

Issue eight 2007

NHS

# the pulse

## Emergency alert

Majax exercise helps  
Trust prepare for a  
major incident

## The battle against prostate cancer

New initiative  
focuses on  
men's health

## Running for love

Trust staff step  
out in memory of  
others

# First word

by Alan Turner  
Interim Chief Executive

Welcome to the first edition of Pulse for 2007.

It is a New Year and there are lots of new and exciting things happening at the Trust.

I'm sure everyone has heard already that Nik Patten has been appointed as Chief Executive and is due to start on 26 February.



In the meantime I will be leading the Trust and, despite having been back in the hot seat for only a few weeks, I

am already very impressed by the great work I have seen in and around our hospitals.

Work on the Fit for the Future programme and the 18-week target is progressing well and the Operational & Management and the Administration and Clerical reviews are continuing apace. We should start to see the benefits from these extensive projects soon.

Although we are seeing a continuing slowdown of commissioning activity, our finances continue to fare very well against our target for this financial year which is excellent news.

Finally, before the next edition of Pulse is published, we will have hopefully received all the necessary approvals for the new hospital to be built.

We are very close now and I hope you will all join me in keeping your fingers firmly crossed!

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# Teddies, teddies everywhere...

I JUST wanna be your teddy bear! Hospital volunteer Brian Kingston is bringing Peterborough Freemason's own brand of TLC to young hospital patients, through a scheme which supports children through the distribution of cuddly teddy bears.

When he is not working as a ward visitor on 5X or a chapel volunteer, retired accountant Brian takes on a new role - that of Chief Teddy Boy for the local Freemasons! Brian is the group's co-ordinator for a charity called Teddies for Loving Care (TLC), supplying and distributing teddies to distressed young patients, providing them with comfort during their hospital stay - and for when they return home. The scheme has

been running in Peterborough for two years. Its success has led to it being extended from A&E to Amazon ward, and more recently, the Day Treatment Centre at Edith Cavell Hospital and the Primary Care Trust walk-in centre at Rivergate. Brian said: "The staff have found that it can really cheer up young patients and indeed some children have used the teddy to point out where they are experiencing pain. Sometimes they name their teddy after a member of staff which I think is a real thank you for the excellent attention they receive." During the past two years, local Freemasons have supplied more than 3,000 teddies to the local hospitals and the walk-in centre.



ABOVE: Brian Kingston with Amazon play leader Nicola George

# Mums enjoy more maternity choice

MUMS-TO-BE across Peterborough and Stamford now have an alternative delivery choice for their new arrivals.

The New Year has seen the launch of a new maternity service at the Trust, with the introduction of the midwife-led unit.

The unit offers a 'home from home' style choice to women who will require minimal intervention during the birth of their child - and is an addition to



the current range of delivery options already offered by the maternity unit.

The unit will feature individualised midwifery support during labour and will be available to women whose pregnancies have been assessed as low risk.

This includes expectant mums who would be eligible for a home birth, but want the peace of mind of delivering in a hospital.

Project leads, midwives Janine Kettle and Lyn Jones (pictured), said: "We have been

excited by the opening of the new unit.

"It will be ideal for women who are assessed as low risk and want the birth of their baby to be as natural an experience as possible. We also hope to be able to increase our water birth service with the addition of a new pool."

The new unit features a four-bedded post natal bay and two birthing

suites, one of which will include a water birth facility. It is located close to the main delivery suite so if there are any unforeseen complications a rapid transfer can take place and medical support provided promptly. Work is currently underway to transform an existing section of the department into the new unit.

A new en-suite bathroom is hoped to be added to one of the delivery suites in the near future.

## Alan's back in the hot seat

FORMER medical director Alan Turner has returned to the Trust as interim chief executive.

Alan will spend the next few months at the Trust, following the departure of Chris Banks - who has left to join the newly formed Cambridgeshire Primary Care Trust as chief executive.

Alan (pictured) joined the Trust in 1980 and left in October 2005. This



will be the third occasion on which Alan has undertaken the role of interim chief executive as he filled the position prior to the appointments of Malcolm Lowe-Lauri and Chris Banks. Meanwhile Nik Patten will take over as CEO in February, from his current post of director of planning and performance improvement and interim deputy chief executive at Leeds Teaching Hospitals NHS Trust.



# Trust roll of honour

LONG-SERVING staff and volunteers, top achievers and unsung heroes lined up for praise at the Trust's annual awards ceremony.

