

Issue one 2005

# the **pulse** **NHS**

## **Hand washing**

Why putting your hands together could help save lives

## **Kick the habit**

Just how effective is National No Smoking Day

## **Warm welcome**

New induction programmes now in place for new staff

## **Art for art's sake**



The photographs brightening up our hospitals

## **Flexible working**

Helping staff get the right work-life balance

# First word

by Chris Banks  
Trust Chief Executive

Welcome to the new look Pulse. What started eight years ago as a staff newsheet has also become over time one of our main ways of communicating with staff and visitors.

As we near the end of our first year as an NHS Foundation Trust



we must also cater for 5,000 people who have become public members of

the Trust. With these changing communication needs in mind we felt that the 'tabloid' format of Pulse needed updating. Our aim with the new look Pulse is to continue with lots of staff news and photos supported by more features about the business of the Trust.

We think this is important because there are major changes and reforms taking place in the NHS which affect all of us; patients, public and staff, and we all need to understand their impact on our local health service. We are also able to produce more editions for less cost. I hope you enjoy this issue and we will be interested to hear your views so we can continue to improve.

02 the pulse - issue one 2005

7



17



16

19

## Inside this edition...

### 4 Kicking the habit

On one particular day each year around one million people try to give up smoking

### 5 Working lives

We focus on a plan to improve the working lives of all Trust employees

### 6 Letterbox

Patients and staff air their views on a range of subjects on our regular letters page

### 8 Wheels in motion

A Pulse special feature on the team that provides transport to patients around the region

### 14 Travel plan

A new plan to explore how we can improve the way we travel to and from work

### 18 Unsung hero

Meet the Trust's latest Unsung Hero - and just why she won this special honour

### 20 NHS: The future

Chief executive Chris Banks explores what lies ahead during the next five years

### 24 Seasick sailor

Meet the consultant taking on a nautical challenge even though he gets seasick!



ABOVE: Senior dietitian Maria Leveridge enjoys a lighter moment with staff, patients and Douglas Smallwood

# Diabetes charity chief sees pioneering work

THE Trust's nationally-acclaimed work in the area of diabetes was witnessed first hand by the chief executive of the charity Diabetes UK.

Its pioneering diabetes services won the praise of Douglas Smallwood - who visited the city to see good examples of diabetes care provision in action.

He spent the day in Peterborough, looking at the work of the community diabetes services as well as chatting to patients and hospital staff.

During his visit, Mr Smallwood was able to find out more about the pioneering services that have been developed recently in Peterborough, such as the diabetes care technician, advanced diabetes specialist nurse role, Asian outreach groups and the extended role diabetes nurse specialist (for which the service came runner up in the Health Service Journals awards 2004).

He said: "Diabetes care varies greatly across the UK and many people with diabetes are suffering because of that. In order to put that right we have to look to the beacons of good practice.

"The service in Peterborough is one of those examples. Education is a key part of diabetes care and the work that has

been done in reaching the local Asian community has been a real success story.

"New staff roles have also been developed and these are the sort of innovations,

focused on the needs and experiences of people with diabetes, that we need to see in operation all over the country."

Trust consultant Jonathan Roland said: "We are proud of the services we provide in Peterborough but we need to strive continuously to be forward thinking to respond to our patients' needs."



“  
What you are doing here is a beacon of good practice  
”

RIGHT: Patients Kevin Hampshire and Sophie Collins with Douglas Smallwood.

## Directors appointed

THE Trust has appointed three new non-executive directors to the board. They are:

Susan Grey (pictured) has 25 years international healthcare experience, working in health and social care in the UK and abroad in the private, public and voluntary sectors. She was previously director of strategy and modernisation at Bedfordshire and Luton Community NHS Trust.



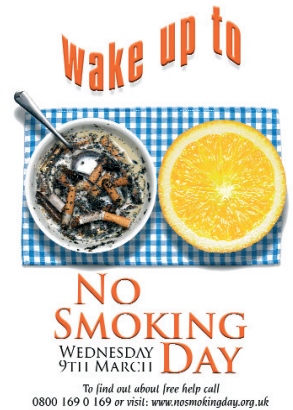
Keith Pearson recently moved to Peterborough and has a wealth of private sector experience in financial services. Keith (pictured) served five and a half years as a non-executive director and chair for South Somerset NHS Primary Care Trust. He is a magistrate in Peterborough.



Dr Sarah Raper is a qualified doctor. Following a career change she is commercial director for Catalyst Corby, leading on regeneration and growth of Corby.



LEFT: Claire Bowen (L) and Dee Bryant from the occupational health team - hammering home the No Smoking Day message



# Help is at hand to kick the habit

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Each year around one million people choose to give up smoking on this special day

If your new year's resolution to kick the habit ended before it really began - now there's another chance to stub out smoking once and for all.

Now in its 22nd year, National No Smoking Day is the biggest annual health awareness campaign in the UK.

Each year, around a million people choose this day to give up a habit which has implications not only on their health, but on their pocket!

This year's No Smoking Day is on Wednesday 9 March, and the Trust's own occupational health team - in conjunction with the primary care trusts - will be hammering home the message and offering support and information for those who want to kick the habit.

Displays will be held at the District, Edith Cavell and Stamford hospitals on the day - with a range of material and literature available on smoking and smoking-related issues.

Occupational health technician Dee Bryant is one of the organisers of this year's campaign.

She said: "No Smoking Day is a great opportunity to spur people who are already thinking about giving up into action.

"With so many people around the country wanting to do the same - the support network and motivation is already there.

"We are hoping that our own displays will provide people with enough information to make an informed choice about kicking the habit, not only for the day, but as a long term achievement."

## Pulse facts

- Seek support - the NHS No Smoking Line is 0800 169 0 169
- More than 13 people every hour die of a smoking related disease
- Someone smoking around 20 cigarettes a day will be around £1,500 a year better off if they give up.
- Within 48 hours of giving up nicotine is no longer detectable in the body.
- Cigarette smoke contains over 4,000 chemicals - including tar, cyanide and arsenic.

The Trust is working towards its improving working lives practice plus accreditation later this year. Individuals and departments are already benefiting from the flexible working policy. Pulse finds out more...

