

PULSE

For the people in NHS Lanarkshire and health and social care partnerships

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Print Version

Thursday 22 April 2021

to

Thursday 29 April 2021

Dough-nut give up on winning!

April 22, 2021

Categories: Pulse, Pulse - People News

Tags: doughnuts, Jen Brown, Jennifer Brown, Radio Clyde, recruitment department



NHS Lanarkshire's recruitment department is celebrating after winning three boxes of doughnuts for the whole team.

Jennifer (Jen) Brown, a recruitment administrator, had entered Radio Clyde 1's McGhee bakery giveaway each week to try and win the delicious giveaway. The competition had been running every Friday and Jen was eager to win for her team.



Jen said: "I've been calling for around two months, I even called on the Fridays I was on annual leave.

"The week we won I thought I would try a different tactic and as soon as I heard George say 'let's give away those doughnuts' I started calling.

"When the backstage crew answered the phone, I could not believe I had finally got through. I then thought at least we had a chance now to win the doughnuts. But I had no idea I was just going to be put through to the show as we had won."

When entering the competition Jen had told Clyde 1 about the recruitment team and how hard they had worked throughout the last year. In the past year they have helped to recruit everyone from vaccinators, clerical staff, nurses and porters in order to help respond to the pandemic across NHS Lanarkshire.



Jen spoke highly about her team saying: "I was so excited for the team, there are less than 20 of us and I feel like they can be a forgotten resource. But without our team, we wouldn't have the staff we do at this crucial time and they have worked their socks off and needed a little lift.

"The whole office was buzzing that day and this gave it the much-needed lift I was hoping for."

The doughnuts were delivered to the team for a fun afternoon and Jen's calling certainly paid off.



Recruitment drive for the next generation of school nurses

April 22, 2021

Categories: Pulse, Pulse - General News

Tags: recruitment drive, school nurses



We're getting set to evolve the role of school nurses with a recruitment drive showcasing the rewarding career awaiting new recruits.

Health and Social Care North Lanarkshire (HSCNL) and South Lanarkshire Health and Social Care Partnership (SLHSCP) are hosting an online information session on Wednesday 28 April to outline the role of a modern school nurse.

The vision for school nurses will see a more wide-ranging and engaging role which includes assessing and supporting pupils in areas, including reducing the effects of inequalities and ensuring a focused approach to promoting health and wellbeing.

Morag Anderson, HSCNL associate nurse director, said: "The role of the modern school nurse has moved on significantly from our memories of the school nurses we knew when we were at school. School nurses now play an important role in looking after – and improving – the health and wellbeing of not only school pupils, but also their families.

Lynsey Sutherland, SLHSCP associate nurse director, added: "Lanarkshire's school nurses enjoy a great deal of autonomy within supportive teams. This means they have a continuous focus on prevention, early intervention and supporting areas including vulnerable children and families, mental health and wellbeing and achieving positive outcomes.



Those interested in a career as a school nurse must be a registered nurse with valid Nursing and Midwifery Council (NMC) registration and educated to degree level.

To register for the online information event, please email deborah.brown@lanarkshire.scot.nhs.uk

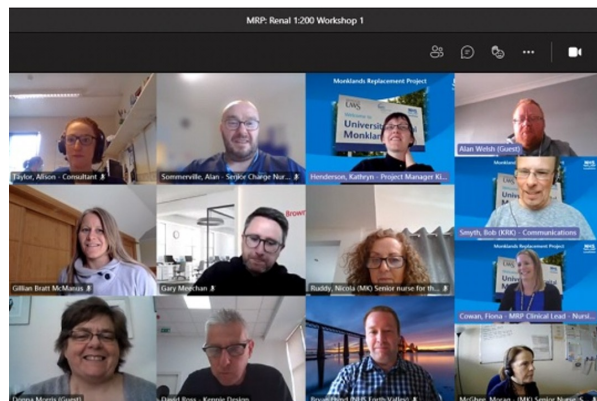


New Monklands: staff have designs on departments of the future

April 23, 2021

Categories: Pulse, Pulse - General News

Tags: design, Monklands, MRP, workshops



The exciting vision for the new University Hospital Monklands is continuing to develop through a series of departmental design workshops.

Fiona Cowan, Monklands Replacement Project (MRP) clinical lead – nursing, said: “It’s great to receive feedback that informs the changes required from our colleagues during the workshops and to see the departmental designs taking shape.

