

# STAFF NEWS

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

## Best in Europe

**O**ne of Europe's largest and most advanced centres for the sterilisation of surgical and medical instrumentation has opened in Glasgow.

Based in Cowllairs, Springburn, the new £9 million Central Decontamination Unit replaces six existing facilities within Glasgow's hospitals.

The first of these facilities has already moved to the new building, with the rest transferring on a phased basis over the next 12 months.

Once running at full capacity, the new unit will decontaminate and sterilise a whopping 12 million instruments per year, ranging from single surgical instruments to complex theatre sets.

To give you an idea of the size and capacity of new facility: it covers an area of some 40,000 sq ft and houses the very latest, state-of-the-art decontamination and sterilisation equipment - most of which has been designed specifically for the environmentally friendly new building.

So impressive is the new set-up,



that since it became operational in October, it has won four national awards, including an award for design and one for being environmentally friendly.

A sophisticated IT tracking system enables instrumentation to be traced

through the decontamination process and records its history. This enables speedy identification of which instrument was used on individual patients in any of Glasgow's hospitals.

**Continued on page 3**

## Pensions Agreed

**A** new framework for public service pensions has been agreed by NHS employers and unions.

Work has been ongoing since 2003 to review the NHS pension scheme and a public consultation was carried out earlier this year on a range of options for a new scheme.

Over the summer, the Public Service Forum came up with a framework for all public sector pension schemes and each scheme - in our case the National Health Service Superannuation Scheme (Scotland) - will take forward its own negotiations with a view to reaching a final agreement by June 2006.

**Continued on page 3**

## New Structure

**M**ost of you will be aware that NHSGG has been going through a management restructure.

A structure chart showing the Board and the management post-holders for the new Acute Directorates, CH(SC)Ps and care group partnerships is on pages 8 and 9.

You'll find more detailed information on the new structure in the November 25, 2005 edition of Core Brief on StaffNet intranet.

### Inside this issue

**Rheumatology ward opening**



page 3

**Our Staff are winners!**



page 5

**Postcard from Africa**



page 12

**Plus... The Endoscope · Staff News Survey feedback · Area Partnership Forum**

# Intro to General Practice Nursing

**A new pilot course at Glasgow Caledonian University aims to increase the confidence of new practice nurses working in primary care.**

The Introduction to General Practice Nursing provides basic practical and theoretical training in general practice nursing, so that they become more competent and confident in their new role.

The course was the brainchild of Glasgow's first dedicated practice nurse adviser Gillian Halyburton. Gillian explained the course is being offered for two reasons. The first is to ensure that those who attain new practice nurse positions are suitably supported. The second is from a workforce and planning point of view.

Gillian said: "In the next five to seven years, 50 per cent of the most experienced nursing staff in general practice will leave. It takes time to gain the sort of experience necessary to run a practice-led nurse project.

"With the GP contract and the new emphasis on primary care, nurses are at the forefront of this widening remit, so this new module concentrates on a service-led practice."

The course syllabus is designed to include: contemporary political



Gillian Halyburton (inset)

and professional issues; principles of chronic disease management; approaches to health education and referral; evidence-based practice; immunisation and anaphylaxis; and legal and ethical principles. During the 12-week module, students are mentored in practice.

Gillian explained: "Practice nursing is now seen much more as a discipline than previously. It is about choosing a career path. GPs are aware of this and are looking for someone who can do certain things. General practice is now much more of a skill mix, but courses like this ensure equity so that from now on all practice nurses will be trained to the same level, which will benefit

GPs as employers."

The course entry requirements are 1st level nurse registered part 1 of the register. It costs £250 for the 12-week course and the mentorship costs £700 supported by us and other professional bodies.

After successful completion of the 12-week course, if nurses have no job they will be placed automatically on the locum list as a staff nurse to help them gain experience and to begin the mentoring process.

For more information, contact Gillian Halyburton, tel: 0141 232 2066 or email: [gillian.halyburton@glacomen.scot.nhs.uk](mailto:gillian.halyburton@glacomen.scot.nhs.uk)

## Watch Out for the Staff Survey

**This year's Staff Survey will be winging its way to you soon and all staff are being encouraged to take part.**

The survey will be sent out at the end of this month (Jan)/beginning of next and it's your chance to have your say on your workplace.

Available in paper form and electronically, the findings from the Staff Survey will help NHSGG formulate future staff policies.

This is an important document, so please find time to fill it in.

## Be part of an online community

**Become part of an online community! That's the invite from [www.theknowledgexchange.co.uk](http://www.theknowledgexchange.co.uk) - a new website for UK Health staff.**

The networking and information service allows health and social care workers to share information, experiences and advice on a range of subjects. It aims to save time and keep you up-to-date with other health professionals while helping to build networks and enable you to learn from others.

"Staff at all levels in NHSGG can get access to this service," explained Joanne Frame, ICT Culture Change Lead from the ICT Programme Office. "Whether your interest is in service improvement and developing NHS organisations or even in clinical discussion, the idea is to develop services across NHS and improve communication between those involved in the NHS."

To start using the service you will need to complete a short registration process. For further information including a tour of the site, visit: [www.theknowledgexchange.co.uk](http://www.theknowledgexchange.co.uk) and log in via the visitor access.



## Best in Europe, Continued from page 1

Project lead for the Pan Glasgow Decontamination Centre Jonathan Best described the new centre as a "great success story for NHS Greater Glasgow".

Mr Best explained: "Our existing sterilisation units have served us very well over the years, however the NHS has been given strict new standards for the decontamination of hospital instrumentation that none of our existing units can meet. The result is a centralised state-of-the-art unit with which Glasgow can lead the way for others to follow."

