• Level 3 neonatal unit at Oldham
• New appointment reminder system launched
• Dignity in action
• Integrated health and social care unit opens

THE ROYAL ROVER RIDES AGAIN THANKS TO LEAGUE OF FRIENDS
**News - Trust stories**

**March 2013**

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### Inside News

The Trust has several communication tools to help keep staff up to date:

- Team Talk is sent round monthly, for use in all team briefings.
- Weekly bulletins are emailed on Mondays and contain a range of operational and site information.
- Online copies of all the bulletins and Team Talk, plus more, can be found on the Trust intranet at nww.pat.nhs.uk/communications

You can send your stories for either Pennine News or for local media to Trust communications at trust.communications@pat.nhs.uk, or call Nicola Berry on 44284.

If you have any ideas, views or suggestions regarding communications across the Trust, please email staff. views@pat.nhs.uk

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### National praise for specialist gastro intestinal service

A SPECIALIST service at the Trust has been highly commended in a national nursing award.

The gastro nurse specialist service was chosen as one of the finalists in the GI innovation category in the British Journal of Nursing gastrointestinal nursing awards 2012.

Recognising individuals or teams who have demonstrated an outstanding achievement through nurse-led care, the award acknowledges new initiatives or services which demonstrate excellence in patient care.

Gastroenterology nurse specialists Lynne Kendrick and Rosemary Wilson form the team which was set up two years ago at the Trust for patients who have problems with their liver.

Lynne said: “Our main objective when we set the service up was to reduce hospital stays and admissions to the gastroenterology unit. We do this by educating patients about their illness so that they can take ownership of it themselves at home. We also offer day case abdominal paracentesis which has grown in size of numbers.

“Previously there was no specific service for liver patients and they would present at the A&E department when their condition deteriorated which would prompt an admission into hospital. We therefore now teach patients about their disease and medication so that they can be managed at home. The earlier the intervention, the better the prognosis, is the case in many patients.”

With more than 300 patients now on their database, it seems that the specialist service is a success as hospital admissions have decreased which has resulted in savings, both in cost and bed occupancy.

Rosemary said: “There is quite a stigma attached to liver patients and their numbers are rising dramatically according to the Department of Health. However our service allows them to access us direct as we have nurse-led clinics at North Manchester, Oldham and Rochdale, where we are able to assess our patients’ needs and offer advice face to face.”

Continuously looking to improve, Lynne and Rosemary are now looking at developing a ‘passport’ for their patients which they will carry with them to all their hospital visits. By regularly updating it, other members of the multi-disciplinary team will be able to see immediately how the patient’s condition is progressing, as they are often seen on different sites within the Trust.

And what of the national recognition for their service? Rosemary said: “We were both surprised and proud to be recognised for the award.”

Lynne added: “To be highly commended for our service is fantastic recognition and we proudly display our certificate in our office.”

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### Royal Rover rides again!

All the hard work has paid off for a determined group of fundraisers as they handed over the keys of the new Royal Rover minibus at The Royal Oldham Hospital.

The hospital’s League of Friends raised a staggering £27,896.42 over a two year period to buy a replacement bus - driven by volunteers - to ferry patients, visitors and staff around the hospital site.

The 20 league members held coffee mornings, quiz nights, sales of second-hand books and many other events to raise the money to buy a brand new Peugeot Boxer minibus.

League of Friends secretary, Rose Hall, said: “We would like to thank everyone who, in any way, has helped us to reach this fantastic target and we have now turned over the keys to the volunteer drivers at the hospital.”

In addition to this huge donation, the League of Friends also donated £3060.80 to enable the Royal Rover volunteers to receive formal minibus driver/assistant training, and to enable signs to be put in situ in all the main car parks across the site, promoting the service.

Chris Mayer, non executive director said: “The Royal Rover minibus service is a very well used service with approximately 26,000 passengers travelling on the bus every year. Through the fantastic efforts of the League of Friends and Royal Rover volunteers, this service will continue for many years to come. Thank you for your dedication.”
New Neonatal Unit at Royal Oldham Hospital Marks New Era for Children’s Care

The new state of the art neonatal intensive care unit which opened at The Royal Oldham Hospital in December is now one of three specialist regional neonatal centres providing the highest levels of intensive care to the smallest and most vulnerable babies in Greater Manchester and beyond.

The new unit, known as NICU, is part of the hospital’s new purpose-built £44m Women and Children's super centre, marking a new era for children’s healthcare and services in North Manchester.

The new neonatal unit is the end result of years of planning to develop and improve maternity and neonatal services across Greater Manchester as part of the ‘Making It Better’ programme.

Staff in the neonatal unit work closely with those on the new maternity unit to ensure the quick and safe transfer of any babies born with complications. Women whose babies were born prematurely before 27 weeks would previously have been transferred out of the hospital, but can now receive specialist care on the unit.

The neonatal unit now offers 37 cots including 9 intensive care, 9 high dependency and 19 special care cots. There is also a dedicated breast feeding area and counselling room. Upon completion, phase two of the plans will also see a purpose built en-suite accommodation for parents, so that they can remain close to their baby whilst they are in intensive care.

The number of medical and nursing staff on the unit has increased from 45 to 111 whole time equivalent staff and a new dedicated neonatal pharmacist has also been recruited. Seven Consultant Neonatologists now lead the team and this will increase to eight consultants from April 2013. These changes mean the unit is now able to provide a much more personal and specialised service for women at the time when they and their baby need it most.

Dr Jonathan Moise, the neonatal unit’s lead consultant and Clinical Director at The Pennine Acute Hospitals NHT Trust, said:

“The new facilities are state of the art and we hope that this will provide women and children in the area with the best possible care in a comfortable and modern environment. We can now offer the highest level of care to the sickest and most vulnerable babies throughout the region.”

The neonatal unit is also able to offer enhanced levels of care with long term therapies that were previously unavailable including high frequency oscillatory ventilation, inhaled nitric oxide therapy and therapeutic hypothermia, which involves total body cooling for babies that are born with complications arising from birth asphyxia.

Mr Sola Amu, Clinical Director and Consultant in Obstetrics and Gynaecology at the Trust, said:

“This new development is the end point of many decades of carefully thought through improvements to maternity, paediatric and neonatal services across Greater Manchester. With this development, we will see significant improvements in the quality of care and facilities for women and children.”
Former Trust HCA found guilty of fraud

A FORMER healthcare assistant and employee of the Trust has been found guilty of benefit fraud and using false National Insurance documents to gain employment within the UK.

