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Fairfield stroke services are best in England
OUR brand new Bereavement Centre at The Royal Oldham Hospital opened its doors to the public on 8 June 2017 following an official opening event, which was attended by retired Senior Coroner, Simon Nelson; Nicola Firth, director of nursing and Mr Jawad Husain, medical director at The Royal Oldham Hospital.

The investment in dedicated new Bereavement Centres came after the Trust adopted the national SWAN end of life care model, which is present in 47 other Trusts up and down the country, and which was set up by Fiona Murphy MBE, associate director of nursing at the Trust.

Oldham’s Bereavement Centre is the second of four new Bereavement Centres to open at Pennine Acute. The centre at North Manchester opened in May and the others located at Fairfield General Hospital and Rochdale Infirmary will open in July.

Prior to the new centre opening, the Trust did not have a dedicated bereavement service and all bereavement issues were handled through the General Office. The new centre will greatly improve the experience of patients and families following the death of a loved one.

Fiona Murphy MBE, associate director of nursing at the Trust said: “I am really excited and proud to open this new Bereavement Centre at The Royal Oldham Hospital. A great many staff across the Trust from porters, to nurses, to managers, have all gone above and beyond the call of duty to make sure this vitally important service could get up and running as soon as possible. I know that the centre will have a huge impact on the service and support given to those that have lost a loved one at The Royal Oldham Hospital.”

The Bereavement Centre is located in the Chalmers Keddie building, where the Chapel and General Offices are located, and is staffed by a fully trained bereavement specialist nurse.

Each Bereavement Centre will offer the following services:

- The provision of bereavement support to patients and families when death is expected, as well as when death is unexpected
- Compassionate care every time for patients and their families
- Equitable care to every patient regardless of place of death
- Families will get offered the choice of mementoes from their loved one, which will include hand, footprints and locks of hair
- All families will receive the correct information about care after death and receive a follow up call as appropriate from the bereavement specialist nurse
- Bereavement resources for staff to access 24 hours a day, seven days a week for patients and families.

In addition to these services, the Trust will hold monthly bereavement study days for all staff members involved in the delivery of end of life care (EoLC) and bereavement. The bereavement specialist nurses will also offer real time coaching to staff working within EoLC/ bereavement to up skill the workforce.

In February the Trust launched the Swan end of life care model which offers dedicated support to patients in the last days of life and to their families into bereavement and beyond.

Pictured at the opening are, left to right: Amanda Taylor, bereavement service/general office manager, Jawad Husain, medical director; Alice Davies, Macmillan palliative end of life care and bereavement lead nurse; Nicola Firth, director of nursing; Jayne Bourne, bereavement officer; Simon Nelson, retired senior coroner and Sarah Heathcote, bereavement officer.
Group Council of Governors’ Elections - nominations are open

As part of the work to create a Group, Salford Royal’s Council of Governors spent time thinking about how the public and staff members, and communities, of both organisations could be represented, and ready itself for the eventual creation of a Group Council of Governors.

In March 2017, Salford Royal’s Council of Governors approved changes to its own composition, and agreed to establish a subcommittee, to be known as the Shadow Group Council of Governors. This committee would comprise of all Salford Royal Governors and Shadow appointed and elected public and staff governors from the Pennine Acute Hospitals NHS Trust.

The Council of Governors’ elections are now open. Elections are being held for Staff Governors in the following constituencies:

**Staff Governors:**
- Salford – Surgery and Neurosciences (1 seat)
- Salford – Clinical Support Services and Tertiary Medicine (1 seat)

**Shadow Staff Governors:**
- Bury and Rochdale (2 seats)
- Oldham (2 seats)
- North Manchester (2 seats)

If you are interested in standing for election you will need to complete a nomination form. Nomination forms and further information about being a governor are available on the Trust intranet and website.

The closing date for nominations is 3rd August 2017.

We will also be running a number of informal drop in sessions for both staff and members of the public to find out more.

- Salford Royal: Thurs 13 July, 12.30pm – 3.30pm in Meeting Room 2, Level 1, Mayo Building, Stott Lane, Salford M6 8HD
- Fairfield General Hospital: Wed 19 July, 12.30pm – 3.30pm in the Auditorium, Fairfield General Hospital, Rochdale Old Road, Bury BL9 7TD
- North Manchester General Hospital: Thurs 20 July, 12.30pm – 3.30pm in the Lecture Theatre, Post-Graduate Centre, Delaunays Road, Crumpsall, Manchester M8 5RB
- Rochdale Infirmary: Mon 24 July, 12.30pm – 3.30pm in Room D3, Education Centre, Level D, Rochdale Infirmary, Whitehall Street, Rochdale OL12 0NB
- The Royal Oldham Hospital: Mon 31 July, 12.30pm – 3.30pm in the Lecture Theatre, Education Centre, The Royal Oldham Hospital, Rochdale Road, Oldham, OL1 2JH

**Recommend a Colleague**

We would like to encourage staff members to recommend a colleague who they believe would make an excellent Staff Governor. This is a confidential process; following recommendation, the membership team will make contact with the staff member nominated and encourage them to submit a nomination. You can recommend your colleagues here.

If you require any more information, including finding out which staff constituency you are part of, please call the membership team on 0161 206 3133/ 01706 517302 or email foundation@srf.t.nhs.uk

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**Group Quality Improvement learning collaborative - End PJ paralysis and last 1000 days**

**GROUP** chief nurse, Elaine Inglesby-Burke, has launched the Group’s first major joint Quality Improvement (QI) staff learning collaborative with colleagues from Salford Royal focusing on our aim to end ‘PJ Paralysis’ and to consider the importance of care and time given to older patients in hospital.

The End PJ Paralysis and The Last 1000 Days joint initiatives will be rolled out across each of our hospital sites and Care Organisations over the next few weeks and months as part of the Group’s Quality Improvement Strategy. The aim is for 95% of all areas across our hospitals to be engaged and involved in this important quality of care initiative by December 2017, educating and empowering our staff and patients, with 95% of patients to be given information and advice on our wards by December 2017.

In her opening comments at the first of three staff launch events, Elaine spoke about her own mother’s experience in hospital. Elaine, has said this is one of the most important QI collaboratives and, along with the directors of nursing and medical directors of our four Care Organisations, is asking all staff across Group, at Pennine and Salford, to get Involved In this Initiative that will help to Improve the experience and outcomes of patients who use our services.

The ‘End PJ Paralysis’ (&#endPJParalysis) initiative aims to highlight among staff the impact of patients, particularly those who are elderly, being left in pyjamas or hospital gowns in bed for any longer than necessary. This staff learning collaborative will involve and touch all areas of clinical and nursing care, and help staff work together to generate ideas and thinking around the health benefits of getting patients dressed, out of bed and being as active as possible.