The methodology behind the new decontamination centre has been shared with the NHS Scotland Property and Environment Forum with a view to benefiting other hospitals.

In terms of NHS in Glasgow, this project has harnessed the expertise of many people from a range of disciplines, including staff from microbiology, supplies, HR, IT, transport, TSSU, Health and Safety, Quality control staff and many more. It has been described as a real landmark not only for the NHS in Glasgow, but for sterilisation services across the UK.

## Pensions Agreed, Continued from page 1

So far what's come out of this is that staff in the existing pension scheme will still be able to retire at 60. However, new entrants to the pension scheme will have to work until they are 65.

### Other aspects of the agreement include:

- **Increasing flexibility in pensions arrangements;**
- **A shared commitment to transparency, shared information and joint working;**
- **New schemes to be defined. Benefit linked to an individual's earnings;**
- **New scheme members will have the opportunity to pay more to enable earlier retirement.**



**Employee Director,  
Donald Sime**

Initial discussions by the National Health Service Superannuation Scheme (Scotland) are to be completed by April 2006 with final agreement by June that year.

Donald Sime, NHSGG's Employee Director, said: "The trade unions involved appreciate the more realistic approach by the Government to pensions, particularly in relation to protecting existing pension fund members. However, the concordat still needs to be ratified by each of the unions."

# New Rheumatology unit opens

**The Southern's new Rheumatology Day Unit was officially opened in November, after £15,000 was raised by patients, friends and one very generous donor, Kathleen Donaldson, who left a substantial bequest in her will.**

Wendy Alexander MSP did the honours on the day, following a speech by Rheumatology Consultant Dr Susan Fraser, and a touching tribute by Mrs Donaldson's nephew.

Situated off Ward 21 in the Main Medical Block, the new Unit for out-patients with rheumatoid conditions like arthritis, came about after many years of effort on the part of staff. It had become increasingly obvious over the years there was a growing need for a 'daytime-treatment only' facility that could allow younger patients to carry on a normal life, rather than having to be treated as in-patients.

Consultant Rheumatologist Dr Susan Fraser said: "The Unit seems to have been a real success so far. We had known for a long time that many of our patients had jobs and



**(left to right) Dr Susan Fraser, Wendy Alexander MSP and Robert Bruce at the official opening.**

families, and it was a real imposition to have them stay overnight in hospital for what were relatively simple treatments.

"So the Day Unit is a fantastic step forward, because they can have their treatments and then be out and home again within a matter of hours. We had art experts in from the beginning and it was all carefully designed to make sure it was as unlike a hospital as possible!"

But the benefit is not just for

patients - Dr Fraser says there are new facilities there for staff too: "We're actually building up a Rheumatology library as part of the unit, so we'll have a fantastic resource there. There's new technology as well, which will not only help staff in their clinical practice but also help us keep up with our professional development."

It's expected that around half of all the patients at the Unit will be under the age of 50.

# Number 10 invite for Sofi

**A**n NHS Greater Glasgow nurse who specialises in working with the ethnic minority community has had her work recognised by Prime Minister Tony Blair.

Sofi Taylor (51), a specialist learning development nurse for ethnicity based at the Killearn Resource Centre in Maryhill, was one of 200 community activists from across the UK invited to 10 Downing Street.

She said: "The Prime Minister spoke to everyone individually, asked about our jobs and thanked us for the work we did."

Sofi heads the Cultural Liaison Team within the Glasgow Learning Disability Partnership, a partnership between NHSGG and Glasgow City



Sofi (far right) and some of the other special guests at No.10.

Council's Social Work Department.

Her role is to make sure that NHS services are not only meeting the needs of the community, but that staff understand cultural sensitivities.

To explain the issues involved, Sofi lectures on cultural sensitivity to nurses at Caledonian University, and advises social workers and the voluntary sector.

## Review Helps Staff Recognise Child Harm

**A** new Significant Child Protection Incident Review aims to help staff prevent or minimise recurrence and future harm of children they suspect of being at risk.

In any event where a member of staff suspects, or has concerns about, a possible suspicious death or near death of a child, they can request a review of the circumstances via Child Protection Unit staff. Staff should report concerns firstly to their line manager

who may then request a review.

The purpose of the Significant Child Protection Incident Review is not an enquiry into a death, or to find out who is responsible, but is to establish whether there are lessons to be learned, what these are, and make recommendations to bring about change.

**For more information on the Child Protection Significant Incident Review Procedure, visit: [www.nhsgg.org.uk/policies-procedures](http://www.nhsgg.org.uk/policies-procedures)**

## Review Letter Now Available

**H**ealth Minister, Andy Kerr's letter regarding the Annual Review of NHSGG is now available.

To see it, go to:

[http://staffnetcomms/staff\\_notices/2005/annual\\_review\\_2005.htm](http://staffnetcomms/staff_notices/2005/annual_review_2005.htm)

or  
[www.nhsgg.org.uk/annualreview2005](http://www.nhsgg.org.uk/annualreview2005)

## Check the benefits of this travel scheme

**A**ccording to the director of our Stobhill-based Staff Benefits Programme, the scheme is the "best kept secret" in NHS Greater Glasgow.

Joe Quinn said it's got even better thanks to the addition of staff discounts from the travel firm, John Semple Travel.

The agreement with the company goes live in January, with discounts on various holiday packages beginning at five per cent.

NHSGG staff will receive five per cent off holidays under £300, while bookings costing more than £300 attract the same discount plus free comprehensive European insurance or half price worldwide insurance.

John Semple joins Barrhead Travel, who are already signed up to the scheme, in offering holiday deals to staff.

