

OCTOBER 2016



TEAM BRIEFING

Team briefing for staff.

1	Financial Improvement Programme: <i>update</i>
2	Cost improvement programme: <i>update</i>
3	'Bold' actions: <i>update</i>
4	Multi-specialty community provider (MCP) update: <i>preferred option is a new neighbourhood led Accountable Care Trust</i>
5	New £20m medical and surgical centre: <i>opened for patients in October</i>
6	A&E four hour wait target: <i>update on work to improve urgent care</i>
7	Performance for September: <i>update on areas where we failed to hit the target</i>
8	Quality performance for September: <i>update on areas where we failed to hit the target</i>
9	Workforce performance for September: <i>update on areas where we failed to hit the target</i>
10	PLACE assessment: <i>higher in all areas than last year, except dementia, food and hydration</i>
11	Gillian Easson retiring as Chairman: <i>leaving on 31st March 2017</i>
12	Flu vaccination programme for staff: <i>please ensure you get a jab</i>
13	Annual staff survey: <i>going out to all staff next week, please give your views</i>
14	New staff governors: <i>Isabelle Daniel and Chris Hudsmith</i>
15	Parking in neighbouring streets: <i>problems and complaints increasing</i>
16	Workforce and organisational development update
17	Talking Together: <i>new online forum launching in November to get your ideas</i>
18	General news
19	Awards and achievements
20	Events

1: Financial Improvement Programme: *update*

Closing our financial gap:

As you are aware, we have £40.1 million 'financial gap' this year. It means our costs are £40.1m more than our annual income (£273m).

We need to address this by making savings or generating income in the following areas:

- £16.1m – cost improvement programme (*see update in section two*)
- £9.6m – 'bold' actions (*see update in section three*)
- £8.4m – funding from NHS Improvement provided we hit our finance and performance targets
- £6m – remaining deficit agreement with NHS Improvement (excludes £0.5m donated income)

Current position:

Halfway through our financial year (April 2016 to March 2017), we have achieved the following through the cost improvement programme and 'bold' actions.

- £15.8m on track (£9.7m recurrent) – against £16.1m cost improvement programme target
- £1m – against £9.6m 'bold' actions target (but will rise as the savings from voluntary redundancy, car park charge increases etc. come in)

More detail on these the cost improvement programme and 'bold' actions is in the next two items (2 & 3).

Savings and income generation ideas

We are reviewing savings and income generation ideas coming in from business groups, and also looking for additional ways to close the financial gap for this year. We will also be launching an exciting new online forum next month, where staff can put forward ideas (see item 17).

All the other financial improvement programme (FIP) information is on the microsite: [here](#).

2: Cost improvement programme: *update*

A lot of work is taking place as part of the cost improvement programme to save £16.1m, under the following eight themes:

1. business as usual
2. environment
3. focusing on people
4. generating income
5. being more efficient
6. optimising capacity
7. procurement
8. medicines management

Examples of good progress and achievements so far:

Focusing on people (theme 3):

- We have reduced agency costs by 27% through overseas recruitment, which benefits both staff and patients.
- There has been a 70% increase in staff using our salary sacrifice benefit schemes, such as home electronics, car lease and bikes. This is mainly through the car parking charge payment, but also in other areas, eg: 200% increase in buying bikes through salary sacrifice.

Being more efficient (theme 5):

- A new performance dashboard for operating theatre booking and scheduling was launched in September. It makes it easier to identify and fill available slots, in turn using operating theatres fully, reducing patient waiting times and generating income.

3: 'Bold' actions: *update*

As you will be aware, we announced four 'bold' actions to save money/increase our income in July 2016.

Voluntary redundancies

When we announced voluntary redundancies in July, we talked about 350 posts. This is the number we need to decrease our total number of posts by, in order to have a pay bill that compares with other NHS organisations like ours. We have around 5000 staff and our pay bill is 6% higher than comparable NHS organisations.

Voluntary redundancy, vacant posts and reducing agency spend all part of this savings programme

Voluntary redundancy is just part of this.

442 people applied for voluntary redundancy and 45 were approved. This means around 100 less posts across the organisation, if we take into account vacant posts we won't fill. At this point, the estimated total workforce savings for this year are around £6 million.

Must ensure there is no negative impact on patient care

Everyone who had expressed an interest in voluntary redundancy was told by 14th October whether their application had been approved or not, as promised.