The roll of honour included staff from a variety of areas across Stamford and Peterborough hospitals, many of whom attended the presentation evening to collect their well-earned certificates and prizes.

Some 30 long serving members of staff were recognised, alongside many volunteers who give their time to help out on wards, in outpatients and escorting patients around the hospitals.

New this year were the outstanding achievement awards - a Trust-wide staff recognition scheme to acknowledge staff who have gone that extra mile.

Nominations were supported by the relevant managers, before staff governors made a decision on the final



recipients following Trust Executive HR committee consideration. Award winners were: Poppy Siggee - Ward 8 cleaner. Marjorie Hobbs - ECH volunteer. Karen Armstrong - deputy finance director. Bev Thorne - midwife. Vicky Beale - PA to director of nursing. Julie Cook - clinical lecturer, radiology. Ward 2X staff PDH decorating team and the HR/union partnership team.

The awards were presented by Trust chairman Dr Clive Morton. He said: "It was a remarkable evening, and a pleasure and a privilege to be able to honour so many of our dedicated staff and volunteers - many of whom are the on the frontline of our healthcare service."

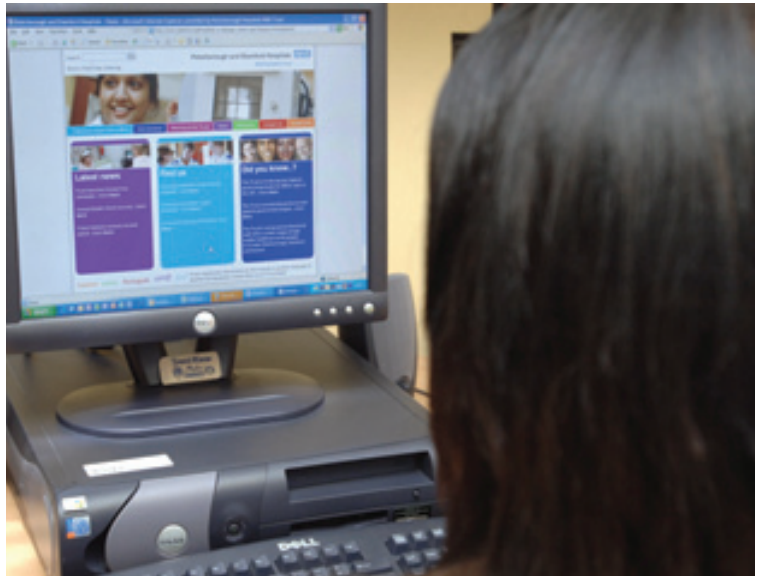
# New look for the web site

THE Trust has relaunched its world-wide website.

The revamp provides a modern look, offering a wide range of up to the minute information at the touch of a button.

The website includes details on patient and visitor information, latest news releases, forthcoming public meetings, publications, current job vacancies and much more.

Visit the new look site at  
[www.peterboroughandstamford.nhs.uk](http://www.peterboroughandstamford.nhs.uk)



# Finally stubbed out...

## Smoking ban is extended

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The main changes include the removal of smoking shelters for patients and visitors from all our sites, and the introduction of a 15 metre no smoking zone outside hospital boundaries

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SMOKING has been stubbed out at all Peterborough and Stamford hospital buildings, to enable the Trust to comply with new government guidelines.

The Trust's current no smoking policy has been in force for almost a decade, but the new regulations extend the ban to within 15 metres of hospital buildings.

The move comes after a working group was set up to identify gaps in the existing policy and recommend action to bring the Trust in line with the new requirements.

Christine Tolond, Trust director of human resources said: "The main changes from the previous arrangements include the removal of smoking shelters for patients and visitors from all hospital sites, the introduction of a 15 metre no smoking zone outside hospital boundaries, and a ban on smoking in all hospital car parks.



ABOVE: Director of nursing Chris Wilkinson and director of human resources Christine Tolond with the no smoking literature. Photo courtesy of Peterborough Evening Telegraph.

"This is essentially so that others do not have to walk through smoke to access our hospitals."

Any member of staff seeking advice about quitting can contact the Peterborough Quit Smoking (PQS) team on 0800 3765655.



# the **pulse** 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. Send to the Communications Department at Edith Cavell Hospital and we will print as many as possible.*

**ICU:** We just wanted to show our appreciation for the way you looked after mum. You have all shown such kindness, not just to her, but to myself, my wife and other family members. We feel that what you do goes beyond just doing your jobs.