Joe said: "I think it's a good idea to take on another travel company because we can offer a wider choice of packages to staff. Since 2002, hundreds of staff have benefited from the programme, especially independent financial advice on a wide range of financial matters including mortgages.

"We are looking forward to working on the provision of a staff travel club with the partners at John Semple."

**For more information about the travel agent and other staff benefits, log on to: [www.nhsstaffbenefits.co.uk](http://www.nhsstaffbenefits.co.uk)**

## NHSGG Heroes Triumph at the Scottish Health Awards

**NHSGG staff were among the biggest winners at this year's Scottish Health Awards.**

Winners in the Top Team category were Kevin Murray and his prosthetics colleagues at the Southern General. They were successful thanks to their pioneering creation of an artificial leg for a seven-month-old baby girl, using the plastic limb from a doll.

Nursing staff in the Queen Mother's Special Care Baby Unit took the Women and Children's Services Award after being nominated by a bereaved mother whose baby boy was born there with a serious heart defect.

Another NHSGG winner nominated by a patient was Dr Gavin McCallum, a Consultant Anaesthetist from the Southern General who took the Doctors' Award.

Springburn practice nurse Sister Marie Addison won the Unsung Heroes Award, while Glasgow-based paramedic Stephen Hannah was also a



Kevin Murray and his prosthetics colleagues presented with the Top Team award by the Health Minister Andy Kerr.

winner in the Ambulance Team Award for his 12 years of dedication with the Scottish Ambulance Service.

NHSGG also scored highly elsewhere.

Health Promotion Officer Brenda McConnell was named Organiser of the Year at a No Smoking Day briefing, for masterminding this year's events across the city.

Meanwhile, NHSGG pharmacists have won a number of honours,

including the Innovation in Service Development title at the Scottish Pharmacy Awards and the Joint Award at the NHS Alliance conference in November. Our community pharmacists have also picked the Merck Sharp & Dohme award for their Joint Working for Patients with Heart Failure project.

**Well done to you all!**

## Staff News Survey - the results!

**We received an overwhelming response to our Staff News survey and we're pleased to see that you like the magazine.**

More than 130 of you took part and thanks to you all for taking the time to fill in the survey both in the magazine and online.

And well done to Michael Donnelly from the Royal who won the £50 worth of M&S vouchers courtesy of NHS Greater Glasgow's Staff Benefits team ([www.staffbenefits.co.uk](http://www.staffbenefits.co.uk)).

Overall, you liked the style and content of Staff News and we received many positive comments highlighting how easy Staff News is to read and how much you enjoyed reading it. Many of you also liked the fact that we featured stories about staff and their achievements or jobs and asked for more.

**Not that we are ones to blow our own trumpet, but here's a selection of some of the comments:**

*"fantastic, great source of information"*

*"a great way to keep up-to-date with what is going on"*

*"It is great to see what other*

*people are up to."*

*"I like the mix of subject matter.....it is also a good learning tool when someone comes into the organisation new."*

*"....short, snappy articles with nice pictures to look at too!"*

*"it has a varied content and there will always be something on there that is relevant to you."*

*"(stories about) developments and innovations - it reminds us that there is good work going on and that we're not all completely demoralised!"*

*"very informative, an excellent source of info..."*

*"smashing!"*

Although the overall reaction to Staff News was very positive, two of you did feel that the magazine "can seem at times like a PR tool and not a newspaper" or was "propagandist".

**So where do we take it from here?**

Loads of you had ideas as to how we can improve Staff News and we'll certainly be looking to incorporate some of them into future editions. In fact, we've taken some on board already, you wanted more copies

available, so we're upping the number of copies available.

**Other suggestions included introducing:**

- A problem page
- Q&A articles about a range of subjects
- Advertisements
- A regular quiz and/or competitions
- More localised news
- More staff/job profiles and successes
- More educational articles
- More articles on innovative areas of practise
- Agenda for Change updates
- Letters page/staff forum
- A 'Times Past' type feature
- More about midwifery
- Special offers for staff
- Charity work
- A gossip column
- Results of the staff lottery
- More debate on contentious issues
- More articles on volunteers

You also highlighted that there are still problems with circulation and this is certainly something we'll be addressing over the coming year.

# Fair For All - Call for Your Views

**Do you know what your responsibilities are under the Disability Discrimination Act 1995 and how this impacts on your work?**

**No?**

Fair For All - Disability, a partnership initiative between the Scottish Executive Health Department (SEHD) and the Disability Rights Commission (DRC), has distributed two sets of Consultation Guidance to NHS staff across Scotland.

The new documents are 'Strategic Guidance to NHSScotland in Mainstreaming Disability Equality and Access into Policy and Planning' and 'Practical Guidance to NHSScotland in Mainstreaming Disability Equality and Access into Service Delivery'.



Written to support all NHS staff to understand their duties in relation to implementation of the Act, they cover a range of topics including improving access to health services for disabled people.

They also outline practical changes that can be made to improve disabled people's experience when using all NHS services.

Although the closing date for written submissions to the consultation was the end of December, Fair For All - Disability still values any feedback on the usefulness and relevance of the Guidance to staff's specific service.

If you'd like to see the documents, respond to them or for more information on the Fair for All-Disability initiative, log onto: [www.drc-gb.org/scotland/fairforall](http://www.drc-gb.org/scotland/fairforall)

## A&E Waiting Times - Not Just an Issue for A&E Staff

**Reducing patient waiting times at A&E departments has always been a major issue for the NHS.**

So it's good to know that NHSGG is facing the problem head-on with the work being carried out by the National Unscheduled Care Collaborative (UCC).

