

Issue four 2005

NHS

the pulse

Open invitation

Children offered a sneak preview of A&E

Into the future

Is this the shape of things to come?



Cutting the waste

MDHU initiative to reduce missed appointments

First word

by Chris Banks
Chief Executive

THE Government is committed to a 'plurality of provision' in health and social care by introducing new, private and voluntary sector players, creating spare capacity and giving patients choice over who they use to provide their care.

The stated aim is to develop more and more diverse community services providing earlier intervention and

diagnosis, better support for people with long term conditions, more day case procedures, reduced lengths of stay in hospital and more effective care for people discharged from hospital.



Our local primary care trusts are increasing their investment in community services and reducing it in hospitals. We have seen the impact through pressure on our budgets but we are also seeing the impact on demand for our services - there has been a slight reduction in the number of patients being admitted as emergencies compared with last year, and there are caps on the number of planned operations and outpatient appointments we are being asked to provide.

We are moving into a proper healthcare market, where hospitals will need to be both efficient and effective, and offer high quality services to survive.

Our Trust is gearing up to meet this challenge. We have already achieved dramatic reductions in lengths of stay in hospital, dramatic increases in day surgery rates, and reductions in bed usage. The changes that are described elsewhere in this edition of Pulse are not just about balancing the books; they are about responding to changing demands and securing the Trust's long term future for our community and our staff.

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Changes to tackle major issues



ABOVE: Day surgery is helping to cut lengthy hospital stays and benefit patients. Staff nurses Cathy Howard and Kathryn Barber from the day treatment centre.



Since the recent ward closures, we are managing well within the new bed numbers, thanks to the co-operation of staff at all levels



THE Trust's financial position has been widely reported as it finds itself in the company of many other trusts that are struggling to balance their books.

A number of initiatives to make the most economic and efficient use of the Trust's resources have been introduced, including closing some beds and wards.

Trust chief executive Chris Banks said: "The changes are about good medicine and good patient management, and have been possible because of the investment in people and services in both the hospital and community setting.

"These changes will also help the Trust's financial position which has been made more difficult because Greater Peterborough Primary Care Partnership has reduced its contract with us by £2.5million."

The PCP is reinvesting in community

services, in line with national policy, to reduce the need for patients to come to hospital.

Good progress is continuing to be made redeploying staff to suitable alternative posts - and many have already taken up their positions. The Trust hopes to have this process completed by the middle of October.

Chris added: "Since the recent ward closures, we are managing well within the new bed numbers, thanks to the co-operation of staff at all levels." Emergency medical admissions are less than this time last year - thanks in part to on-going work in the community.

Many patients now have day surgery as a viable alternative to a lengthy admission.

Turn to the centre pages for a Pulse special report on the future of healthcare in and around Peterborough - and news on recently-implemented measures which have taken the pressure off the medical and surgical teams.



Amnesty delivers goods

WHEELCHAIRS, zimmer frames, crutches and toilet seats are among the £10,000 worth of items returned to the Trust during its month-long equipment amnesty.

The amnesty ran throughout July to recover some of the thousands of pounds worth of equipment that is not returned each year by patients once they no longer need it.

Pat Dean, therapy services business manager said: "The returned equipment will boost our stocks and help us to ensure that we have the right piece of equipment for future patients.

"It means we don't have to spend resources on replacing items that are otherwise sitting in garages, sheds and attics."

LEFT: Equipment co-ordinator Peter Pearce and business manager Pat Dean.

Why it really is good to talk

It might sound cliché - but, it's good to talk. The Trust's confidential mediation service gives staff from all hospital sites the chance to try and settle a work-related dispute or complaint.

ACAS trained staff from within the Trust have been appointed as mediators to the service on a voluntary basis alongside their current clinical and administrative roles.

The service allows individuals or teams of staff who have a grievance to meet with the mediators in efforts to resolve their issues by talking the problems through face to face.

Jenny Rice, human resources manager for woman and child service unit and corporate services, (*pictured above*), spearheaded moves to set up the service around 18 months ago.

She told Pulse: "Quite often, a dispute between colleagues can be resolved simply by sitting down with the trained mediators and talking things through.



"One of the most difficult things for staff who

have a problem with a colleague is to actually confront them to tell them how they are feeling - particularly if they work in a busy ward or department and don't always have the opportunity to communicate."

Jenny added: "We want to lift the profile of the service, and to let people know we are here to help. Staff can call our mediators confidentially, who will then contact all interested parties to see if they wish to attend a mediation meeting and take it from there.

"All this is done in confidence, and offers an alternative route in attempting to settle grievances. While the mediators don't offer a solution, they offer a platform for people to try and resolve their issues."

The mediators themselves - who Pulse cannot identify for confidentiality reasons - say the service offers a lifeline to many staff who feel their situation is causing them stress or to be unhappy.

Jenny added: "No matter how small an issue, if it is affecting how you work, and even your home life - the service can help to achieve a happy outcome for all parties."

To call the service confidentially, to find out how it works or to register your interest in becoming a trained mediator - contact ext 8777.

Leaflets on the mediation service are available from your manager, or they can be downloaded from the HR website on the Trust's intranet.



Mel is an unsung hero

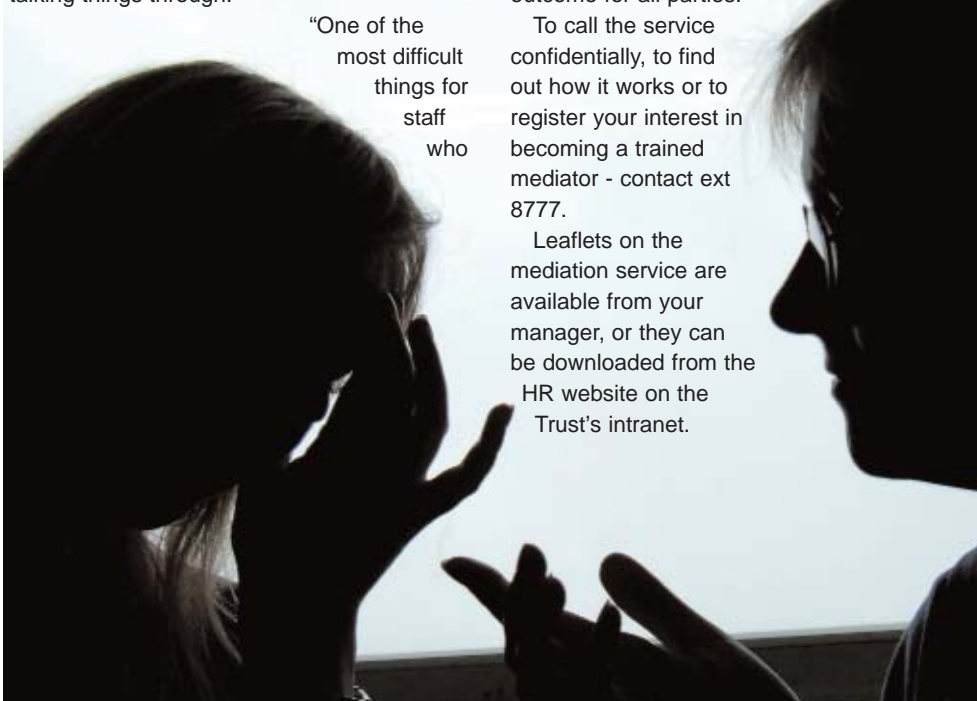
WELL done to senior pharmacy technician (prison services) Mel Swain - who has recently received an unsung hero award from clinical and life support services.