“Following the approval of Wester Moffat as the preferred site for the new Monklands, we’re reviewing and refreshing the designs that were developed prior to site selection.

“Wester Moffat provides some welcome new design opportunities inside and outside the hospital, and also ensures we can achieve the clinical model which has been at the heart of our project since its inception.

“Staff from each department under discussion are taking part in workshops along with infection prevention & control colleagues. They’re joined by the project architects, members of the MRP team and our healthcare planners and lead advisors.

“With the help of our services and partners such as Maggie’s Lanarkshire, community representatives have been invited to the first workshop for public-facing departments. This allows



us to receive input on the design from the perspective of patients, carers and visitors.”

The workshops are part of the development of a reference design for the new Monklands. A reference design provides a blueprint for what the new hospital will look like and allows NHS Lanarkshire to price it ahead of submission of the outline business case. This will also allow the potential contractors who will eventually bid to build the new hospital to understand the requirements and complete the detailed design.

Departmental layouts are being reviewed at workshops between April and July for:

- anaesthetic department;
- assessment areas;
- cancer unit;
- clinical research facility;
- command & control;
- critical care;
- emergency department;
- endoscopy;
- haematology;
- inpatient wards (generic);
- infectious diseases;
- labs;
- medical illustration;
- outpatients & programmed investigation unit;
- outpatient dialysis unit & renal ward;
- occupational health;
- offices & admin;
- peri-operative areas;
- pharmacy;
- post-grad on-call;
- radiology;
- radiotherapy;
- research & education.



Hospital visiting resumes

April 26, 2021

Categories: News, Pulse, Pulse - General News

Tags: hospital visiting



NHS Lanarkshire has reintroduced visiting across hospitals following updated [Scottish Government guidance](#).

The new arrangements came into effect from Monday 26 April 2021.

NHS Lanarkshire nurse director Susan Friel said: "Every patient in our hospital wards is now able to benefit from support and contact with at least one named person of their choosing during their hospital stay, regardless of which level in the strategic framework Lanarkshire is in.

"The named person will be able to have close contact with their loved ones, such as holding hands. This will provide those patients in hospital with the vital support they need from family, carers or friends.

"Visiting is by appointment only and visitors should contact the ward to arrange a time to visit.

"In some cases, the person providing support visits may need to be accompanied by another person, for example a child visiting a parent or sibling, or a frail elderly person who cannot attend the hospital independently. The named person providing support can also be changed.

"Anyone with questions about visiting arrangements should speak to the nurse in charge of the ward.

"While visitors can have close contact with their loved one, they are reminded to adhere to physical distancing in communal areas of the hospital, wear face coverings and frequently wash their hands when entering and leaving clinical areas.



“In the event of an outbreak, NHS Lanarkshire’s infection prevention and control team may make the decision to limit family and carer support to essential visiting only. Any decision will be made based on each individual case with the safety of patients and staff of paramount importance.”

The following measures should be put in place to manage visiting safely and minimise risk:

- Patients in hospitals will be able to choose a named person to visit them
- The ‘named person’, or visitor should contact the ward to arrange an appointment time
- No visits should take place if the visitor has symptoms of Covid-19, or is quarantining because they have had contact with a person with Covid-19
- Physical distancing must be observed in all communal areas of the hospital
- Face coverings must be worn, and existing hand hygiene measures will continue
- Movement around other areas must be limited as much as possible and communal gatherings in public areas of the hospital must be avoided.

Watch a video on hospital visiting by Karen Goudie, University Hospital Monklands chief of nursing services [here](#).



TEC podcast with Ewan Summers – Episode Two: Matters of the Mind

April 27, 2021

Categories: Pulse, Pulse - General News

Tags: Adam Daly, Ewan Summers, Morag Hearty, Near Me, podcast, TEC, Technology Enabled Care



Pulse Online recently shared its [first ever podcast](#) – a discussion with Technology Enabled Care’s (TEC) programme leader, Morag Hearty.

This conversation provided an insight into how TEC is used to enable direct patient to health and social care staff video links, remote monitoring of health matters such as blood pressure and diabetes – and much more.