**Endoscopy:** I am writing to let you know how comforting the staff were in the endoscopy suite. From the moment I entered the reception I was put at ease. The nurses were so understanding and kind. It is not the most pleasant of procedures, but the best was done to put me at ease! I think it is important for staff to know their efforts were appreciated.

**5Y:** I would like to express my sincere thanks for the diligence, help, care and cheerfulness by the staff on ward 5Y during my few days' stay. They are to be highly commended.

**Ophthalmology:** I should like to thank and congratulate you and your team for the very successful cataract operation you carried out for me. Last month, I found that I had perfect vision. I attended hospital for a follow up examination and was able to read the complete chart. Once again, very many thanks for your skilled attention.

## **Amazon**

**ward:** I was very impressed with the Amazon ward at PDH. My eight month old daughter was treated there as an in-patient for three nights.

The staff were fantastic and nothing was too much trouble. She had to stay in her room - and we had everything brought in to us. We didn't want for anything. The play leaders were great, sitting with my daughter so that I could go and get a hot drink. The parents' bathroom was fabulous - nice and clean. Thank you very much NHS for helping to make my



daughter better and our stay as comfortable as possible.

**Hyperbaric unit:** Having recently finished a course of treatment in your hyperbaric unit, I thought I should like to comment on the service given. From the time of entering the unit until the last of 25 days of treatment, I found all the staff totally dedicated

to their purpose and all with the ability to remove stress with their friendliness. I was also pretty impressed with the attitude of the drivers who picked me up on each occasion. None with a moan and all willing to help any way they could. Overall, I cannot think of any way my experience could have been improved.

## I cannot speak highly enough...

**A&E:** It seems that these days, every time you pick up a newspaper or turn on the television, someone is complaining about the NHS. Recently, because of a shortage of breath, I visited A&E where I was examined within two hours. I was diagnosed and treated for a pneumothorax within the hour. I then spent two days in hospital having the appropriate care and treatment. During that time, I cannot speak too highly of the standard of care I received, from X-ray staff and doctors and nurses through to staff on wards 1Z and 1Y, including cleaners, ancillaries and porters. The care and friendly attention I received at all times did much to alleviate the trauma I was experiencing at the time.

# Angiography expansion

A YEAR after opening its doors, the Trust's £2 million angiography suite is set to expand.

Plans are in the pipeline to add three more clinics a month which would mean seeing around an extra 300 patients annually.

"From day one the facility came into its own," said sister Melissa Fisher. "We're thrilled that within a year it's proved so successful we are looking at increasing capacity."

Until the hi-tech X-ray suite opened in November 2005, hundreds of patients in the Trust's catchment area were forced to travel to Papworth Hospital.

Now detailed investigations and assessments of patients with suspected heart conditions can be carried out at the Edith Cavell suite, which was opened by Peterborough United FC's Barry Fry.

The equipment, including a special X-ray machine which takes images of intricate blood vessels in the heart, is also used to provide therapeutic treatment for cancer patients



among others. The main treatment room, recovery room, utility and preparation rooms are currently staffed by eight nurses, a radiographer, a cardio-technician and two consultants.

"We can offer patients a continuity of care which may have been missing before," said Melissa, who has organised a celebratory meal for suite staff. "It's only if they need surgery they are referred on. The suite is a great training ground. Nurses from coronary care can spend time here meaning they are well-placed to help relieve patient anxiety."

## Recruitment drive proves a success

THE Trust is delighted that a recent drive to attract potential trainee cardiac technicians was very successful.

Although not a unique role, Peterborough and Stamford hospitals is delighted to have been able to appoint two students in a recent recruitment drive supported by the Evening Telegraph.

The students will undertake a degree in the clinical physiology gaining hands on experience in performing technical physiological tests, but without incurring the expense of university.

Students Richard Spurr (22) and Laura Conway (18) have taken up their role within the cardiac investigations unit at the district hospital.

Funding from the Development Workforce will enable them to progress

through a four-year course, working in the Trust and studying at the Anglia Ruskin University in Cambridge. Once qualified, they will work at the Trust for a minimum of two years. Heidi Presland, assistant general manager, emergency care and cardiac services said: "We wanted people to realise the importance of the role of a cardiac technician, the number of which is grossly lacking across the country, and to demonstrate that there is more to a hospital than doctors and nurses. "I am delighted to welcome Richard and Laura to the team.