Blessing Matore (aged 37), who worked at North Manchester General Hospital, pleaded guilty on five counts of fraud including three counts of benefit fraud after failing to declare that she was working for the Trust. Ms Matore was also convicted of using false identity documents to gain employment at the Trust from 2006.

Employed as a healthcare assistant, Ms Matore was employed on the Trust’s Nurse Bank in 2006 and worked for the Trust on a casual basis until the fraud was discovered in August 2011.

Ms Matore was first arrested on suspicion of benefit fraud by officers at Manchester City Council in February 2012, following a data matching exercise. A joint investigation with the Trust revealed that Ms Matore was also guilty of using false identity documents to gain employment with the Trust. It was revealed that Ms Matore had in fact been refused asylum in 2006 and had no right to work within the UK.

On 9 January 2013, Ms Matore was sentenced to six months imprisonment, suspended for 12 months and 200 hours of unpaid work for possessing false identity documents with intent. She was also sentenced to three months imprisonment, suspended for 12 months for benefit fraud.

Sue Smith, counter fraud officer at the Trust, said: “This sentence sends a clear message that fraud will not be tolerated by the Trust and that there are serious consequences for anyone involved in such activities. The Trust is committed to maintaining an open and honest work environment with staff. However, we are also committed to eliminating fraud and we work hard to investigate and punish any cases that arise.”

Commenting on behalf of Manchester City Council, Councillor Jeff Smith said: “Benefit fraud is never a victimless crime and this case demonstrates how we regularly work with a wide range of organisations, including NHS Trusts to prosecute those responsible.”

If anyone suspects fraud within the NHS, they should ring the NHS Fraud and Corruption Reporting Line on 0800 028 40 60. Any reports will be dealt with in the strictest of confidence.

No excuse to miss appointments now!

THE Trust has launched a new appointment confirmation and reminder service for patients booked to attend any inpatient or day case procedure, or for some outpatient clinics.

Every year thousands of appointments are wasted when patients fail to attend. Missed appointments delay an individual’s treatment and increase waiting times for all other patients, costing the Trust, and the NHS in general, millions of pounds every year.

The new appointment confirmation service will mean free reminders will be sent out seven days before a patient’s scheduled appointment, using automated telephone calls, or calls made by a call centre.

The interactive voice messages or agent calls remind patients of the date, time and hospital of their appointment, and give them the option of confirming that they will attend, cancelling their appointment or re-book it. The voice messages ask for confirmation of the patient’s date of birth, whilst staff contacting patients direct will ask them a series of questions to confirm their identity before any information is given out. The messages do not contain patient identifiable information and so are completely confidential.

The system was developed following feedback from patients. Patients have the option of opting out of the service by contacting a dedicated phone number, advising staff at their appointment or by speaking to a member of the Trust’s booking and scheduling team.

The new service will initially be rolled out to help patients for all inpatient and day case procedures and for some outpatient specialties including cardiology, gastroenterology, gynaecology and for children and young people attending a paediatric outpatient clinic.

Michelle Shiels from the booking and scheduling department at the Trust, said: “We are really excited about this new reminder system. It will be of huge benefit to our patients as we will also be able to advise them of urgent appointments, or on the day/short notice cancellations via the voice messaging and call centre contact methods.

“One of the aims of the new reminder system is to improve the quality of service provided to our patients and enhance the overall patient experience through less cancellations and re-scheduling of hospital appointments. We know our patients have busy lives and we want to help by reminding them of their appointments with us. We would hope patients will welcome this new service. The new system is an innovative and cost effective way of tackling missed appointments across our hospitals which we hope will also reduce the amount of money that missed appointments cost us.”

Confidentiality is everyone’s responsibility

PLEASE help the Trust to treat patients without compromising confidentiality.

Every member of Trust staff has the responsibility of protecting patient information at all times. Recently a batch of case notes were found with stickers attached to the front of the records. These stickers indicated the patient’s highly confidential medical condition.

This breaches confidentiality of patient information. All medical information relating to the patient should be inside the patient’s case notes, not on the outside.

Please assist the Trust to maintain patients’ confidentiality by ensuring all medical information is within the case notes and that the records are safe and secure.
Joining together for essential first aid training

ONE hundred and forty thousand people die each year in situations where first aid could have helped save their lives.

Would you know what to do in an emergency?

Well thanks to a collaboration with Manchester Academy for Professional Development (MAPD), a new training programme has been devised, and Trust staff including chairman John Jesky, would now know exactly how to react and administer first aid.

Previously only nominated first aiders could attend a three day course, but the new half day session offers first aid basic education for all.

Trust staff from departments including catering, medical records, security, portering and secretaries have already taken advantage of the course which has been offered at a reduced price by MAPD.

Mo Ollier, managing director of MAPD, said: “As a professional training organisation specialising in the fields of health and safety and first aid, we are very pleased to be involved in the development and delivery of this campaign. We see it as a true commitment on the part of the Trust to both the development of their staff and to the wider community. In a country where 140,000 people die each year in emergency situations, the Trust are equipping people with the skills that could save a life; skills that are both relevant to their working and personal lives. These are skills that everyone should be able to access and we are keen to promote similar campaigns across the North West.

41% of people admit that it would take something as severe as the death of a loved one to make them learn first aid

“Given the importance both organisations place on first aid skills, and the unique opportunity to link with other prominent care providers in the locality, the programme has been heavily subsidised with participants able to access the half day training programme for only £15.00 rather than the usual cost of £35.00.”

Covering the five most common situations where first aid could be the difference between a life lost and a life saved, the course taught participants what to do with severe bleeding and how to put on an emergency pressure bandage; what to do if someone is choking; how to treat a heart attack patient; how to put people in the recovery position and how to perform CPR.

Carol Waterhouse, lead for clinical skills and professional development, said: “The course has been a good demonstration of community involvement and collaborative working and learning together, as we have had Pennine Acute staff undertaking the course side by side with Oldham social services, care home staff, mental health staff and learning disability teams.

“The chief executive from the Kashmiri Youth Project, Abdul Hamied, also attended one of the sessions.”