Mel, who is based at Edith Cavell Hospital, was nominated for the award by colleagues. She has been praised for 'doing her job extremely well and working on her own initiative', 'helping others above and beyond the call of duty' and having the 'potential for a senior position'.

Mel (**pictured**) was presented with her certificate by Paul Denton, deputy general manager.

Public meeting

THE Trust's annual public meeting was held on 28 September. The meeting is for the board of directors to present the annual report for the year ending 31 March 2005 to the board of governors and the public. The event was well attended and included more than 50 members of the public.



THE wraps have been taken off plans for state-of-the-art wards and treatment rooms which will form the basis of Peterborough's hi-tech healthcare of the future.

Work on constructing mock-ups of key rooms is well underway, and will be 'road tested' during the coming months by hundreds of people before a range of important features are added.

Simulation exercises will take place in each of the rooms to check patients can be moved safely around the wards and that they can be helped into bed with the use of wheelchairs, trolleys and hoists.

Only when the planning team is satisfied, will features and fittings be added - all of which will also be tested, right down to the light sockets and switches.

Teams from infection control, therapy services and the inpatient design user group will be among those having their say on the new-look facilities.

The precision planning of more than 3,000 rooms is a huge task, but the ultimate result will be a leap into 21st Century healthcare for thousands of patients in the Greater Peterborough area.

Architects have now finished designing the layouts of the new wards - which will provide patients with a higher level of privacy and dignity.

Project clinician for the Trust, Angela Broekhuizen says patients and their families will benefit hugely from the innovative changes to how Peterborough's healthcare is delivered.

"Peterborough's new hospital will be one of only two in the country that have these innovative new-style wards for patients.

"The 'cruciform' layout lends itself to the wards being much more of a sociable and spacious area. Each four-bedded ward will have ensuite shower facilities, and there will be enough space around each bed for relatives and visitors to sit with patients in more comfort.

"These are exciting times for the future of healthcare in Peterborough. The project



Fiona Lennon from the project team in one of the new-look wards

Wraps are off new-look wards

allows us to be among the NHS leaders at the forefront of hospital design."

She added: "Having the mock-up will help us mitigate against design error, with early planning giving us the opportunity to test and choose the best fixtures and equipment."

The new-look facilities will include:

- Division of the patient area into three separate zones; a seven-bed unit and two 11-bed units.
- More than 50 per cent of the beds are in single rooms, one of which includes a lobby so it can be used as an isolation room.
- All bedrooms having their own wheelchair accessible ensuite with toilet, basin and shower.
- A newly-design 'cruciform' four-bed bay to provide greater separation between patients and more space for staff to use equipment.

■ The plans for the new-look facilities have now been formally presented to Peterborough City Council by Progress Health. The state-of-the-art healthcare buildings will include:

- A single site acute hospital with:
 - An emergency care centre
 - A woman and child unit
 - A cancer unit
- A 102-bed mental health unit for people with acute psychiatric problems, as well as facilities for older people and those with learning disabilities
- An integrated care centre with intermediate care beds, specialist community children's services along with a range of outpatient services.



An artist's impression of Peterborough's future hospital

letterbox

Pulse welcomes comments, views and letters from staff and patients - whether it's a thank you, a question you would like an answer to or comments about Pulse. Email communications at Edith Cavell Hospital and we will print as many extracts as possible.

Ward 5X/Catering: Thank you to all the surgeons, doctors, physiotherapists, nurses and all the staff for making me feel so welcome during my stay with a fractured hip. Thank you also for the lovely food - I could not fault it.

ICU: My family and I would like to thank everyone in ICU for the care you gave my husband. I lost count of the number of specialists who came to see him, and there is no doubt that everything that could be done to save him was - and for that I thank the doctors. The nursing staff were superb - the teamwork in your ward is a credit to you all.

Gastroscopy clinic, Stamford: The care and consideration received was excellent from nursing staff, obviously multi-tasking in a very busy ward. The actual procedure was carried out with great care and professionalism.

3X: Thank you all who looked after me on Ward 3X. I would like to convey my thanks to all doctors, nursing and catering staff for their kindness and during my stay. I would also



like to say it was nice to be in a beautifully clean environment.

Woman and child services:

Throughout my difficult twin pregnancy, and from the very early stages, I consider myself extremely fortunate to have had your expert support. Without your careful and thorough approach to my care and

the care of our twins, we would have found the decisions we had to make even more difficult. The outcome, although inevitably very sad, was I think the best possible - and with your guidance and willingness to listen to our concerns, we were able to cope with the loss of our daughter while celebrating the birth of a healthy son. He is thriving - a happy and alert baby.

A&E: I am a British citizen currently resident in the US and recently visited Peterborough to stay with family. After my arrival, I noticed that I had an enlarged vein in the calf of my right leg which became more engorged and inflamed during the next two days. My son insisted that I

went to A&E to have this checked out. I arrived in the department at 7pm, completed some very minimal and simple paperwork and sat in the waiting room to see a doctor. Within about 20 minutes, I was escorted back to the examination area where I waited only five minutes to see a doctor. He assured me there was no major problem and I left with medication in my hand - a total of 55 minutes later.

How we act on feedback

During 2004/05, the Trust received a total of 329 complaints, of which 93.6 per cent were responded to within 20 days. The Trust strives to achieve local resolution - and general managers with staff met with relatives regarding 20 complaints during the year. The Trust seeks to learn from the experiences of patients and visitors expressed through complaints. Here are some examples of changes made in response to them:

- Changes to appointment letters for endoscopies to stop confusion about timescales for procedures
- Changes in patient booklets for better understanding
- Changes made with how midwives attend to mothers pre and post-natally to improve service
- Changes for staff employed in the ophthalmic department to provide more clinics and reduce waiting times
- Policy developed on the transfer of deceased patients from wards to the chapel of rest
- Medical wards have improved communication by the introduction of a communications handbook

Major drive to beat healthcare infections

Continuing the fight

Two new consultants

TWO new orthopaedic consultants have joined the Trust. James Hutchinson from Addenbrooke's Hospital in Cambridge took up his post in August. Mr Hutchinson specialises in knee and lower limb surgery. Richard Hartley will be joining the Trust in November. He currently works at Halton Hospitals NHS Trust in Runcorn and Cheshire. Mr Hartley also specialises in knee and lower limb surgery.

THE infection control team - ably supported by matrons, managers and all trust staff - continue in the fight against healthcare associated infections.

The CleanYourHands campaign has continued to gather pace during recent months, with new posters being prominently displayed around the hospital sites on a regular basis to reinforce the message.

Since the campaign was launched in the spring, awareness of the importance of hand hygiene has increased - as have the numbers of hand gel dispensers.

Infection control sister Christine Powell said: "We are still urging everyone - staff, patients and visitors - to CleanYour Hands.

"Purell hand gel dispensers are at every bedside, at entrances and exits for all wards and in departments everywhere. We have recently had

THE war on MRSA and other 'hospital super bugs' also continues. As at 1 September, the Trust recorded two patients with the MRSA Bacteraemia (in their bloodstream) since 1 April - an improvement on the same period last year.

Peterborough and Stamford is still among the top NHS Trusts in the country for dealing with these infections. The Trust also fared well during an unannounced Healthcare Commission inspection at Edith Cavell Hospital in August.