Consisting of a multi-disciplinary team of healthcare professionals, the UCC is working with frontline staff to build on good practice and help introduce new ways of working to reduce the amount of time patients wait in A&E.

This will help staff who are working to reach the national waiting time target of no patient waiting more than four hours in A&E without being seen, treated and discharged/admitted to a bed.

The new target has to be met by the end of December 2007.

Hamish McLaren is the UCC's Glasgow Clinical Lead. The former consultant physician at Stobhill Hospital said: "This is not just an issue for A&E staff. It's a whole system problem so we'll be taking a whole system approach."

Unscheduled care, he said, is basically any type of emergency care and has been divided into five distinct flow groups:

- Minor illness/Injury - Clinical Lead Derek Nelson
- Acute assessment - Clinical Lead, Phil Munro
- Medical admissions - Clinical

Lead, David Stewart

- Surgical admissions - Clinical Lead, Frances McLinden
- Out of hospital care (all aspects, including General Practice, Scottish Ambulance, Social Work Services) - Clinical Lead, Jim O'Neill.

The UCC has appointed clinicians to lead the programme in Glasgow. These clinical leads are supported by managers (Improvement Facilitators) and will work with frontline staff to improve and develop patient care.

He continued: "We're looking at where the blocks in the systems are and hope to address these from the bottom up. What we aim to do is work with staff to make the little changes that can lead to marked improvements in care."

For instance, problems can be caused because the patient may have to be seen by a number of different staff and may have to await the results of various tests before a decision can be made on appropriate care, further lengthening the time they are in A&E.

UCC Programme Manager, Heather McVey, is the former project manager in Primary Care for the redesign of out-of-hours district nursing services.

She said: "Working with staff, we hope to improve the discharge process and improve access to investigation and services so that people don't have to wait about so long. The solutions will be different



**Hamish McLaren**

for different parts of the system, so we hope to encourage local solutions for local issues."

Members of the UCC have already been visiting the hospitals talking to staff. However, if you'd like to speak to someone about this or have an idea about how you can improve things, contact one of the following:

Heather.McVey@gghb.scot.nhs.uk or 0141 232 7740

Hamish.McLaren@gghb.scot.nhs.uk or 0141 305 0327

**Western Infirmary:**

Karin.McInnes@northglasgow.scot.nhs.uk

**Stobhill Hospital:**

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**Glasgow Royal Infirmary:**

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Ellice.Pender@northglasgow.scot.nhs.uk

**Southern General Hospital:**

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**Victoria Infirmary:**

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David.Stewart@gvic.scot.nhs.uk

Con.Gillespie@gvic.scot.nhs.uk

**Yorkhill Hospital:**

Fiona.Russell@yorkhill.scot.nhs.uk

Jean.Wilson@yorkhill.scot.nhs.uk

**Out of Hospital Flow 5:**

Jim O'Neill - 0141 778 0440

Senga.Gaughan@gvic.scot.nhs.uk

# The Endoscope

## SOE - Save Our Endoscope!

**I**t has become painfully clear to the Endoscope – and no doubt to all readers – that nowadays parody simply cannot keep pace with reality. So, with a head pelted by the mint imperials of life and another New Year worth of daily grind on the way, the Endoscope is minded to make this the final column ever.

It's up to you dear readers – should this column go the way of a full Christmas dinner with all the trimmings when confronted by Pop Idol's Rik Waller, or should it reappear again and again, like MRSA scandals in the News of the World?

## Mulled whine

**A**s the three-month Christmas season drew to an end with the coming of the Boxing Day sales, the Endoscope remains in full sympathy with the young patients of the Royal Hospital for Sick Children, who once again will be persecuted by C-list celebs and their camera crews. God willing there will be no Colin and Justin this year.

However, the dark mood is dispelled by some of the unusual healthcare related photos to be found at [www.jwolfe.clara.net/Humour/Names](http://www.jwolfe.clara.net/Humour/Names)



And you wondered where Santa obtained that special present he gives to the NHS every Christmas. Now you know.



Potentially this is something you might not really want dropping down the chimney



This is also the time of year when the Health Department gets all heavy about waiting times targets – this Australian hospital shows a unique approach to solving the problem.

## H blockhead

**T**he accolade of being the most unpopular committee on the entire planet (with the possible exception on the one that runs the SFA) must go to the elect group of people responsible for imposing parking charges at all main NHSGG sites. Nevertheless, at a recent meeting the importance of their role in discouraging illegal and thoughtless parking was underlined by a particular incident at the Southern General Hospital.

Managers were perplexed to find a car neatly parked on the 'H' of the very large and somewhat obvious helipad that sits beside the main ward accommodation. Staff were dispatched far and wide to try and track down the owner of the vehicle in order to have it moved before either a Scottish Ambulance Service or RAF Air/Sea Rescue helicopter dropped in.

Now, as readers will know, the Endoscope isn't one to be judgemental. There aren't actually any 'no parking' signs on the helipad. And an 'H' does rather look like two facing parking bays. The driver obviously could not believe his or her (and let's face it, it's probably a 'her') luck in finding two free bays that offered a full 150 metres to reverse out of again.

## Dropping by you

**A**s keen students of the media could not help but notice, the doom of all humanity – a.k.a. avian 'flu - is circling over our heads, beating its leathery wings in anticipation. Given the undergarment dampening panic sparked by the tragic demise of a parrot down south, the Endoscope decided it was time to cut through all this virological nonsense and find answers to the only question that really counts – are our famous birds safe?

