



# SN

Staff Newsletter February 2018



# Leading the world in clinical safety

Celebrating a decade of the Scottish Patient Safety Programme  
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# Chairman's Awards will mark NHS anniversary

The annual Chairman's Awards this year are to be given a one-off unique rebranding...

As this is the 70th anniversary year of the NHS, chairman John Brown will award specially designed commemorative Platinum Awards at our prestige event.

Plans are already being made to make this highlight of the calendar an especially memorable occasion.

Celebrating staff success is now an established part of the NHSGGC ethos, with local directorate, partnership and Chairman's Awards being presented at our Celebrating Success Staff Awards event.

Chairman John Brown said: "The board is proud of all that the NHS stands for and all that has been achieved in the past. I regard the Celebrating Success Staff event as one of the most important dates in my diary and I expect this year's 70th anniversary event to be even more special.

"I think this is one way we can really showcase and share the tremendous innovation and technological advancements made in healthcare... and emphasise the huge role Greater Glasgow and Clyde plays in that global transformational change in the delivery of healthcare."

The communications graphic designer is already working with the chairman on the creation of special trophies for 2018 and details of how to nominate for all the

various categories will be issued by our communications staff in the next few weeks through *Staff Newsletter*, via Core Brief and on StaffNet through the Hot Topics section.

Since the launch of the Chairman's Awards in 2010, the staff nominations, the public involvement, the patient nominations and the local, regional and national media coverage have grown year on year.

Many nominations come from NHS staff, but we also issue press releases asking patients and relatives to nominate our staff. The media are always fabulously supportive of these calls for support and our communications team is already on the case to get the wheels in motion for this very special anniversary year for the NHS.

John told SN: "On this very special anniversary year, we can expect record interest and record nominations... every year is a real challenge for all of our judging panel, but this year we look forward with great enthusiasm to more work than ever before!"

\* Incidentally there's a possibility of a very special TV documentary programme series being made in NHSGGC that will capture the spirit of our challenges and opportunities and continual advancement, but we will let you know more about that in SN when the Is are dotted and the Ts are crossed.

## Look out for nominations opening

With seven categories in our Chairman's Awards, there is a category to fit every project, programme or an outstanding colleague.

So it's time to think about colleagues who have gone the extra mile, services that you have moulded to patients' needs or projects that have transformed the way we work.

The categories are:

- Clinical Practice
- Improving Health
- International Service
- Nursing
- Patient Centred Care
- Using Resources Better
- Volunteer.

Details on how to enter will be released in March, so keep a look out!



# Getting right behind our NHS for its 70th birthday

**This year sees the 70th birthday of the NHS and NHSScotland and in Greater Glasgow and Clyde, we'll make sure we are right behind the drive to celebrate what has been achieved so far and what is being developed to continue the ongoing theme of modernising healthcare.**

One of the aims of the celebrations throughout the year is to urge everyone in Scotland to support the NHS by signing up to the organ donation register and to become a blood donor.

Another key aspect is to showcase all that is great about our NHS and highlight the rapid pace of change in the technologies of health and how the evolution of the NHS since 1948 is accelerating through research and medical trials and the development of robotic surgery among many other areas of development.

The actual birthday is 5 July, but events are expected to take place throughout the

year – including the launch of a dedicated NHSScotland website detailing some of the key milestones and developments over the past 70 years.

In Greater Glasgow and Clyde, our comms directorate is bringing the website, created to mark the 60th anniversary, bang up to date with the events of the last decade. Now is the time

for staff to think about how to celebrate the 70th birthday of the NHS.

If you are planning a local event to mark the anniversary in your ward, hospital, health centre

or other place of work, then let our communications team know so that it can be photographed or recorded in some way for publication on the website or in this newsletter.

To find out a bit more about the 70th anniversary and the plans to celebrate it, visit: [ournhsscotland.com](http://ournhsscotland.com)

Our own archive site can be visited at: [www.nhsggc.org.uk/70thanniversary](http://www.nhsggc.org.uk/70thanniversary)



## 1948: Then and now

**2018 sees the 70th birthday of the NHS in Scotland, with a number of significant milestones and records marking the occasion.** Since its creation on 5 July 1948, the NHS in Scotland has seen a number of important developments, including:



- in its first year, 15 million prescriptions were dispensed in Scotland - today, the figure is more than 103 million, with these now being provided free as a result of landmark reforms under this government



- in 1948, 1.2 million people were seen as outpatients - in 2016/17, there were about 4.25 million outpatient attendances



- in 1948, NHSScotland employed 22,062 nurses and midwives - today, this has risen to a new record high of more than 59,000



- in 1959, Scotland became a world leader in health education, with the UK's first nursing and midwifery studies unit set up at Edinburgh University. This year saw the highest-ever number of acceptances to study nursing and midwifery at Scottish universities.

