-STOP ONLINE RESOURCE

Do you refer patients to health and wellbeing services as part of your role? If so, the Health and Wellbeing Directory can help.

This online directory is available on our website, www.nhsggc.org.uk and provides information on quality-assured services to support self-management for people with long-term conditions and other chronic diseases.

The directory also provides a single point of access to local health improvement services such as smokefree, physical activity and weight management. The directory presents service information via a topic-based menu with the facility to focus on what's available in local areas.

The directory is administered by the public health directorate, providing



oversight and editorial support to contributors and partners. Service information is reviewed and regularly updated.

Working with our range of service partners, we aim to make the directory a comprehensive and inclusive resource that will meet the information provision requirements for you and your patients.

To access the directory visit: www.nhsggc.org.uk/hwd

A range of resources to promote the directory can be ordered via: www.phrd.scot.nhs.uk

For any other enquiries, contact: hwd@ggc.scot.nhs.uk

Wider training on the risks of asbestos

You would be forgiven for thinking that asbestos awareness training was a fairly specialist requirement for those staff liable to disturb asbestos during their normal work, such as maintenance workers.

In fact, this training should be carried out by anyone who is instructing building work, from repairs to demolition.

For example, if a department orders new blinds, the asbestos register should be referred to and the contractors provided with the information to ensure they do not screw into asbestos-containing materials.

If a ceiling comes down, it is important that domestic staff do not clean it up until it is known to be asbestos-free.

Moira Straiton, asbestos manager, said: "In property, procurement and facilities management, more and more staff are being trained, but it is important that other parts of the organisation also go through training.

"This will prevent those responsible for instructing contractors who can then potentially disturb the fabric of the building or known asbestos. It will also prevent emergency responders accidentally accessing areas they shouldn't."

Asbestos training is available on LearnPro, visit: <http://nhs.learnprouk.com> and search Asbestos Awareness.



RECOGNITION

The tension was palpable at Glasgow Royal Infirmary's (GRI) new Lister Building as around 100 medics competed for the first St Mungo's Medal for research in the 21st century.

From 85 submissions received the judging panel had whittled down the finalists to hear more about 10 pioneering research projects and view 30 different poster presentations.

Everyone was in agreement that these finalists had done well to come this far.

The organising committee of the new annual GRI St Mungo's research group aims to highlight GRI-based research and award the recently revived medal as the prize.

Dr Adrian Stanley, chair of the committee, said: "Few

of us thought there would be such a massive response to the call for abstract submissions which came from all areas of medicine including Orthopaedics, ENT, Medicine and Surgery."

It was Professor Dame Anna Dominiczak, vice principal and head of the College of Medical, Veterinary & Life Sciences at the University of Glasgow who was invited along to announce The InS:PIRE Team as the overall winners.

There were also a number of other awards at the ceremony including Jamie Robertson for best research (translational) and Satu Baylan for best research by an undergraduate, doctoral or post-doctoral researcher. Rachel Kearns collected the prize for best research (clinical) while Philip

Dunne was awarded best example of research as a poster presentation.

Dr Stanley added: "This new St Mungo's research meeting has been extremely well supported by senior figures from both NHSGGC and the University of Glasgow and is a fantastic example of the strong NHS-academic links at GRI which are so important to enable the high quality research to flourish there."

The St Mungo meeting committee members are: Dr Russell Drummond (clinical director, medicine), Prof Mary-Ann Lumsden (University of Glasgow), Mr Colin McKay (clinical director, surgery), Dr Terry Quinn (University of Glasgow) and Dr Adrian Stanley (chair, GRI Medical Staff Association).

HISTORIC MEDAL REVIVED AFTER 70 YEARS

The St Mungo's Medal was last awarded 73 years ago.

From 1894 until 1944 the St Mungo's College of Medicine awarded the prestige medal to students and junior doctors for pioneering research.

The College was founded in 1876 and incorporated within Glasgow Royal Infirmary before being amalgamated into University of Glasgow in 1947.

Medical and University administrative staff worked with the University's Curator of Coins and Medals at the Hunterian Museum to uncover the dormant St Mungo's Medal

and bring it back to life in the 21st century.