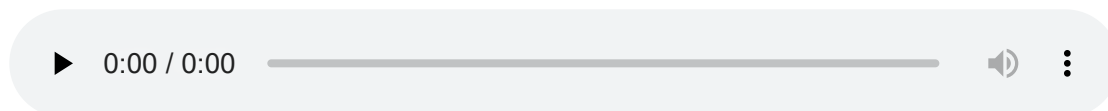
One prominent theme was how technology can be used to provide mental health support. Our resident podcaster, Ewan Summers, was eager to explore this further – and find out what it all meant in practical terms.

That brought him to Dr Adam Daly, a consultant psychiatrist who’s been using the video platform Near Me to deliver digital care for patients.

Among other things, the pair discussed the benefits of video versus telephone consultations, how to assess which platform suits each patient, and how other forms of technology such as apps are used in supporting mental health.



So, relax, take a break from the screen and enjoy listening to this new instalment of the Technology Enabled Care podcast series.



Podcast Music: [‘Roll the intro’ and ‘piano sting’ by Alexander Nakarada](#)

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Feedback

What did you think of this podcast? We’d be really keen to hear your views.

Email ewan.duguid@lanarkshire.scot.nhs.uk

If you have any questions related to TEC, Lanarkshire’s TEC team will be delighted to support you.

Email them on: TEC.Programme@lanarkshire.scot.nhs.uk

Podcast Transcript

Ewan: Hello and welcome to the second episode of the Technology Enabled Care podcast. My name is Ewan Summers and I have been fascinated by the massive growth in use of Technology Enabled Care, which is also known as TEC for short. TEC enables everything from providing a direct patient-to-healthcare-staff video link to remote monitoring using everyday text messages, and much more. In the first step of this journey of discovery, I spoke to Morag Hearty, who provided an overview, past and present, of TEC, so I was determined to find out just how it’s being used in practical terms. That brought me to Adam Daly, a consultant psychiatrist who’s been using the video platform Near Me to deliver digital care for mental health patients. Among other things, we discussed the benefits of video versus telephone consultations, how to assess which platform suits each patient, and how other forms of technology such as apps are used in supporting mental health issues. So please, sit back and enjoy our conversation. And without further ado, I give you Adam Daly.

Adam: Near Me works in some ways very similar to a normal appointment would. The patient comes along to a waiting room – but in this instance, it’s a virtual waiting room – and then the doctor involved will call the patient through and bring them into an appointment. There’s a facility in Near Me as well to use more than one person at the same time and that can be very helpful. So if somebody has a relative, for example, even if they’re in another part of the country, they can join for part of the assessment as well, either to support the patient or to give more information. One of the great things about Near Me is that you actually get to see the person that you’re talking to.



And I think that is phenomenally useful in a mental health setting, because things like eye contact, whether or not somebody's washed and dressed appropriately. All of these things are subtle things that you don't notice whenever you're on the phone with somebody, but which provide a huge amount of information about how they're doing. Most of the appointments will last, if it's a return appointment, it can be 15 minutes to half an hour. If it's a new appointment, it would usually run between half an hour and an hour, depending on what the person's issues are. And by the end of that, we'd usually be in a position to make a plan with the person about what we wanted to propose and what we wanted to happen next. So that could be another appointment, it could be a talking therapy, it could be medication, so a variety of things. But they would all follow in much the same way as it would in a normal outpatient clinic.

E: Have you found that technology has helped remove any perceived stigma of going into a clinic?

A: I think to an extent, yeah. So it brings pros with a few cons, which I'm sure we'll get to later on, but an awful lot of benefits. So one thing that people would often find difficult is interrupting their life in order to come to a hospital. And, you know, we could see that happening potentially in the future with people who are at work, for example, if all you need to do is take 10 minutes to go and do a Near Me call with somebody and just sit in your car or, you know, somewhere private to do that, versus taking an hour to drive to the outpatient clinic and then wait and then drive back again, it really means that the service becomes much more accessible to a wider number of people. The other group of people that it really helps is people with physical disabilities as well, and people who are, for other reasons, unable to get to the outpatient clinic. So it really opens things up for those folk.

E: So you would say that it's helped more with accessibility?

A: Yeah, I think so. Mental stigma is something which is sadly alive and well in our communities. Most of the people who are coming to our clinic have been affected by that at some stage, but obviously the people who are coming to our clinic are the ones who have managed to get over the stigma barriers enough to come and see us. The people who I worry about more are the people who are still staying away. So to them, I think I would say that Near Me offers a different way to engage with us that maybe doesn't cause as much of a highlight and might reduce stigma for them. But I would say that, you know, overall and everybody in mental health would say this is that there really should be no stigma around coming forward to get help for mental illness. It affects many, many people in the community and everybody will know someone who has been affected by mental health. So it really shouldn't be a stigmatising thing for anybody out there.