Trust chairman John Jesky found the training to be educational. He said: “I very much wanted to do this first aid course, not as a chairman, but as someone who could potentially help to save someone’s life.

“I found the course very helpful, stimulating, educational and great fun.”

For further information, contact Sharon Stead on 44038 or Sharon.stead@pat.nhs.uk

Friends and family pilot test

FROM 1st April 2013, patients across the UK who are being discharged will have to be asked whether they would want their friends or family to be treated at their hospital.

Ministers are trying to improve standards after warnings from watchdogs that too many patients, especially the elderly, experience poor standards of basic care, including insanitary conditions and inadequate nutrition.

It has been suggested that publishing the responses to this ‘Friends and Family Test’ question will allow members of the public to compare healthcare services and clearly identify the best performers from a patient perspective.

The Department of Health has stated that: “In every hospital, patients are going to be able to answer a simple question, whether they’d want a friend or relative to be treated there in their hour of need. By making those answers public we’re going to give everyone a really clear idea of where to get the best care – and drive other hospitals to raise their game.”

What does the Friends and Family Test mean for the Trust?

First of all, it’s important to know that the Family and Friends Test will not (initially at least) be introduced in every NHS setting - instead the initial focus will be on acute inpatient services and A&E departments, where all will be required to ask patients, over 16, for feedback.

The Trust has been piloting the system on three wards and in the A&E department at Fairfield over Christmas and New Year and has seen some positive results.

The wards asked the question of patients on discharge, by giving them a postcard to fill in, that was then posted into a comment box at the end of the ward. A&E patients were asked to fill in the question electronically via a handheld or fixed survey machine, before leaving the department.

Some slight changes are being made to the process following the pilot, but all wards and A&E departments across the Trust will be equipped and will be asked to start asking the question by the end of February 2013.

It is currently proposed that Trust, site and ward-level data collected from patients will then be published (from April 2013) via the local profiles on NHS Choices.
MEMBERS of the A&E staff at Oldham recently attended a drop-in session held by chief executive, John Saxby, to air some staff issues. Subjects mentioned were privatisation of the portering service, lack of extra staffing and resources to cope with increased attendance to the emergency department at Oldham, car parking, security and safety of staff. Mr Saxby promised the staff that he would look into their concerns and get back to them.

This new initiative is intended to be a regular occurrence, so look out for the dates on the weekly bulletin and make an effort to attend.

Pictured above are Mary Thorpe, Julie Lowe, John Saxby and Tom Leckie attending the session in the Education Centre.

Infection prevention accreditation awards

CONGRATULATIONS to the NMGH departments pictured below who have received infection prevention accreditation certificates. (Not pictured ward B3).

Ward J3/4 have achieved their accreditation for the fourth consecutive year. L to R: Dr Matt Dickinson, Sr Helen Riley, matron for medicine/ID Bernadette Armstrong, ward administrator Rita Coverdale and staff nurse Melissa Cleary.

Ward 16. L to R: healthcare support worker Jonathan Jones, senior healthcare support worker Ian Andrews, staff nurse Eleanor Breatherton and Sr Maureen Cairns.

Surgical triage unit. L to R: staff nurse Nina Brookes and Sr Janet Langham.

Post natal ward, which is also the first maternity ward in the Trust to be accredited. L to R: matron Mary Symington, staff midwife Joanna McNally and ward manager Belinda Jackson.

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Itches and sneezes a thing of the past

THE very first paediatric allergy clinic took place for young patients at North Manchester General Hospital on the 21 January 2013.

It was a successful morning as well as a fantastic opportunity for Pennine to provide a valuable local service to the children and parents in the North Manchester area.

The idea of Dr Mudiyur Gopi, consultant paediatrician based at NMGH, was one of innovation and vision, and one that he was able to deliver. Dr Gopi identified this need, and with the help of his own Listening into Action sponsor group, the first clinic took place in the children’s outpatient department.

Key people to the service were the enthusiastic clinic sister and her efficient team. Dr Gopi praised the efforts of his team, without whom the initiative would not have been possible.

Chief executive John Saxby, Dr Gopi’s paediatric consultant colleagues, department managers and nursing staff attended the clinic to show their support.

Dr Gopi was mentored by Listening into Action sponsor group member Howard Cartledge, catering manager, and Marian Carroll, director of nursing was the team’s executive link.
THE Trust is supporting a vascular disease awareness event which is being held at the Manchester Regional Arena, next to Manchester City’s Etihad Stadium in a bid to raise awareness of vascular disease, a condition that affects the lives and limbs of over four million people in the UK each year.

The event, which will be held on Monday 11 March, 12 – 2pm, will help support the launch of Vascular Disease Awareness Week and will offer people over the age of 40 the opportunity to get their circulation tested.

The aim of the event is to raise awareness and offer people a health MOT to find out if they are at risk of developing vascular disease, particularly since the symptoms are not always clear and the condition tends to develop very slowly.

People can be affected by vascular disease in a number of ways and symptoms including pain or aching in the calf muscles when walking. The condition particularly affects those with diabetes, those who smoke and people over 60. However, it is never too early to be tested and event organisers are hoping that younger people aged 40 and over will take the opportunity to be tested for early signs of vascular disease.

Lisa Smith, vascular nurse specialist, from the North Manchester leg circulation service, part of our community services, explains: “Vascular disease affects a wide range of people. One of the most common forms is peripheral arterial disease, which is better known as hardening or narrowing of the arteries. One in 5 people over the age of 60 has peripheral arterial disease, and many people don’t know it. It affects the flow of blood around the body and can result in leg pain, ulcers and even amputation of limbs. It is a serious and relatively common condition, known to be under-diagnosed and under-managed.

“It’s really important that we raise awareness of this disease. Left untreated, the effects can be irreversible and can often lead to a heart attack or stroke.

“We hope that this event will help people spot any symptoms in themselves or family members, so that they can take action to prevent worsening or ensure they get treated at an early stage.”

Lisa adds: “The good news is that the disease can be treated and lifestyle changes such as healthy eating, stopping smoking and exercise can make a big difference. Indeed, the benefits of regular supervised exercise, such as that provided by PARS on the NHS in Manchester, has recently been recommended by NICE, as it makes a real difference in treating peripheral arterial disease.”