# Making work more flexible



**W**E'RE all aware of the phrase - 'it works both ways' - and it certainly does as far as the Trust's flexible working policy is concerned.

A simple request for off duty to a more complex working arrangement or even a career break, flexible working can offer staff and their hospital the best of both worlds.

And whilst the arrangements can mean less juggling between work and home for busy parents, it is certainly not limited to staff with young children or other family dependents.

Liz Phillips, assistant general manager - medical inpatients and improving working lives practice plus lead for flexible working, said: "Flexible working is not a new idea

within the NHS - we have been doing it for years. Working flexibly can be as simple as requesting off duty, or can be more complex such as term time only working. Flexible working is available to all staff at all levels, regardless of whether they have children or dependents.

"Whilst the Trust's service to patients must remain paramount it is hoped that by offering the opportunity for some flexibility in the way staff can work, it will assist in the recruitment and retention of staff, which in turn, will help the Trust to provide high quality continuity of care."

If you want to find out more, the Trust's flexible working policy can be found on the intranet under human resources - or talk to your manager.

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*Flexible working is available to all staff at all levels*  
”



Carla Moment



Theresa Tanner



Deborah Parsonage

## Here's what staff have to say...

**Pharmacy:** Flexible working has had a positive effect on patient care as it has enabled the department to recruit and retain staff. The arrangements include working from home, post sharing with primary care, career break and flexible working.

**Simon Temple:** Ward manager on 1Y at PDH Simon Temple adopted the flexible working approach on a temporary basis while living in Leicester. He condensed his hours into four days, thus reducing his weekly travel time and providing senior cover on the ward until 5pm. Having moved to the area, Simon now works five days.

**Ward 2Z:** Staff on ward 2Z reviewed their workload hour by hour, to determine peaks and troughs of time of patient care demands. They are looking to model their off duty around this, not only to support patient care, but to explore the potential for flexible working for staff.

**Carla Moment:** Medical secretary Carla Moment has

been able to adjust her working week to enable her to care for her mum after her father died in 2003. Carla now works her 37 hours in four and half days a week enabling her to support her mother. This works well for Carla and her colleagues.

**Theresa Tanner:** Travelling less miles to work, a reduction in fuel costs and getting involved in her local community - just some of the benefits the flexible working arrangements have made to nursing administrative secretary T Tanner's life! T works her 37 hour week over four days. After an initial period, T changed one of her days to better support the team.

**Deborah Parsonage:** With two children under five, transformation team project manager Deborah Parsonage has an improved home/work life balance under the flexible working policy. Based in the office from Mondays -Thursdays, she spends Fridays working from home which she feels improves productivity.

# the **pulse**

# letterbox

Pulse welcomes comments, views and letters from staff and patients - whether its a thank you, a question you would like an answer to or comments about the new style Pulse. Send to communications officer Pam McNicol at Edith Cavell or contact 01733 875201 and we will print as many extracts as possible.

## Thank you from grateful patients

**GU medicine:** Thank you all for the fantastic service you give - you are all very sensitive and non judgmental. You have all been wonderful.

**Intensive care unit:** The sole purpose of this letter is to express my unqualified gratitude. I do not think I have ever witnessed such professionalism, unflinching courtesy and compassionate care.

**Pathology:** Thank you for the support provided to me in the days immediately following our loved one's death. Your support and empathy was very much appreciated at such a difficult time.



**Endoscopy:** I was a little nervous about the procedure, but I had no need to worry. Thank you for your kindness and attention.

## Patient choice

The Trust has also received some positive feedback from patients from outside the area who had their treatment at Peterborough under the

government's patient choice policy:

**Orthopaedics:** I was amazed at the nursing staff who spent so much valuable time re-assuring me during an anxious time. I have asked if it is possible to have all further treatment at Peterborough.

**Gynaecology:** An excellent hospital, very friendly and kind, a pleasurable stay

**Ear, nose and throat:** Despite an initial problem over admission, staff went out of their way to resolve the problem and keep me updated, including the surgeon. The treatment was excellent and overall a good experience.

## Staff orientation questions answered

### What is the Trust doing to increase security?

During 2004 £200,000 has been spent on upgrading security at the Trust. A security forum followed up on staff ideas to improve security across all hospitals. The money was allocated to the following schemes:

- £80,000 for upgrading CCTV systems
- £56,000 for audiovisual door entry systems and secure shutters
- £56,000 for access controlled systems (including for the maternity unit's swipe card system)
- £8,000 for a staff ID security system

### What childcare arrangements does the Trust provide?

We have a childcare and carers adviser, Ceri Wilson, who is able to give advice, guidance and information to parents and carers. You can contact Ceri on ext 4135.

### Why can't a 'staff only' till be introduced in the restaurants at peak times?

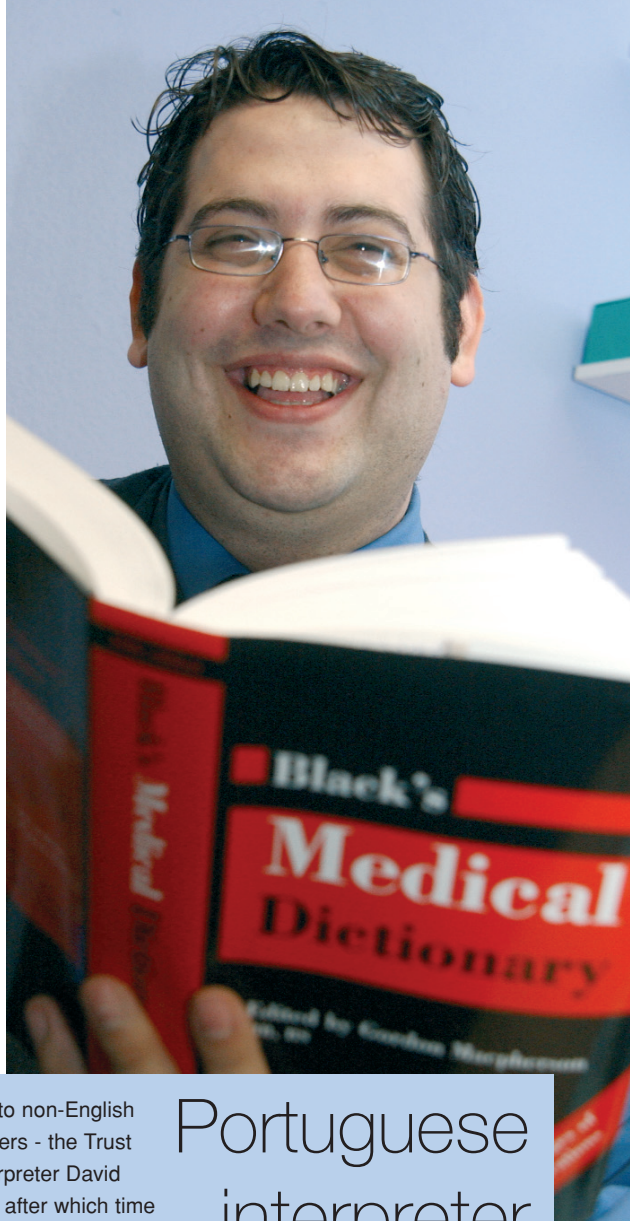
This suggestion was trialled a year ago but was found to lead to longer delays