We know many people were disappointed, but a high number of clinical staff applied. We need to ensure that the impact of losing a member of staff will not have a negative impact on patient care and the organisation. Managers are working with their teams to deal with the outcome and organisationally we are working hard to make savings in other areas.

Panels carefully considered each application against agreed criteria

Five panels were set up to carefully look at each application. The panels consisted of the chief executive, director of nursing & midwifery, director of finance, acting/deputy chief operating officer, deputy/medical director, deputy director of finance and deputy director of workforce. Each application was reviewed against the criteria previously agreed by the Board, and managers attended for when applicants within their business group were considered.

Vast majority leaving at the end of October

The vast majority of the applicants will leave the Trust on 27th October as planned. The leave date for a very small number of staff (less than 5) has been extended slightly, to allow managers to make preparations.

May run this again - lessons learned for improved process

There may be further voluntary redundancy offers when our transformational schemes, such as the electronic patient record, are in place. These are likely to be more targeted and linked to service redesign activity. Staff who have previously applied for voluntary redundancy will be able to resubmit, but the criteria will be clearer.

We are reviewing the process and looking at how we can improve communications with staff if we run a voluntary redundancy programme again.

Bed closures

We announced in July that we were permanently closing our B3 surgical ward (22 beds), and temporarily closing eight trauma & orthopaedic beds on our M4 ward.

The system-wide winter plan is being put in place and we won't reduce beds any further at this time.

The bed closures all had an impact assessment, involving clinical staff, to ensure that the quality of care was not impacted. We also expanded our short stay surgical unit to accommodate patients, as developments in surgery and technology mean that surgical patients typically do not need to stay in hospital as long.

Car parking charge increases

The new car parking charges started on 1st September.

The good news is that there are more parking spaces for patients. The bad news is that we are getting an increasing number of complaints from neighbours about staff parking inconsiderately in their streets, blocking driveways and other cars etc (see item 15).

Selling the north east part of our hospital site

As we updated you in September, we are not currently looking at selling the north east part of our hospital site.

Specialists drew up the possible number of houses/flats that could be built in this area. However once they tested the market, the money from the sale was going to be significantly lower than the value of the area. We therefore decided to defer any sale until we review our estates strategy and the value of all our land and buildings.

We will still look to clear the north east area over the next couple of years, as the buildings are in a poor condition and it is costing around £1.5m to maintain them.

4: Multi-specialty community provider (MCP) update: *preferred option is a new neighbourhood led Accountable Care Trust*

A lot of work has been taking place to develop a multi-specialty community provider (MCP) in Stockport, as part of our Stockport Together partnership. This is a significant and positive development.

What is a multi-specialty community provider?

- A new type of integrated place based provider, serving the whole population. Its defining feature is a registered list of participating GP practices
- It combines the delivery of primary care, community health services, social care services and some services currently based in hospitals
- It is based around 'care hubs' of integrated neighbourhood teams - typically serving community of around 30-50,000 people

Process to develop a multi-specialty community provider

- The four provider organisations in Stockport (our Trust, Pennine Care who run mental health services, Viaduct Health GP federation, Council) were asked to identify the preferred option for the organisational form of the multi-specialty community provider (MCP).
- The two stage process is:
 - Options appraisal of five different options by the end of November 2016
 - Full business case of the preferred option (completion date to be agreed)
- This is followed by a joint commissioners procurement process - and assessment by NHS England and NHS Improvement of the approved final business case

Five options considered for the organisational form of the multi-specialty community provider

1. **Contractual alliance** - four providers remain separate legal entities, but bound together by an alliance agreement
2. **New neighbourhood led Accountable Care Trust** - created using the legal framework of our Foundation Trust, with the new organisation holding the MCP contract, as well as all other contracts for

health and care services - creating a single health and care organisation for Stockport

3. Lead provider (host)

One of the existing provider acting as 'host', holding the MCP contract on behalf of the four providers

4. Corporate joint venture: community interest company

Four providers partnering in a corporate joint venture which holds the MCP contract, with the company established as a community interest company