## RAH consultant leads national rheumatoid arthritis pilot

**A Royal Alexandra Hospital consultant has been appointed to lead the creation of Scotland's Rheumatoid Arthritis Quality Register pilot.**

Dr Martin Perry will be the national clinical lead for the work around biological rheumatology



Dr Martin Perry

medicines on behalf of Healthcare Improvement Scotland.

The quality register is being designed to focus on a number of areas including symptom tracking, patient self-management and shared decision-making during clinical interventions.

The 15-month pilot will see Martin and his team work in collaboration with the Scottish Society for Rheumatology, with support from the Karolinska Institute in Sweden and the Dartmouth Institute in the US.

Martin said: "The team will develop a Scottish version of the Swedish rheumatology register. We will be carrying out testing in two

clinics in collaboration with both clinicians and patients.

"Our intention is that the pilot will further develop ways of caring for patients by collecting patient data and combining it with clinical data. The pilot will also allow us to have a controlled space to test treatment modifications."

Dr Jennifer Armstrong, medical director, said: "Many of our staff play an important role in advancing national healthcare research and Martin is the latest example of how highly NHSGGC staff are regarded.

"Martin will play an invaluable role in advancing this important work through his expertise. The learning that Martin will then bring back to the Royal Alexandra Hospital will filter down through the team, which can only improve our patient care even further."



Ten years of  
improving safety

# Celebrating 10 years of the Scottish Patient Safety Programme

**On 14 January 2008, the first national approach to patient safety improvement in the world was launched in Scotland.**

Today, we celebrate 10 years of the Scottish Patient Safety Programme (SPSP) that has involved health and social care professionals embracing a culture of change to improve safety and deliver significant reductions in harm to patients.

Greater Glasgow and Clyde teams were at the vanguard of this new approach. As part of our celebrations of 10 years of SPSP, we've asked a number of colleagues who have made a significant contribution to SPSP to reflect on the programme and its success.

**Malcolm Daniel,  
Health Foundation/  
IHI Quality Improvement  
Fellow 2010-2011;  
consultant in anaesthesia  
and intensive care**

**What was your involvement in the roll-out of SPSP within the critical care workstream?**

I led the critical care workstream quality improvement work at Glasgow Royal Infirmary ICU, supported by all my clinical colleagues. This workstream had the largest number of process and outcome measures of any of the five workstreams in SPSP. I was thankful for my colleagues' help and support.

**What changes in practice did the programme produce?**

The key effect of the programme was to enable

us to use quality improvement methodology to get the things we wanted to happen for patients to actually happen. It did involve us testing and making lots of changes to the way we worked. And it led to greater communication and clarity about what the multidisciplinary team wanted to happen.

**What benefits to patient care have resulted?**

We reduced the rate of some key hospital acquired infections. Prior to SPSP, we already had a low rate of central line-related bloodstream infections. Our low rate would have put us in the top 10 per cent of ICUs internationally at preventing these events.

But we still had on average four such infections every three months. After using a quality improvement approach, we went more than three years between infections.

In general, our overall organisation and delivery of care improved. Patients were better and were able to leave the ICU sooner.

The SPSP programme also had wider benefits. Before the start of SPSP, the ICU at GRI was often full; this led to about one in every six patients referred to us needing to be transferred to a hospital with an available ICU bed. Within one year of SPSP starting, our average length of stay had reduced, a bed was more likely to be available, and the number of patients requiring to be

“Patients were better and were able to leave the ICU sooner”

transferred to another hospital to be admitted to an ICU bed was less than in one in every 30 referrals.

**Why should we be celebrating 10 years of SPSP?**

Firstly, the improvements in patient outcomes and experience of receiving care from us as a consequence of the programme. And secondly, what learning about quality improvement has enabled us to achieve beyond the domains of SPSP.



Malcolm Daniel

**What's your proudest achievement?**

This probably came in 2014. At a unit meeting, when something – despite initial plans – hadn't happened, my clinical director said “we should do more of this quality improvement stuff, it is the only thing that really makes a difference”.

The work we have undertaken as a team since then, and the improvements made and led by staff members, have led to a demonstrable improvement in patient outcomes.

This approach and sustained work has led to an improvement in hospital standardised mortality rate for patients admitted to GRI ICU.