for staff. However, there are signs in the restaurants asking visitors to allow staff to go to the front of the queue.

Whatever your nationality - Peterborough and Stamford hospitals are now talking your language! Pulse finds out more...

# Now you're speaking my language



*RIGHT: Trust Portuguese interpreter David Mano*

**T**HIS month has seen the launch of a new initiative to benefit patients and their carers who speak little or no English.

The Trust has teamed up with Language Line to offer an improved service. It offers over 150 languages and re-affirms the Trust's commitment to provide access to services for everyone who lives, works or visits Peterborough and Stamford, no matter what language they speak.

Language Line will also translate documents into practically any language and any format, including audio as well as printed materials.

Lesley Crosby, assistant director - patient and public experience for the Trust said: "Treating patients who speak a language other than English is now a daily occurrence. Trust staff can use Language Line's skilled over-the-phone interpreters, day and night, as well as being able to book a face-to-face

CONTINUING its commitment to non-English speaking patients and their carers - the Trust has appointed Portuguese interpreter David Mano, initially for three months after which time the post will be reviewed.

The post has been funded with money from Peterborough City Council and the Greater Peterborough Primary Care Partnership, under the government's 'invest to save' scheme.

In the first two weeks alone, David had 56 appointments where a Portuguese interpreter was requested. His work has already proved invaluable, according to consultant anaesthetist Phil Hunt: "David was extremely helpful recently when we had a critically ill patient with Portuguese speaking relatives. His services were greatly appreciated by the ICU staff."

David is available on Mondays to Fridays between 8.30am and 5pm, and can be contacted on ext 4728.

## Portuguese interpreter kept busy

interpreter.

"This will be an important feature in ensuring we offer equality of service to everyone within our communities, irrespective of language and culture, whilst gaining the very best value for money for the Trust". All services are accessed through a single number 0845 3109900.

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*Treating patients who speak a language other than English is now a daily occurrence*

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*BELOW: One of the 12 ambulances used by the service*



During the past 12 months, over 56,000 people have benefited from the Trust's patient transport service - which provides a crucial link between patients and the hospital care they require. Pulse takes a look at this essential service and its important role to local healthcare

# Keeping the wheels turning

**M**EETING the needs of tens of thousands of people in greater Peterborough is the patient transport service (PTS).

It provides a seven-day-a-week facility for those whose journey to and from hospital would otherwise be impossible.

From escorting an elderly patient home following an outpatient appointment or collecting someone from their own home to bring them into hospital, the work of the PTS is invaluable.

The service's fleet of 12 equipped ambulances - each with two crew members - carry out more than 5,000 journeys a month.

But far from being a taxi service or dial-a-ride facility, the service is dedicated to patients who would otherwise not be able to travel to Peterborough or Stamford hospitals for clinic or other appointments.

## Contacts

- Ambulance control room  
Tel 875605
- ECH transport office  
Tel 875144
- PDH transport office  
Tel 874334.





ABOVE: Peterborough patient transport service customer services manager Lisa McCauley



ABOVE: Ambulance transport assistants Vicky Palmer (L) and Odette Ewing check the equipment

**T**RUST business manager Paul Denton said: "This is an excellent service, which is equally essential to the patients who require transport to and from the hospital, and to the staff who need to be able to deal effectively with the flow of people coming in and out of their departments."

The control room at the ambulance station, based at Edith Cavell Hospital is the hub of the service, where staff book patient journeys following referral from their GP or the hospital itself.

Although these are planned journeys which are booked in advance, the service is also required to carry out on-the-day requests.

Paul added: "This service is invaluable, particularly to those patients who have no other means of getting to hospital. I'd like to thank staff for their continued support and recognition of this service."

The Trust awarded the £1million PTS contract to the East Anglian Ambulance Service at the end of last year - and has

recently developed the service in Stamford.

Lisa McCauley, Peterborough's PTS customer services manager, said: "Our crews are dedicated to the job, receiving comprehensive training which includes first aid, health and safety, oxygen therapy and manual handling.

"The service also carries defibrillators on

board the vehicles providing immediate response to assist the 999 ambulance service.

"While we may not have the flashing blue lights associated with the A&E ambulances, our role within the community is on an equal - albeit more muted footing."

Paul added: "To enable the service to run smoothly and effectively, our staff must let PTS staff know if they are aware of a

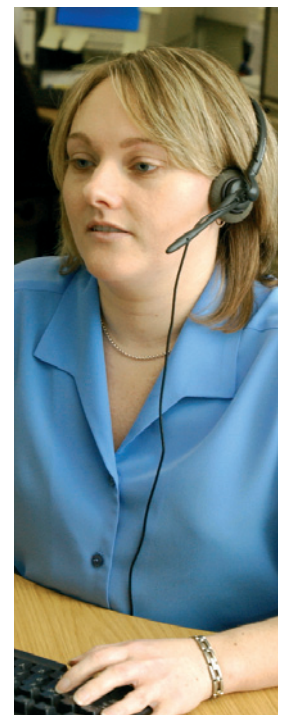
cancelled appointment.