It has been proven that getting patients out of bed and mobile as soon as they are well enough can reduce the length of time they spend in hospital. Bedbound patients lose 1–5% of their muscle strength every day they are in bed, they can also develop skin breakdown, pressure sores, confusion and fatigue. Many patients lose the ability to carry out routine daily functions like bathing, dressing, getting out of bed and walking, due to unnecessary bed rest. For an older person, a loss of muscle strength can make the difference between dependence and independence, Every 10 days of bed rest in hospital is the equivalent of 10 years of muscle ageing for elderly patients.

Staff at Pennine Acute’s Care Organisations will have the opportunity to learn more at the staff launch event on Monday 10 July at 11.30am–3pm in the post graduate lecture theatre, North Manchester General Hospital. To register your attendance, please email qualityImprovement@srf.t.nhs.uk.

Another launch day will take place at Salford Royal on Tuesday 18 July. There will also be Information days at each Care Organisation site, so look out for more Information in the weekly message and on our Intranet. If you want more Information about these initiatives, please contact either Natasha.Ibrahim@pat.nhs.uk (PAT), or Chedia.Hoolickin@srf.t.nhs.uk (Salford).
Pre-employment programme runners-up in national award

THE pre-employment programme offered by the learning and organisational development department was the runner-up in the ‘Work Exposure’ category for a national HEE award.

Health Education England’s National Widening Participation Awards recognise the achievements in the health sector of outstanding widening participation partnerships, research and initiatives. They also celebrate the success of individuals who go over and above to support this agenda across the health sector. They showcase good practice in widening access to health education and employment across England, as well as recognising and celebrating the continued enthusiasm and commitment of the many stakeholders and colleagues who are involved in supporting this agenda.

The pre-employment programme has been running since May 2016 and offers local unemployed individuals the opportunity to complete a qualification, the Care Certificate and a placement in a clinical setting such as a HCA or porter at one of Pennine Acute’s sites. Feedback from managers is consistently very good and they are extremely satisfied with the skill levels and professionalism of the learners. They have also commented on how impressed the learners are with their understanding of Trust policies and procedures. Many of the learners are being recruited to the wards which hosted their placement and to date, the Trust has recruited over 70% of learners who have attended the programme into substantive posts.

For more information on the programme or to involve your ward or department please contact Susan Kelly – susan.kelly@pat.nhs.uk or extension 45424, or Stacey Hoskin – stacey.hoskin@pat.nhs.uk or extension 45472.

Lorraine Davies and Susan Kelly are pictured at the awards at the Palace of Westminster in London.

Partnering delivering streamlined healthcare across Rochdale borough

PATIENTS in Heywood, Middleton and Rochdale with a wide range of complaints are benefitting from new and innovative ways of receiving care.

Care is being fully integrated for the first time by a partnership of providers, overseeing the patient’s ‘journey’ from their GP and other healthcare professionals, for their initial assessment, tests and then on for any required treatment.

The integrated way of working has been commissioned by NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (CCG) for a number of specialties – gastroenterology (excluding obstetrics and cervical screening) ear nose and throat (ENT), gynaecology, orthopaedics and urology.

A second stage later in the summer will introduce a streamlined pathway for musculo-skeletal services (MSK), which will allow patients with conditions of the muscles, bones and joints to see the service they need more efficiently.

The initial five year contract with a value of £22m per annum, so a full contract value of £110m, is with the Pennine Acute Hospitals NHS Trust, InHealth, BMI Highfield Hospital and GP Care Services Ltd.

Some of the benefits for patients are a quicker time to either of their referral from the GP to treatment. All referrals are managed using a single point of access that oversees assessment, diagnosis and patient consultation, where necessary in one appointment. When a patient attends the service the most clinically appropriate healthcare provider will see them. The workforce across the healthcare providers include clinical leads, consultants, nurse endoscopists, radiographers, registered nurses, healthcare assistants and dieticians.

All of the integrated services are patient centred and aimed at improving the patient experience with weekend, early morning and evening appointments available wherever possible. There will be significantly reduced follow-up outpatient appointments and a reduction in duplication of tests and procedures.

Simon Wootton, chief officer of NHS HMR CCG said: “We know, unfortunately there can be duplication or delays when agencies are working in isolation on their area of care. This new partnership arrangement will make it easier for the organisations to have an overview to effectively refer, triage, assess, treat and monitor the patient along agreed pathways of care.

“This will mean a better experience for patients and less duplication in the system which will also mean a better use of resources. This approach, of making the best use of resources whilst improving the experience for patients, is possible only when organisational edges are blurred – this is central to the ethos contained within the Rochdale Locality Plan which is set to transform our public services in years to come.”

Dr Ray Ross, medical director at InHealth, said: “The partnership is all about providing a new and innovative way of delivering healthcare for the people of HMR. Patients will have the fastest and most efficient access to be seen, assessed, diagnosed and treated for their problems. It will allow a truly local high quality healthcare that is good for patients, good for staff and good for the healthcare economy. I believe it is the way forward for the future of the NHS and we are proud that HMR is leading the way.”

Shona McCallum, medical director for Rochdale Infirmary and community services on behalf of Pennine Acute said: “We are delighted to be working together in this unique partnership of local providers of hospital, community and GP services. Together we have a fantastic opportunity to tailor how and where people receive care in Heywood, Middleton and Rochdale. Care will be more accessible and responsive. It will be more joined up, provided in the right place at the right time and by our partnerships’ multidisciplinary teams. Together we are building on our proven track record of working in partnership in Heywood, Middleton and Rochdale for better health and care.”
A NEW cancer support centre has opened in the grounds of The Royal Oldham Hospital – Maggie’s Oldham.

The centre opened on Friday 9 June 2017 and is now up and running providing free emotional, practical and social support to people with cancer and their families and friends.

Maggie’s Oldham has been designed by acclaimed architects dRMM and was developed by Maggie’s working in partnership with Pennine Acute Trust to enhance the cancer care and support already on offer.

The centre was officially opened by principal donor to the centre and founder of The Stoller Charitable Trust, Sir Norman Stoller and Maggie’s chief executive Laura Lee.

With advances in medicine and earlier diagnosis, the chances of surviving cancer long term is double that of 40 years ago. As the number of people living with cancer increases, so does the need for practical and emotional support to cope with the challenges that living with and beyond cancer brings.

Maggie’s Oldham will offer a way of living well with cancer. This includes making sure that people with cancer, as well as their family and friends, are really listened to, that they are offered tailored individual support, group support and practical advice, all delivered by qualified professionals within a space that enables them to meet other people who understand what it means to be living with cancer too.

The Centre will offer psychological support, benefits advice, nutrition workshops, relaxation and stress management, art therapy, and yoga.