A range of hospital and community health professionals will be there on the day to test people’s circulation, offer expert advice and answer any questions that people have. There will also be a ‘Love Your Legs’ relay race in support of the Circulation Foundation, the charity responsible for promoting the Vascular Disease Awareness Week nationally.

If you would like more detail on the awareness event or would like to get involved, please contact Lisa Smith on lisa.smith2@pat.nhs.uk or at Harpurhey Health Centre, on 0161 861 2439.

Further information on vascular disease is available from the NHS Choices website at: www.nhs.uk. Alternatively, you can visit the Circulation Foundation website: www.circulationfoundation.org for more information on the prevention and treatment of all vascular diseases.

Launch of NHS 111

The Department of Health will be launching a new NHS 111 service for people in Greater Manchester.

NHS 111 is a new, easy to remember and free to use telephone service that gives advice on which service people should use if they have a minor injury or illness that needs medical attention, but is not an emergency.

The new NHS 111 service, which goes live on 21 March, is not intended to replace the existing 999 service. 999 remains the single number to call if someone has a serious or life threatening health emergency such as a heart attack, stroke or breathing difficulties. GPs also remain the main contact for day-to-day healthcare needs.

The NHS 111 service has been developed to help patients identify the best service to use when they feel unwell. Trained call advisors will be on hand to help patients identify the most appropriate setting to receive treatment, whether this is at a walk-in centre, their GP surgery, pharmacy or hospital. If it is decided that a patient needs emergency attention, an ambulance will be dispatched immediately.

Steve Taylor, divisional director of medicine and community services at PAT explains: “At times, there can be considerable pressures placed on our emergency services and the new NHS 111 service is intended to ease those pressures by directing patients to the most appropriate service for treatment.

“The NHS 111 service is already up and running in a number of pilot sites, including Lancashire and is working well. When you ring NHS 111, you will be asked a series of questions about your symptoms and based on your answers, you will be given advice on which service is the best, closest and most available, based on where you live.”

The new service will be run by NHS Direct, who will be responsible for delivering the new NHS 111 service across the whole North West region including Lancashire and Cumbria, Cheshire and Merseyside and Greater Manchester.

Information will be available on the NHS 111 service in GP and dental surgeries, libraries and other community settings. Further details can also be found online at: www.northwest111.nhs.uk
Have you been briefed?

Team Talk takes place once a month and is a way of updating you about the latest news from the Trust.

The financial challenge

As discussed in last month’s Team Talk, we are all aware that the NHS must continue to make efficiency savings every year until 2015/16 as part of the Government’s £20bn savings programme. This is known as the ‘Nicholson Challenge’. We are not immune from this and will have to continue to make material savings every year for the foreseeable future.

The Trust is on course to deliver a balanced budget at the end of this financial year (i.e. not a surplus, not a deficit – but breakeven) and we have made very significant cost savings this year and over the last few years. However, this positive news masks the fact that many of our savings have been of a non-recurring (i.e. not permanent) nature. We have had to use all of our reserves to cover this gap and this means we carry this underlying deficit forward into the next financial year - 2013/14. Our savings target for the coming year will again be significant.

We are in the process of planning our budget for 2013/14 taking into account a number of factors, including pay and non-pay inflation, a reduction in tariff prices (the price we are paid for services) and the cost savings targets required. What is clear from the scale of the saving challenge is that we need to transform the way we provide our services rather than simply trimming costs department by department. We also need to achieve a step change in our levels of productivity which, by way of example, as shown in the Dr Foster report published at the end of last year, lag well behind other comparable Trusts.

Executive directors have already held discussions with our clinical directors and are meeting with staff side representatives to outline the financial challenge and how we can all move together and quickly to achieve the vital changes needed to ensure the Trust remains financially viable. Importantly, we continue to work closely with our local GPs and commissioners (Clinical Commissioning Groups) through our new Transformation Board. The support, involvement and confidence of our CCGs as we transform our services is both welcome and vital.

The size of this financial challenge facing the wider NHS including this Trust cannot be underestimated. There is no doubt 2013/14 and the next few years are going to be extremely challenging for all of us in this Trust. There is no spare money in the system. There are no central reserves or contingencies for the coming years. We all be extremely challenging for all of us in this Trust. There is no spare money in the system.

Francis Enquiry Report

On 6 February the NHS received a report by Robert Francis QC following the public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of services provided by Mid Staffordshire NHS Foundation Trust. His report showed how the NHS system and culture allowed poor quality of care to take place, raising concerns about management, regulation and quality assurance. It is expected the findings and themes within the report, including patient safety, dignity and compassion, will create a significant amount of political and media interest and debate at a national and local level. The spotlight will be very much on the NHS and the quality of care we provide over the coming weeks and months. Every member of staff should take time to read the report, absorb it and discuss its findings and core themes and what it means for the care and treatment we and you provide. There will be more formal opportunities to discuss the report over coming weeks and months and more information will be circulated once available. Staff can view the executive summary at www.midstaffspublicinquiry.com

Talk back – What do the findings and themes of the Francis Report mean for you, your team and service?
A typical day

I should really start by saying; there are no typical days in microbiology, but to generalise on the routine workload, I would say the following:

I am currently a (HCPC Registered) specialist biomedical scientist in microbiology and so far I have followed the academic and training routes to progress to this stage. I will have finished my second Master’s Degree next year and would love to develop further in my current role. The future is however unknown as pathways of progression are limited. I would therefore like to use the skills and education I have to bring more validations/research into the department and take on a more specialist role in this area.

The patient outcome; I find it very motivating to see how detecting a pathogenic organism with an unusual resistance mechanism can influence how the patient is managed. I also enjoy the training and development side of this role. There are lots of opportunities to attend courses including everything from weekend conferences to in-house lunch time meetings on new methods. It’s a morale boost which I think is important in the work place.

Core hours are 8:45-17:00 Monday to Friday but I also work some weekends and I have recently joined the ‘On-call’ service. The day will vary depending on the section of the laboratory I’m allocated to. In general, the culture plates and overnight tests are read in the morning, this is often when negative reports are sent out. The positive or more complicated work is followed up through the day.

Many samples sent to the laboratory must be checked by a biomedical scientist (BMS) to ensure the correct tests are requested and all urgent samples are processed immediately upon receipt. BMSs are also responsible for dealing with validations of methods and test results, training and development in both Trust and professional objectives.