Kevin Rooney

**Kevin Rooney, Fellow SPSP, consultant in anaesthesia and intensive care medicine, and Kathleen McIlravey, lead nurse, surgery and anaesthetics**

**What was your involvement in the roll out of SPSP within the critical care workstream?**

Kevin - I was the lead clinician for implementation of the critical care workstream within the RAH ICU.

From this, I was fortunate enough to be appointed as one of the initial cohort of SPSP Fellows. Due to my professional development as a Fellow, I was

“The learning from implementing these changes in practice has completely changed the way we continually measure our processes for improvement and change practice”

later appointed as the national clinical lead for sepsis and the deteriorating patient for SPSP.

**Kathleen** - I was the lead nurse responsible for supporting implementation of the critical care workstream within the RAH ICU and the ICU and HDU workstreams within the RAH HDU and the IRH Critical Care Unit.

**What changes in practice did the programme produce?**

**Both** - the ICU at the RAH became the first ICU in Scotland to display reliability in all eight elements of the critical care workstream, which included central venous catheter (CVC) insertion and maintenance bundles, ventilator-associated pneumonia (VAP) bundle, daily goals, multidisciplinary, peripheral venous catheter (PVC) bundle, hand hygiene and glycaemic control.

The learning from implementing these changes in practice has completely changed the way we continually measure our processes for improvement and change practice.

SPSP has encouraged inter-professional working and all ICU staff continually strive to make patient care the best it can possibly be.

**What benefits to patient care have resulted?**

**Both** - It is now more than 2275 days since our last catheter-related blood stream infection.

Prior to SPSP, we used to have one catheter-related bloodstream infection per month.

Consequently, we now feel that diseases such as catheter-related bloodstream infections are entirely preventable and should be confined to the history books, much like polio. We have seen significant reductions in our VAP (a record 380 days between events), CDI and MRSA. Due to reductions in HAI, our ICU length of stay reduced by 1.1 days and our ICU SMR reduced by 0.23.

**Why should we be celebrating 10 years of SPSP?**

**Kevin** - SPSP has resulted in huge improvements in both health and social care for the people of Scotland. It has spread from healthcare to social care and finally education, making Scotland one of the best places in the world to live longer, healthier lives.

**Kathleen** - we should celebrate that SPSP endorses that safety for our patients is at the forefront of care and this initiative supported NHS Scotland to achieve more reliable systems of care. We have developed a culture for continually striving to ensure we offer high-quality, safe and person-centred care using a validated methodology of testing change and measuring improvement.

**What's your proudest achievement?**

**Kevin** - the leadership of the national Sepsis Collaborative, which has resulted in a two-day reduction in length of stay for sepsis patients and a 21 per cent reduction in sepsis mortality through a relentless focus on the recognition, response and rescue of deteriorating patients across Scotland. This has been achieved through the hard work of

all of the staff of NHS Scotland, from the pre-hospital setting to inpatient wards.

Now, almost every territorial board (including the Scottish Ambulance Service) has implemented the National Early Warning Score, which, through its structured response to patient deterioration, has resulted in an 8 per cent reduction in cardiac arrests - 10 fewer cardiac arrests a month.

**Kathleen** - watching staff celebrate their successes of achieving reliable, high-quality care. Being part of, and supporting in my lead nurse role, a dedicated and hardworking multidisciplinary team who embraced the challenge of being open to a new concept and methodology.

They helped support each other and developed a healthy environment to feel empowered to challenge. They successfully embedded SPSP into routine practice, despite some challenges along the way, thus eliminating person dependant variables in patient care and treatment.

Nursing staff also absorbed and implement other new initiatives being introduced simultaneously while providing frontline care and this is a testament to their professionalism.



Kathleen McIlravey



→ **Julie McQueen, clinical risk manager**



**What was your involvement in the roll-out of SPSP within the general ward workstream?**  
I was the programme manager.

**What changes in practice did the programme produce?**

The implementation of the PVC and CVC care bundles with associated documentation (care plans) and implementation of the early warning scoring system (EWS) as a system to detect deterioration in a patient (EWS care bundle).

Also, the implementation of the use of a structured communication tool in clinical practice (SBAR) and introduction of a safety brief into daily clinical handovers on all general wards, as well as reliable hand hygiene practices in all clinical areas (hand hygiene bundle).

**What benefits to patient care have resulted?**

There has been a reduction in staphylococcus aureus bacteraemias (blood infections) as an outcome measure for PVC and CVC bundle and hand hygiene bundle.

We now have a standard system and documentation in all wards and departments for the early warning system. The Royal Alexandra Hospital in Paisley has data that demonstrates a reduction in admissions to the High Dependency Unit as patients' deterioration was detected and acted upon so they were rescued before they became really sick.