Freddy 'Parrot Face' Davies – despite his close ornithological connections to the aforesaid polly gone, Mr Davies, a stalwart of the Royal Variety circuit of the 1960s and 70s, is alive and well. He is available for after-dinner speeches, weddings and Barmtizvahs. His agents inform us that he is a "close personal friend of Jim Bowen".

Orville – Still alive. Unfortunately. However, the Endoscope recommends dissection just to be on the safe side.

Jackie Bird – Reporting Scotland will ensure that Sally Magnusson will do all the avian 'flu stories in order to minimise the chances of infection. Rumours that the presenters will no longer have to stand in front of the cameras but will be given a perch (on a little swing) have been denied by the BBC.

Liver Birds – Still alive, but career terminal.

Christmas Turkey – Any way you look at it, the prognosis is not good.

Yankee Doodle Pigeon – Stopped. Frank MacAvennie – Not strictly speaking a 'burd' – but his close association with large numbers of the species makes him the most likely candidate to provide the jumping off point for avian to human transmission.



Happy New Year!



# Organisation

**NHS Board**  
Chief Executive  
**Tom Divers**

**Board Medical Director**  
**Brian Cowan**

**Director of Corporate Planning & Policy**  
**Catriona Renfrew**

**Director of Finance**  
**Douglas Griffin**

**Director of Human Resources**  
**Iain Reid**

## Acute Services

**Acute Division Chief Operating Officer**  
**Robert Calderwood**

**Director of Acute Service Strategy Implementation & Planning**  
**Helen Byrne**

**Director of IT (Interim Director)**  
**Keith Moore**

**Director of Oral Health**  
**Kevin Hill**

**Director of Regional Services**  
**Jonathan Best**

**Medical Director**  
**Brian Cowan**

**Head of Prescribing & Pharmacy Policy**  
**Kate McKean**

**Director of Facilities**  
**Alex McIntyre**

**Director of Women & Children's Services**  
**Roslyn Crocket**

**Nurse Director**  
**Margaret Smith**

**Director of Diagnostics**  
**Jim Crombie**

**Director of Emergency Care & Medical Services**  
**Grant Archibald**

**Head of HR**  
**Vacant**

**Head of Clinical Governance**  
**Andrew Crawford**

**Director of Surgery & Anaesthetics**  
**Jane Grant**

**Director of Rehabilitation & Assessment**  
**Anne Harkness**

**Finance Director**  
**Peter Gallacher**

**Director of Health Information**  
**Situation Vacant**

**Head of Admin**  
**Gavin Barclay**

# Organisational Structure

**New Structure to take NHSGG into the future of modern healthcare provision and health improvement**

## Board HQ



## Partnerships



**Since April last year NHSGG has been working towards a new single organisational structure to replace the old divisions and board structures.**

The re-shaping of the way we organise and deliver services has been a massive task involving complex HR issues and partnership working ... and for many, the reorganisation has been difficult to visualise.

Here Staff News shows the "big picture" organisational structure.

This chart shows the top levels of structures with key director posts and appointees. Staff wanting to "drill down" into individual directorates should visit

the NHSGG StaffNet and open the "Transition Core Brief issue 7".

From now through to April, staff will be implementing the new arrangements - some of the new directorates will be formalising locations and working arrangements during January with others following on in February and March.

The CHPs and CHSCPs will continue to develop throughout 2006.

Last year was one of significant upheaval and challenge for staff throughout NHS Scotland - but in particular for Greater Glasgow in that we added this structural re-organisation on top of Agenda for Change and are also preparing a major

boundary change that will see many staff joining us from the Argyll and Clyde.

CEO Tom Divers is confident that this time of challenge and re-structuring will serve NHSGG and the population of Greater Glasgow and beyond well into the future, as services are restructured and new partnerships are forged with local authority partners, to drive forward significant health improvements within community settings.

As further developments towards finalising this structure take place, staff will be kept fully informed via the StaffNet Core briefing system.

# Podiatry is a Lot More Than Ingrown Toenails



**O**ver the last few editions, we've been looking more closely at the work of the Allied Health Professionals.

For this edition we talked to Graham Pirie, a Primary Care Podiatrist based at Parkhead Health Centre since 1985.

"You say podiatry - or chiropody, they're the same thing - and most people think corns and callouses and ingrown toenails. We get lots of those of course, but the profession encompasses a lot more too.

"Bio-mechanics, or gait analysis, involves analysing how patients walk and understanding how this impacts on the whole body. All podiatrists have a basic grounding in this, but there are some who specialise in bio-mechanics.

"It can be surprising the way

these things connect. I once had a patient who had a recurring problem with painful hard skin on one foot. After several visits for treatment when we had eliminated all the obvious causes, I asked if he intended to visit his dentist and sure enough, after treatment for his teeth, the problem with his foot disappeared too. Pain makes us change our posture and the way we walk.

"I think people would be surprised at the extent of the service podiatrists provide. In Primary Care, the community podiatrist is often one of the few people with whom a housebound patient will have contact with and most of us have many elderly patients. We help to maintain their mobility and quality of life. We also have specialists with client groups in

the areas of Mental Health and Learning Disability.

"A common factor for all of us is heavy and ever-increasing caseloads. Podiatrists, both in the acute and primary care sectors, see patients with complex medical needs, diabetics probably being the largest group under this heading, and others with rheumatoid arthritis or vascular disease. We provide some very good examples of multi-disciplinary team working because practice nurses, doctors, dieticians and others are all involved in decisions about treatment. Waiting lists are being reduced because of the ability of Podiatrists to triage referrals. If podiatric intervention is appropriate it reduces the need for patients to go on and see an Orthopaedic Consultant.