Inspectors visited two wards and the outpatients department. At the time, the infection control team was also carrying out environmental audits around the Trust, involving 42 areas. The results and issues raised were similar. The Healthcare Commission result averaged 85 per cent for the three areas, while the in-house resulted in an average of 81 per cent for the 42 areas.



dispensers installed at the entrances to all of the restaurants and dining rooms, so there is no excuse for anyone not to have clean hands."

The Trust has been auditing its own hand hygiene practices on a regular basis to determine its progress.

Immediately prior to the start of the "CleanYourHands" campaign, the baseline score for the Trust averaged 80 per cent.

The most recent audit saw the figure improve to 85 per cent. Christine added: "At the end of January 2006, the exercise will be repeated as the year's campaign draws to a close but, be assured, we will be not be resting. We will be continuing with the

good work and encouraging everyone who enters our premises to 'CleanYourHands.'"

MRI waiting times drop

FOLLOWING hard work by the Trust's MRI team during the last six months - regularly working six and seven day weeks - and the successful implementation of the Mobile MRI programme, the Trust's MRI waiting time has

dropped to 16 weeks. At the beginning of March this year the waiting time was 32 weeks. Randle Milne, radiology services manager, said: "The figure is among the lowest in the region

and is a great achievement. "It demonstrates the hard work and commitment of the MRI team. I'm also pleased to report that the figure is continuing to drop."



With the Trust staging an inaugural study day on facial reconstruction - Pulse takes an intriguing look behind the scenes of one of Peterborough District Hospital's best kept secrets...

Rebuilding lives

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The team restoring hope and confidence

Our face and skin change over time, so this means the patient returns to us as often as they like to allow us to make alterations to the skin tone or vein appearance of the prosthetic

BEYOND the 'no entry' sign on the door - the office located at the end of a maze of corridors in Sutton Wing heralds one of the most fascinating specialities within the Trust.

The amazing work of the maxillo facial team restores hope, confidence and a sense of normality



to hundreds of patients and their families each year. Its patients range from young people needing surgery to correct a childhood jaw deformity to adults requiring a prosthetic ear, nose or even eye - as a result of a loss through cancer, road crash, industrial accident or other trauma.

The majority of the work involves orthodontics - with around 700 individual cases of patients requiring major dental and jaw work, which can only happen as a result of work in the max-fac lab.

Countless casts and mould are made, with intricate wiring, pins and even a type of welding, which all assist consultants during surgery.

In addition, around 30 separate prosthetic pieces - predominantly facial - are made in the lab each year. Many of these take weeks to perfect.

The department can be working on casts or

prosthetics for up to a thousand patients at any one time.

"A lot can depend on the patient's recovery after surgery," said chief prosthetist and technologist David Parberry.

"We meet the patient and then take an impression of the area which needs reconstruction. The prosthesis are made using silicon and magnets, and we take care to match the skin tone. We use special dyes and tints - which means we can alter the skin colour from winter to summer - and paints for the eyes.

"Our face and skin change over time, so this means the patient returns to us as often as they like to allow us to make alteration

to the skin tone or vein appearance of the prosthetic."

Senior chief prosthetist and technologist/lab manager John Pegg added: "Everything we produce in the lab is custom made - exclusively for an individual patient."



ABOVE: At work: chief prosthetist and technologist David Parberry.

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Lifting the lid on the oral surgery department

THINK oral surgery, and it conjures up an image of a clinic full of patients with an appointment for dental work.

But in reality - the department is about much more, and an exciting new venture is about to put the Sutton Wing-based team and its work on the map.

Keen to promote and raise awareness of the Trust's speciality are lead practitioners Stacie Samm-Anderson and Sue Somers.

They are the driving force behind the much-talked about 'Not Just A Pretty Face' study day, planned for December.

"There is a lot more to the department than our dentistry work," said Sue - who has been organising the study day with Stacie since January.

"We work very closely with the teams in orthodontics and the maxillo-facial department in the areas of post trauma reconstruction and surgery, dermatology cases, head and neck clinic, and specialist laser work for things like mouth lesions or overgrown gums due to the effects of medication."

Sue added: "Many of our patients come as day cases, although we do have some referrals for main theatres. Patients may require reconstructive surgery for a range of things - from a fractured cheek obtained as a result of a fight, to a prosthetic ear following trauma or cancer."

The study day has attracted a number of key speakers, including Trust consultants James Robertson (maxillofacial surgery), Wing Commander



ABOVE:
Sargent Phil Brewer



LEFT:
Study day organisers Stacie Samm-Anderson and Sue Somers.

Andy Gibbons (post trauma reconstruction - including facial disfigurement caused by explosions) and Clive Moss (head and neck cancers).

Representatives from Macmillan nurses and the charity Changing Faces

- which offers support, advice and education to patients and their families - are also due to attend.

The event on 6 December at the Peterborough Moat House Hotel has already attracted huge interest.

Delegates attending will include

dentists, local trust staff, and representatives from nursing homes, primary care trusts and hospital trusts from other regions keen to find out how things are done in Peterborough.

The cost of the day is £35, and anyone interested in attending should contact Sue or Stacie on ext 4279.

Who's who in the max-fac lab

■ **John Pegg** - senior chief prosthetist and technologist/lab manager, specialising in maxillo facial prosthetics and orthodontics. After thoughts of becoming a joiner made way for a career in all areas of dentistry, John joined the Trust 10 years ago, with 22 years service to date in the NHS.

■ **David Parberry** - chief prosthetist and technologist, specialising in orthodontics. As a child, David was fascinated by the rows of dentistry models lined up in the dental surgery where his mother worked. Ditching ideas of joining the navy, David successfully applied for a max-fac job and has been at the Trust for six of his 15 years in the NHS.

■ Sargent **Phil Brewer** qualified in the field of dental technology before joining the Royal Air Force, as an alternative to a career in engineering. Phil is a specialist technologist to the Defence Medical Surgical consultant Andy Gibbons, specialising in restorative (crown and bridge technology) and orthodontics.

A day in the life of... duty manager Jeanne Howard



Not for the faint hearted...

TROUBLE-shooter, problem solver, negotiator and at times reminiscent of a stockbroker - though trading hospital beds rather than commodities and shares - the role of a duty manager is not for the faint hearted.

Working on their own out of a ground floor office at the district hospital, a duty manager's main task is to make sure every emergency, medical, surgical,



referral or transferred patient that comes through the front doors of all the Trust's hospitals has a bed.

There is no such thing as a typical day for Jeanne Howard.

A nurse for 30

years, Jeanne became a duty manager after working for the Trust in ENT for 10 years.

She said: "I've always been a

problem solver - that was one of the appeals of becoming a duty manager. Some people think it's the worst job in the hospital but it's not and I love it."

Early into Jeanne's 12 hour shift, she visits Ward 1Z - the nerve centre of the medical admissions to find out the number of empty beds available so they can be allocated to patients where they are needed.

This is done at lightning speed she holds simultaneous conversations with the 1Z ward manager, another ward sister on the phone and still finds time to check her bleep.

The stock take of beds is done at a whiteboard on each ward at regular intervals throughout the day as demand and circumstances change.

All the while Jeanne monitors the A&E admissions list to try and ensure patients are admitted within four hours.

Throughout the day Jeanne's pager beeps at least twice a minute and she always responds immediately.

All the Trust's six duty managers are qualified nurses. While conducting a bed status on one ward the benefits of nursing experience are plain to see.