SBARs have been widely used on transfer documents, which has improved the passing on of safety critical information.

Safety briefs and huddles again have improved team information flows.

**Why should we be celebrating 10 years of SPSP?**

It has reduced the variance we used to see in clinical practice and introduced work processes that are proven to be reliable.

**What's your proudest achievement?**

Seeing the care plans and work systems we introduced under this arm of the programme as mainstream care three years after we completed this phase.

“SBARs have been widely used on transfer documents, which has improved the passing on of safety critical information”

**Karon Cormack, head of clinical risk, and John Crawford, consultant anaesthetist**

**What was your involvement in the roll-out of SPSP within the perioperative workstream?**

**Karon** – I was the programme manager for the SPSP perioperative workstream. My role was to implement a series of changes in clinical practice that would lead to safer improved clinical outcomes by preventing clinical incidents such as wrong site surgery.

**John** – I started as a local site lead for this workstream in various surgical specialties on the SGH site. I was then asked to take the role of GGC clinical lead for this workstream.

**What changes in practice did this result in?**

**Both** – we introduced a surgical pause, which is a safety checklist just before each patient's operation to check everyone in the theatre knows the plan for this patient and everything is in order to proceed.

We introduced a surgical brief, a huddle of the theatre team before the start of the theatre list to ensure everyone is clear about the plan for the day to make sure there are no surprises and no time wasted later on. This also had the benefit of the team opening communication before the start to be able to ask questions and to feel more comfortable speaking up if required.

We stopped the shaving of patients with open razors directly before surgery, which was known from

research to cause problems with post-operative infection.

We provided a focus on patients' temperature during surgery to ensure this was above a certain limit, as this was also known to cause problems with post-operative infection if not followed.

**What improvements in clinical practice/benefits to patients have resulted?**

**Both** – we reduced the number of theatre wrong site surgery incidents.

We have smoother running theatre lists, which reduced problems of cancelled operations and suboptimal surgery. We have reduced the chance of post-op infection by removing razors and having good temperature control and monitoring.



**Why should we be celebrating 10 years of SPSP?**

**Karon** – one of the reasons is that all these interventions continue to be in place and are still relevant 10 years later.

**John** – there has been an embedded change in the culture and practice. New better norms have been achieved in how we work.

**What's your proudest achievement?**

**Karon** – getting clinicians to change behaviour when they originally did not want to engage.

**John** – indeed! And in particular some key influencers.

For more reaction and comments on the achievements of SPSP10, go to [ihub.scot/spsp10](http://ihub.scot/spsp10)



# Macular co-ordination team wins Unsung Hero Award



## **Congratulations to the ophthalmology department's macular admin co-ordination team, who have won the Unsung Hero Award at the national Ophthalmology Honours 2017.**

The team co-ordinates the complex care pathways for thousands of patients with sight-threatening macular degeneration and related conditions, organising clinical care across eight hospital sites.

Janice McAnally, ophthalmology service support manager, said: "I entered my team because I am passionate about the administration roles within the NHS and wanted recognition for all the hard work, commitment and compassion for patient care from the team and the wider ophthalmology admin employees of the organisation.

"It was a real morale boost not only for the shortlisted team but for all of our service. We

hope to build on this recognition and achievement, and maybe even enter the Ophthalmology Honours again next year."

The judges were impressed with the entry, saying: "This entry communicates the passion from each individual within the team, and clearly demonstrates the value of the whole team of individuals.

"They commended the value of the work being done by the co-ordinators, particularly in relation to the improvements being made to the patient journey."

The team would like to thank Bayer for kindly funding travel and accommodation for some of the team to attend the awards ceremony.

Well-deserved recognition for one of the many teams of dedicated admin staff who perform such a vital behind-the-scenes role in the organisation of patient care!

## Fire safety training

**Fire safety is everyone's business – whether you work on a ward or in an office, we all need to know what to do in the occurrence of fire.**

Staff across the organisation have been undertaking their fire safety training, but there are still a few areas that need to carry out their training.

For our clinical staff the following modules are mandatory:

- induction training (this should be carried out at commencement of employment with NHSGGC and whenever a staff member moves to a new place of work in the NHS)
- general awareness training (every year, alternating with evacuation training)
- evacuation training (every year, alternating with general awareness training).

Staff have the option to undertake extinguisher training (non-mandatory) and there is also role-specific training for high-risk specialist groups such as theatres and labs. Managers and staff should determine if additional specialist training is required.

Staff in non-clinical areas should be doing their fire safety training every second year after induction.