Graham Pirie

## New gender projects piloted

**Three new pilot projects to find out why men and women access services in different ways, and why they may have different health outcomes, have been launched in Glasgow.**

The new projects, which will form part of a national pilot co-ordinated by the Equal Opportunities Commission (EOC), will look at how men and women access:

- mental health services;
- tobacco policy and stop smoking services;
- management of stroke services.

By identifying gender inequalities in the way the services are currently organised, it is hoped that we may be able to affect uptake and success rates for men and women.

For more information: contact Sue Laughlin, Head of Inequalities and Health Improvement (designate), tel: 0141 201 4966 or email: [sue.laughlin@gghb.scot.nhs.uk](mailto:sue.laughlin@gghb.scot.nhs.uk)

“How would I like to see the service develop? I’d like to see more Extended Scope Practitioner and Podiatry Consultant roles outwith the acute sector. And, there’s now a training course established for podiatric surgery. It was agreed with the Royal Colleges of Physicians in Glasgow and Edinburgh and is already up-and-running - although this year and next are already fully subscribed.

“Generally AHPs are continuing to develop their professions - there are opportunities implicit in the Kerr Report and the Knowledge and Skills Framework for Agenda for Change. For Podiatrists specifically, I think we’re rapidly moving more to diagnosis and the links between podiatry and patients’ wider health needs.”

## New Support Scheme for AHPs

**A new scheme to support AHPs has been launched by the Scottish Executive.**

The scheme is part of a wider strategy by the Executive to tackle recruitment and retention issues in the AHP workforce.

It includes:

- £3000 for AHPs who take up posts that have been vacant for six months or more, plus £3000 for the team which has supported the vacancy (money to be used for education, training and development);
- £5000 travel scholarship opportunity for experienced practitioners to explore development in other healthcare environments;
- A new AHP support and development programme including Flying Start NHS - all new AHP graduates will be eligible for up to £4500 over the course of the programme.

The Executive is also providing £500,000 over two years to establish an additional ten AHP consultant posts in Scotland.

Details of the AHP strategy can be found in ‘Building on Success: Future Directions for the Allied Health Professions in Scotland’ ([www.scotland.gov.uk/Publications/2003/03/16931/21223](http://www.scotland.gov.uk/Publications/2003/03/16931/21223)).

# Postcard from Africa



**A**t Staff News, we're always keen to hear about the selflessness of staff who give up their annual leave to go and help others in the Third World.

In this article, we hear from Dr Lena Macara, a consultant obstetrician at the Queen Mum's.

Over the last five years, Lena has left her busy job in Glasgow behind and used some of her annual leave to work in Uganda. Here, she tells Staff News about how she helps women there.

Lena said: "When I go to Uganda I work primarily in two rural mission hospitals; Kamuli in the north and Kitovu in the South-West. My job is really to do one thing: to repair Vesico-Vaginal Fistulas (VVF) in women who have very limited access to healthcare.

"VVF is not something I would ever expect to see in Glasgow, but it's quite common there. Essentially, women don't have access to maternity care and as a result, if labour doesn't progress well, the baby gets stuck - a problem called obstructed labour. The pressure caused by the stuck baby makes a hole in the bladder and sometimes the bowel, leaving these women totally incontinent. Unfortunately, even when a Caesarean section is done, the baby is usually stillborn.

"There are very few doctors in Uganda who are trained to repair fistulas and since most of these women are very poor, they can't afford treatment in any case.

"The hospitals are both very basic compared to ours, but they provide an enormous range of facilities. I doubt if many of us here in Scotland could provide the care they do with the resources they have.

"Looking to the future, the Ugandan Government and the United Nations are both very keen to improve care for women with VVF and as part of that, we're training Ugandan doctors to repair VVFs themselves.

"Long-term, the aim's really to do ourselves out of a job."

If you or a colleague give up your free time to help others abroad or at home, Staff News would like to hear from you.

**Uganda is a well known safari destination in Eastern Africa.**

## Got a story?

Contact Staff News on: [staffnews@nhsgg.org.uk](mailto:staffnews@nhsgg.org.uk) or pop a letter to Olivia Cornacchia, Staff News, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ.

**Consultant Obstetrician Dr Lena Macara back in more familiar surroundings at the Queen Mum's.**



**Lena with some of the women she's worked with in Uganda.**

# Teen Unit Needs You

**H**ave you got a bit of spare time and would like to do something for charity, but don't know what? Then why not organise a fundraising event for the Teen Cancer Unit at the new Beatson.

The six-bed £1million unit is part of the brand new Beatson being built at the Gartnavel site.

Funded by the Teenage Cancer Trust, the new unit will be designed for and with the help of teenagers with cancer.

Winifred Macpherson, who represents the Teenage Cancer Trust in Scotland, said: "We're delighted to be

funding this new unit within the new Beatson. It's something that's badly needed in Scotland. Fundraising is already well underway for the new unit. However, we've still got a fair bit to go and would appreciate any fundraising NHSGG staff could do."

Winifred said there were lots of things staff could do from holding coffee mornings and concerts to sponsored sporting events such as a sponsored run or swim.

If you would like to hold a sponsored event for the Teen Cancer Unit and would like to get in touch with Winifred, email her at: [winrosmac@ntlworld.com](mailto:winrosmac@ntlworld.com)

The Beatson also receives funding from Cancer Research UK and the Friends of the Beatson.

## Update on Your APF

**T**he first NHS Greater Glasgow Partnership Forum under the joint chairmanship of new Employee Director Donald Sime and Chief Executive Tom Divers met in December.

Topics for discussion were the Argyll and Clyde Health Board dissolution and integration, which unsurprisingly, had an impact on many other NHSGG issues such as the move to single system service working.