A patient in a nearby bed goes into cardiac arrest while being served tea from a hospital volunteer.



While the ward staff and crash team attend to the patient, Jeanne handles the front desk and looks after the volunteer.

She later arranges for the facilities manager to call the volunteer at home to check she is okay.

During her day, Jeanne had probably, directly or indirectly, helped at least 80 patients during her shift and also assisted numerous colleagues.

Open invitation to local children



ABOVE: A&E staff nurse Sally Leech.

YOUNGSTERS from around the city are being invited to take a look behind the scenes in the accident and emergency department.

The department has been running the popular 999 Club for a number of years, which gives children from eight to 11 the opportunity to look around A&E.

A&E staff nurse Joanne Walker said: "The objectives of the visit are to provide some health promotion and to relieve fears and anxieties in children about what might happen if they have to visit the hospital in an emergency. To illustrate these points we use x-rays, basic first aid, plastering and wound closure. The visit includes access to all areas of the department including the resuscitation area."

Joanne has written to a number of schools, asking if they would be interested in a visit. Schools interested can contact Joanne on 01733 874351.

Generosity knows no bounds

John Lewis team in mini makeover

THE Friends of Peterborough Hospitals have received a helping hand of their own.

As part of the company's initiative to give something back to the local community, John Lewis carried out a mini makeover of the Peterborough District and Edith Cavell hospital shops - re-merchandising and altering the layout of the shops to help make them more customer friendly - and to ultimately improve profitability.

Lisa Chambers, Friends shop supervisor said: "We're all delighted with the results and we are already starting to reap the benefits."

The Friends always welcome new members, so if you - or anyone you know - would like to give some of your time to helping the hospital, contact Lisa on 01733 875685.

THE Friends of Peterborough Hospitals give generously to the Trust on a regular basis.

They receive requests for donations from around the hospital for funds to pay for everything from new chairs in waiting rooms to specialist equipment - all aimed at further improving patient care, whatever the stage in their journey.

Recent contributions approved by the Friends include:

- £30,000 for specialist non-invasive ventilation equipment for patients suffering from chronic obstructive pulmonary disease.

- Filters for laser machines in ophthalmology and specialist machinery to allow patients faster access to treatment - £2,990.

The following have been passed as a priority, but deferred until funds allow.

- Ward 2Z - Two blood pressure monitors to assist recovery on the stroke ward, £3,000.

- Ward 1Z - Four blood pressure monitors to help staff manage patients more efficiently, £4,900.

- Ward 1Y - A blood pressure monitor, pulse oximeter and four manually operated recliner chairs, £3,625.

RIGHT: John Lewis staff give their thanks to the Friends - left to right Gary Cooling, Phil Chambers, Carol Knight, Michelle Gilby and Lucia Grimer with Friends shop supervisor Lisa Chambers



Following a series of sweeping changes around the Trust, Pulse takes a look at how the future of healthcare, with moves towards more day treatment and community care, is impacting on our hospitals.

Looking to the future

Surgery



Joan Tiplady



The medical service unit will be continuing to evaluate how many beds are needed and trying to reduce our expenditure in accordance with the activity and income

SINCE the day treatment centre opened at Edith Cavell Hospital less people have to stay in hospital after their operation and there have been some surplus surgical beds. And improvements taking place in medical services have the knock-on effect of making them less reliant on spare beds in surgery, consequently, wards have amalgamated and wards 9 and 10 have closed.

Currently, the number of operations performed as day cases has increased from 68 to 74 per cent - and the creation of procedure room (where patients will be treated under local anaesthetic for minor general surgery) will increase capacity for even more day cases.

There has also been more paediatric surgery performed as day treatment, following the recent re-organisation of the process for youngsters coming into hospital.

General manager - surgery, Adrian Stone (pictured right) feels there is room for day case expansion.

"We know we could undertake a wider range of procedures as day cases and our surgeons are looking at this," he said.

"We know our patients stay longer in hospital than they should sometimes because of delays in receiving their drugs to take home, getting their final clinical test results or transport problems. We are trying to speed this up.

"The primary care trusts are looking at alternatives to hospital admission where it is in the patients' interests and this will reduce our demand for inpatient beds."

Medicine

CHANGES in the medical service unit has seen beds



closing in Peterborough (with ward 3Y moving to ward 2X and ward 2 moving to ward 3Y), and Hurst ward closing at Stamford Hospital.

There is no longer such a big demand for medicine beds and patients are experiencing shorter lengths of stay. In recent weeks, there have been empty beds - despite the closure of the wards.

General manager - medicine, Joan Tiplady said: "Currently we have no medical outliers (medical patients using surgical beds) and there are no patients waiting to move to Stamford Hospital. We are also making more use of the departure lounge to get patients home quicker.

"All this is good news for patients but we will be continuing to evaluate how many beds are needed and trying to reduce our expenditure in accordance with the activity and income."

In the community

ALISON Reid, strategic lead for the modernisation Greater Peterborough Primary Care Partnership said: "Our role is to improve the health and wellbeing of our local population.

"The partnership work with clinicians and other professionals in the hospital, general practice, local government and community services is vital to ensure we continually improve the services we offer, as well as



develop a wide range of community services that provides timely access for local people and ensure we use the hospital appropriately for those requiring urgent and intensive treatment and care."

Service improvement team

WORK is ongoing between operational teams (including clinicians), and the Trust's service improvement team to ensure the Trust is able to deliver good patient care to all who need it despite the closure of wards.

In both medical and surgical service units the service improvement team is working to ensure patients are admitted appropriately and at the right time - and are discharged in a timely fashion.

Associate director, service improvement, Paula Gorst (pictured top right) said: "Groups of patients who we

know have a long length of stay are being reviewed to see whether we can reduce any delays to their timely discharge."

In surgery, the pre-assessment process is being centralised at each hospital. This will mean that services can be redesigned to reduce the number of patients who are cancelled or who cancel their operation and also to ensure they do not need to be admitted to hospital until very close to their surgery. Work is ongoing to increase the percentage of patients who have their operations as day cases.



Day surgery

IN LINE with the national move towards patient spending less 'unnecessary' time in hospital, the Trust's own plans for the future of day surgery have been revealed - as part of the overall Greater Peterborough Health Investment Plan.

Project clinician Angela Broekhuizen explained: "The proposed 23-hour day centre area in the new hospital will provide a central facility for patients having a range of planned treatment, surgical or medical.

"The unit will be contained in one area of the hospital, and will also house 12 overnight-stay beds should they be needed.

"It will allow us greater flexibility on the planning of procedures for a particular day, as well as offering those patients who prefer not to stay in hospital unnecessarily the chance to plan surgery or treatment around their own busy lives."

The national picture

THE changes to the way healthcare is provided by the NHS, both nationally and locally is being driven by the government.

- Measures have been put into place to make the NHS more efficient and deliver better value to taxpayers.

- Primary care trusts require hospitals to do more operations on a day visit basis, and to reduce the length of stay of inpatients. Peterborough's PCP has capped its financial commitment to the Trust so that this happens. It means fewer hospital beds will be required.

- The government is also investing considerable sums in the private sector, giving patients choice about where they are treated to drive the NHS to work more efficiently.

- The public now has the opportunity to tell the government what they want in the future from health and community services in a consultation called 'Your health, Your care, Your say' which can be found on the Department of Health's website: www.dh.gov.uk.