"In the same way as patients who 'do not attend' appointments cost the hospital money, a wasted ambulance journey or inappropriate use of the service means wasted resources and denies another patient the service."

### Pulse facts

- The patient transport service (PTS) employs 40 ambulance crew
- The Edith Cavell Hospital control room is the hub
- Patients are medically assessed and must meet criteria which proves they have no other means of transport.
- The PTS is an arm of the East Anglian Ambulance Trust, along with their 999 service.
- The PTS has around 40 volunteer drivers, who use their own cars to take patients from home into hospital.
- 56,328 patients used the service last year, accompanied by 11,000 escorts.

BELOW: The hub of the service - Lindsey Read in the control room at Edith Cavell Hospital





## A proud day for Monica

RECOGNISED for her many years of dedication to patients and held up by colleagues as a shining example to nursing, Monica Moore has earned a Pride In Peterborough award.

Ward 11 nurse Monica, who began her career with Peterborough hospitals in 1968, collected her award at a special winners ceremony hosted by the Peterborough Evening Telegraph.

Monica received the NHS unsung hero award.

Based in the ear, nose and throat department at Edith Cavell Hospital, Monica takes a lead role in caring for patients suffering from head and neck cancer - and is renowned for sharing her expertise of throat and voicebox care with students, new staff and medical colleagues.

*LEFT: Pride in Peterborough award winner Monica Moore with colleagues housekeeper Dee Knight (L) and staff nurse Anlyn Asis.*

# A warm welcome for the Trust's new arrivals

**S**TARTING a new job can be fraught with uncertainty and anxiety. The Trust's new induction and orientation package aims to dispel these worries and make life easier for new recruits from day one.

Two new programmes called 'Welcome to our trust' and 'Putting NHS values into practice' have been developed.

"Feedback has been really positive, with people making comments such as 'it was inspiring' and 'it told me lots about the NHS that I did not know'," said Derek Furze, assistant director for learning and development.

"On balance, for a mandatory programme, the feedback is remarkably good, and the impression is that the programme is reinforcing important and positive values about working within the NHS in an engaging way."

The good news continues - this new approach has led to a time saving of about 40 per cent,

which translates into about £70,000 over the year in terms of staff time.

Not only this, the programmes are modelled around the NHS knowledge and skills framework

### Pulse facts

- 500-600 new recruits undergo induction every year
- The programme focuses on three specific areas - introducing today's NHS, your organisation and you, and ensuring safety for you and others.
- Infection control awareness is a key topic.
- Other important issues include clinical governance, customer care, handling complaints and improving provision for people with a disability.

and so are designed to launch an individual's career development while at Peterborough and Stamford.

"We want staff to be achieving learning outcomes from day one that support their ongoing development. They will be learning their way into the organisational life of the Trust," Derek added.



*ABOVE: Derek Furze, assistant director for learning and development*

# Quite an arrival

A NEW £400,000 CT scanner suite has been installed at the District Hospital - after making a brief impact on the city centre skyline!

The new facility, which will house state-of-the-art scanning equipment - was lifted into position by a 500 tonne crane, which at 84 metres high was almost three times as tall as the building. The arrival of the seven modular buildings meant not only some very long hours for project manager Edward Payne and his team, but that Alderman's Drive was partially closed for the day.

Thanks to Edward for the photo. Pulse looks at the impact the new equipment will have on the service in the next issue.



## In brief...

### Patient surveys:

Initial results for the Trust's two latest patient surveys for outpatients and A&E shows we have improved greatly since the last surveys two years ago.

In fact, the Trust has improved so much that in many areas we are in the top 20 per cent of trusts in the country.

Lesley Crosby, assistant director - patient and public experience, said: "Congratulations go to all the staff in both of these areas and across the Trust as this improvement is directly attributable to the care and treatment given to patients. This is also welcome news as the Healthcare Commission takes these results in to account in their star ratings for trusts. For more information contact Lesley on ext 4040.



# Q: Are we a 'very good' Trust?

*'The present system means that resources go to a few priorities, and other services that are very important to patients get neglected - it's as though a producer in the food industry said 'let's just concentrate on our soup brands and not bother too much about the puddings'. It would lose business pretty quickly'...*

**T**HIS is one patient's comment on the present healthcare system and is one of literally thousands of responses gathered by the Healthcare Commission, currently producing a new method of assessment of hospital trusts and other healthcare organisations.

The new assessment procedure will go live in 2006 and replace the existing star rating system. Exact details of how it will work, how it will assess trust performance and standards, and whether it will be linked to financial rewards, have yet to be finalised.

What is clear is that its main principles are to encourage organisations to place more emphasis on quality - not just performance and activity.

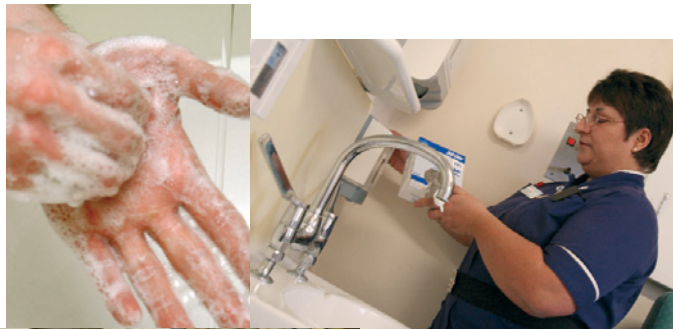
Seven core standards will be

set covering safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, environment and amenities, and public health.

In September this year all health organisations, including this trust, will need to declare compliance with the core standards, or if they are at risk of not complying, the focus then turns to a series of developmental standards - details are still to be announced by the Commission.

"Instead of a star status we will be judged on a scale of 'very good', 'good', 'satisfactory', 'unsatisfactory' or 'serious concerns'," explained Jane Parker, assistant director of clinical standards.

The last star rating, based upon targets achieved for 2004/05, will be announced in July.



They say that prevention is better than cure - and with a new national campaign aimed at reducing the infection rates among patients in hospital, its message is simple but effective....