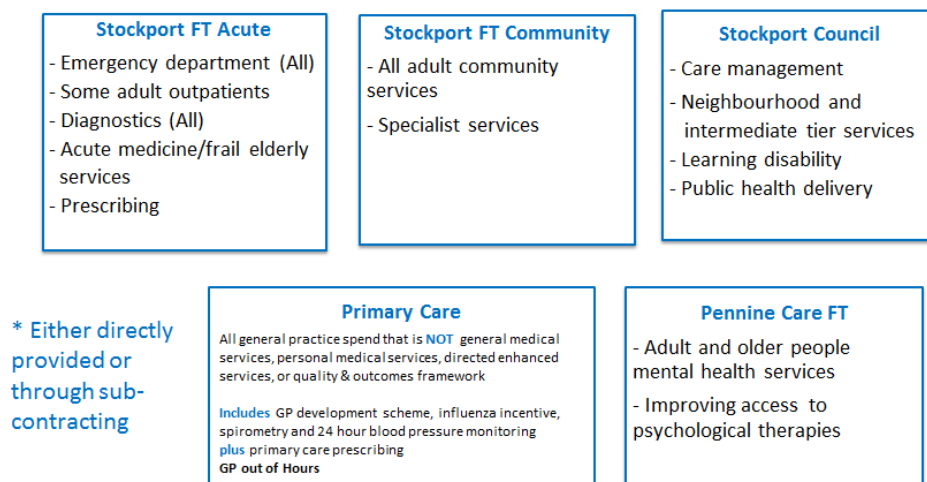
5. Limited liability partnership (LLP)

Group of GPs forming a LLP to hold the MCP contract

Each option has been rated by the senior leaders in each provider organisation against an agreed set of assessment criteria. These were; effective governance and accountability, value for money and affordability, enabling GP influence, effective delivery of the new model of care, impact on wider health and the care workforce.

The proposed services for the multi-specialty community provider organisational form*

Proposed services for MCP's new organisational form*



A new neighbourhood led Account Care Trust is the preferred option for the MCP to be part of

This is the single preferred option of all the partners.

It is the most sustainable option, particularly taking financial risk and delivering the new service model into account. It is understood by regulators and governance arrangements could be put in place that are acceptable to all partners, although they will require further discussion and negotiation

It satisfies the requirement - set out by NHS England and joint commissioners in procurement process - to create an organisation built from a registered GP list and to enable GP leadership at governor, board, executive, managerial, hospital and neighbourhood level.

Next steps

The four provider organisations (our Trust, Pennine Care who run mental health services, Viaduct Health GP federation, Stockport Council) are set to approve the preferred options at each of their board/council executive meetings in November.

Neighbourhood teams already working together

A lot of work is already taking place, as part of the Stockport Together transformation programme. We are

bringing together district nurses, social workers and voluntary staff to work together in the same buildings for the first time. These teams will cover the eight neighbourhood areas - Bramhall & Cheadle Hulme; Cheadle, Gatley & Heald Green; Heaton; Marple; Offerton & Hazel Grove; Tame Valley; Victoria; Werneth.

The Victoria team is the first to work like this and is already seeing the benefits. You can read about it: [here](#).

5: New £20m medical and surgical centre: opened for patients in October

Our new £20 million medical and surgical centre ('D block') opened to patients' w/c 3rd October 2016.

You can read our press release and see our infographic, which shows what is on each of the three floors – [here](#)

We had an informal event to thank the key people, teams and organisations who made this happen on 14th October, with Jon Rouse, Chief Officer at Greater Manchester Health and Social Care Partnership as our special guest. We are also hoping to have a Royal visit next year for an 'official' opening.

Video give virtual tour

We were really hoping to organise staff tours of the new medical & surgical centre (D block), but unfortunately because of the tight timescales this was impossible to accommodate. You can get a basic virtual tour via our in-house video:- [here](#)

New site map

We have also changed the site map now the new building is up and running. You can see our updated site map on our website:- [here](#)

6: A&E four hour wait target: update on work to improve urgent care

Daily meetings are taking place with senior representatives from our Trust, Stockport CCG and the council to improve our performance on the A&E four hour wait target.