St Mungo was the founder and patron saint of Glasgow and he has a special place in the heart of many Glaswegians. In the late 19th and early 20th century, the medal in his name was strongly contested amongst students and doctors, with awards given for Medicine, Surgery, Physiology, Chemistry and even Zoology!



Dr Joanne McPeake, InS:PIRE project lead, with the medal

Bouncing back from stress



Gillian Watt
(left) and
Karen Glass



Mental wellbeing at work can be influenced by many things. By your manager and how they manage the pressures you face. By your colleagues and the support they offer in times of pressure. And, most of all, by your own capacity to cope and bounce back from the challenges you face.

If you are struggling with pressures, or manage a team where stress is an issue, then the Resilience toolkit can help.

The online “Having a good day at work – resilience and wellbeing” toolkit has been produced to give you practical tips and advice on how to re-energise when facing difficult setbacks.

Through a series of worksheets, it helps you build your resilience and develop a range of coping strategies which can be adapted to different situations.

A training course for managers coaches them on the use of the toolkit to support their teams in its use, but the toolkit is for everyone who wishes to build their capacity to cope with pressure.

One team to use the toolkit is the MSK physiotherapy service. With about 230 staff, the service recognises that stress is an issue faced by their teams.

They have found the toolkit effective in helping staff and managers identify and manage stressful situations.

Karen Glass, practice development physiotherapist, first chanced upon the toolkit three years ago and attended the training to find out more.

“I thought it was brilliant,” she explained. “It’s easy to use and good for developing self-awareness and identifying the signs of stress. “It’s written in a clear, engaging style that’s far from the overly formal resources you often find.

“I promoted it actively among senior management in the service. Our senior

management and a number of team leaders attended training and they liked it too. Most of the team leaders and a number of staff have now been on the course and we’ve been promoting it widely for some time now. It has really helped individuals and managers to understand stress and to recognise when it is becoming a problem.

“By using the guide, staff have felt empowered to take a self-management approach to understanding their own reactions, developing more self awareness through the ‘I resilience’ report and other tools it has to offer.

“Obviously the toolkit doesn’t stand alone. To be useful, it has to sit within a culture of compassion, support, and a genuine commitment to our staff wellbeing, recognising that improvements in quality for patients can only be realised if staff are well.

“We’re really fortunate that Janice Miller, MSK service manager, values staff wellbeing and is supportive of the use of the resilience toolkit and a range of other resources such as Mindfulness. I would certainly encourage others to use it as it’s really helped us as a service.”



The toolkit is on StaffNet and development sessions are held regularly. For details, visit: StaffNet > Human Resources > Organisational Development > ResilienceToolkit

Women across Scotland are being urged to go for their smear tests

✓CERVICAL SCREENING

NHS Health Scotland and the Scottish Government have launched a drive to get women talking about cervical screening, and raise awareness of its benefits.

The campaign is targeting women aged 25-35, as cervical cancer is the most common cancer in women of this age group.

Statistics highlight between 1 April 2015 and 31 March 2016, one in three women (33 per cent) aged 25-35 didn’t go for their smear when invited.

Christine Paterson, NHSGGC practice nurse, said: “No one looks forward to a smear appointment, but I want to reassure women that we’re trained to make the test go as smoothly as possible.

“I’ve done hundreds of smear tests and afterwards, most women – especially those

that are attending for the first time – are surprised by how quickly it’s all over.

“Of course, it can be nerve-racking, but there’s no such thing as a silly question – that’s what we’re here for.

“So, don’t ignore your next smear invite, and if you missed your last smear test, contact your GP practice to find a time that suits you.”

A smear test can detect cells that could turn into cancer. The five-minute test is the best way to protect women from the disease and helps to save about 5,000 lives a year in the UK.

All women in Scotland aged 25 to 49 are offered a smear test every three years, while those aged 50 to 64 are invited every five years.

For more information on cervical screening, visit: www.getcheckedearly.org/cervical-cancer

5,000
lives are saved
by **cervical screening**
in the UK every year.