# Putting your hands together



*This is a simple, practical yet highly effective way of further reducing risk of infection*



**T**HE Trust is taking part in a nationwide campaign to promote good hand hygiene among staff.

The introduction of the clean your hands campaign follows research by the National Patient Safety Agency (NPSA) - which looks at ways to minimise the risk of patients contracting infections - like MRSA and Norwalk (winter vomiting).

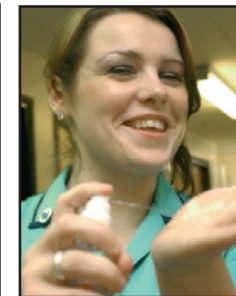
A pilot study by the agency revealed that practical changes such as providing an alcohol hand rub at each patient's bedside can treble the amount of hand cleaning carried out by hospital staff.

Peterborough and Stamford hospitals are using the campaign

materials designed by the NPSA, posters are being displayed on wards to remind staff to use the hand rub, and the patients themselves are being actively encouraged to ask staff if they have cleaned their hands.

Trust director of nursing, Chris Wilkinson said: "We are delighted to be part of this campaign, and are working with the patients' forum and staff from across the Trust to implement it in all wards.

"We have a very good infection control record at the Trust, but with prevention being better than cure - this simple, practical yet highly effective way of further reducing risk is being welcomed across our hospitals."



Martin Sutcliffe - consultant orthopaedic surgeon  
"The whole orthopaedic department is tremendously keen to prevent cross infection. One of the simplest ways of

## What staff have to say...

Cheryl Jones - clinical educator for surgery  
HELPING to champion the cause of the campaign is clinical educator for surgery, Cheryl Jones. She is one of the 'cleaning champions' from around the Trust, whose role is critical to the success of the clean your hands campaign. She said: "A recent study found that nurses, junior doctors and medical students tend to follow the example of senior staff with respect to hand cleaning. Each member of staff can exert a very powerful influence on their colleagues."

Donna Mizell - matron, medicine for the elderly  
Launched last October, the Department of Health's matrons charter is an action plan to improve cleaning in hospitals. Donna Mizell said: "We will be encouraging staff to wear the clean your hands badges and stickers, to demonstrate to patients we take hand washing seriously. "We will also be encouraging visitors to take an active part in the campaign and encouraging them to wash their hands using the alcohol gels provided at the entrances to every ward and department.

achieving this is for everybody to wash their hands after each patient contact. If staff are looking at or treating a recent surgical wound, hands should be washed before and after. And doctors should be cleaning their stethoscope regularly as recent research has shown this can become contaminated."

Lynn Franklin - infection control nurse  
The infection control nurses work closely with staff across the Trust to prevent and control infection. This campaign gives an excellent structure to reinforce the key messages around hand hygiene. We are working closely with matrons and nurses to monitor improvements related to the campaign.

LEFT: Healthcare assistant Dorinda Richardson cleans her hands.



A new study reveals that 75 per cent of people whose job is city centre based travel to work by car. Peterborough City Council is working with employers to promote alternative modes of transport to help stop this number rising. With its own major issue of car parking congestion, the Trust is looking to develop a hospital travel choice plan...

# Opening up travel plan options

**S**TAFF surveys, patient comments, fire service complaints and general feedback all highlight hospital car parking congestion as a major issue.

With the majority of staff, patients and visitors travelling to the hospitals by car - the Trust is aware of the impact on its limited parking spaces. It is hoping to win the war on parking through its own travel choice plan. With the support of the city council a group of representatives from across the Trust are working towards its development and introduction.

The aim of the Trust's travel choice group is to reduce car parking congestion by:

- Providing information and support on travel choices to all hospital sites
- Promoting other transport - including cycling, car sharing or walking
- Offering travel options to patients, staff and visitors
- Reviewing car parking charges

Trust facilities general manager Gerry McIntyre said: "We are aware that car parking is a major issue for hospital staff, patients and visitors. Through the travel choice group, which has other healthcare representatives on it, our aim is to ease the problem through a variety of options.

"Some initial proposals from the group have been presented to the trust executive, and these will now be put together for a staff and public foundation trust members consultation."

*LEFT: Cycling promotes the feel good factor for pharmacy's Paul Deasy*



LEFT: Car sharing colleagues Sam Irons (left) and Heather Wiltshire



RIGHT: Mark Roberts, surgery's assistant general manager - performance saves money and time by using his motorbike

# How some staff travel to work

## Paul Deasy, principal pharmacist ECH

Paul Deasy has been cycling the nine miles to work from his home in Deeping St James for the past 17 years.

Drawing on the feel good factor, wanting to keep fit, environmental concern and freedom from parking problems are just some of the reasons for Paul's pedal power come rain or shine.

He said: "I carry a change of clothes and have a shower when I arrive at ECH, which leaves me feeling well set up for the day at work. I would recommend it to anyone - but be safe, be visible, and wear a helmet."

## Judy James, pharmacy

A non-driver, Judy has spent the last 16 years travelling to work at PDH and ECH by bus. She now knows the timetables from her home in Fletton like the back of her hand. She catches the bus at around 7.25am, and the journey can take between half an hour and an hour depending on which site she is working at.

## Dr Sam Smith, anaesthetic services co-ordinator

Sam lets the train take the strain these days - a journey which takes around 17 minutes from his home in Stamford to Peterborough. He then

collects his bike from PDH to cycle over to his base at ECH. The train journey has halved Sam's previous 35 minute bus ride from home to work.

## Heather Wiltshire, woman & child service unit

Using less petrol, feeling less stressed on arriving at work, and only taking up one valuable parking space - the benefits of car sharing, according to Heather Wiltshire. Heather has been successfully car sharing with maternity unit colleague Sam Irons for the past few months, after moving 35 miles out of the Peterborough area. They car share four days a week and recommend it to other members of staff.

### Fact:

According to the 2001 Census - over 48,000 16-74 year olds in Peterborough used their car to get to work - compared with 6,439 who used public transport.

## Mark Roberts, surgery's assistant general manager - performance

Kinder to the environment, cheaper to run and a real traffic beater on a busy day! Mark has been a familiar sight - between sites - on his motorbike for some time.