Also up for discussion was the Area Partnership Forum itself, which acknowledges that although an established body, its membership needs to be looked at. Donald explained that the next meeting in January would be crucial for its future.

"While its core members are management representing NHS Greater Glasgow and trade unions with responsibility to represent its members, the move to single system and the dissolution of Argyll and Clyde means there must be reorganisation within new structures and a reformatting of ideas."

Future plans for procurement services have also been under review bringing it in line with a single system working. A new dimension has also been added

with the prospect of new boundaries surrounding the integration of Argyll and Clyde. In addition, there are likely to be further talks as result of the national review and the move to a spoke and hub model.

The future of telecoms is also under review as we enter the last two years of our contract with Cable and Wireless. A market report has been called for to look at the future of telecommunications and call handling. There has been a call to formally establish a team to look at the options available including an automated switchboard option, or using up-to-date call centre technology.

Outsourcing switchboard services was raised by the trade unions as a concern. When the Board has, in the past, been presented with this choice, it has always staffed this function internally.

"The preference is to work internally, invest the capital and make changes. However, we can't have a process where we risk being challenged later because we haven't looked at all the options," said Donald.

A major item, which will have a big impact on future health service delivery, is the Kerr Report. Tom Divers gave an



**Chief Executive, Tom Divers who gave an overview of the Kerr Report on the future of NHS services.**

overview of the report which will be a major agenda item for a future forum.

The Forum also applauded NHSGG for turning around its financial situation and its work to balance the budget. This has been achieved by managers and staff working together. Updates on Agenda for Change continue, with a large number of job descriptions now in and the process of job matching and consistency checking having been carried out for a number of specific staff groups. Staff should be informed of their outcome prior to payment.

# Thoroughly super sister

**Sandra McQuat has had, in her own words, a “fantastic 2005”.**

She said: “It’s been an amazing year: in January I turned 60, in February I was off to New Orleans for Mardi Gras with my husband and I attended the Royal Garden Party. On top of that I’ve also been on television.”

Since enjoying her 15 minutes of fame in the BBC2 programme, *Thoroughly Modern Matron*, Sandra is now quite happy to return to her everyday role as G Grade Sister at the Beatson.

Sandra’s appearance on the *Thoroughly Modern Matron* has turned her into something of a rising media star, with follow-up appearances on Jeremy Vine’s Radio Two lunchtime show, Radio Scotland and the BBC’s Breakfast show.

So, how did this formidable ward sister end up appearing in a programme comparing nursing in the 1950s to the present day?

“Some of my colleagues saw a notice that a programme was looking for a matron and told me about it, so I applied. The researchers came up and interviewed me and it all went from there,” explained Sandra. “I really believe you have to take opportunities in life as they come to you. I really enjoyed the whole thing



and filming in Belfast was just wonderful, it’s a beautiful city.”

When it came to emulating a matron of the 1950s, Sandra admits she thought back to her old matron when she was a student nurse at the Western.

“I think as soon as I put on the old uniform, it just demanded respect, and this was clearly demonstrated in the programme. As well as that, I am disciplined, and I run a tight ship, but I hope I’m approachable as well. In the programme, they tended to only show the strict bits, but the nurses did come to me for advice, though it wasn’t shown.”

Sandra believes the main differences between nurses now and

when she was training is one of discipline.

“Student nurses today are every bit as good, but just don’t have as much respect for authority. That’s a problem across society, not just in nursing. The most important thing remains having a desire to nurse.”

And to the future, well Sandra says she would like to see out her days with the Beatson at the Western, but when the ward moves to Gartnavel some time next year, she believes it may be time to go.

“I trained at the Western, which is noted for its excellent caring nurses. Even nowadays, many who come to train here at the Beatson come back as staff and I think that shows a quality of care to be proud of.”

## Teen Pregnancy is Just One Aspect of Group’s Work

**F**or many of us, working in partnership with our colleagues in the local authorities is a huge part of our jobs.

Staff working in Primary Care, Mental Health, Learning Disabilities and Addictions - to name a few - regularly work closely with Council staff within the care partnerships to develop and improve services.

Another such partnership is the Teenage Pregnancy Steering Group. A multi-disciplinary group of health and Glasgow City Council staff, the Group was set up to look at a range

of issues surrounding teenage pregnancy, sexual health, wellbeing and relationships.

Their work will help health and local authority staff build on good work already being carried out in this field and help formulate future policies and services for young people.

To date, the Group has carried out a well-received survey of parents of school age children on their views about sexual health education, their own experiences and their views on their children receiving it.

It is also in the process of

carrying out a survey with teenagers from across the city to find out what they really think, feel and understand about sexual health and relationships. This consultation will continue until January 31 2006 and can be accessed on-line at: [www.youthquestions.org.uk](http://www.youthquestions.org.uk) or tel: 0141 287 6862.

Future work the Group hopes to carry out includes amongst other things, developing a multi-disciplinary protocol for health and local authority staff working in Glasgow and sexual health policies for looked after and accommodated young people.

They have also just appointed a post of ‘Project Midwife - Teenage Pregnancy’ to look at how maternity services cater for young mothers and young fathers.

We’ll keep you up-to-date on what the Group is up to in future editions.

# NHSGG in the Headlines

**T**he Communications team has been as busy as ever over the last few months. As well as contributing to Staff News, the team is responsible for fielding all enquiries from the press and broadcast media, and planning the best possible positive coverage for NHSGG.

As always, the examples below show what a mixed bag our workload can be!

## Following Yorkhill's Cleanliness Example!

A £100,000 scheme to monitor standards of cleanliness in hospitals across Scotland was launched by the Scottish Executive in November, based on a successful pilot at Yorkhill.