E: How long have you been using Near Me? And have you seen a rise in sessions since it became more prominent?

A: Yeah, so we've been using Near Me for a year now; we had just a little bit of sporadic use before the pandemic. But really, since the pandemic took off, we've really increased our use enormously. So we've gone from only having a handful, as I say, to hundreds of Near Me appointments every week now. And that's not just with doctors, such as myself, but with our nursing staff and with our psychologists as well. And it ranges across the age spans. So from our Child Adolescent Mental Health Service all the way up to our older adult service. Lots of people can make use of this and there really aren't that many barriers to a lot of people. It is always very important for us to consider the people who there are barriers for, however, whether that's through physical disability, or intellectual disability, or financial issues, there will be some people out there who cannot access these things. So for them, we need to make sure that we're offering something else, a face-to-face contact, a phone contact, and I'm really trying to make the appointments that we offer as person-centred as we can.

E: Do you believe that the rise that you have seen is because it's more accessible or do you think it's because of additional hardships brought on by COVID?

A: I think that it's a multifactorial answer to that, obviously. I think part of the reason is the clinicians, to be honest. I think a lot of clinicians were very hesitant about using Near Me to start with; I think that a lot of people, particularly in mental health specialties, felt that there's nothing quite like seeing somebody face-to-face. – and I think we can all agree that that's true. But there is a place for Near Me and I think that once people appreciate it, that you can actually have a conversation with somebody over Near Me and still get something out of it. You can still do most of your assessments, you can still build up a bit of trust with somebody, it really helps people become more comfortable with that. And I think that's mirrored in wider society that a lot more people are using things like video calls to connect to other people out there. So I think that that pushes the rise, people being more comfortable with the technology. I think, unfortunately, that there is there is an increasing hardship out there, and people are more isolated now than they have been. So people are seeking more contact. And certainly, we see more people coming forward for mental health support and mental illness support, so there is that end of it as well.

E: It's interesting what you say about folk getting to grips with the technology. I wonder if it would have an impact because we're using, for example, Teams and Zoom more, whether because that's something that folk are becoming used to, whether they feel more comfortable with doing it online, say, going into a clinician.



A: Yeah, I think there's certainly a part of that. Yeah, I think that's an important part. If you go back a year, I think people were using video calling but not so much the way that we're doing it now. And it certainly still felt a little bit stilted for a lot of people, whereas now I think folk are more used to it and can adapt to it a little bit more as just the norm.

E: How do your patients feel about using it? Have you spoken to them about it?

A: Yeah, so there's a variety of experiences as you would expect. Some people are very happy using it. Some people actually seem more grateful whenever you do a call like this than whenever they would come up to the clinic, which I always think is quite an interesting thing.

E: Why do you think that is?

A: Well, because the visit at the clinic, I would automatically think that people would probably appreciate a face-to-face appointment more. But people seem to be much more appreciative whenever we're doing our remote consultation, which is, yeah, I don't have a good explanation for that, I'm afraid. But it is good, and there are some people who don't like it, there's no doubt about that, and as I said earlier, for those people, it is difficult at the minute because the pandemic is still ongoing. It's really the people who are unable to do Near Me that we prioritise rather than the people who just don't like it. In the fullness of time, I think that we'll offer a suite of options to people of what we're able to do for them. But at the minute, just with the infections still out there, we are limited in options. I think we can really appreciate whenever people make an effort to do the Near Me consultation, even though they don't particularly like it because it does make the assessment better, so it makes it easier for us to be able to tell what's wrong and try and be able to get the right treatment for somebody. So the effort that people make is really appreciated there.

E: Has the pandemic accelerated any changes that you were planning on implementing anyway.

A: Yeah, so we were planning on making these changes and making this offer to people. And we'd had a good few discussions about it before the pandemic started. So we were in a very good place, we sort of knew what we wanted to do. And we've had a few demonstrations of Near Me, so we kind of knew what it was about, and we had most of the computers and stuff ordered, so we were in quite a good place. And then, obviously, we were just pushed toward it whenever the pandemic came, because, all of a sudden, we weren't allowed to see anybody face-to-face, and rather than just stop the service, which we couldn't do, it was really about how do we try and do this the best way that we can under the circumstances? So yeah, these plans were here but it's always a case of trying to make sure that we use the right mode for the right person, rather than just saying know, the whole service will go to Near Me, for example.