Fire safety training is available on LearnPro for all staff – simply log on and choose mandatory. It's that easy and only takes around 45 minutes to complete.

**LearnPro is available at: <https://nhs.learnprouk.com>**

# Shout from the rooftops about your great work

## **Your Corporate Communications department works with all parts of the organisation to tell people about the great work you do on a daily basis.**

We have developed a new microsite to make it easier for you to find out who we are, learn what we can do, and get in touch with us to help you share your news with colleagues and the public.

The team has won a number of industry awards for planning and delivering communications.

We can work with you to create eye-catching news demonstrating how you deliver the best possible health services to our 1.2 million residents and those

we see through specialist regional services.

Our expertise will help you understand who your key audiences are, develop clear messages, choose the right media channels and create a

programme of communications activity that hits the mark.

NHSGGC makes up about a quarter of Scotland's NHS workforce, so it's also vitally important that we keep you up to date on all the great

work that's going on across the board.

We're dedicated to making sure that news reaches the right people in a number of ways, so speak to us about:

- staff communications, including SN
- graphic design
- public relations
- social media
- Chairman's Awards
- digital communications
- campaigns.

**We always love to hear from you, so please get in touch. Visit the microsite at [www.nhsggc.org.uk/communications](http://www.nhsggc.org.uk/communications)**



# NHSScotland classic golf qualifier

The NHS 4 Nations golf tournament brings together teams from England, Wales, Northern Ireland and Scotland to compete for the Red Review Events trophy.

In 2018, the Scottish Qualifying event will be held over the Championship East Course at Dalmahoy Hotel & Country Club, Kirknewton, Edinburgh EH27 8EB on Tuesday 15 May.

The top 10 scores overall will qualify to represent the Scottish team at the NHS 4 Nations Finals being hosted in Ireland in August.

What to expect on the day:

- registration from 10am in the Brasserie Alcove, Clubhouse
- tea, coffee and morning rolls served at registration
- welcome from the Dalmahoy Team
- complimentary range balls to warm up before tee-off
- briefing at 11.30am
- shotgun start at noon



Dalmahoy Hotel & Country Club

- 18 holes on the Championship East Course [par 73 distance 6684 yards]
- soup and sandwiches served in the Cocktail Bar [private room within hotel]

- prize-giving and raffle. The format is full handicap stableford [maximum handicap for gents is 18 and for ladies 24].
- Entry cost is £90 per person

for NHS players [payment in cash on the day].

Raffle entry £10 – prize: four-ball voucher for the Championship East Course or Resort West Course at Dalmahoy.

Register by email or request further details by contacting Gail Proudfoot, email:

**gal66events@yahoo.com** or telephone: 07519 071662.

Please note: email entry using "Reply" and filling in the required information [name, organisation and handicap]. Entries can cover multiple people in one email. This will be considered a contract with the venue[s] and as a result any call-offs within seven days of the event will be liable to a charge if replacements cannot be found.



## Staff are stepping up to the mark!

**Congratulations to all our staff who have put on their walking shoes and have taken up the challenge of walking 560 virtual miles across the Emerald Isle from Donegal to Cork.**

More than 2,000 participants have taken up the challenge this year and have been counting every step they take – that sounds like a song!

With only four weeks to complete the challenge [11 February is the closing date], the pressure is on and the competition is fierce, with local groups across NHSSGC determined to beat their rivals – perhaps even their colleagues in local authorities.

If you've been taking part in the challenge this year then let your staff comms team know – send us your pictures and we'll share your triumphs and maybe even a few defeats on social media, email [staffnewsletter@ggc.scot.nhs.uk](mailto:staffnewsletter@ggc.scot.nhs.uk)

Keep on walking!

15TH JANUARY - 11TH FEBRUARY



[WWW.ACTIVESTAFF.WORLDWALKING.ORG](http://WWW.ACTIVESTAFF.WORLDWALKING.ORG)

## COMPETITION

# WIN

an iPad mini 4!

This month we are giving you the opportunity to win a fantastic iPad mini 4, 128GB with Wi-Fi!

There's more to mini than meets the eye. iPad mini 4 puts uncompromising performance and potential in your hand. It's thinner and lighter than ever before, yet powerful enough to help you 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](mailto:competitions@ggc.scot.nhs.uk) or send to: **Corporate Communications, JB Russell House, Gartnavel Campus, 1055 Great Western Road, Glasgow G12 0XH.**

**Q: Who has been appointed the national clinical lead for sepsis?**



T&C: The competition is open to all NHSSGC 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 28 February 2018. Prizes must be claimed within four weeks of the closing date.