I think we need to grow as a laboratory to keep the service safe in the current financial climate, but I feel this can lose the personal edge. It is very important to understand that there is a patient at the end of every sample.

I think job security to all current employees across the Trust, this would raise morale greatly.

I enjoy my role and I feel as if the service we provide is growing. I do however find it a little frustrating that there is very little good press about positive work that is done at this site.

What are the highlights of your job/service?

I enjoy variation in my work, I like to have days where I can run through the routine work but on another day I’m troubleshooting. The laboratory deals with many different sample types and uses many different methods of analysis. The training is on-going for such a role, but can be very rewarding. The most interesting days involve communication with medical staff and understanding how the result you reported has influenced diagnosis or treatment of a patient.

What aspect of your job/service is the most rewarding?

The 60 second interview

Louisa Williamson is a specialist biomedical scientist in microbiology in Oldham’s path lab.
For more information on the services available within the lab, check out their new web pages on the Trust’s website.

What don’t you like about your job/service?

I enjoy my role and I feel as if the service we provide is growing. I do however find it a little frustrating that there is very little good press about positive work that is done at this site.

What would make your job/service better?

I think job security to all current employees across the Trust, this would raise morale greatly.

What is the one thing you would change about your job/service?

I would have better incentives for those team members who wish to contribute more to their role/team.

What aspect of your job/service is the most rewarding?

The patient outcome; I find it very motivating to see how detecting a pathogenic organism with an unusual resistance mechanism can influence how the patient is managed. I also enjoy the training and development side of this role. There are lots of opportunities to attend courses including everything from weekend conferences to in-house lunch time meetings on new methods. It’s a morale boost which I think is important in the work place.

How has your job/service changed?

In many ways, the structure of scientific careers has had a major impact on both how to train and develop as a scientist. The future of microbiology will see a more even spread of bands and careers. The methods in the laboratory are advancing to include more molecular and rapid screening tests, this allows better interaction and communication with other departments including infection control and wards. Patients are receiving a better quality of service as the microbiology department at Oldham has become one of the biggest in Manchester offering many services which were previously provided by reference laboratories.

What is the current biggest challenge in your job/to your team?

I think we need to grow as a laboratory to keep the service safe in the current financial climate, but I feel this can lose the personal edge. It is very important to understand that there is a patient at the end of every sample.

What word best describes your job/service?

Invisible

How do you see your role developing?

I am currently a (HCPC Registered) specialist biomedical scientist in microbiology and so far I have followed the academic and training routes to progress to this stage. I will have finished my second Master’s Degree next year and would love to develop further in my current role. The future is however unknown as pathways of progression are limited. I would therefore like to use the skills and education I have to bring more validations/research into the department and take on a more specialist role in this area.

A typical day

Core hours are 8:45-17:00 Monday to Friday but I also work some weekends and I have recently joined the ‘On-call’ service. The day will vary depending on the section of the laboratory I’m allocated to. In general, the culture plates and overnight tests are read in the morning, this is often when negative reports are sent out. The positive or more complicated work is followed up through the day. Many samples sent to the laboratory must be checked by a biomedical scientist (BMS) to ensure the correct tests are requested and all urgent samples are processed immediately upon receipt. BMSs are also responsible for dealing with validations of methods and test results, training and development in both Trust and professional objectives.
New integrated health and social care unit opens

THE Trust and Manchester City Council have launched a new, integrated health and social care discharge unit at North Manchester General Hospital.

The new unit brings together teams from the Trust, Manchester, Bury and Rochdale Councils, North Manchester Clinical Commissioning Group (CCG) and voluntary sector to form a new, integrated team.

The service aims to provide better support and care for patients with long term or complex care needs by providing a more streamlined, effective and integrated experience. By sharing resources and expertise, it is hoped that this integration between the partner organisations will help make better use of financial resources and improve the overall patient experience by speeding up the discharge and readmissions process and ultimately by aiding the patient’s recovery and rehabilitation, whether at home or in the community.

Trust chief executive, John Saxby, said: “This is a marvellous example of how partner agencies can come together to overcome any barriers for those members of our community with the most complex health and social care needs.”

Liz Bruce, Manchester City Council’s strategic director for adults’ health and wellbeing, said: “Manchester City Council is working across local authorities including Bury and Rochdale to improve hospital discharge for all Greater Manchester patients and to streamline resources. This new unit has to be the way forward. It shows what can be achieved by working more closely with our partners. We can see from what has been put in place here at North Manchester General Hospital real evidence of improvements in both outcomes for patients and also in terms of financial benefits.

“There is a lot of talk about integrated care, but what has been achieved here is to put that into practice. We have an ageing population who are living longer with long-term conditions and coupled with the financial pressures being faced by the public sector, things have to change. Scaling up integrated health and social care has to be part of the answer.”

Gillian McAllister, divisional nurse manager at NMGH, who will be leading the new integrated team, said: “The team want to ensure that we deliver the best patient care to all patients by ensuring that patients get the care they need, at the right time and by the right professional. As patients pass through the different organisations, be it hospital or social care, there is often duplication of services, which can result in a poor experience for the patient.

“Our vision for the new unit is to improve access to health care by changing the way we deliver services and improving the overall outcome for patients. The challenge is to deliver an integrated system that works effectively and efficiently for staff and patients.”

Janet Hayes, team leader for social care, explains how the unit will work: “Our team members will attend daily meetings where they will discuss patient flow within different areas of the hospital. The aim will be to simplify access to care and have one team of staff who will co-ordinate and ‘track’ patients throughout their stay in hospital. They will plan the patient’s discharge from hospital with their families and carers in a way that manages their needs, expectations and reduces delay.”

The service has introduced better ways of tracking and monitoring patients, from the time they are admitted, right through to discharge and follow on care. And this new way of working is already starting to demonstrate good results.

Figures show that since the unit was formed, the number of patients staying over 15 days in hospital has been reduced by 46%, with a reduction of over 83% for patients staying over 100 days.

The team are keen to build on their success and are continuing to identify ways to streamline and improve the service with other partners in the community including GPs and neighbourhood care teams. These include plans to improve early intervention and prevention for those patients identified as being most at risk.