E: And is that something that you would be aware of? Before in-person appointments were made much more difficult, were you aware of who would be suited to which one?

A: No, because I think we're still learning about that. And I think there are certain conditions which are certainly harder to assess remotely. And I suppose for some people for whom Near Me is their preferred choice, we have to try and work out how do we work around that. So, for example, memory assessments is something that we find quite challenging to do, but there are now apps that are becoming available and digital ways that we can test people's memory remotely, rather than me having to, you know, hold up a piece of paper and try and get them to read off a piece of paper over the video camera. So it is a matter of trying to try to adjust what you're doing for the person on the other end of the camera. There are other people that we see who feel very persecuted and very afraid and they feel that doing the video call will actually be a detrimental thing to them overall. And for them, obviously, we would see face-to-face as well. And one of the things that we look at as well are people who are perhaps in a difficult relationship or are the victims of abuse, and maybe they can't get a safe place to talk to us. And that's another thing that we have to look out for as well. We always have to be mindful that whenever people come and see us in a clinic room, they're usually by themselves for at least part of the appointment so that we get to know more about what's troubling them in isolation, and that might not always be the case if there's somebody sitting just out of screenshot or in another room nearby. So it's one of these things that we are learning as we go. And I think it's been a very informative process,

E: I'd be interested to know a wee bit more about the apps and the other remote means of testing memory.

A: Yeah, so there's a few things. They started off with looking at paper copies – and we have tried that a little bit. So what we would do is post out various diagrams that people have to copy and pictures that they have to read. But one of the new features of Near Me now is screen sharing so that's been very helpful. Because, for example, in one of the naming tests, which tests language, where initially we were holding up a piece of paper in front of us and then we were posting it out, we can put it up on somebody's screen and it can make it a much easier experience for people. There are also those starting that we haven't explored too much yet, but we will, is apps that can actually be set up to test people's cognition. Because that's obviously quite a sensible and interesting way. If somebody is, you know, used to using a phone or a tablet, they could potentially use a lot of these apps very easily. So yeah, it's one of these interesting areas that we haven't explored pre-pandemic. And we're kind of, now because we've been pushed into it, it's opening up an awful lot more, and we're able to explore an awful lot more.



E: I didn't think of other means of technology to help with mental health nursing but the apps are really interesting.

A: Yeah, so one of the things that my psychology colleagues have been very keen to promote are apps for treatment. So what we've just talked about our apps for assessment, but my colleague, Dr. Gary Tanner, has put together with his team a great website, which I'm sure we could share the address of later on, and it has an awful lot of self-help direction, including CBT-based helps – Cognitive Behavioural Therapy apps – that people can make use of without even having to go to a healthcare professional. So all sorts of very interesting things that we were circling around, and certainly we've had some sort of computerised CBT for quite a while. And we know the evidence says that it's very effective. But to have a process now where we can do an awful lot of things, from assessment through to treatment through online and apps and things, it's very freeing. It's very good.

E: What was the website?

A: lanarkshiremindmatters.scot.nhs.uk. One of the problems that we have always, as doctors, is not having enough time to do all the things that we want. And there's always more patients that we want to see, and there's always more assessments that we want to do. And one of the things with that is, ideally, if we had all the time in the world, I would go and visit every patient at home, I think it adds a lot. But it's much more efficient and we can see more people if they come up to an outpatient clinic at the hospital. By doing Near Me, I get to see people at home, and I get to see what their living environments are like. And it can be very, very revealing and can tell you an awful lot about how that person's life is going. So yeah, it's a huge advantage to us in that way too.

E: Adam, thanks a lot for joining me. You've been really insightful about how technology is used in psychiatry, and I hope our listeners are just as satisfied as I am. So thanks a lot.

A: Great, thank you for asking me to come along.

E: No problem, it's been great. Thank you.



Emma's walking challenge blog – week 1

April 28, 2021

Categories: Pulse, Pulse - For You



Hello walkers!

I hope everyone has had a successful week and at least we got the sunshine to help us get out and do the steps!