"They will not only undergo their training and gain skills at the Trust, but will be putting them into practice here once they qualify.



ABOVE: Trainee cardiac technicians Laura Conway and Richard Spurr.

"Their role will include all aspects of cardiac investigation in the areas of the heart and lungs, and working alongside consultants and nurses in the angiography suite. "The demands on them will be huge - but our excellent facilities and experienced staff will provide them with the first class training they require."



*LEFT:  
Congratulations  
to the Service  
Improvement  
Team  
on winning a  
national  
competition.*

# You're the best...

## SIT team scoops national accolade

“

To win the competition is a great accolade and a tremendous achievement.

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CONGRATULATIONS to the Trust's Service Improvement Team (SIT) on scooping the top prize in a national competition.

As one of only six finalists from across the country, the team was honoured for making great strides in improving services for patients and making their hospital experience as best it can be.

The team also works to improve efficiency in the Trust, and helps departments to implement changes.

The 2006 Top Team competition is organised by the Public Services Management Network, in partnership a number of other public sector organisations from across the UK.

The Peterborough-based team wowed the judges in the final round of the contest with a presentation, and a tough question and answer session.

The submission which help the SIT gain a place in the finals focused on the challenges it has faced since it was launched a decade ago,

its achievements and its plans for the future.

Paula Gorst, director of operations, said: "To win the competition is a great accolade and a tremendous achievement. It is a reflection of the hard work of both the team - past and present - and all the operational departments within the Trust and primary care that have worked with the team during the last 10 years.

"As good as this win is for the team and the Trust, it is worth remembering that the service improvement team's primary goal is to improve services for patients, so any successes have a real benefit for our local communities."

## Improvements in patients'

THE Service Improvement Team (SIT) has been working closely with a number of wards across the Trust in a pilot scheme to look at patients' discharge from hospital.

The aim is to make this part of the patient journey as smooth and efficient as possible, by looking at the needs of the patient before they go home.

Lynne Pearson of the SIT said:

"As part of understanding the patient journey we need to explore the issues for patients going home from hospital.

"The two month study started last October. Based on data gathered during the pilot, and information from staff, an action plan will be developed to resolve problems and share good practice across the Trust."





## More praise for glaucoma team

THE Trust's excellent work within the area of glaucoma has again been singled out for praise - with the glaucoma project team narrowly missing out on national award.

The glaucoma community screening service, which was launched early last year, was a strong competitor in the Chronic Disease Management category of the Health Service Journal awards.

More than 1,000 people - including Patricia Hewitt MP - attended the recent awards ceremony at London's Grosvenor House Hotel.

The shortlisting celebrated the Trust's hard work and achievement of the screening service.

Set up jointly by the Trust and the Greater Peterborough Primary Care Partnership, the scheme allows community optometrist practices to screen patients on their premises - saving them a visit to the hospital.

Additionally, it offers patients choice, faster appointment times, shorter waiting times as well as a very thorough, consistent and comprehensive glaucoma assessment.

Consultant ophthalmologist and clinical lead for the glaucoma pilot scheme, Susana Ramirez-Florez, said: "We were delighted to have been shortlisted for a very prestigious HSJ award as it underlined the innovation and success of the service.

"It was a hotly contested category and to be recognised nationally was very rewarding for everyone involved.

"The glaucoma screening service has gone from strength to strength since its launch, and both the Trust and our PCP colleagues have been very pleased with the results and the feedback we have received from patients." There are now five optometrist practices with nine accredited specialist optometrists in glaucoma who have screened more than a thousand patients to date.

## Rapid referral clinic making a big difference

A RAPID access, one-stop neurovascular clinic to assess and treat patients who may be at risk of suffering a stroke is celebrating its first successful six months.

The clinic was initiated last summer by Trust stroke specialist Dr Owusu - Agyei. It was in response to a national recommendation for a rapid referral to a specialist stroke service for patients first seen in the community with transient ischaemic attack - a loss of consciousness with no paralysis.

Previously, the process of carrying out tests and patients receiving their results could take up to 12 weeks.

However, the new clinic allows patients to be assessed and investigated in the clinic as soon as possible within seven days of the incident - giving patients greater peace of mind.

The one-stop-shop approach means the patient is seen by the consultant,

who then decides which tests are required. The patient then has the tests, returns to see the consultant and receives the results of the tests and their treatment plan on the same day.