We have short, medium and long-term plans to address the problem in three areas:

- 1) Avoid admission
- 2) Improve flow of patients through the hospital
- 3) Facilitate the discharge of patients

A lot of work is currently taking place, including:

- non 'emergency' patients coming through the emergency department being seen on-site by a GP
- expanding the emergency department to 22 cubicles - seven extra
- proactive management and escalation once a patient has been waiting 2.5 hours
- using the clinical decision unit (CDU) beds for patients requiring a 'watch/wait for results' approach to free the space they might otherwise occupy in our emergency department

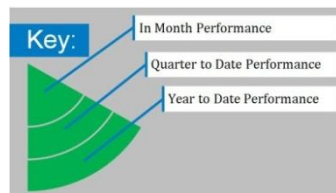
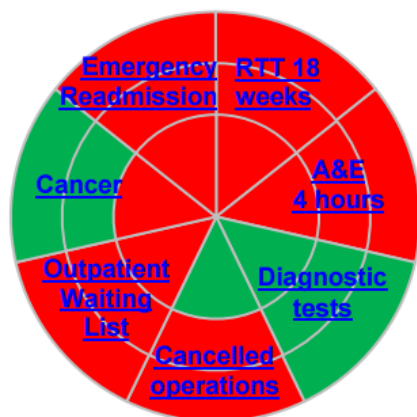
In the long term, new models of care are being designed to reduce the high number of attendances to our emergency department, but managing them elsewhere. This is part of the multi-specialty community provider development which should transform care (see item 4).

Emergency care improvement programme (ECIP) team review

The emergency care improvement programme (ECIP) team undertook a three day review of the hospital part of the health and social care system which manages urgent care last week (19th to 21st October). They are a national team offering practical help and support to the 40 'places' across the country which are under the most pressure.

This review will be incorporated into a wider whole system review in Stockport on 14th November, which will be the formal start of a twelve month support programme.

7: Performance for September: update on areas where we failed to hit the target



Red areas for September:

A&E FOUR HOUR WAIT (four hours until admission/referral/discharge, 95% target):

We achieved 71% for September. Emergency department attendances were 4% above expected levels (267 per day), with sustained high levels of delayed transfers of care (where someone is medically fit to be discharged from hospital but need a package of care in place before they can leave).

Please keep looking out for the weekly update email, which says how we did on the A&E target the previous week and key actions for this week.

EMERGENCY READMISSION (emergency readmission rate within 28 days of discharge - not higher than national average rate):

We were 8% in June 2016 (last data available), and the national average rate for this month was 6.6%.

REFERRAL TO TREATMENT, 18 WEEKS (92% patients with incomplete pathways treated within 18 weeks of GP referral):

We achieved 91% for September. General surgery has significantly improved and is almost compliant at 91.8%. Urology has seen a slight improvement from last month, whilst ENT (ear, nose and throat) has stayed static and oral surgery has declined to 78.2%. A referral to treatment recovery plan is in place at specialty level.

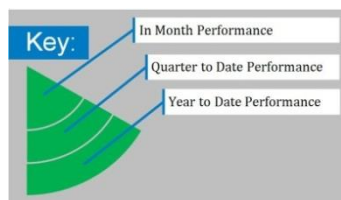
OUTPATIENT WAITING LIST (patients waiting for follow-up appointment):

Actions continue to reduce the waiting lists for ophthalmology, gastroenterology, respiratory medicine, cardiology.

CANCER (62 days from urgent GP referral to treatment, 85% target):

We achieved 84.4% for September. Although we expect to hit the target for quarter two (July to Sept).

8: Quality performance for September: update on areas where we failed to hit the target



Red areas for September:

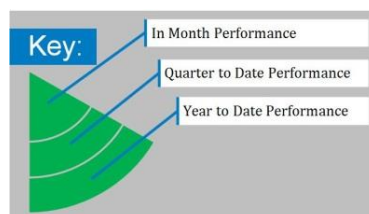
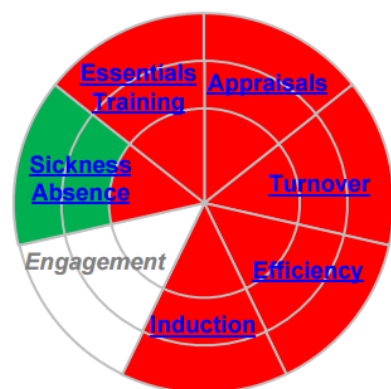
PATIENT EXPERIENCE (*Friends & Family test – 90% recommendation rating*)

In September 90% of our patients said they were 'extremely likely' or 'likely' to recommend which is good (5113 responses). However, we are on 'red' for this quality measure as our response rates are below the target (40% for inpatient and day cases, 20% for A&E).

DISCHARGE SUMMARY & CLINICAL CORRESPONDENCE (*95% discharge summaries within 48 hours, 95% clinical letters within 14 days*)

We achieved 88% for the discharge summary and 79% for clinical correspondence (ophthalmology and cardiology are the longest) for September. Some areas are not undertaking real time recording of patient discharges on PAS, particularly over the weekend. This is impacting on the discharge summaries being completed within the 48-hour target.