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Medicine

CHANGES in the medical service unit has seen beds



closing in Peterborough (with ward 3Y moving to ward 2X and ward 2 moving to ward 3Y), and Hurst ward closing at Stamford Hospital.

There is no longer such a big demand for medicine beds and patients are experiencing shorter lengths of stay. In recent weeks, there have been empty beds - despite the closure of the wards.

General manager - medicine, Joan Tiplady said: “Currently we have no medical outliers (medical patients using surgical beds) and there are no patients waiting to move to Stamford Hospital. We are also making more use of the departure lounge to get patients home quicker.

“All this is good news for patients but we will be continuing to evaluate how many beds are needed and trying to reduce our expenditure in accordance with the activity and income.”

In the community

ALISON Reid, strategic lead for the modernisation Greater Peterborough Primary Care Partnership said: “Our role is to improve the health and wellbeing of our local population.

“The partnership work with clinicians and other professionals in the hospital, general practice, local government and community services is vital to ensure continually improve the services we offer, as well as





know have a long length of stay are being reviewed to see whether we can reduce any delays to their timely discharge.”

In surgery, the pre-assessment process is being centralised at each hospital. This will mean that services can be redesigned to reduce the number of patients who are cancelled or who cancel their operation and also to ensure they do not need to be admitted to hospital until very close to their surgery. Work is ongoing to increase the percentage of patients who have their operations as day cases.



Day surgery

IN LINE with the national move towards patient spending less ‘unnecessary’ time in hospital, the Trust’s own plans for the future of day surgery have been revealed - as part of the overall Greater Peterborough Health Investment Plan.

Project clinician Angela Broekhuizen explained: “The proposed 23-hour day centre area in the new hospital will provide a central facility for patients having a range of planned treatment, surgical or medical.

“The unit will be contained in one area of the hospital, and will also house 12 overnight-stay beds should they be needed.

“It will allow us greater flexibility on the planning of procedures for a particular day, as well as offering those patients who prefer not to stay in hospital unnecessarily the chance to plan surgery or treatment around their own busy lives.”



The national picture

THE changes to the way healthcare is provided by the NHS, both nationally and locally is being driven by the government.

- Measures have been put into place to make the NHS more efficient and deliver better value to taxpayers.

- Primary care trusts require hospitals to do more operations on a day visit basis, and to reduce the length of stay of inpatients. Peterborough’s PCP has capped its financial commitment to the Trust so that this happens. It means fewer hospital beds will be required.

- The government is also investing considerable sums in the private sector, giving patients choice about where they are treated to drive the NHS to work more efficiently.

- The public now has the opportunity to tell the government what they want in the future from health and community services in a consultation called ‘Your health, Your care, Your say’ which can be found on the Department of Health’s website: www.dh.gov.uk.

develop a wide range of community services that provides timely access for local people and ensure we use the hospital appropriately for those requiring urgent and intensive treatment and care.”

Service improvement team

WORK is ongoing between operational teams (including clinicians), and the Trust’s service improvement team to ensure the Trust is able to deliver good patient care to all who need it despite the closure of wards.

In both medical and surgical service units the service improvement team is working to ensure patients are admitted appropriately and at the right time - and are discharged in a timely fashion.

Associate director, service improvement, Paula Gorst (pictured top right) said: “Groups of patients who we

Project nears end

THE ground-breaking A&E alcohol project - introduced to try and tackle the problem of alcohol-related crime in Peterborough - is now nearing the end of its trial period. Charity Drinksense has now ended its input into the department, but the police will continue to work in accident and emergency for several more weeks to collate further information. Heidi Presland, Trust assistant general manager for emergency services, said: "This has been a very valuable project. The data collection has been very interesting and the results will be shared when the final information has been reviewed and the report has been concluded."

Patients can enjoy their meals in peace



ABOVE: Housekeeper Elizabeth Rankin serves patient Joan Davis her meal

FROM this month, the Trust has pledged to help all patients enjoy their meals without interruption.

'Protected meal times' - which began as a national campaign in 2004 - is now being re-launched across Peterborough and Stamford Hospitals.

The move follows a one-day trial earlier this year in five wards across the Trust.

Peter Gregory, catering services manager, explained: "The aim is to help improve our patients' mealtime experience by providing a conducive environment for eating and to curtail inappropriate activity at meal times: creating a quiet, relaxed atmosphere in which they have time to eat and enjoy meals without disruption

making meals a key social activity."

This will be achieved by a series of actions, including:

- Nursing staff making food a priority during mealtimes, providing assistance and encouraging patients to eat.
- Ward staff organising their own mealtimes to maximise the number of colleagues available to deliver and assist patients with food.
- Patients requiring assistance with food being identified prior to meals being served.
- Interruptions like ward rounds, drug rounds, GP visits, cleaning, documentation and therapy during mealtimes occurring only when clinically appropriate.

City school supports antenatal project



ABOVE: Peterborough High School students Sophie Wiles, Hannah Armstrong, Frances Haven and Sophie Walters with headteacher Sarah Dixon and Trust consultant obstetrician Shirley Steel

MUMS-TO-BE are reaping the benefits of a cash boost which has seen a revamping of the maternity unit's antenatal assessment room.

The project, aimed at enhancing the Trust's service to expectant mums, has been carried out thanks the fund-raising efforts of Peterborough High School.

The room has been newly decorated and carpeted, and extra equipment has been bought.

Covers will also be provided for the equipment when it is not in use, and office furniture and storage facilities will improve the working environment for the midwife or doctor seeing the patient.

The maternity unit was selected by the school as one of two major fund-raising projects to benefit from its high profile charity spring ball last year.

The school donated half the proceeds from the event, along with a further donation from its annual appeals day, making a total of £5,000.

Osteoporosis Day

October 20 is World Osteoporosis Day - which has won the backing of many celebrities from around the globe, including internationally famous Italian footballer Paolo Rossi.

Osteoporosis literally means porous bones - and it is estimated that the condition affects three million people in the UK.

A lot of people are shocked to find they have osteoporosis, but I stress that the condition can be managed through treatment and a series of lifestyle changes as part of a long-term commitment

IN Peterborough, osteoporosis specialist practitioner Marilyn Norman has spent the last three years working closing with the hospital's fracture clinic to address the problem locally.

She explained: "My job is to identify anyone with a low trauma fracture in patients aged over 50 who come through the fracture clinic.

"They are referred to me and we chat generally about their medical history, their diet (whether they are getting enough calcium) and exercise.

"We identify risk factors, like smoking, excessive drinking, poor diet, early menopause, hip fracture and so on and if we feel it necessary, we offer them a scan in rheumatology - where I work closely with senior radiographer Maggie Lyon."

Marilyn added: "Very few people decline to have the scan, and we give them the results

there and then. A lot of people are shocked to find they have osteoporosis, but I stress that the condition can be managed through treatment and a series of lifestyle changes as part of a long-term commitment."

Bones affected by osteoporosis are less dense than normal bones. They are also more likely to break, even as a result of a minor bump or fall, or even without an injury.

Marilyn works with patients in discussing ways in which they can help to strengthen their bones through a sensible diet, lifestyle and exercise.

The Trust carries out 30 to 40 scans each month, as a direct result of referrals from the fracture clinic to identify those with osteoporosis.

Marilyn added: "There is a lot more public awareness about the condition these days, and events like the World Osteoporosis Day help us to get the message across."