Mary Martin, Trust service improvement manager, said: "A multidisciplinary working group produced referral protocols for GPs, an information booklet for patients, and a clinic template. We agreed the number of slots that each discipline required and found a venue for the clinic."

With the support of radiologists and other key players, the clinic was up and running last June, and some 191 patients have been seen - the majority of whom have had all of their tests on the same day.

Mary added: "I would like to thank everyone who has been involved in the organisation of the clinic - the number of positive comments from the patients say it all."

## discharge procedures

The main focuses of the study are:

- Ensuring that discharge from hospital is planned at the earliest opportunity.

For elective patients this should begin at pre-assessment and for emergency patients within 24 hours of admission.

- Introducing a clear clinical

management plan with a Predicted Date of Discharge (PDD).

- Having a comprehensive checklist that clearly documents the plan agreed with the patient.

- Understanding the issues and problems that delay the patient going home

*IT may surprise many staff to know that their general managers have not spent a working lifetime managing! Pulse speaks to some of the Trust's key players, and finds out who did what!*

# The early years

## Joan Tiplady

General Manager - Medicine

IT was during two childhood stays in hospital, that a five-year-old Joan Tiplady decided nursing was *the* job for her.

Helping nurses to collect the used medicine glasses during their ward rounds - and being offered her favourite cereal for breakfast - only confirmed to a young Joan that nursing was a career she craved.

On completing her training at London's Charing Cross Hospital, Joan joined the staff of the children's ward for a short time (pictured right) - before undergoing health visitor training at college in Stevenage, and subsequently taking up a post in Peterborough.

Soon after, working in the community took on a new meaning for Joan, when she later began a job for a disposable paper products company.

"I became nurse advisor (for incontinence products) in the community before going on to a variety of other positions for six years," she said.

However, a management role beckoned for Joan - who, since leaving school, had continued her academic studies alongside her

full time employment.

As business development manager (and later business manager with responsibility for obstetrics and gynaecology) at Kettering Hospital, Joan relaunched the private patient facilities, and had the unenviable task of introducing the payment car parking scheme.

Joan admits that her academic achievements - an Open University degree, diploma in management studies, computer literacy qualification and Masters in business administration - coupled with her extensive working practice within the NHS and industry -



helped make the transition into management an easier one.

In 1993, Joan came to the Trust as general manager for medicine - later with responsibility for woman & child services. In 2002, she relinquished this duty before taking on the additional area of accident and emergency.

She is now in charge of around 650 people and a budget of £30 million and is responsible for the general running of the service unit and its strategic development.

"I never imagined that when I gained my nursing qualification I would one day have this role," Joan said, "but I have no regrets. Teamwork is a huge part of my role, working with assistant general managers and lead clinicians and liaising with the PCTs.

"My nursing background enables me to understand the needs of the clinical staff - and I thank everyone for their continued support in helping to improve services for patients."

## Di Sheppard, General Manager - Service Improvement

WHEN Di Sheppard was four, a nurse yanked sticking plaster off a cut on her head, tearing her hair out.

"It hurt and I cried," said Di. "She told me off for being miserable. I knew I could do a better job. That's when I decided to be a nurse."

Di (pictured right) began her nurse training in London then moved around the country progressing up the career ladder. As a ward sister she worked on surgical, ENT, orthopaedics and col-orectal surgery wards.

"I got an incredible sense of fulfilment as a ward sister," said Di. "I wanted to make a real difference to patient services."

But when Di found herself working at North West Anglia Health Authority's head office she missed her patients.

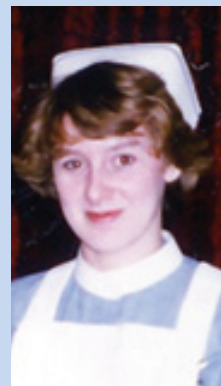
"I saw an advert on the internal vacancies list for

a ward sister and went for it," said Di. "It was like going home."

Di is now general manager for service improvement with a staff of 13, daily challenges she relishes and the assurance that everything she does is for the good of the patients.

"Communication and respect are lessons I learnt as a nurse and they've stayed with me," said Di. "A patient is so much more than their illness and that goes for everyone you deal with.

"I admit my eye is often drawn to ward sister jobs on the vacancies list though!"



## Adrian Stone, General Manager - Surgery

ADRIAN began his career by working in psychiatry in Auckland, New Zealand.

"It was long hours but the out of hours social activities provided the perfect balance," said Adrian.