"All round it is cheaper to run," he said. "With the car I had £120 per year parking and higher petrol usage. The bike is environmentally friendly, more fun, quicker through traffic and no-one ever asks for a lift more than once!"



ABOVE: Bus user Judy James has used this mode of transport for the past 16 years to get to and from work

■ How do you and your colleagues beat the car parking congestion at your hospital? Pulse would like to hear from you.

*RIGHT: Messing about on the river - a narrowboat on the Nene by Dave Porter*



*ABOVE: Easy does it - Pete Lawrence's photo entitled Under the Bridge captures the excitement of the Burghley Horse Trials.*



*LEFT: A familiar sight at the Nene Valley Railway - Thomas the Tank Engine snapped by David Goode.*

# Art for art's sake...

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*Local images take pride of place around the maternity unit*

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**K**EEPING patients in the picture - the maternity unit is the first area of the Trust to benefit from the Art in Hospital project.

Using some of the £3,000 raised at last summer's Dragonboat Festival organised by Gable Events - a total of 22 larger than life prints depicting local scenes have taken pride of place on walls around the unit.

The photos were taken by members of the Deepings Camera Club and Peterborough Photographic Society.

Further funds in the Art for Hospital kitty - which currently stands at £1,906 - are to be spent on additional art elsewhere around the Trust - with the Edith Cavell Hospital next in line to receive pictures.



*ABOVE: Maternity unit receptionist Geraldine Ward (L) and maternity support worker Susan Marshall admire one of the pieces of art*

# With a little help from our Friends

RIGHT: A&E sister Maggie Sayer with the special baby scales - bought thanks to the Friends



THE A&E department is among a number of areas to benefit from the latest round of donations by the Friends of Peterborough Hospitals.

One of the items is a set of special baby scales to be used in the paediatric area of the department for weighing toddlers and young children - to ensure they are prescribed the correct medication for their weight.

Previously, a set of scales in the 'walking wounded' area were used for this.

The new scales will mean young patients can stay in the paediatric area when admitted and staff have the relevant equipment to hand.

Other projects being supported by the Friends include:

- Two electric wheelchairs for the stroke unit - £1,000
- Computerised assessment equipment and other items for therapy services - £6,759
- Specialist paediatric trolley for A&E - £1,768
- Forty chairs for A&E - £1,320
- Sixty special 'do no disturb' tabards for nurses to wear during drug rounds - £600.

Meanwhile, the Friends of Stamford Hospital have made a series of donations, totalling £14,000.

This has included funding for the multi-faith room, mortuary and a visual field analyser for ophthalmology. This analyser measures a patient's field of vision, and will be used in the ophthalmic clinic at Stamford Hospital.

“

*Young patients can now stay in the paediatric area when admitted to A&E*

”

## Think Clean Day

THE Trust is taking part in national Think Clean Day on February 28 - a Department of Health initiative to work towards cleaner hospitals and lower infection rates.

The Trust is participating in a number of promotional activities, and key hospital staff including matrons, ward managers and infection control nurses are working in partnership with members of the patient and public involvement forum. Activities include surveying wards using a standard form designed by the infection control nursing association that looks at the patient care environment.



Trust director of nursing, Chris Wilkinson (pictured) said: "This is a great opportunity to raise the profile and importance of cleaning within the hospital environment."

The results of the survey will identify issues that can be addressed immediately and other that will require planning over a longer time period.





**Pharmacy hero**

CONGRATULATIONS to pharmacy technician education, Jayne Gann - the first unsung hero to be featured in the new-look Pulse. Jayne was nominated for the award by her colleagues, in recognition of her work within the department and commitment to the student pharmacy technicians in the run up to their exams - sometimes putting their needs before her own family. One nomination read: "It is a credit to her hard work and determination that the department is such a success in a busy time when there are staff shortages."

**In brief...**

**Vicky's role:** Vicky Birchall has taken up the role of infection control nurse educator for critical care. Vicky's remit is to look at all infection control measures within critical care, to develop working relationships with microbiology and the Trust's infection team, as well as working with all other infection control educators within the critical care network. Vicky is based on ITU at PDH.

**Training:** There are still several dates available for the level 2 child protection training. They are 31 March, 14 April, 29 April and 17 May. To book your place, call Rita Mease on ext 4910.

# Night service

## for high dependency patients

“  
*Our aim is to support both nursing and medical staff in caring for patients*  
 ”

**F**OLLOWING the closure of the high dependency unit at Edith Cavell Hospital just before Christmas, patients can now benefit from out-of-hours care provided by a team of nurse practitioners.

One of the nurse practitioners is Jacqueline Davis. She told Pulse: "We will work in conjunction with the multidisciplinary team at the Edith Cavell Hospital during out-of-hours and weekend periods. We aim to support and advise on the delivery of high quality patient care and to help facilitate the ongoing development of staff and services."

She added: "The shift starts with a multidisciplinary handover with the senior house officer for surgery

and the on call anaesthetist. The nurse practitioner then visits wards paying particular attention to patients who have had major surgery that day, patients whose condition is poor or deteriorating and patients they have concerns about.

"We will then assess the patient's condition as often as required throughout the night, altering medical staff when assistance is required or if transfer across to the District Hospital is necessary for further critical care."

Anyone requiring to contact the nurse practitioner can do so on bleep 1522 or via email.



Everything is SHIP shape

THE clinical strategy element of the Stamford Hospital Investment Partnership (SHIP) - a major initiative to transform patient service in Stamford over the next decade - is now complete.

This part of the project looks at the facilities and the buildings the hospital currently has, and the infrastructure required to deliver the clinical strategy.



The outline case for a proposed elective treatment centre is expected to be presented to trust board of directors, the board of governors and its commissioners in the spring - following a master planning session at the start of the year by the project team.

Stamford Hospital manager Paula Gorst (pictured above) and other members of the team also plan to visit Hertford County Hospital which has gone through a similar transformation to the one being championed by the project.



Stamford Hospital

# Lessons learned to improve winter planning

“

*Whilst there were some lessons to be learned during this time, our staff coped extremely well and they were incredibly flexible in their working arrangements in what was a difficult time*

”

STAFF across the Trust have been praised for their hard work and commitment during the busy Christmas and New Year periods of the winter.