9: Workforce performance for September: update on areas where we failed to hit the target



Red areas for September - WORKFORCE:

Staff appraisals in September were 94.5% (95% target). They are currently 95%, which is the highest result we have ever had, so thank you.

We need to maintain this, or hopefully get even higher as we owe it to staff. Please remember however that No new external training will be approved unless the member of staff is fully compliant with their essentials training and has an up-to-date appraisal.

Essentials training in September was 87% (95% target).

Staff turnover in September was 14.25% against a national average rate of 13.93%.

Efficiency bank & agency costs in September were 9.2% of our £17.2 million total pay costs - which equates to £1.58 million. There were 1625 agency staff shifts above the agency cap.

Induction in departments (ie: local induction - in addition to the corporate welcome induction which is 100%) this was 58% in September (target 100%)

10: PLACE assessment: *higher in all areas than last year, except dementia, food and hydration*

The results of our annual patient-led assessment of the care environment (PLACE) have been published. The assessment took place in April and we scored higher than the previous year on cleanliness, privacy, dignity & wellbeing, condition, appearance and maintenance - but slightly lower on dementia and food and hydration.

19 patient assessors inspected three locations; Stepping Hill Hospital, Devonshire Centre for neuro rehabilitation and The Meadows, Bluebell Ward.

Detailed action plans are already in place with a lot of work underway.

11: Gillian Easson retiring as Chairman: *leaving on 31st March 2017*

Gillian Easson will be retiring as our Chairman on 31st March 2017.

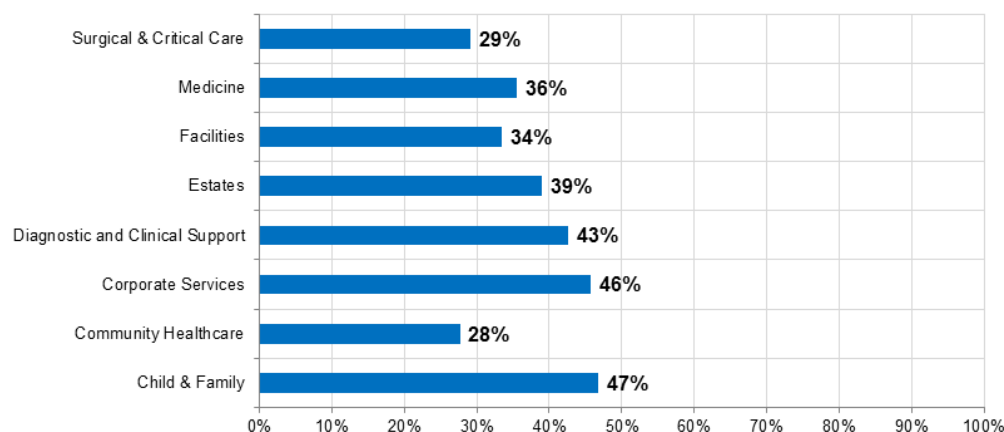
She has served the Trust for almost 10 years, having first joined the Trust as a non-executive director in 2007, before being appointed Chairman in 2012. Although there is six months until Gillian leaves, plans to appoint her successor will start immediately.

You can read the press release: [here](#)

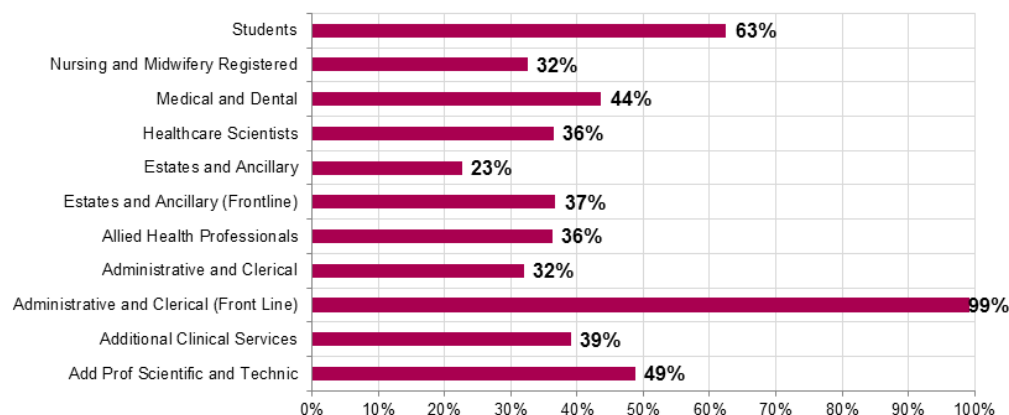
12: Flu vaccination programme for staff: *please ensure you get a jab*

Our flu vaccine programme started at the beginning of October and 37% of staff (1979) have had the flu vaccine so far.