*Pictured: John Saxby, chief executive of the Trust, with Sir Howard Bernstein, chief executive of Manchester City Council.*

Successful study day

THE colorectal team at Pennine held a colorectal study day in January in the Post Grad Centre at North Manchester General Hospital. It was organised by Mr B Ali, consultant colorectal surgeon at North Manchester and Fairfield; Kath Harrison, Julie Williams and Sarah Sykes, colorectal clinical nurse specialists at Oldham and North Manchester, and Julie Meadows, stoma care clinical nurse specialist at North Manchester.

The aim of the day was to update health professionals within the Trust and surrounding communities on the latest treatments for bowel cancer.

Speakers from PAT and other Trusts in the north west presented a variety of innovative practices in surgery, radiology and oncology. There were also talks on the bowel cancer screening programme and management of parastomal hernia. Feedback received was extremely positive as the audience found the topics interesting and informative. Despite snow on the day, it was well attended and was an enjoyable and successful day, which we hope to repeat on a regular basis.

*Pictured, left to right: Mr Karim Mohammed, consultant surgeon at Tameside Hospital, Dr Prudham, consultant gastroenterologist, Kath Harrison, Sarah Sykes, Mr B Ali, Julie Williams, and Julie Meadows.*
**New online tool to help patients with diabetes**

The anaesthetic and endocrinology departments are currently developing an online tool which will be Trust wide and will aim to assist in the peri-operative management of diabetic patients and improve the standard of care in preperi and postoperatively.

The idea was developed by Dr J Humphreys, consultant anaesthetist at Oldham and Rochdale; Dr Susannah Rowles, clinical director diabetes and endocrinology; Jane Bryan, directorate manager anaesthesiology and critical care; and Will Wood, information co-ordinator in booking and scheduling; and is based around a program Dr Rowles saw in another Trust.

Quick and easy to use, the tool will be user-friendly and based on the National Guidelines. It will also be developed to be used by multi-disciplinary teams involving pre-op nurses and diabetes nurses, and will replace the numerous paper flow charts currently in use.

The tool allows a patient-focused approach which is tailored to each diabetic patient having their own patient information, medication plan and instructions for pre, peri and post-operative care, depending on the type of diabetes they have, the medication being taken and dependent on the time of the planned operation.

Jane Bryan, directorate manager anaesthesiology and critical care, commented: “...the facilities are fantastic and reassuring, a huge improvement from Birch Hill. I wish the department every success and am pleased that local facilities seem to be coming back to convenient locations for local people.”

Angela Greenwood, FT membership manager, said: “I am pleased that everyone enjoyed the tour and were impressed with the new unit. It was clear to see that staff, who had been involved in the design and layout of the unit, were proud and excited with their new facilities.”

Pictured: Brian and Kathleen Clegg, Foundation Trust members and Victoria, the sponsored puppy guide dog.

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**Pennine staff awards**

The Trust is launching its fourth Pennine Staff Awards event.

Due to be held on 12 June, everyone will have the opportunity to nominate their colleagues from each division for a total of 12 award categories, plus a special Patients’ Choice Award.

Recognising the very best of Pennine, there will be winners within each division who will be invited to a special celebration dinner event.

Nomination details will be announced soon, with the chance for one lucky nominator to win £50. You can nominate a colleague by completing a form on the front page of the intranet.

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**New Oldham Diabetes Service**

Staff from Pennine Acute and Pennine Care NHS Foundation Trust have developed a partnership model to deliver improved care for people with diabetes across Oldham.

NHS Oldham has awarded the partnership a three-year contract to deliver the new integrated service, which will be known as the Oldham Diabetes Service.

The new service will offer education and training to support patients, local GPs and Practice Nurses to increase their skills in managing diabetes, so that fewer people will develop the medical complications that can arise when diabetes is not well monitored and controlled. The community-based service will manage the more complex patients, offering multidisciplinary assessments and interventions to support people to keep well and manage their condition more effectively.

The service will provide a patient contact service offering a single point of access to community diabetes services, ensuring fast and responsive diagnosis and treatment of patients.

Staff from both Trusts have been instrumental in designing how the service will run, and are now working together to put all the plans into place ready for the launch on 1st April.
Dignity in action - the gift of time

ON Friday 1 February 2013, PAT took part in promoting national Dignity Action Day.

The Trust recognises the importance of promoting dignity on a daily basis, however, this day provides an opportunity for those who work in the health and social care sector to further demonstrate the importance of preserving a patient’s dignity when using health care services.

The day was celebrated by holding information stands on each of the hospital sites where staff and the public could take away useful information about dignity issues and work that the Trust is currently doing to promote and preserve patients’ dignity.

Volunteers also visited some of the wards at North Manchester, Fairfield and Oldham hospitals and carried out hand massages and reiki therapy on patients.

Comment cards were handed out to patients asking them to describe what dignity means to them. All the patients who completed the dignity comment cards were given a free raffle ticket enabling them to win a Body Shop hamper.

The day was also a good opportunity to recruit more staff as dignity champions. These are members of staff who agree to act as dignity role models and promote awareness within their own departments and wards.

If you would like to know any more about the day or would like to become a dignity champion your self, please contact the equality and engagement team on 0161 604 5893 or email equality@pat.nhs.uk.

Michael Parkinson, TV presenter and national dignity champion, said: “It might well be that the difference people make individually is a mere ripple on the surface of our care system, but each of those ripples added together create a wave, a social movement, and if this makes life better for some - then it has to be worthwhile.”

Nursing was in Liz’s blood

THE first winner of a prestigious staff award has bid a heartfelt farewell to the Trust.

Ward manager Liz Harris retired from Pennine Acute at the end of January after 28 years service.

Starting as a cadet nurse in 1969, Liz got her first job after qualifying at Birch Hill Hospital. Working on numerous wards including Hunter, Wolfenden, Bright, Lister and the ENT unit, Liz quickly rose through the ranks to become Sister and then ward manager.

A move to Rochdale Infirmary in 2000 saw her managing Springfield ward, before she transferred with the rest of her team to the Surgical Triage Unit, T4, at The Royal Oldham Hospital in 2011.

Dreaming of being a nurse from childhood, after watching her grandma and aunt in the profession, Liz always wanted to care for patients, particularly in the surgical setting. “I love looking after the patients and seeing them come on to the ward from theatre. You can see them improving day by day and I take great pleasure in helping them recover, knowing that I have played a part in getting them well.