Sir David Dalton, chief executive at Pennine Acute added: “It makes me really proud to see the magnificent new Maggie’s Oldham building standing in the grounds of The Royal Oldham Hospital, enhancing the services we offer across Greater Manchester. My sincere thanks go to everyone who has supported Maggie’s and made our Centre at The Royal Oldham a reality.

“It has been a real joy to watch the Centre come to life and for that I would like to thank Alex de Rijke of dRMM Architects for his beautiful and thoughtful design and to his team who have been instrumental in creating such an uplifting and calming space.

“My very special thanks go to Sir Norman Stoller whose generous donation enabled us to fund the building of the Centre in full and whose passion for Oldham has been the driving force behind the Centre. Thanks to Sir Norman Stoller, Maggie’s can now offer the local community the very best support to cope with the challenges that living with and beyond cancer can bring.”

Pictured top, left to right: Sir Norman Stoller, Oldham Mayor Councillor Shadab Qumer, Mayoress Sobia Arshi, Laura Lee, Lucy Steed-Fasset, Charles Jencks and architect Alex de Rijke. Photos courtesy of Oldham Evening Chronicle. 

“... offering the very best support to cope with the challenges that living with and beyond cancer can bring. The building is not only architecturally stunning in design, it is also a wonderful new haven for the people of Oldham and their families who are affected by cancer.

“On behalf of our staff and the people of Oldham I would like to thank Maggie’s and Sir Norman Stoller, whose kind donation funded the building, along with the architect dRMM.”

Alison McCarthy, Macmillan lead cancer and palliative care nurse at Pennine Acute said: “The new Maggie’s Oldham Centre will really enhance the support that is offered to our patients that are affected by cancer, their families and loved ones. It makes me really happy when I see the new centre, which is an impressive new building, because I know how much this means to the people of Oldham and how much of a difference it will make to their lives.”

Laura Lee, Maggie’s chief executive said: “I’m delighted that today marks the official opening of Maggie’s Oldham, allowing us to extend the support we offer across Greater Manchester. My sincere thanks go to everyone who has supported Maggie’s and made our Centre at The Royal Oldham a reality.

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New Maggie’s cancer support centre opens at The Royal Oldham Hospital
Greater Manchester now has the best scoring hospital stroke pathway in the country with all stroke patients having access to care rated as ‘A’ (the highest available rating) by The Sentinel Stroke National Audit Programme (SSNAP). This reflects the transformation stroke services have undergone in Greater Manchester in the last two years ensuring patients have access to better quality hospital care and timely specialist treatment.

SSNAP rates stroke services and rated Fairfield General Hospital’s Stroke Unit, one of three specialist stroke units in Greater Manchester, as the best in England out of 228 units nationally. It was closely followed by Salford Royal, also a specialist stroke unit, in second place and Trafford General’s stroke unit fourth.

In Greater Manchester around 6,000 people have a stroke each year and strokes are one of the main causes of disability. The longer a stroke goes untreated the more long term damage is caused to the brain so rapid access to high quality specialist services is essential for survival and recovery.

Changes to stroke services have improved patient flow throughout the emergency process, ensured clot-busting treatments are available and grouped hyperacute services – including urgent assessments, brain scanning and specialist stroke staff - at three specialist stroke units. This mean more patients receive clot busting treatments within the optimum time window and the majority of stroke patients are now treated on a specialist ward receiving expert stroke care, improving their chance of survival and recovery.

The new integrated network is also leading improvements in community rehabilitation as well as stroke prevention initiatives to reduce the number of strokes within the region.

Dr Khalil Kawafi, director of stroke services at Pennine Acute and stroke lead for the strategic network and senate across GM, said: “Since we launched the seven day hyper acute service across GM two years ago we have seen a sustained improvement in the care our stroke patients receive according to the Sentinel Stroke National Audit Programme (SSNAP) and now I am proud to say that all stroke services in GM are scoring an A with Fairfield General Hospital and Salford Royal rated first and second best across the UK respectively. This achievement is a testimony to the hard work, dedication and collaborative working of the stroke community in GM under the stewardship of the stroke clinical network and the stroke ODN.”

Louise Williams, directorate manager for stroke, explained that the stroke service acknowledges that it is reliant on other services on the Fairfield site and wants to thank staff in A&E, radiology and community stroke teams who all play an important part in helping the stroke service achieve the A standard.

The aim of warfarin therapy is to decrease the blood’s tendency to clot, but not stop it clotting completely. This means that the dose of warfarin that patients take must be carefully monitored, and adjusted if necessary.

Patients traditionally have regular blood tests at their GP surgery or the anticoagulant clinic at the hospital. The international normalised ratio (INR) is a measure of how long it takes the blood to clot – the longer it takes, the higher the INR. The INR is used to determine the dose of warfarin needed to take.

The study will allow patients to be taught by a anticoagulant nurse specialist how to self test their INR blood result at home. They will use a meter to get the result and then report via an app or an automatic telephone service to inform the anticoagulant team of the blood result. Staff at North Manchester General Hospital will then use the same method to send the warfarin dose needed back to the patient and inform them when they need to repeat the test.

Betty Brough, Pennine Acute Trust lead anticoagulant nurse specialist, said: “The new system gives patients the freedom from attending a clinic appointment on average every four weeks and the ability to test their INR at their convenience.

“It is proving very popular and within the next six months we hope to have enrolled 200 patients onto the scheme. The overall outcomes will hopefully give more flexibility to the patient and show that they have better time in therapeutic range to ensure that their warfarin therapy is effective and therefore reduce their chance of having a stroke.

“The anticoagulant department will of course still remain the patients’ first port of call if they have any warfarin related problems and if they need any help or advice.”

Patient Harold Simpson from Newton Heath has already signed up onto the research study. Harold has been attending the anticoagulant clinic every two to four weeks since 2011. He said: “Self-testing is fantastic. It has freed me up from attending so many clinic appointments and it works for me.”

Harold is pictured with sister Janet Merry, anticoagulant nurse specialist at North Manchester General Hospital.
People

Celebrating Equality, Diversity, Inclusion and Human Rights Week

NATIONAL Equality, Diversity, Inclusion and Human Rights Week was celebrated at the Trust with a range of events.

Held from 15 to 19 May, the week saw the equality and inclusion team host the second annual equality and inclusion awards.

Opened by Diana Finlayson, associate director of learning and organisational development, she presented awards to:

- Equality and inclusion champion – Barbara Rossington, team lead paediatrics speech and language therapy
- Rising Star – Vanessa Bryan

- Best Practice – AIS project team from Fairfield’s outpatient department

The event focused on equality not just being about treating all people in the same way. It’s about recognising and respecting diversity enough to adapt practices and procedures to suit all.

The week had four days of events including:

- Three deaf awareness sessions delivered by Joanne Kay, sign language lecturer from Bolton College on behalf of Communi8te Bury. The sessions were well received by the staff who attended and a number of them asked for the sessions to be provided again later in the year to allow more staff to attend.