Naturally, journalists wanted to know what was so good about the Yorkhill scheme that made it worth copying nationwide. As well as providing information on the pilot, it was also arranged for a photographer to take a picture of the two housekeepers whose work was being recognised.

Edith Paton and Susan Doyle dutifully posed, mop and bucket in hand, and turned a purely factual story about hospital cleaning into a positive one for NHSGG.

## £100,000 league table to shame dirty hospitals



## Fare 4 All?

NHSGG's Community Engagement team produced a report about public transport, in collaboration with more than 40 community and voluntary groups across Greater Glasgow. The report was about the health impact that isolation can have when a person is unable to get around because they don't have access to any kind of transport, as well as issues of access to healthcare facilities.

The spread of views in the report was fairly even, but some headlines concentrated on the fear some older people said they felt when travelling by bus. The Press Office had to work hard to make it clear to journalists that the report was much more comprehensive than that.

## Why people travel in fear on the buses

## Scottish Health Awards

The Scottish Health Awards (see page 5) were very successful for NHSGG staff this year, and successful for the Press Office too!

What seems on the surface to be a very simple, pleasant story of congratulating colleagues for a job well done was in fact fairly complicated. To begin with, the ceremony was not the work of NHSGG, but we still had to coordinate our responses to press interest with colleagues in other agencies.

Secondly, the most moving parts of the story were often the reasons why a particular professional or team was nominated and this is what journalists



wanted to know about. However, patient confidentiality is always a consideration for us and therefore many details of what made a person's treatment so special could not be made public.

The third complicating factor here was the geographical spread of the winners and how we got information to local newspapers. Local papers in the West End, for example, weren't interested in the Southern General winners - and vice versa elsewhere. Several targeted stories had to be prepared for the individual newspapers.

## Post-natal Depression

Some long-term planning paid off when we secured a very positive piece of coverage about a pioneering project at the Southern General to help mothers recover from post-natal depression - the Mother and Baby Community Mental Health Team.

Normally, patients aren't available for interview but a brave mum posed for press photos with her two children and discussed what the project had meant for her. The result was a brilliant article that not only reflected well on NHSGG, but helped demolish some of the myths that still persist about mental ill-health.



## Breast Cancer Drug Approval

Very often, the fact that so many of the national media outlets are based in Glasgow means we are asked to provide comment or a place to film or photograph when a story isn't actually about us. We are also asked a lot of questions on national stories because we have so many regional and national facilities based within Glasgow.

One such story was the Scottish Medicines Consortium's approval of Aromasin for certain breast cancer patients. Although this wasn't a

Glasgow-specific story, we are always keen to help where we can, so figures relating to how many NHSGG patients might benefit were made available, and Professor Tim Cooke from the GRI gave expert opinion to a number of outlets.

## Scots are given new breast cancer drug a year before England

## Fresh hope for Scots as cancer drug approved



# Families for Children needs YOU!

**E**agle-eyed Staff News readers may have noticed a major advertising campaign being staged around the city recently, encouraging Glaswegians to think about giving homes to some of the city's most vulnerable children.

The radio, billboard and newspaper ads are for Families for Children, Glasgow City Council's Adoption and Fostering arm.

They're the brainchild of Morag Darnborough - and now she wants to appeal to the 33,000 workers within NHSGG. In other words, your city needs YOU!

Morag says the campaign is unprecedented in its scale: "Glasgow desperately needs more adoptive parents and foster carers. Right now

we have around 800 children who can't live with their own families, for various reasons, and we're trying to find new families for them.

"We know the Health Service in Glasgow's staffed by a lot of good people, all from different backgrounds. Any one of you could make a fantastic adoptive parent or foster carer and make a huge difference to a child's life."

Morag believes the skills you need to work in healthcare are the same as those you need if you're going to expand your family.

"First and foremost, you understand how rewarding it can be to care for someone. Very often you'll also have seen with your own eyes the sort of circumstances that can lead to youngsters being



**Families for Children's Morag Darnborough's hard at work**

separated from their families. It also helps that the NHS is a good employer with family-friendly policies.

"All kinds of people can become carers - you can be single, married, a parent already or have no children. There are all sorts of different ways you can do it, too. Some people offer a few weeks to a child, while others can give a lifetime of commitment."

**For more information, contact Families for Children tel: 0845 270 0609.**

## Tissue collection supporting medical research

**N**HSGG is home to Scotland's first NHS Bio Bank which collects human tissue for research purposes.

Established three years ago in the Pathology Department at the Royal, the Bio Bank collects tissue from patients who have material removed as part of their treatment or in order to make a diagnosis.

Researchers from academia, research charities or the commercial sector can approach the Bio Bank to request access to material already stored or commission a specific collection.

There are strict guidelines about

taking human tissue for research and new legislation is about to come into force in 2006 which will govern not only post mortems, organ retention, donation, and transplantation, but will also affect the collection of human tissue for research purposes.

Bio Bank manager Jane Hair explained: "Human tissue research has, in the past, often been controversial, as claim of ownership of the material has not been clearly defined. The new legislation about to come in undermines the importance of patient consent in using the tissue for research purposes. It will also enforce a

regulatory mechanism for collections of human tissues.

"Human tissue is very valuable, and access to it has become difficult over recent years. Patients need to know how we collect, why we collect and who can access the resource. They also need to know that no additional material will be taken and will make no difference to the treatment or the surgery they receive. We are simply using material which would otherwise be considered waste.

"The use of human tissue is now more important for research than at any other time. It gives us a better understanding of disease, which makes us better at identifying targets, improving diagnosis, and helps develop new drugs."

### 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 new 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.**