Cumulative % Uptake By Business Group



Cumulative % Uptake By Staff Group



Please ensure that you get a flu vaccination. Flu is a highly infectious illness which can potentially be very serious, especially for people aged 65 or over, people who have serious underlying medical condition, and pregnant women. You can read a survivor's story on the flu microsite: [here](#)

Information about who your link nurse is and where you can get the flu vaccine is: [here](#).

Flu vaccinations are also available from our occupational health department Monday to Friday between 8.30-11.30am and 1.30-3.30pm and our Pharmacy Shop 9.00am to 6pm (on the main hospital corridor). No appointment is needed.

13: Annual staff survey: going out to all staff next week, please give your views

Please complete your annual staff survey. It is vital we hear your views so we can try and improve working conditions and staff experiences.

The surveys went out to all staff at the start of October and are strictly confidential. Only 17% have currently completed the survey. Last year's response rate was 34%, but we need to do even better than this.

The closing date is 2nd December 2016. There is a chance to win one of a range of prizes, kindly donated by Intersystems, one of our suppliers. These include mini i-Pads.

14: New staff governors: Isabelle Daniel and Chris Hudsmith

We have two new staff governors - **Isabel Daniel**, specialist safeguarding nurse (0161 419 2136, isabel.daniel@stockport.nhs.uk) and **Chris Hudsmith**, financial improvement senior programme manager (0161 419 5405, christopher.hudsmith@stockport.nhs.uk).

You can raise any issues about our organisation's strategy and plans for the Council of Governors with any staff governor.

You can see all our governors and photos - [here](#)

15: Parking in neighbouring streets: problems and complaints increasing

We continue to get complaints from neighbouring streets about staff causing obstructions with their parked cars.

While staff can park on a public road – subject to any parking restrictions – they cannot and should not park so tightly around a driveway entrance that the resident cannot access their own drive. We are getting numerous complaints about this with neighbours saying the culprits definitely work here.

It is essential that everyone parks legally and courteously at all times.

16: Workforce and organisational development update

Reminder about changes to pay progression: from 1st October 2016

Please remember that staff will no longer automatically progress to their next incremental pay point.

For staff, on Agenda for Change pay bands 1 to 8B, who are already at the top of their pay band, this policy will not apply. Separate arrangements are in place for staff on the last two points of their pay scale in bands 8C to 9 and medical and dental pay progression is in line with Schedule 15 of medical and dental terms and conditions. You will find your incremental date on your pay slip.

Those staff who are due a pay increment between 1st October and 31st December 2016 will need to complete and submit the pay progression proforma (page 9 of the pay progression policy - [here](#)). This must be completed two months before your incremental date.

Approval of your pay progression will be signed off by your line manager and will be dependent on whether you have met set criteria around performance, training, no 'live' disciplinary warnings or on a formal stage of a capability process.

If your incremental date falls within a period of long term sickness, maternity, paternity, adoption leave or secondment, on your return to work, the 12 month period before the start of the leave period will be used to make a decision on your pay progression. For more information please visit the pay progression section on the HR microsite.

Other new policies

- Working Time Regulations Policy - [here](#)
- Attendance Management Policy - [here](#)
- Work Experience Policy - [here](#)
- Performance Appraisal - [here](#)

Reminder about changes to e-learning system

Changes are being made to our e-learning system which will make e-learning quicker and easier to complete. The changes are part of the North West streamlining programme and Greater Manchester health and social care strategy and start from January 2017.

More information will be shared, but in the meantime, due to a regional data upload, you may notice changes to their e-learning competency/module profile, including the addition of conflict resolution. You are not required to complete the conflict resolution e-learning module until 2017, but need to complete essentials and mandatory e-learning programme as required.

If you experience any issues with essentials or mandatory training e-learning, please contact Jessica.mehrabadi@stockport.nhs.uk or on 0161 419 4591.