- A transgender and sexual orientation awareness session which was delivered by the equality team on the international day against homophobia and transphobia.

- Other planned events were two disability confident workshops and a human library awareness event delivered by the equality team. These two workshops will be delivered again throughout the year to support the preparation for the Workforce Disability Equality Standard which goes live in 2018, and to support the roll out of the Human Library which is a new initiative for PAT.

The team also had equality and human rights displays at all four of our hospital sites.

Presentations on the day

- Cadets Anam Faisal, Robert Philbin and Greg Preston talked about their experiences around equality, diversity and inclusion and their aspiration for the future.

- Jules Wall, diversity and inclusion manager talked about inclusivity, the human library project and the equality assured standard.

- Freedom to speak up guardian Itai Emily Collier spoke about the freedom to speak up and encouraged staff to become champions in this field.

Staff engagement update #TogetherWeCan

Pioneers in full swing!

THE Staff Engagement Pioneer Teams’ Programme is in full swing; the third cohort was launched at the end of June with a total of 13 teams from across the Trust taking part, while the second cohort of teams who are nearing the end of their journey will be presenting at a celebration event in September. This highly successful six month programme is an opportunity for teams to be trained in a toolkit to improve their own engagement levels within their department.

What will you get from the staff engagement programme?

Diagnostic Report - The staff engagement diagnostic is a questionnaire that staff within your team complete. It will help you to identify how engaged they feel, and the extent they demonstrate engagement behaviours at this moment in time. It will also help you to identify what it is about the way your team currently functions, that is helping to enable or hinder staff engagement. By understanding what may be enabling staff engagement, you can identify what is currently working well. By understanding what is hindering staff engagement, you can identify what needs to change or improve about the way your team currently functions.

It will suggest which tools from the staff engagement toolkit may be best to improve staff engagement according to your team’s specific needs.

More information about the programme and how to get involved in future cohorts can be found on the staff engagement pages of the intranet.

Let your voice be heard

The best way to improve things for patients and staff is to listen and involve staff.

The leadership team of directors on each site for our Care Organisations have held the first in a series of staff engagement sessions called ‘1000 Voices’ during June and July. All staff were invited to attend from all staff groups, clinical and non-clinical, and from all wards and departments from each hospital site and those in community services. The idea was that at each session staff would be asked to bring their views and ideas and that of 10 colleagues to the event and feedback through group discussion or anonymously, based on four key questions.

So far over 200 staff have attended to give their views on working for the Trust, and have had the opportunity to meet the new leadership teams.

Follow-up events will be held at each Care Organisation in August and November. For information on upcoming sessions, and how to book your place, see the staff engagement pages on the intranet.
Care Organisations supported by Group

OUR Care Organisations (COs) within Group are responsible for delivering high quality reliable care to our local communities. Our four COs are: Salford, Oldham, Bury/Rochdale and North Manchester. Each CO consists of a medical director, director of nursing, managing director, finance director. They are responsible for the day to day running of services. All directors are now in post and divisional leadership teams have been appointed.

Our Care Organisations will be supported by the Group in the following areas:

- Developing Service Strategy
- Agreeing new/replacement building and equipment
- Agreeing annual operational delivery plans
- Developing a standardised operating model which determines best care on evidence of best practice
- Organising this standardised care to be delivered effectively across multiple sites and locations.

Development of our Group Mission

FOLLOWING a number of staff engagement sessions and key comments from a recent senior leadership event about the proposed Mission Statement for Group, a revised Mission Statement has been developed:

"Saving lives, improving lives" by delivering highly reliable care and services, at scale, which are trusted, connected and pioneering.

Our services will be:

- Evidence-based and of the highest quality;
- Highly reliable: high quality whatever the day of the week or hour of the day;
- At Scale: creating benefits for people through standardisation of best practice;
- Trusted: providing safe, effective and compassionate services;
- Connected: seamlessly delivering what matters most to people and communities;
- Pioneering: continuously innovating and improving services.

This Mission Statement was approved by the Committees in Common (CiC) at its most recent meeting last month.

CQC inspection

THANK you to those staff who have been involved in working with and helping our governance teams pull together data, information and evidence as part of the CQC’s data collection process in advance of their formal re-inspection of the Trust and our services in late summer/early autumn.

The CQC will undertake a number of unannounced and announced visits across all of our sites as part of the re-inspection process. We expect these visits to take place any time from the beginning of September.

The CQC will be inspecting our services under a combination of both the old and new regulatory framework. Again, this will involve inspectors speaking with staff, patients and our stakeholders.

1000 voices staff engagement sessions

THANK you to those of you who attended the first in the series of our 1000 voices staff engagement sessions across all of our sites over the past few weeks and who brought ideas on behalf of their colleagues. A number of workshops were held, each led by the leadership teams of directors on each site for our COs. The purpose of the sessions was to listen, involve staff, and receive feedback and ideas on a range of themes based on ‘Our Future’, including thoughts on developing our values, challenges facing each CO, and how best to engage, share information and involve staff in the future.

The next series of 1000 voices events will take place in August and will focus on issues and discussion around ‘My Team’. All staff are invited to attend from all staff groups, clinical and non-clinical, and from all wards and departments. Three or four workshops will be held on each day on each site. Staff will be asked to bring their views and ideas and that of 10 colleagues to the event and feedback through group discussion or anonymously.

Further information can be found on our intranet. The dates for the next 1000 voices events are listed below:

- North Manchester – Monday 7th August, post grad centre, NMGH. Look out for more details about workshop times.
- Rochdale – Thursday 10th August, room D6, education dept, Rochdale Infirmary. Look out for comms about times.
- Bury – Friday 18th August, auditorium, education centre, Fairfield General. Look out for comms on workshop times.
- Oldham – Tuesday 29th August, room F17, education centre, The Royal Oldham. Look out for comms about times.
A typical day

On the days when I’m filming a project, I try to start early to give us all the most amount of time to work with. Once the camera and lighting equipment is set up and ready, we usually rehearse scenes for the video a couple of times before the filming starts.

Filming can take a few hours as typically scenes need to be recorded four or five times from different angles and to make sure everyone is happy with the outcome.

Once the filming is over I head back to Fairfield to start editing the footage over the next few days. An improved IM&T infrastructure, in order for the developed videos to run smoothly and consistently. We as a team are always striving to develop pioneering high-quality content to cascade the desired message across the organisation or within our e-Learning programmes.

What are the highlights of your job/service?

I get to work on something different almost every week. Projects can vary greatly from day-to-day and it’s fairly rare that I end up doing the same thing twice.

How has your job/service changed?

When I first started, I was only creating short videos/animations that were intended to be included within e-Learning programmes. As time went on, I slowly started to move away from this and began creating videos that could be used to promote the Trust, wards, departments and services. Although I still create work to be included within e-Learning programmes, the majority of my work is independent of this.