"The skills I acquired during my early clinical career have stood me in good stead for working with clinical teams to deliver high quality services. The problems associated with delivering health care tend to be similar, irrespective of the speciality,"

He moved from hospital-based jobs in mental health to working in the community, specialising in



hypnotherapy and family therapy, including psycho-sexual counselling.

After 14 years in clinical roles he was responsible for setting up the mental health services in Weston-Super-Mare, including project managing the build

and appointing the staff.

"I realised early on that if you have bigger areas of responsibility you can make more of a difference. That's what I think my job is now mainly about – make service improvements happen. It can only be achieved with the input of everyone involved."

Adrian is a keen photographer and in charge of the Art in Hospitals Project. Images produced by local photographers are already on display at ECH and in the Maternity Unit and the project is to be rolled out to PDH imminently.

## Gerry McIntyre, General Manager - Facilities

THE highlight of Gerry McIntyre's 22 year career with the NHS so far was commissioning and setting up a new estates team following the building of Edith Cavell Hospital (pictured below).

"It was a really exciting time and project," said Gerry. "I worked alongside architects and clerks to ensure the plant and equipment was ready on time."

The building of a new hospital in Peterborough would open up similar challenges for the younger service unit staff who make up some of Gerry's 500-strong team.

"Many still think of me as a technical person, probably because I sometimes get too involved rather than delegating, especially on the engineering side," said Gerry.

"But as I've progressed I've been able to use my knowledge to put in place better, more effective working practices. And if people query my engineering decisions, I can always remind them I've done their job."

Gerry began his career as an apprentice maintenance engineer then spent two years installing plant and machinery for Fiat in southern Italy. It was while he was working for an oil refinery at Immingham docks that he saw an advert for a works officer for Peterborough District Hospital.

That was in 1984 and he hasn't looked back, continuing to develop his skills and knowledge at the NHS training centre in Bristol and progressing to general manager, currently responsible for a budget of £13.5 million. But there's no chance of his technical skills being wasted.

Gerry said: "My two grown up children have both bought houses recently so I spend a lot of my spare time back in overalls plumbing and wiring for them!"



## Mandy Renton, General Manager Stamford Hospital, Woman and Child, and Clinical and Life Support Service Units

FROM a young age Mandy Renton dreamed of having her head in the clouds.

But her feet remained firmly on the ground as her ambitions to become an air hostess faded and she opted to become a nurse instead.

"I don't remember what made me want to become a nurse," said Mandy, now general manager of Stamford Hospital, Woman and Child, and Clinical and Life Support Service Units. "The subject choices I made at school were based around wanting to be an air hostess. The only influence in later years was the sister of a friend who was a nurse."

But that's the career Mandy launched herself into. After spells in ITU and as a practice nurse she decided to specialise.

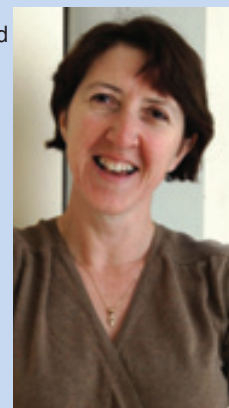
"I didn't like being a jack of all trades," said Mandy. "So I trained as a midwife and never looked back. Being able to support a woman during the most intimate and creative part of her life is a great honour."

But although she loved her job, Mandy was determined to do more for a wider group of women.

Through hard work, determination and lots of after hours study she progressed up the career ladder until reaching her current position.

"I'm working at a distance from my beginnings but my heart is always with the patient even when making very difficult and hardline decisions," said Mandy.

"My current job is somewhat chaotic. I hurtle from one topic to another from child protection to technical equipment, none of which could be done without the support of all the staff."





# New initiative to improve men's health

## The battle with prostate cancer

EVERY year, more than 32,000 men are diagnosed with prostate cancer - making it the most common male cancer diagnosed in the UK. Prostate Cancer Awareness Week (19-25 March) will be raising the profile of the disease - and reaching as many people as possible with information about it. Two of the Trust's consultant urologists are also doing their bit to raise awareness of prostate cancer and other male health issues.

The aim is to use our professional knowledge, and combine it with the love we both have for sport and fitness to promote healthy living in a male-friendly way

**P**ROSTATE cancer claims the lives of some 10,000 men each year - that is more than one man every hour.

But despite the alarming statistics, 90 per cent of adults in the UK do not know what the prostate gland does and the crucial role it plays in a man's sexual function.