“Patients really make my day and I feel that I have been lucky to have a job which I have always looked forward to every day. I work with a brilliant team, many of whom I have seen develop from cadets into competent skilled nurses.

“It will feel almost like a bereavement not to come into work and I feel sad about leaving such a close knit team but I know that Sister Edith Bottomley, will maintain the high standards we deliver as a ward team.”

Liz plans to spend more time with her husband Bill, her son, three stepchildren, six grandchildren and foster son, along with undertaking an aromatherapy and reiki course.

Divisional nurse manager, Angela Butler, said: “Liz leaves the Trust a legacy of an excellent nursing team who deliver care with the same compassion and professional approach that Liz has over the past 40 years. I will miss her keen sense of humour and look forward to some aromatherapy treatments in the near future.”

Liz was presented with a bouquet of flowers by director of nursing, Marian Carroll, and a surprise party was arranged which was attended by colleagues past and present.

Liz won PAT’s first outstanding contribution to patient care award in 2010, for demonstrating exceptional caring and compassion for a patient who had been diagnosed with terminal cancer.
Street Angels bring relief (and flip flops)!

BY day, Hannah Land is an OT at The Royal Oldham Hospital, but by night she is an angel. A street angel that is!

She may not have wings or a halo, but Hannah currently comes to the rescue of many a late night reveller in the busy town centre of Oldham.

Working with Oldham Street Angels as a volunteer, Hannah helps to support the night time economy of the town centre between 11pm and 3am on Saturday nights.

Burning the midnight oil to help vulnerable people in distress, the Oldham town centre chaplaincy project has brought safety and a sense of calm to the town for just over a year.

As well as patching up the injured, defusing feuds and providing a shelter for those very much worse for wear, the Street Angels have taken their campaign a step further, handing out flip-flops to girls who no longer have a head for 6in heel heights!

Hannah said: “We walk the streets of Oldham town centre making sure people are safe – we’ll clear up discarded bottles and glasses, hand out new flip flops to ladies with sore feet, administer basic first aid such as cleaning up grazed knees, escort people to taxis to get home, wait with injured people who require an ambulance or paramedic intervention, and give out bottles of water and wet wipes. We do anything that helps.”

Hannah joined the project in May 2012 and she usually does two shifts a month. She said: “Many of the volunteers are active Christians involved with local churches, but the project is open and welcome to people of all faiths or none. I was attracted to it as it’s about faith in action. We’re here to serve the local community and I’m keen to be part of that.”

Oldham Street Angels co-ordinator Reverend Jean Hurlston, said: “We’re often called on to defuse situations which would otherwise end in someone being arrested. For instance, a police officer asked us to speak to a guy who had rowed with his girlfriend and was on the verge of being thrown in the back of a police van. Our oldest volunteer, Audrey, who’s 75, offered to talk to him and within minutes he had calmed down and she walked him to a taxi rank. He said she was like the grandma he’d never had.

“On another occasion, the police requested us to attend to a man who had been injured in a fight. He had facial injuries and was drifting in and out of consciousness. Paramedics had been called to the scene but this was an extremely busy night so there was a long delay. Street Angels were able to administer first aid to the man until he was well enough that he decided to go home.”

Keen to expand the project to cover Friday nights in Oldham town centre, Street Angels are looking for more volunteers. Hannah said: “If you feel that you could offer to undertake a shift or two, or just want to donate brand new flip flops, blankets, tissues or plasters, then please get in touch with us on Twitter, our Facebook page or oldhamstreetangels7@gmail.com

“Our most recent volunteer is a former ITU nurse who has proved to be worth her weight in gold in terms of dealing with medical emergencies and injuries. We therefore feel that people with a nursing or healthcare background would be ideal to join the project. So please respond, we’d love to have you with us. Full training and support will be given.”

Two emergency calls came through at the same time. The police had been called to the scene but this was an extremely busy night so there was a long delay. Street Angels were able to administer first aid to the man until he was well enough that he decided to go home.

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Thought for the month

by chaplaincy co-ordinator Rev John Hall

ONE of the many words that has been used recently when describing an important aspect of healthcare is ‘compassion’.

We all know that from time to time certain words or phrases become fashionable and may get used too frequently and can lose their impact, however, I don’t believe compassion is one of them.

If you want to try and objectively work out what compassion is, to come up with the definitive definition you can start to become a little stuck. In our team we use the word ‘spiritual needs’ a great deal yet that is open to a vast range of interpretations. For some, the very word spiritual is too religious and off putting which is why we then try and explain that it is about the individual’s values and beliefs.

Most of us believe in something, whether that is in a recognised faith or whether it is in a non-religious framework. Most of us have values, values we grew up with, values we live our lives by, values by which we want to be treated, and values in how we treat others.

Compassion is another word that anyone or everyone may choose to use. For many of us it is a feeling we have within us that makes us want to reach out to someone who is having a difficult time. We feel compassion towards other staff when there is uncertainty surrounding their jobs. We feel compassion for the suffering patient and we do our best to ease their suffering by working together as a team. We feel compassion when we see people suffering in the wider world when we know it’s no fault of their own.

Compassion features in many recognised world faiths. It can lead us into action. We feel it as part of the spiritual care multi-faith chaplaincy team, we see it practised by staff from every area, and we witness it at the bedside with friends and family gathered. Compassion makes us want to reach out and to do our very best for those in need, without it we would all be poorer.
**Running shoes at the ready**

PLACES are now available for the BUPA Great Manchester 10K run, which will take place on Sunday 26 May 2013.

The run is one of the biggest sporting events in the Manchester calendar and raises thousands of pounds each year for charity. It has undoubtedly become the north west’s biggest 10k run which takes you through the heart of the city.

Be a part of this well loved event which hosts a great atmosphere and raise money for the Trust’s charity. You could run on your own or you could create a team of runners!

To participate, a registration fee is required and a minimum pledge of sponsorship. For more information contact Sarah Flaherty on 0161 922 3450 or download an application form directly from the intranet via the charitable fundraising page and by selecting the events page.

Alternatively, if you have organised your own place in the Manchester 10k and would like to be sponsored for one of the wards, departments or appeals within the Pennine Acute Hospital charity then please contact Sarah for sponsor forms and support.