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

It would be great to have somebody with similar skills to work with on projects. At the moment I’m a bit of a one-man-band, which can occasionally cause bottlenecks in productivity, especially around the busier times of the year. Plus I have a lot of heavy equipment and it would be nice to have some help carrying it all!

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

Getting great feedback both during production and after completion of projects. A lot of the people I work with have never used videos before to aid their projects, but they quickly realise how useful they can be to convey messages, policies and stories.

What would make your job/service better?

An improved IM&T infrastructure, in order for the developed videos to run smoothly and consistently. We as a team are always striving to develop pioneering high-quality content to cascade the desired message across the organisation or within our e-Learning programmes.

What word best describes your job/service?

Creative.

A typical day

On the days when I’m filming a project, I try to start early to give us all the most amount of time to work with. Once the camera and lighting equipment is set up and ready, we usually rehearse scenes for the video a couple of times before the filming starts.

Filming can take a few hours as typically scenes need to be recorded four or five times from different angles and to make sure everyone is happy with the outcome.

Once the filming is over I head back to Fairfield to start editing the footage over the next few days. This can take anywhere from a few hours to a few weeks depending on the size of the project and how many people are involved.
Ward improvement programme gives staff the skills to influence change

STAFF from The Royal Oldham Hospital’s women and children’s division celebrated as they completed a ward improvement programme.

A five day course spanning two months was undertaken by representatives from each of the 11 wards/areas within the division at Oldham.

Aimed to give the knowledge and skills of improvement methodologies to nurses and midwives, the sessions also supported the CQC Improvement Plan work streams and future improvement work within the division.

Staff learnt how to use quality improvement methodology and applied it to several processes on their wards including:

- Shift handover/huddles – they redesigned handovers using the SBAR (Situation, Background, Assessment, Recommendation) format and now ensure that safety huddles meet the needs of both patients and the department with safe and effective communication.
- Implementation of PSAG (patient status at a glance) boards which are designed to provide information at a glance to all disciplines involved in patient care. They are an effective communication tool to aid discharge planning, quality of care, assessments and daily actions.

Members of the ward teams who completed the programme delivered their improvement journey presentations to the senior divisional team at a celebration and share event in May.

Jonathan Moise, clinical director for the women and children’s division, said: “The enthusiasm of all the teams was impressive and it was great to learn about the simple and effective quality improvement measures implemented and championed by the front line teams who use them.”

A follow-up workshop will be held later in the year to monitor the progress made, improvements realised and the next steps.

Deborah Carter, divisional director for the women and children’s division, said: “Spending the morning with staff whilst they shared their experience of participating in the programme and the work they were undertaking has been inspirational. It’s great to see change being implemented by the people who understand the services so well.”

What did staff think of the programme?

“I particularly enjoyed the practicality of the sessions and it was easy to transfer skills learnt, to day to day challenges. Because of the programme I will implement the 30 day rule, involve staff in change making and use patient feedback to inform the need for change.”

“I enjoyed becoming involved as part of the team, learning lots about change, it was a very positive learning experience and did lots to build my confidence.”

“The programme was much more interesting and empowering than I had anticipated it to be, the skills I learnt have been easy to apply to clinical practice. I would like to continue to be a change agent and take more of an active role in implementing this.”

‘Evidence and expertise’ during Dietitians’ Week

DIETITIANS from the acute dietetic service at The Royal Oldham Hospital, North Manchester General Hospital and Fairfield General Hospital promoted Dietitians’ Week 2017 by manning stands across the hospital sites, promoting dietetics as a profession and answering questions around hot topics in nutrition.

This year’s theme was ‘Evidence and Expertise’ highlighting the importance of an evidence based approach to nutrition, whilst showing that dietitians are the best placed interpreters of nutrition evidence.

Registered dietitians are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems both individually and at a wider public health level. Currently the acute dietetic service consists of 18 registered dietitians supported by 3 whole time equivalent dietetic assistants. As the hospital population evolves, acute dietitians are becoming increasingly involved in specialist areas including parenteral feeding, the management of gastrointestinal disorders and complex enteral tube feeding.

The introduction of ‘MUST’ screening in recent years has generated an increasing number of referrals for patients who are at risk of malnutrition. Many of the patients referred following ‘MUST’ screening do not require the expertise of a dietitian and could be managed at ward level by implementing simple actions from the at Risk of Malnutrition nursing care plan.

Suzy Hilton, acute service manager nutrition and dietetics, said: “Providing patients with milky drinks and additional snacks can help to ensure patients with a poor appetite get the additional nutrients they need. This practice can then continue to be followed after discharge, reducing the need for unnecessary nutritional supplements to be prescribed in the community setting. Screening patients using ‘MUST’ ensures that at risk patients are identified at an early stage in their admission allowing these important actions to be put into place.”

A change to the referral process to dietetics for patients scoring ‘High Risk’ (a MUST score of 2 and above) will come into place in August. A revised ‘At Risk of Malnutrition’ care plan, MUST tool and an update to both the E referral system and Evolve will occur prior to this to support this change. A flow chart explaining the new process will also be available. Patients requiring specialist advice e.g. those with liver or renal disease, requiring artificial feeding or following a stroke should continue to be referred the usual way.
Focus on Friends and Family Test

EACH month we are going to be focusing on the Friends and Family Test to highlight areas of success across the Care Organisations. The patient experience team will be continuing ward walk rounds to raise staff awareness and understanding of the friends and family test.

What is FFT?

From 1 April 2013, patients across the UK who are being discharged are asked whether they would want their friends or family to be treated at their hospital; this is part of the quality assurance work with NHS England.

NHS England are trying to improve standards after warnings from health watchdogs that too many patients, especially the elderly, experience poor standards of basic care, including insanitary conditions and inadequate nutrition. Publishing the responses to this “Friends and Family Test” question allows members of the public to compare healthcare services and clearly identify the best performers from a patient perspective.

The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. This feedback should be used to improve services for patients.

The FFT question asks if people would recommend the services they have used and offers a range of responses. When combined with supplementary follow up questions, the FFT question provides a mechanism to highlight both good and poor patient experience.

When patients are discharged they will be asked FFT question over the following question: ‘How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?’

They are asked to respond to the question by choosing one of six options, ranging from ‘extremely likely’ to ‘extremely unlikely’.

The Trust, site and ward-level data collected from patients is published on the NHS Choices website and individual ward data is displayed on ward notice boards. Patients can also view the latest reports on the NHS England website.

How does it work?

The Trust is currently using different methods of communication to gather this patient feedback. This includes FFT cards which are given to the patient prior to discharge from the ward or department and also patients are contacted by land line or text messaging. Services in areas such as outpatients and A&E have this facility.

It is important that patients are given the opportunity to explain why they have given their answer, so a second question asks them to tell us the main reason for their chosen feedback.