With the beds at Thorpe Ward having been re-distributed in the community, ward 1X served as the 'overflow' for medicine and surgery - as well as being the base for the deep vein thrombosis service.

Theatre lists were consolidated to allow staff the flexibility to work elsewhere in the Trust, and with fewer patients than normal at Stamford Hospital during this time - staff from there were able to help on Peterborough wards.

However, a seasonal outbreak of the diarrhoea and vomiting bug meant that some discharges were delayed.

General manager - medical, Joan Tiplady explained: "Some of these patients were incredibly ill and therefore their length of stay had to be extended.

"Our ability to predict was a problem area, and our four-hour patient journey targets in A&E over the new year were not met - largely due to an increase in emergency admissions and the level of sickness.

"Whilst there were some lessons to be learned during this time, our staff coped extremely well and they were incredibly flexible in their working arrangements in what was a difficult time."



# 'The next five years: my view of the NHS'

- by Chief Executive Chris Banks

**Q: What is going to happen over the next five years?**

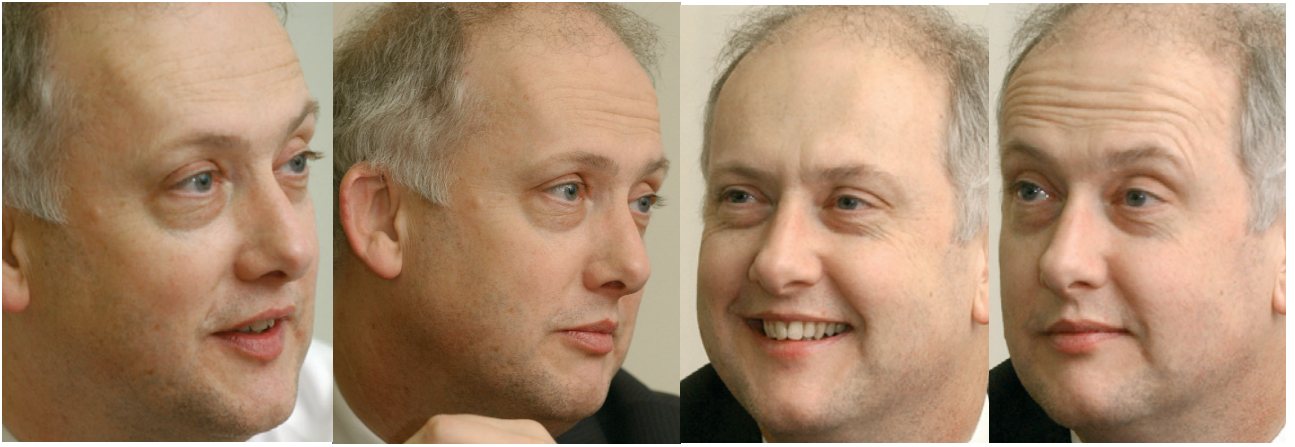
A: No one has a crystal ball but we do know that the Greater Peterborough area is set for expansion which will mean a significant increase in the population. People are living longer and will need more care in their older age. Technology and advances in medicine and drugs also mean we will be able to do more for patients than we could in the past.

**Q: Does this mean the hospitals will be busier?**

A: It probably means we will be busier for some things, like maternity services, paediatrics, medicine for the elderly and any services linked to diseases of the elderly such as cancer and palliative care, joint replacements, cataract removals and so on. However, there are new government policies coming in that may take work away from the Trust.

**Q: What are these policies and what work will go?**

A: GPs in primary care are being given incentives to treat patients in the community where it is safe to do so, and not to send them to hospital. Also from 1 January 2006 patients needing hospital care will be given a choice of hospitals by their GPs. This choice must include at least one private sector hospital. The government is increasing the amount of private sector facilities available to NHS patients, and up to 15 per cent of NHS budgets for scheduled operations will be spent in the private sector. So some patients may choose to be treated elsewhere, which might reduce some of our workload.



“ ...like any business we want to grow and flourish so we will aim to provide a full range of high quality services that people want to use in preference to anywhere else ”

**Q: We are often really busy, so if we are going to be even busier will this new choice policy help make work more manageable?**

A: It is hard to say because we do not know what patients will choose to do. Another policy that will affect us is known as 'payment by results' which already applies to foundation trusts like us. Under this policy we get paid a standard price per spell of care we provide to a patient. If patients choose not to come here, the money does not come either.

**Q: Does that mean we might not be able to afford some services if the patients choose not to come to us?**

A: That is one possibility, in which case we would need to reorganise our services, increasing investment in some and reducing investment in others according to demand. However like any business we want to grow and flourish so we will aim to provide a full range of high quality services that people want to use in preference to anywhere else.

**Q: How will patients choose their hospital?**

A: If their GP needs to refer them to a specialist, they will give them details of up to five providers. All the details eventually will be held on a computer. The national programme for information technology is a plan for massive investment in computer technology that will ultimately enable patients to book their clinic appointments and operations from their GP's surgery, a little like we use travel agents to book holidays.

**Q: But how will patients make their choice?**

A: There is some debate about this and about whether patients are as concerned about the hospital as they are

about their overall treatment, particularly for those with chronic long-term conditions. However, assuming they do want to choose a particular hospital it seems likely they will make their choice based on a number of factors such as: waiting time; ease of getting to it, how far away it is, convenient time of appointment; reputation of the hospital for cleanliness and infections, food service, reputation and results of the specialists.

**Q: What does this mean for our new hospital plans?**

A: It is impossible to say precisely how our hospital will be being used in ten years time. With that in mind we have made the best estimate on the basis of what we know now. We have designed as much flexibility into it as we can so that if our current assumptions turn out to be slightly wrong, we still have first class facilities that can be adapted for their new requirements.

**Q: What do you think will happen over the next five years?**

A: There will be huge change in the way healthcare is provided. We will see more demand for some hospital services but may see less for others and will only be paid for the treatments we provide. There will be some market competition in the NHS. As a foundation trust, we need to change some of our policies and processes so that as an organisation we can adapt very quickly to new demands. If we do this we will be in a position not only to overcome the undoubted challenges we will face, but we will be poised to take advantage of some tremendous opportunities that will be open to us too. And of course, in about five years time we should be opening our state of the art new hospital.