Contractual changes to job posts must be submitted to the establishment control panel correctly

Most contractual changes to job posts have to be approved at the establishment control panel (ECP), but a lot of the forms submitted to this panel do not include any information on why changes are requested and how the team will manage these. For example, if a staff member is reducing their hours, what is the plan to cover their workload? If there is a request to increase hours, is there a budget for this; is it to cover a vacancy?

Also, managers should not agree that contractual changes can take effect until they have been agreed at the ECP panel. Business group directors need to attend the ECP panel and give further information on these changes. Otherwise forms are not being entered on the electronic staff record on time, leading to under/overpayments to staff.

Action to improve workforce race equality

NHS England introduced the workforce race equality standard (WRES) in 2015 to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

For each of its nine indicators the WRES standard seeks to better understand why BME staff often receive much poorer treatment or opportunities than white staff, so that the gaps in treatment and experience can be closed.

We published our WRES baseline audit in May 2015 and a second audit was undertaken in August 2016. You can download a copy of our performance against the standard along with our action plan - [here](#)

17: Talking Together: new online forum launching in November to get your ideas

As part of the Stockport Together partnership work, we will be launching a fantastic new online forum in November.

The online forum is called 'Talking Together' and is an interactive place where you can share ideas with colleagues across our Trust and partner organisations in Stockport.

It is a form of 'crowdsourcing', where anyone can submit, comment on or vote for ideas.

So if you know a way to improve care, save money, or be better in any aspect of work you can share your thoughts instantly with everyone across the organisations. Great ideas which we can take forward are then progressed and updates given on the site.

More information will be given w/c 14th November, with the launch date on 30th November.

18: General news

Acting deputy director of nursing & midwifery: Pauline Enstone

Pauline Enstone, who was previously our head of nursing for the surgical & critical care business group and more recently our corporate lead nurse, has been appointed as acting director of nursing & midwifery.

Thank you to Tyrone Roberts for his outstanding work in this role. Tyrone is leaving for a nursing director role within the Salford Royal hospitals group.

New site map on website

You can access our new hospital site map on our website: [here](#)

Addressing external post correctly

It is essential that you check you are addressing mail correctly and checking the quality before sending out external post.

To ensure your post is delivered in 2-3 days, please ensure the following:

1. No handwritten envelopes.
2. Ensure all of the address is visible in the window or on the envelope.
3. Ensure the address does not move in window envelopes.
4. Ensure that only the address can be seen in the window or on the envelope.
5. Ensure the postcode is on a separate line.

First class mail should only be used if it is for an appointment within the next 7 days - anything after 7 days should be sent out 2nd class.

Changes to healthy lifestyle services in Stockport

Some of the healthy lifestyle services in Stockport are now being provided by new organisations, including ABL Health and Life Leisure.

If you want to refer clients to any of the following services, we have an existing electronic referral process which can be accessed via the healthy hospitals microsite:- stop smoking, healthy eating, healthy weight, being more active, drinking less alcohol, drug misuse, specialist physical activity (including falls prevention), social prescribing (including walking for health and food and health programmes).

It is essential that patient consent (verbal) is gained before referring them to the service. You just need to provide the patient case note number, date, ward/department and what support is being requested when referring a patient electronically.

For further information email: jan.sinclair@stockport.nhs.uk or ring the START team on 0161 474 3141.

Dementia café to be called the Sonder Café following competition

We had over 130 nominations to name the new dementia café, and the suggestion by Sarah Hughes, dementia champion on Ward B5 was chosen – The Sonder Café. Sonder means "the realisation that everyone has a story", and means that each passer-by is living a life as vivid and complex as your own.

The café has been paid for through fundraising and donations and will be on the ground floor, near to the main entrance. It will offer a therapeutic and calming environment which has been proven to help patients with dementia. It is not a public café and will be used by staff, patients and their families.

Changes to chlamydia specimen collection kits

From 1st of November 2016, our microbiology department will no longer be referring chlamydia/gonococcus PCR tests to the microbiology department at Tameside Hospital - instead specimens will be referred to the virology department at Central Manchester Foundation Trust.

All specimens for chlamydia/gonococcal PCR will need to be collected in Hologic APTIMA specimen collection containers. These will be issued w/c 24th October. Please contact William Cheetham or Catherine Hatch in the microbiology department on 0161 922 5692 with any queries.