Patients that are issued FFT feedback cards are also able to write a response. These cards are collected on a weekly basis by FFT Trust volunteers from the ward comment boxes. Alternately patients who are contacted by a text to their mobile can also write a comment. If patients are contacted on a landline number they can give verbal feedback and leave a 30 second recording. There is no cost incurred to the patient when they respond to the SMS service.

Do patients have to respond to the question?

FFT is voluntary, but feedback provides valuable information for the Trust to help ensure patients have the best possible experience of care. Their answer is anonymous and cannot be traced back to them, and their personal details will not be passed on to anyone. A member of the patient’s family or a friend is welcome to answer the FFT feedback if they are unable to.

How are the results calculated?

The FFT response score is calculated using the proportion of patients who would strongly recommend the ward or department minus those who would not recommend it, or who are indifferent. Each ward or department has a unique identifier number which attributes the FFT feedback to that area. Managers are able to look at patient feedback and also listen to the interactive voice recorded message.

This information is made available to department / ward managers, matrons and divisional teams through the health care communications system called Envoy. If you are a department / ward manager and would like access to the Envoy system please contact the patient experience team.

On 19 June the Envoy system updated all Trust users to the new reporting interface Version 4. A new envoy user guide can be found on the Trust intranet page – Friends & Family. If you require further information or training please contact the patient experience team, or the FFT helpline 0161 604 5302. (int. 45302) or email FFT.helpline@pat.nhs.uk

How will the results be used?

Hospital Trusts around the country gather the results and analyse them to see if any action is required. We combine feedback with that of other patients across all departments, wards and community services and create an overall score, which will be published on the Trust website. To view the latest Friends and Family Test results, please visit the NHS England website.

The patient experience team are asking wards and departments to share their patient FFT feedback and create ‘You said we did boards’ to celebrate and display their results to other patients, staff and visitors. These are also available to download on the FFT intranet page

What can you do to support FFT in your area?

- Champion FFT in your ward or area.
- Embed FFT into your discharge procedure, ensure FFT cards are given to patients, collected and posted into your ward comment box. Make sure they have the correct ward code on the bottom of the card. Inform patients that they may receive a text or telephone call 48 hours post discharge.
- Inform your patients of FFT so they understand what we are asking of them.
- Display and act on your feedback on the ‘You said we did boards’.
- Drive improvements in your area, align FFT feedback with your action plans and service development plans.
- Use the FFT feedback at your ward meetings to ensure all members of your team get this information.

For more information regarding FFT feedback cards, the Envoy reporting system or if you would like a member of the patient experience team to visit your area call the FFT helpline 0161 604 5302 (45302) or email FFT.helpline@pat.nhs.uk
I HAVE recently joined the spiritual care team here in Pennine Acute. I’m based at North Manchester but at times I will be on call across the whole Trust, so if we may meet in the coming days, please say ‘Hello’. Being part of the spiritual care team here is for me both a huge privilege and a responsibility.

I happen to be a priest from the Church of England, but the spiritual care team is made up of men and women from different denominations and faiths, and that is one of our strengths. We are here to provide a service to folk from all faith backgrounds and those from none. Spiritual care is greater than purely ‘religious’ care and goes far beyond just attending those who are dying, although that is for some, an important element of holistic care. We are here for patients, their relatives and the staff, to provide care in times of crisis, but more than that, just when there is a need.

Most if not all religions have the idea of a higher being, who cares for those who are dying, although that is for some, an important element of holistic care. We are here for patients, their relatives and the staff, to provide care in times of crisis, but more than that, just when there is a need.

If you are reading this and work for the Trust, please be aware we accept referrals from all departments and all you have to do is pick up the telephone. It may be you have someone in mind who is in emotional distress and they need more time than you can offer; or someone who needs to talk to a person outside their immediate situation.

RESERVISTS give up their spare time to serve in the Reserve Forces, balancing their civilian life with a military career to ensure that should their country require them, they would be ready to serve as part of the military.

Making up approximately one sixth of the Armed Forces personnel they are integral to protecting the nation’s security at home and overseas, particularly providing capability in specialist areas such as medical and cyber.

Army Reservists are everywhere, but you might not know it. So on Reserves Day, which this year is on 21 July, Reservists wear their uniform in their civilian life.

Members of Pennine Acute staff who are Reservists will put on a display in the entrance to The Royal Oldham Hospital and chat to staff who are interested in considering enhancing their medical and nursing careers, by volunteering to serve in the Reserve Forces.

The tri service flag will be hoisted on the site at 11am, supported by the Pennine Acute Reserve Forces piper Richard France, in honour of those who have served in the Reserve Forces.

Group chief executive Sir David Dalton showed his support by taking part in a photoshoot which was published by Health Education England on a photo reel of Trusts showcasing their commitment to the Armed Forces Covenant and Supporting Reservists and Veterans.

Pictured, left to right are: Allan Cordwell, Head of EPRRU and Reserve Forces Champion; Sir David Dalton, Group chief executive officer; Sn (Pvt) Hayley Taylor, from ward J6 at North Manchester and Richard France, theatre auxiliary from Fairfield and Group Reserve Forces and Veterans piper.
Celebrations at Trust for International Clinical Trials Day

THE Trust celebrated International Clinical Trials Day on Friday 19 May. This national celebration is held every year to mark the anniversary of the world’s first recorded clinical trial in 1747, when Dr James Lind investigated the treatment of scurvy.

Clinical Trials Day is a chance to highlight the continued importance of research in healthcare. Research plays a vital role in discovering new treatments, and making sure that we use existing treatments in the best possible ways. Research is essential to diagnose, treat, prevent, and cure disease.

The Trust currently supports 375 research studies across 24 specialties and in the last three years, over 11,500 of our patients have taken part in a research study.

Steve Woby, director of research and development operations at Pennine Acute Trust and Salford Royal NHS Foundation Trust said: “International Clinical Trials Day is a brilliant opportunity to engage with the public, patients and staff to raise awareness of the importance of research, and showcase some of the fantastic research achievements of the Trust. Clinical research is a core part of the NHS and we are committed to providing as many patients as possible with a chance to participate in high quality research.”

Celebration stands were hosted by a variety of research staff at each of the Trust’s hospitals. Research staff were available all day to provide information and answer any questions about research at the Trust, with plenty of information available to take away, including information on different disease areas, what to expect when participating in a research study and how to get involved. There was also the opportunity to register an interest in participating in research at the Trust. Anybody who registered will be contacted by the relevant clinical research nurse according to which specialties they are interested in.

The R&D department also supported the National Institute for Health Research’s I AM RESEARCH campaign, designed to raise awareness of the benefits of clinical research. Staff took photographs with personalised ‘I Am’ placards to show what impact they are having through research. Photographs were shared on the day via the Trust twitter account and will be added to the clinical research section of the Trust webpage. PAT research staff were also joined by colleagues from the Greater Manchester Clinical Research Network and supported by Salford Royal R&D colleagues via social media.

