

Daily update (3 May 2023, 3.45pm)

Topics in this Core Brief:

- Managed car parking reintroduced
- Changes to fire response from 1 July affecting NHSGCC Community and Hospital buildings
- NHSGGC Peer Support Looking after Yourself and Others
- Heart failure awareness week 1-7 May

Managed car parking reintroduced

Staff are advised that further to the previous communications in June 2021, when managed car parking services were formally reinstated, NHSGGC has taken a pragmatic and flexible approach in the application of this. In doing so, we have consistently monitored the parking activity on all of the sites with managed car parking in place and exercised a significant level of tolerance in regard to staff parking restrictions. However, in recent weeks it is very apparent that all of our sites are regularly at full capacity and this has resulted in major disruption.

Therefore, from **Thursday 1 June 2023** the previous controlled parking arrangements on the sites listed below will be strictly controlled and staff should park only in the appropriate clearly designated parking areas. The sites covered by managed car parking arrangements are:

- Gartnavel Hospitals Campus
- Glasgow Royal Infirmary Campus
- Queen Elizabeth University Hospital and Royal Hospital for Children Campus
- Royal Alexandra Hospital Campus
- Stobhill Ambulatory Care Hospital and Mental Health Units Campus
- Victoria Ambulatory Care Hospital
- West Glasgow Ambulatory Care Hospital

Staff should park in permit areas only if a current permit is held and displayed. Staff without permits are asked to park only in "staff non-permit" designated areas on each campus and must refrain from parking in patient and visitor areas. Contracted car

parking services staff will be deployed as normal on each site during core hours to deter inappropriate parking. Staff without a valid permit should not attempt to gain entry to staff permit parking areas as entry will be denied and the consequential effect of this can lead to unnecessary queues and inordinate traffic disruption on the campus. Travel planning advice, alternative options guidance and active travel information is available from the <u>Travel Plan Department</u>.

Changes to fire response from 1 July affecting NHSGCC Community and Hospital buildings

Your role

It is critical that staff place a backup call for all fire alarm activations, **as reinforced during your annual fire safety training**.

Change

As from 1 July 2023, Changes within Scottish Fire & Rescue Service (SFRS) policy means that they will no longer automatically attend all fire calls that have originated from the buildings' fire detection system.

Current practice

All NHSGGC locations have fire detection systems and procedures in place offering early notice of fire, as well as robust evacuation procedures and response mechanisms. These are tested annually via fire drills. The duty to evacuate buildings, silence and reset fire alarms is not the responsibility of SFRS but GGC and staff within or, by a joint local arrangement in shared buildings.

SFRS will attend all buildings where there is reasonable evidence of fire. This includes staff reporting via a 2222/999 call to report fire, the smell of smoke, or that the fire alarm has activated as a result of a call point activation.

Who will be affected by the change?

Many community buildings and possibly some non-sleeping hospital site buildings will be affected. The change excludes any building that is part of a sleeping risk, therefore all inpatient areas and attached buildings will still receive a SFRS attendance if the fire alarm activates.

Next steps

NHSGCC has formed a Short Life Working Group to assess and adjust to any required changes to affected buildings and, where required, will assist local managers to introduce any adjustments to the present procedure.

It is critical that staff continue to place a backup call for all fire alarm activations, as reinforced during your annual fire training.

Advice

Further information and advice can be found on the Staffnet link of Fire Safety & Training Fire Safety Policy & Protocol link: <u>SFRS Reduced Attendance 01 July</u> <u>2023</u>.

Please contact the NHSGCC Fire Safety Advisors below if you have any queries, are unsure, or would like to discuss this or the work of the Short Life Working Group further.

QEUH: francis.deacon@ggc.scot.nhs.uk IRH and RAH: allan.brown2@ggc.scot.nhs.uk GRI: stephen.goodfellow@ggc.scot.nhs.uk and edward.gallagher2@ggc.scot.nhs.uk GGH and West Glasgow ACH: des.keating@ggc.scot.nhs.uk and alastair.ross@ggc.scot.nhs.uk Partnerships West: robert.dockrell@ggc.scot.nhs.uk and gerard.lyons@ggc.scot.nhs.uk

NHSGGC Peer Support - Looking after Yourself and Others

Our Peer Support Framework provides an online module, Looking after Yourself and Others, designed for all staff and structured on the following themes:

- 1. Understand what a normal response to stress is
- 2. Understand the basic elements of Psychological First Aid
- 3. Wellbeing Learn how to care for ourselves
- 4. Peer Support How to support our colleagues.



support

The module is available on: Learnpro - GGC 277: Looking after Yourself and Others <u>learnPro NHS - Login (learnprouk.com)</u> and for NHSGGC/HSCP staff and social care staff on their Local Authority learning platforms.

Further resources for staff mental health and wellbeing can be found on HR Connect <u>Mental Health and Wellbeing - NHSGGC</u>. To find out more about Peer Support in NHSGGC please email: <u>peer.support@ggc.scot.nhs.uk</u>

Module outline - Section 2: Understand the basic elements of Psychological First Aid (PFA)

- Psychological First Aid is an evidence-informed approach recommended by international and national experts on managing stress and trauma.
- It is designed to reduce distress and help recovery during and following stressful events.
- PFA was originally designed as a way to help others and ourselves
- It is made up of 7 parts
- We focus on the centre of this model Taking good care of yourself.

Heart failure awareness week 1-7 May

Heart failure (HF) is clinical syndrome associated with significant morbidity, mortality, and healthcare utilisation:

- HF affects more people than the four most common cancers combined (lung, breast, bowel, and prostate)
- 87% of patients living with HF have three or more co-morbidities.



People with diabetes, hypertension, and kidney disease are at risk of HF. Therefore, many healthcare professionals will encounter opportunities to reduce HF risk by optimising these conditions.

Awareness of HF symptoms promotes early recognition and early diagnosis:

- 56-80% of HF diagnoses are made during an acute hospital admission
- HF hospitalisation is associated with prolonged admission, inpatient mortality of 9.2% and 1-year mortality of 39%
- There are several evidence-based treatments and interventions to support living well and longer with HF.

HF has been identified as a priority service by the Scottish National Interface Care Programme. Early diagnostics, ambulatory HF care and inpatient HF Inreach services are key to improving outcomes. The aims are:

- integration of services to provide care closer to home, avoiding admission
- to support shorter length of stay
- improve the experience of patients and relatives.

Across NHSGGC heart failure teams continue to promote a multi-disciplinary approach to support these aims.

Resources

Chronic Heart Failure - <u>www.bestpractice.bmj.com/topics/en-gb/61</u> Acute Heart Failure - <u>www.bestpractice.bmj.com/topics/en-gb/3000107</u> European Society of Cardiology Heart Failure Guidelines: <u>https://doi.org/10.1093/eurheartj/ehab368</u> Patient information to manage heart failure: <u>www.beathf.org.uk/</u> British Society for Heart Failure: <u>www.bsh.org.uk</u>



Staff are reminded to make sure their personal contact details are up to date on eESS.

It is important to share Core Brief with colleagues who do not have access to a computer. A full archive of printable PDFs are available on <u>StaffNet</u>