ABOVE: Senior radiographer Maggie Lyon (left) with osteoporosis specialist practitioner Marilyn Norman (front) with 'patient' healthcare assistant Jenny Pettis.

Factfile

- One in two women and one in five men in the UK will suffer a fracture after the age of 50
- Every three minutes someone has a fracture due to osteoporosis
- Each year there are more than 230,000 fractures including over:
 - 70,000 hip fractures
 - 50,000 wrist fractures
 - 120,000 spinal fractures
- Osteoporosis costs the NHS over £1.7 billion each year, that's £5 million each day.



Book your panto tickets now...

REHEARSALS are well under way for this year's Pillpushers production - Sickago!

Trust colleagues, friends and family have signed up to take part in the rib-tickling production in December.

Dates for the show - which is bound to have some senior Trust staff cowering in the aisles - are December 6-8. For information, contact Stuart Terrington on ext 4534 or Mary Bird on 4343.

LEFT: Flashback to last year's performance - Mungal Book

Pathology changes will benefit patients

THE Trust's pathology department has made two new key appointments in recent weeks. Pulse looks at the roles of Kaye Bowen and Jackie Airstrup, and how their work will benefit patient care.



ALREADY a familiar face within the pathology department at the District Hospital, Jackie Airstrup's new role allows her to concentrate her time on treating patients who may be at risk of blood clots.

As the Trust's newly-appointed anticoagulant co-ordinator, Jackie will act as the main link between everyone involved with an individual patient's care to ensure they receive appropriate follow up, monitoring, support, counselling and education.

This will include liaising with ward staff, clinics, GPs and district nurses over patients on a particular type of medication.

Jackie explained: "Oral anticoagulants are used in the management of ever increasing numbers of patients suffering from various thromboembolic disorders, including deep vein thrombosis.

"Patients on anticoagulants must be monitored in order to stabilise the treatment and help prevent serious side-effects whilst maximising effective treatment."

The intention of this role is to further improve the standard of care currently offered.

*ABOVE LEFT:
Jackie Airstrup -
new anti coagulant
co-ordinator.*

*ABOVE RIGHT:
Kaye Bowen - new
hospital blood
transfusion
co-ordinator*

CHANGES in the law surrounding blood transfusions have led to the creation of an innovative new post at the Trust.

Kaye Bowen, a familiar face to many on Ward 8 at the Edith Cavell Hospital, has been appointed hospital blood transfusion co-ordinator.

Despite being a departure from her experience of nursing in the areas of elderly medicine and orthopaedics, Kaye says she is rising to the challenge of the new post - which will not only improve patient care, but lead to savings for the Trust.

Pathology services manager Nick Mudge explained: "The new post has come about as a result of changes in legislation around blood transfusion clinical governance, in order to make the whole process of transfusion care safer for the patient.

"The role is multi-faceted and will include improvements to clinical practice. Better management of blood stocks through reduction in wastage and reducing unnecessary transfusion requests will reduce the amount of blood used in the Trust.

"A further aspect will see a programme of autologous blood provision - the process of re-infusion of patient's own blood."

Kaye will be on hand to offer reassurance and advice to patients undergoing transfusions. She told Pulse: "I see it as an exciting challenge, in a completely different area of care from general nursing, with the opportunity to make a real impact on patient welfare."

Not only will the post improve patient care it will save money - an anticipated saving of about £60,000 in the first year, against a total annual blood budget of £1.9m.

Poster campaign works a treat

THE number of military staff failing to attend their outpatient appointment has dropped - thanks to a series of initiatives in Peterborough.

The did not attend (DNA) rate has fallen from 13.5 per cent to 10 per cent in the last 12 months.

During that time, the Ministry of Defence Hospital Unit (MDHU) in Peterborough launched its own campaign to stress the importance of service personnel keeping their appointments.

Hard-hitting posters were produced, and have since been displayed at military medical centres across the UK.

A special text messaging service, sending reminders to patients about their appointment, has also been used with great effect during a six-month trial.

During that time, only two of the 100 patients failed to meet their appointment.

Squadron leader Helen Goodwin, business manager at the MDHU said: "We have seen a

Major initiative helps cut missed appointments

recent reduction in our DNA rates which has been the result not only a number of initiatives to keep the issue in the public domain, but a pro-active approach by the military patient services staff.

"Following an upgrade in our IT system, we have now been able to contact individual medical centre practice managers to inform them of their DNA rates, coupled with the distribution of posters.



ABOVE: Hammering home the did not attend message - MDHU medical admin staff Matthew Dickinson, Kelly Clayton and Robbie Mackay with (front) Clive Walker from office supplies

Ruth to join infection control

DR Ruth Kappeller, part-time consultant microbiologist, will soon be joining the infection control team.

The team will also continue to be supported and advised by locum-consultant colleagues until the appointment of its full complement of permanent team members.

Tax free childcare vouchers for staff

TRUST staff will now be able to have part of their salary paid to them in tax-free childcare vouchers.

The childcare advisory team has launched the new Busy Bees childcare voucher scheme as a more flexible way for staff to meet the costs of childcare.

Within specified limits, these vouchers are non-taxable and exempt from National Insurance contributions and therefore represent a saving for employees who receive them as part of

their total employment package. The childcare vouchers received are then exchanged for childcare services used.

Anyone interested in finding out more about the scheme can attend a Busy Bee forum where a representative will be present to give a short presentation and to answer any questions.

For details of dates and venues, contact Ceri Wilson - childcare co-ordinator on ext 4135 or look on the intranet.

Special babies say thank you

PARENTS of babies needing a little extra care after their birth got the chance to meet up and thank medical staff who once looked after their children during a special reunion.

The event was organised by the Trust's neonatal unit, formerly known as the special care baby unit.

Jacqui Rutterford, ward manager said: "The reunions were started by two of our community outreach nurses, Lesley Hibbert and Sue Fisher, to give parents the opportunity to talk about their experiences with other parents and staff from the unit.



ABOVE: Staff, parents and babies at the recent neonatal unit reunion - photo courtesy of the Peterborough Evening Telegraph

"Parents whose babies have been looked after in neonatal go through a tremendously stressful ordeal as their babies are often very poorly, so the reunions give them the chance to talk to others who have gone through a

similar experience.

She added: "It's hugely rewarding seeing the babies in good health and leading normal lives and knowing we played a part in helping them to get better."

BREAST cancer is the second most common cancer in the UK. October is breast cancer awareness month - and women all over the country are getting in the pink to support the cause.

In the Pink

THE city's own pink ladies have taken their brand of girl power to London for the national Breast Cancer Care Fashion show.

Members of the Peterborough Breast Cancer Support Group represented the area at the glamorous event - which gives those women who have had a diagnosis the chance to be at the forefront of a prestigious fund-raising charity event.

Making her second visit to the event was former breast cancer patient Lynette Naylor. Lynette and fellow support group member Nicki Ferguson both had a

mastectomy and chemotherapy in 2002 - and became friends since attending the local support group.

Lynette said: "Last year's show at the Grosvenor House Hotel in London was a fabulous experience!

"Until then I hadn't been able to have fun in a relaxed way - anything I did following my treatment had been a learning



ABOVE: Support group members Olive Thompson, Lynette Naylor and Nicki Ferguson.

Factfile

- Breast cancer is the second most common cancer after non-melanoma skin cancer.
- 41,000 new cases are diagnosed each year.
- Breast cancer claims the lives of 12,700 women each year in the UK.

experience, trying to gain confidence after being so shaken.