So last week was certainly a challenge! I started a new job and was having to travel all around Scotland for different types of training. Therefore, I felt that half my time last week was either spent at a desk or in the car.

However, that didn't stop me! I went out a walk every day after work which was certainly easy and enjoyable due to it being very sunny!

I went out a walk with a friend two of the nights but other nights I just popped in my headphones and off I went. Not only was I getting fresh air and exercise I also felt better mentally which was amazing as I'd been very stressed at work trying to learn all the new things.

That has been one benefit that I would say I can't wait to continue. Lockdown has been very hard on us all physically and emotionally and exercising does help!

I also continued with my personal trainer and attended bootcamp so overall last week was a success!

I know It can be hard if you are working a desk job like me because you are stuck at a desk but once you get some fresh air at night everything seems simpler.



Now going onto week 2 I'm a little worried about the weather but I made a promise to myself no matter what and if it rains or thunders I'll still be trying to smash my goals.

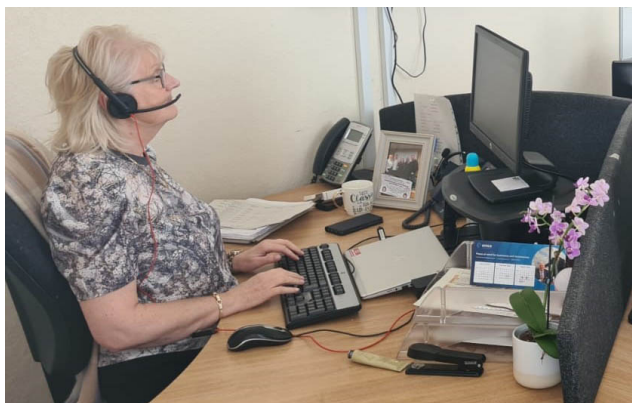
Hope everyone is having fun with the walking and I can't wait to see how everyone does next week!



EASY system speeds up staff referral

April 28, 2021

Categories: Pulse, Pulse - General News



A slick new referral system has been introduced, enabling managers to refer staff members who are off sick easier and quicker than ever before.

EASY is NHS Lanarkshire's absence management service, which offers support to any member of staff when they are off sick. Support services include Counselling, Physiotherapy, Occupational Therapy, Occupational Health, Human Resources and Health and Safety Advice.

The new referral system removes the need for managers to fill out several pages of information to make a referral.

Tricia Ferguson, EASY supervisor, said: "When making a referral to EASY, managers previously were required to fill in three pages of information in order to refer a staff member into the service.

"A new referral system has now been created where managers no longer have to manually type in the required information.

"The referral system now pulls data from 'active directory'. Managers can now search for the member of staff they want to record as absent and the system will auto populate the majority of the information from the directory.

"The only information that would need to be manually added are the staff member's date of birth, payroll number, first date of absence and reason for absence.



“It is now easier and quicker than ever to refer a staff member into EASY, which we hope will help us reach more staff and provide more support than we have done before.”

The next planned improvement to the referral system will see those managers who have been unable to locate a staff member create a manual referral, which will be saved for future referrals, if they are not already registered in ‘active directory’. This would include staff who may have out of date information in the directory or do not use a computer for work.

Simon Martin from Salus who supported the development work advised: “This additional development ensures that the new referral system works for all managers, saving time and improving our service.”

Further information on making an EASY referral can be found on [FirstPort](#).



Care home's platinum pair reflect on 70 years of love and happiness

April 28, 2021

Categories: Pulse, Pulse - General News

Tags: 70th wedding anniversary, David and Margaret Hunter, platinum wedding anniversary, Rosepark Care Home



A loving couple who moved to an Uddingston care home together at the start of the year have celebrated their 70th wedding anniversary in style.

David (93) and Margaret (89) Hunter, who tied the knot in 1951 at Balornock Chapel, were the centre of attention at Rosepark Care Home, where staff and residents pulled out all the stops to make the big day as memorable as possible.



The devoted couple were treated to a delicious three-tier cake, donated by Special Days Celebration Cakes, at their physically distanced afternoon tea at the care home which was decorated with balloons donated by Happy Ever Laughter.

The afternoon was filled with songs and sing-a-longs with staff and residents joining in stirring renditions of the classics of yesteryear.

Margaret shared stories of their early days together when 'Davie' would stay behind at the his shift in the factory to sweet-talk. This meant he usually missed his bus home to Yoker.