While charity campaigns continue to raise awareness of the disease, work is going on at a local level to try and diagnose it earlier.

An average of between 400 and 500 men undergo prostate biopsies each year in Peterborough and Stamford hospitals - although not all of those will result in cancer being found.

Department of Health rules do not allow Trusts to carry out routine screening for prostate cancer, in the way in which women are invited to attend a mammogram as part of breast cancer screening.

Trust consultant urologists Chris Dawson and Janine Nethercliffe say the lack of screening policy and the fact that there are very few symptoms to look out for, make the increasingly common cancer difficult to detect.

Chris said: "It is rare that prostate cancer affects men under the age of 45, but the advice from our department to men above this age is that if they have trouble with their water works to visit their GP who in turn can carry out tests and arrange for a prostate specific antigen blood test."

Chris says there is still an element of taboo surrounding



ABOVE: Action4menshealth - a new user-friendly men's health charity

the subject, particularly as men seem more reluctant generally to talk about any health problems they have.

"It is a difficult disease to detect," added Janine, "but with more awareness leading to early detection and the development of new therapies, men with early stage prostate cancer have more curative options available to them."

## Launch of new men's health charity

CHRIS and Janine are combining their professional backgrounds with their out-of-work sporting lifestyles to develop a new user-friendly men's health charity.

Launching soon, Action4menshealth is designed to inform, advise and support men on all aspects of male cancers, while also promoting a healthy lifestyle.

The charity will be based locally, and run by Chris, Janine and their respective partners - with particular involvement from Janine's personal trainer husband, Jonathan Sheehan. Janine told Pulse: "Chris and I wanted to form a charity for

Trust consultants Chris Dawson and Janine Nethercliffe have launched their awareness raising charity, Action4menshealth.



men, dealing with male problems - in the same way women have access to breast cancer charities

"The aim is to use our professional knowledge, and combine it with the love we both have for sport and fitness to promote healthy living in a male-friendly way

Initially, men will be able to access the charity via a website [www.action4menshealth.co.uk](http://www.action4menshealth.co.uk) - but leaflets and other literature will be available as the charity establishes itself.

Chris said: "Although there are a number of prostate cancer charities nationally, there is not much in the way of easily accessible information on testicular or other cancers affecting men. We want to provide user-friendly information which then empowers men to seek advice if they feel they need to."

Janine added: "Men tend to be overworked, stressed and not always willing to talk openly about any health issues they may have. Often it is their wife or partner who persuades them to see their GP."

"Healthy living is so important - with diabetes, obesity and heart disease among men on the increase - and a good lifestyle is what we hope Action4menshealth will promote."

Sporting and social events will be organised throughout the year to raise awareness and boost charity funds.

The first is to be a 5km men-only run being held at Ferry Meadows on March 11, 2007. Check the website for details.



## How they saved my life...

Five years ago Robert Panton was diagnosed with prostate cancer after suffering from problems with his urine flow.

"There's so little awareness of prostate cancer, I thought I was going to die," said Robert (66).

"I just wanted the cancer gone so opted to have my prostate removed. It was the right decision as the cancer had already spread."

After a course of hormone

injections and radiotherapy, Robert, who lives in Gunthorpe, Peterborough, with wife Mary, was given the all-clear.

"It was such a relief," said Robert, who makes the most of his retirement playing golf and spending time with his three grandsons.

"I can't thank Mr Dawson and his team enough. I really believe they saved my life."

## Factfile

■ Each year, more than 32,000 men are diagnosed with prostate cancer.

■ The prostate gland lies below the bladder and is part of the male reproductive system

■ Some doctors currently recommend that men over 50 are screened regularly

■ Some men don't develop symptoms of the disease until the cancer has spread, making it difficult to diagnose.

■ Prostate cancer is normally diagnosed following a biopsy - performed because of an abnormal prostate gland test result or a PSA (special blood test) - or following a microscopic examination of removed prostate tissue.

# Crucial lifeline

For couples desperate to be parents, the fertility clinic at Peterborough District Hospital offers a lifeline...

**I**N the last 20 years clinical nurse specialists Fiona Wynn and Wendy Eustace have been responsible for the conception of 3,000 babies.

And every one was born to couples who feared they'd never have a family.

Couples who've been trying to conceive for more than a year can be referred to the fertility clinic by GPs.

Latest figures show 60 per cent of patients fall pregnant after following Wendy and Fiona's advice.

"Most our patients need small lifestyle changes rather than expensive intervention," said Fiona.