"I had no idea my body could let me down in such a big way and the body that I had grown accustomed to, now looked different physically - and to me - psychologically."

In 2003 Carol Core, founder of the Peterborough group, was invited to model at the show - followed by Lyn Lenton in 2004.

This year those attending the show hired a pink stretched limousine which took them to the show in style.

The group grew from small beginnings in 1997, after it was felt there was a need in the city to offer women the opportunity to be able to talk to people who have had similar experiences. Members

include newly diagnosed women and those who have come through their experience.

Trust breast care nurses Karen Merrick and Chris Dunham also attend meetings on the first Thursday of each month (except January) at the Peterborough Moat House Hotel from 8-10pm.

Diane steps out to raise charity cash

HEARTY congratulations to Trust cardiac rehabilitation co-ordinator Diane Card on her latest fund-raising success.

Diane - and her dog Tyler - were among 70 participants in the 10-mile British Heart Foundation charity walk along the Nene Way.

Those taking part included ex-patients, walking groups, families and couples. Diane completed the walk in just over three hours, which raised an impressive £345 for the British Heart Foundation, with British Sugar adding £250.



PROFILE: Katrina Wilson's role as a staff governor

Making a difference

Name: Katrina Wilson

Job title: Neurology development manager / staff governor

What are your main responsibilities as a staff governor?

Mainly to represent the interests of staff members of the Trust and regularly feeding back information about the Trust, its vision and its performance.

Other duties include; receiving and giving views on plans from the board of directors regarding the future development of the Trust; informing the independent regulator if concerns about the performance of the board of directors cannot be resolved at local level and calling meetings of members.

How many staff governors are there and how were you appointed?

Six staff governors - including myself - were elected to the new board of governors when the Trust gained foundation status last April.

Elections were held and each candidate had to prepare an election statement and then canvas for votes.

What major changes for the Trust has your role

as governor so far involved?

There have been a few to 'get my teeth in to'. Agenda items over the year have included discussions on; the Greater Peterborough Health Investment Plan, consultant contracts and the formation of sub-committees to concentrate on specific development areas (like recruitment of new

members, patients and public involvement) to name a few.

What excites you about the future of the Trust?

The new hospital; one site, state of the art equipment, even further integrated services, more than six colours to choose from for the walls - the list is endless!

There are no doubt challenges ahead - great big hairy ones. But if you take a peek outside, it's the same everywhere else.

That's not to say that we should be complacent, or become apathetic at the perceived inevitability of it all. We are here to make a difference as staff governors - change really can happen.



“

We are here to make a difference as staff governors - change really can happen

”



FAR LEFT: Healthcare assistant Dee Torbuck: Photo courtesy of The Peterborough Evening Telegraph.

LEFT: Keen cyclist Anne Raven

Accolade for the Trust

THE Trust has won praise as a 'centre of excellence' for its provision of mobile medical teams (MMT) in a major incident situation.

It will be used as a model for the other trusts in the region to follow.

The one-day MIMMS course run by Peterborough's accident and emergency department has been chosen as the minimum training standard, and other Trusts are keen to buy training from the Trust next year.

The Trust's major incident plan will also be used as an example given in the new national guidance of an effective acute trust plan.

Clare's head of midwifery

WELL done to Clare Carter who has been appointed to the role of professional head of midwifery for a six month period.

Initiative to keeping everyone on the move

“A range of schemes are being planned to encourage staff patients and visitors to use more public transport or alternative modes transport rather than driving to the hospitals

”

THE Trust has launched the latest stage of its award-winning travel options initiative - with encouraging staff to use other forms of transport as one of the main target areas.

The consultation earlier this year was initiated following increasing parking congestion and illegal parking at the hospitals.

As a result, a range of schemes are being planned to encourage staff patients and visitors to use more public transport or alternative modes of transport rather than driving to the hospitals.

Last month saw the introduction of increased car parking charges for staff, patients and visitors - and there are now other initiatives in place as a result of the travel options consultation.

These include employing council car parking attendants to issue fixed penalty notices to illegally parked cars, a free staff bus service between the Edith Cavell and the District Hospital, car sharing encouragement and a subsidised bus ticket for staff.

There are also a number of proposals

which will benefit the many staff who currently - and plan to - cycle to work.

Setting up a cycle database for staff to travel together, the introduction of pool bikes for cross-site travel, cycle mileage allowance and the promotion of secure cycle compounds are on the action plan list.

This is great news for people like Ward 8 clinical nurse leader Anne Raven and healthcare assistant Dee Torbuck.

Dee currently cycles or walks to work at the Edith Cavell Hospital from her home nearby. "I really enjoy cycling, and hope the travel options initiatives will encourage more people to leave the car at home," she said.

Colleague Anne is no stranger to cycling, and completed the Nile Cycle Ride for charity last year.

She has been using pedal power to get to and from work for the past 14 years. "It's great," she said. "I thoroughly enjoy cycling - and even use my bike to go into town as it's easier and cheaper than using the car!"

The travel options initiative won a Cambridgeshire and Peterborough Work Place Travel Plan award recently.

Shoppers swap checkout for check-up

TAKING a break from their shopping, city people were invited to find out more about how to get a healthy heart!

A special drop-in day, aimed at promoting healthy lifestyle initiatives, was organised by the Anglia Cardiac Network - in conjunction with the Trust and Greater Peterborough Primary Care Partnership (GPPCP).

The free event took place in Queesngate, and attracted numerous members of the public - many of

whom were taken the opportunity of having their blood pressure taken.

Diane Card, Trust service improvement and redesign manager, said: "Visitors to the event were able to access a wide range of information about how to stay fit and healthy and what help is out there to help them look after their hearts and how to become involved in helping to shape the future services for the patient in the hospital."



Anita Edwards, coronary heart disease specialist nurse for GPPCP takes a member of the public's blood pressure. Photo courtesy of GPPCP.

Manual for recovery

State of art x-ray suite

WORK is progressing on a new state-of-the-art X-ray suite which will see more than 2,500 patients a year.

The angiography suite will be equipped with an X-ray machine that will allow medical teams to take images of intricate blood vessels of the heart.

This will be used to assess people with suspected heart conditions as well as providing therapeutic treatment for other patients.

Work on the facility began at Edith Cavell Hospital in the summer.

The suite will include a main treatment room and six-bedded recovery room as well as an office for staff.

The first patients are set to be seen on 28 November, with staff training currently taking place at Papworth Hospital.

HEART attack patients in the Peterborough area can now get back on their feet with an alternative rehabilitation and recovery programme.

The 'Heart Manual' is a joint venture between the Trust's cardiac support services team and the Greater Peterborough Primary Care Partnership.

The structured six week programme is designed to offer an individual recovery plan - with advice on reducing and addressing the patient's coronary heart disease risk factors, and gradual return to physical activity and exercise.

Trust 'Heart Manual' facilitator Wendy Joyce - who works alongside colleague Tahira Rachid - explained: "The patient is ideally seen initially in hospital, when the 'Heart Manual' is explained to them.

"They are also given a relaxation

tape or CD and information for their family or carers to support recovery. They are then followed up in the community at regular intervals assessing their progress and given valuable advice and support.

"While this programme is beneficial to all post heart attack patients, we have found it of particular value for those living in outer rural areas who find transport difficult, those who themselves care for a relative; those who need extra psychological support; and especially patients of ethnic minorities with cultural differences and language barriers."