She added: "We still love each other as much as the day we met. The past 70 years have been absolute bliss with Davie – he is my best friend and I can't wait to enjoy more times like these together at Rosepark.

"It was so kind of the staff and the local shops to think of us and make our day by showering us with such

generous gifts and surprises – we can't thank everyone enough."

Margaret Carroll, Rosepark care home manager, said: "We felt it was especially important to mark this special occasion as the past year has been very difficult for everyone.

"We need to cherish all special moments in life and reaching 70 years of marriage is not often achieved in this day and age.

"David and Margaret definitely deserved a big fuss as they are such a special couple. They met 71 years ago while working in the Schweppes factory and after all this time they still have so much love for each other and this celebration of their love lifted everyone's spirits.

"They both became quite emotional during the lunch – as did the staff – and said that we had made them feel very special. They both said they can't believe they've been married for 70 years."

Sharon Murray, associate director of nursing care home assurance and support, Health and Social Care North Lanarkshire, said: "My heartfelt congratulations go to Margaret and David and it's wonderful to see residents and staff helped them to celebrate in style."

"It can be a massive boost for care home residents to share music and memories from their past and I know the staff at Rosepark enjoyed being a part of the celebrations.

"This sense of togetherness has never been more important than now. It's heart-warming to hear of another great instance of all the positive work that's going on in care homes to help that spirit of togetherness flourish."

March Pulse competition winner

April 28, 2021

Categories: Pulse, Pulse - For You

Tags: competition winner, David Inglis, pulse competition



Congratulations go to David Inglis, health improvement senior, Clydesdale locality at Law House, who was the winner of the March Pulse competition.

David's correct entry wins him a £100 digital high street voucher.

On winning, David said: "I have entered various competitions in the past and generally I'm one of those people who don't win anything. I was enjoying reading the new-look Pulse magazine a few weeks ago and saw the 'For You' section, which comprises of staff competitions and benefits and thought, why not – you need to be in it to win it.

"I actually forgot I had entered the competition until I received a phone call on a Friday afternoon telling me that I was the lucky winner. I then got another call from the NHS Staff Benefits team congratulating me and advising more about the prize. This is the first prize I have ever won and I'm absolutely delighted. It's always nice to get some positive news.

"It came at a very good time, given that local restrictions are easing and the shops/restaurants are now open. I have two young daughters who are avid shoppers therefore, I look forward to taking them and my wife on a shopping spree.

David added: "The new-look online Pulse is really modern and very accessible. I really like the regular, general updates on initiatives, people news and overall, what's going on in the organisation. Having regular, up-to-date information is fantastic as opposed to monthly bulletins. The Pulse online is a great platform for teams and localities to showcase some of the amazing work that is taking place across our organisation to help raise awareness."



Tobacco control team equips local primary schools with fun and friendly second-hand smoke resources

April 29, 2021

Categories: Pulse, Pulse - Spotlight



The tobacco control team supplied each primary school in Lanarkshire with Jenny and the Bear resources, aimed at primary one children, to highlight the risk of children's exposure to second-hand smoke to their parents/carers.

This gentle story of a little girl and her teddy, offers the opportunity to explore the themes of a favourite toy, rewarding positive behaviours and consideration for others.

Yvonne Lambie, Yvonne Colquhoun and Karen Griffin from the team sent the bears off to their new homes, putting together each school pack, consisting of a storybook, presenter version, teddy bear, as well as an audio and video version of the story, and organised for them to be distributed to each school.

The complete resource is to support and encourage parents, carers and wider family members not to smoke in front of children, ultimately becoming a positive smoke-free role model.

Handed out to 280 local schools, teachers can show the video or read the story to children in the classroom, and afterwards each primary one child is issued with a shortened version to take home to keep and read with their family.



Tracy-Ann Kidd, health improvement senior – tobacco control, NHS Lanarkshire, commented: “The Jenny and the Bear resources are an interactive and fun way to support teachers to highlight the risks of second-hand smoke.

“Children are especially vulnerable to second-hand smoke as their lungs and immune systems are still developing making them breathe faster; therefore they inhale more toxic chemicals from tobacco smoke than adults.

“By working with North and South Lanarkshire Councils, we’re committed to continuing and developing initiatives that work with families and reduce the barriers they face to creating a smoke-free home and car.”