## In brief...

**MAJAX:** The Trust's major incident plan would work effectively in the event of a major incident in the city. During a recent exercise, the control team was in place within 35 minutes, the majority of departments responded quickly and all patients were triaged correctly. However, there is still room for improvement and a communication exercise is planned for March.

For more information on the results, contact A&E lead nurse Celia Kendrick on ext 4168.

**Plan bid:** The preferred bidder for the Greater Peterborough Health Investment Plan is due to be announced next month. The submissions by Progress Health and MediCo are currently being evaluated by the project team, design user groups and project advisors.

**Governor:** City councillor John Holdich has replaced Mike Burton as a partner governor on the Trust's board of governors as a result of the last local elections.



## PROFILE

Away from her role within the Trust - Joanna Cook switches from payroll projects to cases of law and order. Pulse catches up with the assistant director on the bench...



**Name:** Joanna Cook

**Job title and where based:** Assistant director of HR (Agenda for Change/payroll) based in the learning and development centre, maternity unit.

**Main duties/responsibilities:**

I'm management lead for the Agenda for Change pay modernisation project, this currently takes up most of my working time as it is a very large national project for NHS staff, designed to harmonise pay and terms and conditions for all. I also act as lead for the Trust in respect of our payroll service.

**We hear you're a magistrate in your 'spare time' - tell us about that?**

I have always been interested in the law and in the UK judicial system. The role of the magistrates court is a very important one as the majority of criminal cases are heard either

entirely, or initially within this kind of court. Though the experience of observing these courts in session I was struck by the variety of different cases they deal with, including the family and youth courts which - as the mother of an eight-year-old - hold particular interest for me.

Following an initial introductory course, the training to become a magistrate takes place mainly 'on the job'.

**Have you always been interested in the legal system - and would this have been an alternative career if you weren't in health ?**

I have, one reservation I would have about being involved with this as a career is that some of the more disturbing and sad cases often play on my mind for a day or so afterwards. It is good to be able to be involved as a magistrate and make a contribution to society in that way, but my work in human resources is still very important to me from the perspective of my career.



# Careers campaign

## Trust staff invited to take part in national NHS initiative

“

*It was a great opportunity to meet so many people from different walks of NHS life*

”

In the spotlight to promote a national NHS careers campaign were the Trust's own David Harding and Ed Didsbury.

Maternity unit receptionist David and biomedical scientist Ed were selected as two of just 26 NHS employees nationwide to help launch the campaign in the Westminster area of London earlier this month.

David, Ed and the other participants all have a job which represents one of the 26 letters of the alphabet - the A-Z of NHS careers.

David, who was nominated to participate in the campaign by the Trust's recruitment team, took on the role of 'W' for his work within wards.

He said: "It was a very interesting day, and a great opportunity to meet so many people from different walks of NHS life." Ed took on the letter 'B' to represent biomedical sciences.

The London launch, which was attended by health minister John Hutton, set the scene for a television and media campaign which is running until mid-March. The aim is to celebrate all the current staff in over 300 jobs within today's NHS - as well as being on track to receive the one millionth enquiry from a member of the public considering either joining or returning to the NHS team!



ABOVE: Maternity unit receptionist David Harding



ABOVE: Trust biomedical scientist Ed Didsbury

### In brief...

#### Agenda for Change for

**Change:** All staff should have now received a copy of the Agenda for Change booklet, following the project going live in December 2004. In-house training is now being offered to staff across the Trust who would like to sit on various job evaluating panels. For more information, log onto the Agenda for Change intranet website or contact the team on ext 8781/2/3.

#### Paul's role:

Paul Denton has been appointed as deputy general manager for clinical and life support services. He will be supporting general manager Di Sheppard and will start his new duties on 4 April 2005.

#### Do not attend campaign:

The Ministry of Defence hospital unit is playing its part in trying to reduce the number of military patients who do not attend appointments. Specially-designed posters have been produced and are being distributed around its medical centres.

# Sea-sick sailor James takes Tall Ship challenge

DESPITE being prone to sea sickness, it will still be a case of 'ship ahoy!' for trust surgeon-turned-sailor James Robertson next month.

James, a maxillofacial surgeon, has been selected to take part in a fund raising challenge - to raise cash for a project to help children with speech problems.

As part of its centenary celebrations, the University of Sheffield has chartered the 'Tall Ship Stavros Niarchos' for a seven day voyage at the end of March.

It will start and finish in Palma, Majorca, and the ship will be crewed by students, academic staff and graduates under professional supervision.

If you'd like to sponsor James, donations can be sent to him in the oral and maxillo facial surgery department in Sutton Wing at PDH. Pulse hopes to catch up with James in a future issue.



“ I do get sea sick and I hate heights, but am looking forward to the challenge to aid this important cause ”

## All tied up for charity

WELL done to the colorectal team who raised £400 for the Trust's 'beating bowel cancer fund'.

Staff took part in Loud Tie Week, by donning their lairiest tie and running a tombola.

Pictured are (left to right) Angeline Boaden, Gaynor O'Sullivan and Kath Hamlet.



## In brief...

### Thank you:

Fundraisers Indra and Bandula Chandraratna would like to thank all those staff who have helped to collect supplies for the tsunami appeal in Sri Lanka.

Well done also to Ross Affleck from Stamford Hospital who has been organising collections for the appeal and has so far raised over £600.

**Governors:** The next meeting of the board of governors will be held on 1 April in the conference room at Edith Cavell Hospital at 2pm. All welcome.

**Training:** The breast cancer team at ECH is to undergo sentinel node biopsy training (a minimally invasive surgery procedure) - thanks to £6,270 funding from the Peterborough Cancer Treatment Appeal.

**Thanks:** Thanks to Ramsey Round Table for their generosity in raising £1,000 to pay for the refurbishment of the quiet room on ward 2Y.

### Story appeal:

If you have a news item or story for Pulse, don't be shy - contact communications officer Pam McNicol on 875201.