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**Thanks to MedEquip4Kids and Vinci Construction for £51K donation**

JOHN Jesky, chairman of the Trust has thanked MedEquip4Kids and Vinci Construction for their donation of £51,792 towards new equipment and a multisensory room for the new children’s unit at The Royal Oldham Hospital.

Vinci Construction UK, the contractor building the multi-million five-storey Women’s and Children’s Unit, raised the substantial amount through taking part in numerous fundraising events with the help of their construction team and supply chain.

In February 2011, the contractor pledged to raise £50,000 within two years, and they smashed through their target in December 2012, meaning that vital equipment is now in use at The Royal Oldham Hospital.

The money has funded an incubator, a ventilator, a multisensory room and equipment for monitoring children.

John Jesky, chairman of The Pennine Acute Hospitals NHS Trust, said: “On behalf of the Trust Board, the staff who work at the hospital, and on behalf of the local communities we serve, I would like to sincerely thank MedEquip4Kids and Vinci for this amazing donation and fundraising effort. Their contribution is invaluable; I know this new equipment and the multisensory room in particular will help and benefit the children that we care for in the unit. The support of MedEquip4Kids is truly appreciated. Thank you and well done.”

Ghazala Baig, chief executive of MedEquip4Kids, added: “We’re so grateful to everyone at Vinci Construction UK and their partner organisations for all their hard work. To raise over £50,000, and to do it well within the two years, has been an amazing effort. It’s great to see the results of all their hard work, and to know that families at The Royal Oldham now have access to the most up to date equipment.”

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**Manchester Velodrome abseil**

RAISE money for the Trust’s charity on 10 March 2013 and take part in this great activity and the opportunity to face your fear of heights!

The abseil fee of £35 includes rental and preparation of the venue, qualified and professional instructors, all equipment, registration and management on the day.

If you are interested in any places, contact Sarah Flaherty, corporate administration manager via email or on 43450.
Health benefits to quitting

20 minutes after quitting your blood pressure and pulse return to normal.

8 hours - nicotine and carbon monoxide levels in your blood are halved. Your lungs will have started to clear out the tars that's been clogging them up and your senses of taste and smell are greatly improved.

72 hours - your breathing becomes easier and your energy levels increase

2-12 weeks after quitting smoking your circulation improves and exercise can be easier.

3-9 months - any coughs, wheezing and breathing problems improve.

Within five years the risk of heart attack is halved.

Within 10 years the risk of lung cancer is halved and the risk of heart attack is at the same level as non-smokers.

Medium to long term – stopping smoking at any age increases your life expectancy, provided you stop before the onset of serious disease. Even if you have developed a disease, you can benefit from stopping as your body will be under less strain and be able to fight it more easily.

What else could you use the money for?

1 day: £7 = two movie rentals, a new lipstick or download a new album

1 week: £44 = a family cinema ticket, pair of shoes, a meal for two

1 month: £210 = a shopping spree or premiership football tickets

3 months: £630 = designer handbag, new laptop, flat screen TV

6 months: £1,260 = leather suite, a home cinema, top of the range bicycle

1 year: £2,555 = a new kitchen, designer jewellery, holiday of a lifetime

Please note that these figures are based on a 20-a-day smoker
Fancy a trip to Peru?
Inca trail to Machu Picchu in May 2014

TREK to Machu Picchu along the awe-inspiring Inca trail, steeped in mystical history.

The classic trail passes many other interesting ruins, before arriving at the extensive ruined lost city of the Incas.

Our itinerary allows more time than most on the trail, making the walking easier, giving you more time to acclimatise and more time to explore and learn about the history and culture surrounding this region.

We will visit Machu Picchu early in the morning before the crowds arrive, then return to Cusco using the vistadome train in the afternoon.

For more information, contact Gary Greenwood on 0161 624 0420 or at gary.greenwood@pat.nhs.uk

Happy 50th Julia

As we grow older we often find it is better to light one small candle, than to be seen in fluorescent lighting!

Happy 50th birthday, from the night management team and all your friends and colleagues at North Manchester.

Cakes for charity

DELICIOUS treats were on offer at Fairfield’s pharmacy department over the Christmas period.

The department organised a cake sale in aid of Bury Hospice and managed to raise nearly £220 for the organisation.

Thanks to everyone who contributed.

Staff at The Royal Oldham Hospital are stars

SUE Howard, discharge unit manager on C1 ward had a recent hospital admission where she was treated with respect and received wonderful care.

Sue said: “I would like to say a big thank you to the following people – Julie Winterbottom and her team and the consultants in the A&E department and ward; HDU staff days and nights; Linda Hogan and her team and the consultants on ward F7; the medical physio team and Cath and Sandra in the physio outpatient department; the team in OT - Tasmin and Julie who made life easier at home; Nikki, Joanne and Karen, my managers, and finally to Emma and my team, especially Jean and Tracy.

I cannot thank you all enough, you are stars!

Retirement

SISTER Carol Hnatiuk has retired from ward T7 at The Royal Oldham Hospital. Far from enjoying a well earned rest from the busy trauma and orthopaedic ward, Carol is going to work as a sister in private healthcare.

She is pictured with director of nursing, Marian Carroll and ward manager, Sr Wendy Salford.

Farewell - you’ll be missed

RING ring, going into the night service and hanging up their headsets for the last time will be night telephonists Sue Robertson and Lynden Miller.

All the switchboard staff at The Royal Oldham Hospital would like to send their best wishes to these two members of staff. Sue, who previously worked at North Manchester before the switchboard was centralised at Oldham in 2005, will retire after 33 years.

Lynden is leaving for pastures new after eight years.

The two ladies worked together on the same night shift for the past six years.

Good luck to you both for the future.

EMILY Chaffe left the Trust in February to work in a similar role as a practice education facilitator at Macclesfield District General Hospital. Emily said: “I wanted to say a huge thank you to all my colleagues in learning and organisational development for their friendship and for putting up with me over the past four years!”

“It has been a pleasure working with you all and I will miss you very much, particularly my PEF colleagues - Anne Medcalf, Sheryl O’Flanagan, Suzanne Drury, Debbie Ainscow and Sandra Lloyd-Johnson. Thank you to all the mentors and practice educators with whom I have worked closely during my time with the Trust - your support and dedication is much appreciated.”