Several consultants who act as principal investigators for research studies at the Trust were also interviewed in advance of International Clinical Trials Day to find out more about their daily responsibilities and why they think research is important. Amongst the responses were ‘we can’t make treatment breakthroughs without it (research)’ and ‘it ensures that you stay at the cutting edge of science’.

Additional answers to this question were included in the ‘Celebrating Research’ leaflet, which was designed by the R&D department and available to take away from the stands. The leaflet also includes additional facts about research and an insight into the research experiences of our patients. If anybody would like to request leaflets for their department or clinical area, please email research@pat.nhs.uk.

Organ donation at Pennine Acute above national rates

AT any time, there are people in the North West on organ transplant waiting lists. In the last year, there were 185 organ donors from hospitals in the North West, resulting in 575 organs being donated for transplant.

It is of vital importance that, where a patient dies in a manner that would allow them to be an organ donor, typically in ITU or in the emergency department, that their wishes with regard to organ donation are explored.

Pennine Acute operates a ‘required referral’ policy whereby any patient who is a potential organ donor is discussed with the on call specialist nurse in organ donation (SNOD). Pennine has a good history of doing this, and was a pilot Trust for required referral before this became national practice.

The Trust’s referral rates are above both the national and the network averages, and are consistently so. The Trust’s Organ Donation Committee (pictured), chaired by Dr Anton Sinniah, together with the Trust’s clinical lead for organ donation, Dr Andrew Drummond, and the Trust’s embedded SNOD, Sr Keely Hart would like to thank all critical care and emergency department staff for their continuing efforts. Through their early discussion of all potential donors with the North West organ donation team, and ensuring all patients who could donate are offered the opportunity as part of their end of life care, they have embraced organ donation as a positive option for patients and this is reflected by all three critical care wards achieving 100% referral of potential donors in the last quarter.

Dr Drummond said: “Consideration of organ donation should be a normal part of the end of life process in ITU and the emergency department, and it is of vital importance that, at the right time, a dying patient’s wishes in regard to donation are explored and supported.

Dr Sinniah, Dr Drummond and Sr Hart attended the launch of NHS Blood & Transplant’s strategy to improve organ donation rates from the UK’s emergency departments in May. There will be a number of strategies in the coming months relating to this.

Diary dates

3 October - Annual Public Meeting for Pennine Acute Trust and Salford Royal Committee in Common. 6pm at Salford Royal Hospital.
Focus on diabetes - expanding clinical research

Professor Cuong Dang started as a consultant in diabetes and endocrinology at the Diabetes Centre, North Manchester General Hospital, in March 2008.

He became a research fellow at Manchester Royal Infirmary and since he has been in post at Pennine Acute, research at the diabetes centre has flourished.

The core team has expanded with an extra diabetes research nurse and research assistant appointed, along with a research administrator.

A new research podiatrist post is also being established and all doctors in the centre are engaged in research and trained in good clinical practice.

There are presently 200 patients recruited to eight active diabetes studies across the Trust, and Prof Dang aims to increase the number of recruits to 1,000.

When Prof Dang started, there were about 50 patients recruited. He said: “Leadership is very important in establishing a culture of research and I hope that’s what I’ve been able to provide.

“However, equally important is the fact that the entire team is very keen. I believe involvement in research is of great benefit to staff because it allows you to develop yourself professionally and have a varied and fulfilling career.

“It allows you to stay up-to-date, encourages you to innovate, and really puts you at the leading edge of the provision of care. Research encourages you to lead, and patients benefit because they are getting the best care possible.

“By working in Pennine, I’m back where I started, because as a child I grew up in Oldham, so it is even more rewarding to see our efforts proving successful.”

Prof Dang, who was born in Vietnam, is also taking research into the community by setting up twice-monthly clinics at Harpurhey Health Centre and Cheetham Hill Medical Practice.

They are in addition to the high-risk cardiovascular diabetes research sessions which take place every week at the Diabetes Centre.

Prof Dang said: “We have been very innovative in setting up this dedicated diabetes clinic and it has really encouraged patients to take part in research.

“It benefits everyone, because patients are getting a one-stop-shop where all their cardiovascular risk factors are managed, and as a centre we are able to engage with people who are really keen to take part and become recruited to studies.

“We achieve a 50 per cent recruitment rate from the clinic and we are looking forward to expanding it into the community and developing our recruitment base further.”

Of all the studies the Centre has been involved with, Prof Dang is most satisfied with a trial which evaluated the effect of the drug exenatide on Type 2 diabetes patients who have suffered major episodes such as a heart attack or stroke.

Pennine recruited a national-leading 40 participants which exceeded its target of 25 and resulted in a number of positive personal outcomes for patients.

Above all else, however, Prof Dang says it is the interaction with the patients which is most rewarding. He said: “A lot of patients really enjoy being part of research and I think it’s the relationship that you build up with them which is the most satisfying element.

“It’s almost like being part of a family. Once most patients finish one study, they want to be part of another and continue to be part of that research family.

“Most patients are very altruistic; they are very willing to help and really keen to support research and give up their time.”

Clinical research case study - Billy Doleman

Billy became the hospital’s first patient to be recruited. He said: “Before I signed up, my doctor talked me through every aspect of the study and I was convinced straight away that I would try it.”

Five years later, the study has come to a close and Billy is delighted he was among the 40 patients who took part. He feels in better health and takes pride in the fact his involvement could help other Type 2 diabetes patients in the future.

He said: “It helped control my diabetes a bit better and after I started getting the injections my gastroparesis was not as bad.

“I would recommend anybody to get involved in research because you’re not just looking at your own future, it’s other people’s as well. The more doctors can know, the better it is, because when it all boils down to it, there are a lot of illnesses that can be caused by diabetes.

“I’m glad I took part because of the effect it’s had over the last couple of years. My health has been 10 times better than two to three years before that.”

Billy was diagnosed with Type 2 diabetes more than 10 years ago. The condition occurs when the body does not produce enough insulin to function properly, or the body’s cells don’t react to insulin. It means glucose stays in the blood and is not used as fuel for energy.

Billy also has gastroparesis – a condition that means the stomach cannot empty itself in the normal way and causes frequent vomiting. While attending the Diabetes Centre at NMGH in 2012, he was given the opportunity to sign up to a new clinical trial. The trial evaluated the effect of the drug exenatide on Type 2 diabetes patients at high risk of heart disease.

Exenatide is currently available as a twice-daily injection, but the trial analysed a new formulation and once-weekly injection which releases the drug more slowly.
Jo Williamson speaks up for Twitter

Hello, my name is Jo and I’m here to champion social media, especially Twitter, which I like to use in my spare time when I am not working.