Could yours be the next one?

Don't ignore your invitation
for your **smear test**.

Get the facts at nhsinform.co.uk/screening or call **0800 22 44 88**

NHS
SCOTLAND

Healthier
Scotland
Government

The campaign is targeting women aged between 25-35

Living the high life

EVEREST ADVENTURE



Our Live Life t-shirt has travelled to another scenic corner of the world – reaching the dizzy

heights of Everest Base Camp!

Mick Serpell, consultant and senior lecturer at Stobhill Hospital, has ticked one more thing off his 'bucket list' after completing the ultimate Mountain Medicine course.

The 17-day course started in Kathmandu, with the first two days spent at preparatory lectures, checking our hiking, sleeping and medical equipment and team building, before setting off on a 14-day trek up the Khumbu Valley to Everest Base Camp (5,364m).

Mick said: "We went at an easy pace, staying in Nepalese teahouses along the route and enjoying the spectacular scenery. While most days involved six to eight hours

of walking, the evenings were spent at lectures, discussing case studies or simulated rescue. We actually had to evacuate four of our colleagues by helicopter – good practice!

"To be lectured on altitude illness and mountain medicine is one thing, but to experience the effects of hypoxia, hypothermia, sleep deficit, gastro-intestinal upset, headaches, exhaustion, blisters, sunburn etc. really did bring home the learning points."

At Periche (4,370m), Mick visited the Himalayan Rescue Association Clinic, which provides medical support for more than 5,000 trekkers and sherpas annually, and is staffed by volunteer medics from all over the world.

He added: "My lowest record oxygen saturation was 79 per cent (normal > 97 per cent), a level which if it were to occur in my patients would have me rushing to



oxygenate and possibly even intubate and ventilate!

"The return trek downhill is quicker and easier as you are fitter and acclimatised. A return flight to Kathmandu brings you back to the reality and bustle of modern life.

"This was an incredibly well-organised course, experienced in dramatic fashion and presented with infectious enthusiasm."

If you would like to wear a Live Life t-shirt on your adventures, email: Staffnewsletter@ggc.scot.nhs.uk



RESERVIST RECEPTION

A reception has been held on the QEUH campus to recognise the contribution of NHSGGC's 38 reservists.

Reservists are dedicated men and women who give up their time to train and serve in the Armed Forces. They combine this with health roles ranging from clinical psychologists and staff nurses to healthcare support workers and specialist theatre practitioners.

Each reservist, who commits up to 40 days' training annually, volunteers and receives rigorous, world-class training and qualifications – both military and medical – including gaining knowledge outside their normal field of work.

The regular training undertaken by the Reserve Forces enhances and develops

the skills and knowledge of our employees, which is of long-term benefit to our organisation.

Training includes transferable skills that directly benefit their role in the workplace: decision-making, communication skills, self-discipline, leadership, team building, practical skills, resourcefulness and perseverance.

Chairman John Brown said: "The board greatly values the Reserve Forces and absolutely recognises the value of the training and experience our reservists bring to our hospitals and other healthcare facilities.

"We are totally committed to supporting our volunteers and we have put in place firm structures to ensure they are given every assistance to combine both roles."

COMPETITION



WIN

an iPad mini 4!

This month we are giving you the opportunity to win a fantastic iPad Mini 4, 16GB, Wi-Fi & Cellular!

iPad mini 4 puts everything you love about iPad into an incredibly sleek and portable design. It's thinner and lighter than ever before, yet powerful enough to help take your ideas even further!

And all you need to do to be in with a chance of winning is simply answer the question below and email your answer, along with your name and work location, to:

competitions@ggc.scot.nhs.uk or send to: **Corporate Communications, JB Russell House, Gartnavel Campus, 1055 Great Western Road, Glasgow G12 0XH.**

Q. What date does the Staff Bursary open?

T&C: The competition is open to all NHSGGC employees. Only one entry per person. Winners must be available for a photograph, which may be printed with their details in future issues of SN. The closing date for entries is 31 March 2017. Prizes must be claimed within four weeks of the closing date.