Alongside Wendy and Tahira, the community facilitators are Debbie Beales, Anita Edwards, and Liz Woodruff.



LEFT: Heart manual facilitators Tahira Rachid (left) and Wendy Joyce

Family day a success

SERVICE personnel from the Ministry of Defence Hospital Unit (MDHU) have been giving senior Trust staff a closer insight into the work of the armed forces.

The RAF Wittering Families Day was the venue for the event aimed at forging closer links with the local community.

The Trust team were among more than a thousand visitors who toured stands showing the work of the station - from Harrier engine maintenance to bomb disposal.

Thrilling air displays, including the Red Arrows, also formed part of the day - which was hailed by MDHU organisers as a great success.

BELOW: Group Captain Ashley Stevenson OBE RAF, Station Commander RAF Wittering, with Trust chief executive Chris Banks and Wing Commander Debbie Petter-Bowyer RAF Wittering.

Photo courtesy of Mark Perryman, senior welfare officer, MDHU



PROFILE

Pulse catches up with consultant John Randall - who recently stepped into the role of Trust medical director.

Name: John M Randall

Job title and where based: Medical director - consultant in obstetrics and gynaecology.

Main duties and responsibilities:

The main duties and responsibilities of the medical director post is to provide professional leadership for the medical staff across the Trust, and take responsibility for the education, training and development of medical staff.

Also, to ensure that there is achievement and development of a clinically effective patient centred model of care and have direct involvement in the clinical governance agenda in partnership with the director of nursing.

The medical director is also an executive director of the Trust and has a role in corporate strategy, business planning, and operational goals.

Tell us a little bit about how you'll be approaching the post.

The role of the medical director will be very challenging and difficult decisions will no doubt have to be made.



I feel it is very important to have good communication with the medical staff and involvement of them within the Trust management structure. I am very much looking forward to building on the work that my predecessor, Alan Turner, has done. He will be a very difficult act to follow.

What are your main hobbies and interests?

Due to my busy work load both as a medical manager and consultant, I have very little time for hobbies and interests. The little time I do have available I like to spend with my family.

What is your most cherished possession and why?

They are not possessions, but the things which are most important to me personally are my wife and children because without their support and assistance I would not be where I am today.

Which three people would you invite to dinner and why?

Firstly, Nelson Mandela who would bring a very interesting perspective to dealing with difficulties.

Singer Morrissey - formally with the Smiths - who I feel were the most influential group of the 1980's and came from Manchester where I spent my student life. His lyrics and views on life were a detailed analysis of the time with wit and invention. Finally, Gandhi who is an archetypal leader and role model.

New facilities will make world of difference

YOUNG oncology patients are now benefiting from a £20,000 donation from Crowland

Cancer Care.

The group raised the cash to pay for a project to provide ensuite and other bathroom facilities for the Trust's Amazon ward - to add to the £50,000 pledged through capital spending.

The improvements, carried out following consultation with children and their families, are being done in three stages.

The parents' shower room is now complete, and work on the children's bathroom is ongoing.

The installation of special bath to help with lowering and lifting children out of the water - and an attached jacuzzi for young disabled patients - is due for completion shortly.

The final part of the project is to build the ensuite room attached to cubicle 5.

Matron Sue Hartley said: "We'd again like to thank Crowland Cancer Care for their generous donation. The new facilities have, and will continue to make a world of difference to our young oncology patients and their families.

"Special thanks must go to the estates team, particularly Steve Elgar and Colin Baker, for all their help, advice and co-ordination skills.

"Thanks also to Gabe and all his team at Maffit Construction for their fantastic workmanship, friendliness and patience with me - particularly since I keep changing my mind about colours and fittings!"



Alan's an unsung hero

WELL done to Alan Dye from the Edith Cavell Hospital's estate department on his recent unsung hero award.

Alan (pictured) was nominated by the surgical service unit and the service improvement team for co-ordinating all the ward configuration work at the day treatment centre and the surgical procedure room at ECH.

Directory is now complete

AS the Trust prepares for Choose and Book, work on collecting information for the 'directory of services' is now complete. The directory describes the services offered by each speciality within the Trust. It will support patient choice and assist GPs in the referral and booking of new outpatient appointments and any direct access services via the Choose and Book system. The information will be updated on an ongoing basis to reflect any changes of service or future developments.



The new facilities have, and will continue to make a world of difference to our young oncology patients and their families



RIGHT: Amazon ward receptionist Claire Squires checks out the new facilities

Triathlete Vicky takes on the world

“

I'm really looking forward to the challenge - and my aim is to come in the first 100 in my age group

”

TAKING on the world in Hawaii this month is RAF nursing officer Vicky Webb.

Superfit Vicky, based in the surgical assessment unit (3X) at the District Hospital, has qualified for a place in the prestigious World Triathlon Championships.

The 28-year-old came in the top five in her age group during British Triathlon Association qualifying heats earlier this year.

She is among 18 competitors in the 25-29 year old category to represent Great Britain at the event - which will involve a 1.5km swim in the sea, a 40km cycle ride and a 10km run in estimated temperatures of 80 degrees.

Vicky said: "I'm really looking forward to the challenge - and my aim is to come in the first 100 in my age group."

Her first triathlon was in 2001, while she was serving overseas in Cyprus.

Vicky trains six days a week - sometimes twice a day. Since her



ABOVE: Gearing up for her latest sporting challenge, RAF nursing officer Vicky Webb

posting to RAF Wittering in 2004 she has been a member of the local athletic club PACTRAC.

Hawaii is also the destination for sporty Sergeant Mat Stephenson - a regular triathlon competitor.

Last year, Mat - an operating department practitioner - took part in the World Long Course triathlon in Sweden, and this month joins Vicky in Hawaii for the world championships.

He will also be pitting his wits against the world's strongest for the Iron Man event one week later.

Awards for long service

THE Trust will be holding its own awards ceremony for staff and volunteers next month. A certificate presentation for long service and training awards will take place on 23 November. The staff recognition scheme will now take place in 2006.

Tackling fraud in the NHS

THE Trust is taking part in October's fraud awareness month - a national campaign to highlight the issue throughout NHS sites. The NHS Counter Fraud Service has compiled resource material which will be available to staff.

Pharmacist Sara's passion for music

AWAY from her work as principal pharmacist at Stamford Hospital, music-loving Sara Woolhouse takes on another leading role in her spare time.

Sara is the musical director of the Market Deeping-based choir, the Glebe Singers.

The choir has performed at a number of local venues, and Sara says the aim is for members (who range in age from 13 to 80+) to enjoy singing and bring choral music out into the community.

Music has always played a part in Sara's life. As an accomplished violinist, she spent five years as leader of



ABOVE: Sara Woolhouse takes her post as the Glebe Singers' musical director, centre.

Huntingdon and Peterborough Youth Orchestra, and was conductor of St Guthlac's Market Deeping church choir for 10 years

She told Pulse: "I'm a firm believer that singing is for everyone. When people say, 'I can't sing' it's usually because they haven't had the chance to try, and it is excellent that people can be given that chance, and begin to enjoy their music."

The Glebe Singers has a wide repertoire, reflecting a number of styles, ranging from John Rutter's Requiem to 'The Teddy Bears' Picnic' and 'Boogie-Woogie Bugle Boy' and just about everything else in between.

■ If you are interested contact Sara on ext 8221.