I was never going to bother with Twitter having already got a Facebook page. I was also a little bit scared about social media having read the Nursing and Midwifery Council guidance on social media and the Trust Policy on social media (it’s within the information governance policy).

Things changed in Summer 2015 when prior to starting a degree module on anatomy and physiology, our course tutor advised us to open a Twitter account as he puts teaching material on there. He also encouraged us to listen to podcasts and watch YouTube videos relevant to the course. It was a revelation seeing how these social media platforms have a place in academic learning.

Then I found the @WeNurses page on Twitter which was a real turning point. They have a link to wecommunities.org which contains lots of free guidance on “how to do Twitter well” through “twitterversity” and is well worth visiting. It is fantastic to feel part of a wider community of tweeting nurses that isn’t restricted by geographical or hierarchical boundaries and is accessible any time. I’m proud to be part of the “twitterati”. This community enables great networking opportunities and sharing of knowledge and ideas.

My Twitter page is a personal one and I don’t tweet when I am working. I follow a lot of health care professional individuals and organisations including other tweeters from Pennine Acute Trust. I find it useful to think about the 6Cs of nursing also (Care, Compassion, Communication, Courage & Commitment) and apply them to Twitter.

You can follow #WeActiveChallenge which has a virtual competition in August for keeping fit. It would be great to see Pennine Acute Trust participate in this and it will provide a great opportunity to join the Twitterati if you’re not already a member.

British Red Cross chief executive visits Royal Oldham following major incident

MIKE ADAMSON, chief executive of the British Red Cross visited the resilience centre at The Royal Oldham Hospital in June to thank staff for their efforts during the Manchester Arena incident.

He came to view the systems which had been used to support the major incident response and the joint working between numerous statutory and voluntary organisations.

Meeting members of Trust staff, he was impressed by the response of the silver command control teams, the control centre and the clinical staff in the front line to the major incident. Close support of the Defence Medical Welfare Service and the Red Cross was cited as pivotal in the provision of welfare and support to the hospital control team and hospital staff.

Pictured are: John Morris, regional director British Red Cross; Gordon Lowe, Trustee British Red Cross; Tom Higgins, Defence Medical Welfare Service; Kay Miller, matron; Mike Adamson, chief executive British Red Cross; Allan Cordwell, head of emergency planning, resilience and response unit; Ahti Khan, interim director of finance and Jayne Kumah, A&E enhanced discharge coordinator.

Connect and share best practice on Twitter

WHEN used effectively and in line with the Trust’s media and information governance policies, social media, including Twitter, Facebook, YouTube, LinkedIn and others, is a great way to connect and engage with colleagues, stakeholders, service users and the public.

Social media is fantastic for connecting with and sharing innovation and best practice with healthcare colleagues across Group, across our sites and services, and with external partners and organisations locally, nationally and globally. It also has the potential for engaging with hard to reach groups, for example young mums, teenagers and patient and community groups. The impact of a successful social media message can also be phenomenal, due to the ease with which information can be shared, liked and re-tweeted.

Be warned though, this also applies to negative messaging, so take care about what you share. Trust staff should never share patient identifiable data, bring the Trust into disrepute or damage its reputation through social media activity.

The Trust already has well established corporate channels with lots of followers including Twitter, Facebook and LinkedIn. Make use of these established platforms by contacting the Trust communication team in the first instance. We will over the next few months be reviewing our social media channels and putting a strategy in place to enhance our use of social media to support our Care Organisations and services.

All too often we see colleagues requesting to set up a channel, use it for a few months, and then just forget about it. This can be quite damaging to a service or department’s reputation, as it shows a lack of commitment and can also result in followers becoming frustrated and disillusioned.

If there is a need for a department to have a social media presence, speak to your colleagues and decide who will manage the account, how often you will publish new content and who will have access to the account. Mixing a personal account with a work account can also be challenging, and we would suggest setting up a separate work profile in most instances – nobody wants to see your holiday snaps!

It’s also worth thinking about what you are trying to achieve through social media, who you will target, and with what messages. Once you have an established audience, social media is a great way to broadcast public health announcements, service information and surveys. Used well you can also ask your audience for their opinions about health topics. You will also need to think about how you will handle any information that comes your way, for example complaints or enquiries from the public.

To get the best out of social media and to present your messages in the best possible way you need to give it the care, time and attention you would give to any other written document. Please use plain English, avoiding acronyms, and always use good grammar and punctuation. A less formal tone is often used online. Always be professional. Use hashtags and connect with others.

Remember social media is great when used well, but for communication to be effective it usually requires a multi channel approach. Many social media users are young, so social media might not be the best way to target the elderly. The Trust communication team can advise you how best to maximise your messaging. Email trust.communications@pat.nhs.uk for more information.
Jackie pulls out all the stops for charity

CONGRATULATIONS to nurse practitioner Jackie Newall who has recently completed the three peaks challenge for charity.

Jackie, who works in the sexual health department at North Manchester trained for the event by walking to work from Shaw approximately nine miles away!

Her friends and colleagues are very proud of her. They say she is a real wonder woman as she ran the last mile of her challenge after a gruelling 23 hour trek in terrible weather.

Oldham supports I love Manchester

THE Cafe Royal at The Royal Oldham Hospital would like to thank staff for supporting their I love Manchester fundraising day.

Thanks to everyone for donating items for the raffle and tombola and to Janine Mellor for her hard work baking cakes and organising the event, assisted by Natalie Stott.

A fantastic £444 has been raised.

Transport staff meet the Queen

FOUR members of Pennine Acute’s transport department were honoured to meet the Queen when she visited Manchester following the Manchester Arena bomb attack.

Andy Pass, Steven Moss, Dave Hadgraft and Joe Flynn were presented to Her Majesty as she toured Manchester Children’s Hospital and spoke to members of staff from across Greater Manchester who were involved in treating victims of the incident.

Henesy fun day draws in the crowds

A RECENT fun day to raise money for the new rehabilitation unit currently being built in the grounds of NMGH, has raised over £1000.

The intermediate care unit at Henesy House, which is part of the community assessment and support service organised the day which included a raffle, tombola, face painting, BBQ, bouncy castle and world foods.

The day was a huge success and the money raised will go towards therapy resources in the new unit.

Thanks to everyone who supported the day including local businesses and schools who helped to advertise the event.

Happy 50th Elma

HAPPY 50th birthday Elma. We hope you had a fantastic birthday.

Love from all your friends and colleagues in management accounts.

Rising to the challenge

NORTH Manchester midwife Helena Spencer rose to the challenge when she completed the Yorkshire Three Peaks climb in 11 hours and 30 minutes.

Helena trekked with ladies from her running club with three of them raising over £400 for SANDS (stillbirth and neonatal death charity).

She said it was the hardest thing that she had ever done.