Signed up to the Royal College of Midwives (RCM's) 'Caring for You' Charter

Our maternity department has signed the Royal College of Midwives (RCM's) 'Caring for You' Charter. The charter aims to foster a positive, compassionate working environment for midwives, with a strong culture of health, wellbeing and safety for staff, zero tolerance to bullying, and a support for flexible working.

You can read our press release: [here](#)

Supporting National HIV Testing Week and World AIDS Day

We are supporting National HIV Testing Week from 19th to 25th November, and World AIDS Day on Monday 1st December. For more information click here - <http://www.hivpreventionengland.org.uk/2016/06/29/national-hiv-testing-week-2016/>

Promoting our services on BBC Radio Manchester

BBC Radio Manchester broadcasted its breakfast and morning show 'live' from our main hospital reception on Monday 3rd October 2016.

The shows included interviews with staff and volunteers, talking about our new £20m medical & surgical centre, healthy living support for patients, stroke, dementia and maternity services, and other areas.

Nurse Kelly Foster in the Mirror newspaper for losing an incredible 20 stone

You read a feature in the Mirror newspaper about Kelly foster, a nurse on Ward E2 losing an incredible 20 stone and transforming her life - [here](#)

New trust Instagram account

You can now follow us on our new Instagram account: [@stockportnhs](#)

And remember, we also have a popular twitter account: [@stockportnhs](#) – and Facebook account: www.facebook.com/StockportNHS

19: Awards and achievements

Stockport ranked in the top seven in the country for cancer

Stockport has been rated as one of the top seven places in the country for its cancer care, in new 'Ofsted-style' rankings from NHS England.

The rating is based on how quickly patients are diagnosed, the promptness of their treatment, one-year survival rates and the overall experience of the patient. You can read our press release - [here](#)

Sara Bennett shortlisted for research nurse award

Sara Bennett, a nurse in our paediatric department is a finalist for the 'Research Nurse of the Year' award in the Greater Manchester Clinical Research Awards. This is for her research work with children in our hospital paediatric department. You can read our press release - [here](#)

Stockport diabetes X-pert nurse team shortlisted for best educator award

Stockport diabetes X-pert nurse team was shortlisted for the 'Best Educator Award' in the Annual Xpert Award. The four practice nurses co-deliver courses with excellent attendance rates and consistently positive evaluations

Waiting time success for newly suspected inflammatory bowel disease patients

Our gastroenterology team has significantly improved waiting times for newly suspected inflammatory bowel disease (IBD) patients, through a 100 day project. Patients are now waiting 9 to 10 weeks, instead of 30+ weeks thanks to a rapid access clinic. The project has built vital links with primary care and community support groups.

20: Events

ThinkFAST stroke health talk, Thursday 10th November, 12.00pm – 1.00pm, Pinewood House

Staff, family and friends are all invited to our stroke talk on 10th November. For more information go to: <https://www.stockport.nhs.uk/events>

Tissue viability annual study day, Monday 14th November, 8:30am - 3:30pm – lunch and refreshments

Includes harm free care, poor record keeping, the patients perspective and the family's perspective. The Special speaker Nigel Chapman, coroner will hold a mock coroners court and there will be products on display.

The event is open to all nursing staff. Book via Pinewood House education centre.

Trust Carol Service, Tuesday 13th December, 7.00pm, St Peter's Church, Hazel Grove

Staff, family and friends are all invited to our annual carol service.

FEEDBACK

All staff are encouraged to give their view on the content, style and cascading of team brief. Please feedback to Alicia Custis, Head of Communications & Marketing; via tel: 0161 419 4576 or alicia.custis@stockport.nhs.uk

SUBMITTING ITEMS

To submit a team brief item, please email alicia.custis@stockport.nhs.uk or telephone 0161 419 4576.

TEAM BRIEFINGS PRESENTATIONS: Lecture Theatres, Pinewood House education centre

Every team brief is from 12.30pm to 1.30pm.

2016

- Wed 30th Nov 2016
- Wed 21st Dec. 2016

2017

- Wed 25th January 2017
- Wed 22nd Feb 2017
- Wed 29th March 2017
- **Tues** 25th April 2017
- Wed 31st May 2017
- Wed 28th June 2017
- Wed 26th July 2017
- Wed 27th September 2017
- Wed 25th Oct 2017
- Wed 29th Nov 2017
- Wed 20th Dec 2017