Fiona and Wendy have worked hard to slash their waiting time to an average eight weeks.

"We understand how emotionally difficult it is to fail to conceive every month," said Wendy. "During the first consultation we ask couples about everything from diet to exercise routines. By building up a complete picture we can tackle any issues."

Often something as simple as the woman losing a few pounds or the man cutting down his alcohol consumption can kick start conception.

Wendy and Fiona use statistics to back up their recommendations.

"For overweight women, losing two to five per cent of their weight can increase their chances of falling pregnant naturally by 43 per cent,"



ABOVE: Clinical nurse specialists Wendy Eustace and Fiona Wynn

said Fiona. "It's getting the body to its optimum state for pregnancy."

The pair can organise medical tests if necessary and results and recommendations are then discussed.

"If we suggest a weight loss programme we offer follow up appointments every six weeks," said Wendy.

"The best outcome is those appointments being cancelled because the couple is expecting."

If couples still fail to fall pregnant, Wendy and Fiona are able to refer them on. They meet weekly with

consultant John Randall to discuss cases, findings and results. The pinboard in Wendy and Fiona's office is covered in baby photos, testament to the fact their advice works.

"We love receiving birth announcement cards," said Fiona. "It makes our job so worthwhile."

## Case study

Aged 24, Amanda Blesset was warned her polycystic ovaries may result in problems conceiving.

"The doctor warned me I should start trying sooner rather than later," said Amanda. She, and partner Ivor Thomas, were referred to Fiona and Wendy who organised tests, scans and ultimately the necessary drugs. Tragically, during nine years Amanda lost nine babies including triplets

and a son who was born at 38 weeks with a serious heart condition. "I was ready to give up," said Amanda, from Deeping St James. "But with support and encouragement from Wendy, Fiona, our friends and family we gave it one last try."

Their perseverance paid off. Baby Rihanna was born on October 19. And one of her first outings was to meet Wendy and Fiona.

"They were there for me at every step," said Amanda. "They never gave up on me. And of course Rihanna has made it all worthwhile."

# What I do...

Dr Richard Partridge, Macmillan/Sue Ryder consultant in palliative medicine

“

This is a new post and, as far as I'm aware, the first funded jointly by Macmillan and Sue Ryder. I started in October and

split my time between the Trust and Sue Ryder Thorpe Hall Hospice.

I love the hospital environment but it's also a challenge to have my own patients at Thorpe Hall, a 20-bed specialist palliative care unit.

Palliative care is a team effort with me providing the medical lead, working alongside the Macmillan nurses, psychologist, dietician, chaplain and support staff. We assess patients, provide advice and support and explore options with them. I also hold two clinics a week at PDH.

Sadly, by the time patients are referred to us, they've been diagnosed with a terminal condition. We work with them, taking a holistic approach, which means controlling pain and physical symptoms and also providing emotional, social and spiritual support. The aim is to improve their quality of life and it's seeing positive results that makes the job so rewarding and a privilege.



At Thorpe Hall, I work with medical director Dr Janet Squire, other health professionals, support staff and volunteers. Of course, there are people I see in outpatients, hospital and then at Thorpe Hall which helps with continuity and it's nice for patients to see a familiar face.

Palliative care has traditionally focused on patients with advanced cancer and progressive neurological disorders but is increasingly expanding to look at ways to help patients with other life-limiting illnesses such as heart and renal diseases.

Historically, this area of medicine has been under-resourced nationally but its profile is improving and more money is being made available for research. In Peterborough there's been an impressive commitment to the development of palliative care services and I'm looking forward to helping shape that. Communication is the key to my job - with patients, families, my team and other departments.

Through working together and talking we can keep moving forward and provide the best help to patients near the end of their life.

”

## How talking can help improve best practice

IT'S good to talk - and the Essence of Care communication group needs YOU!

There are now 10 Essence of Care groups around the Trust highlighting 'gold standard' work and best practice in key areas of patient care, and hospital work.

Committed support of staff who feel strongly about poor communication between staff and patients and between staff themselves are welcome to discuss issues that they feel could be done better - or just differently.

Kath Hamlet, from colorectal services, said: "The group is busy, especially with 'Sharing Best Practice Days'.

"In the past our role-play entertainment was well received, and the smothered giggles from the audience unfortunately proved we



ABOVE: Angeline Boaden and Kath Hamlet look over the Essence of Care proposed guidelines.

were not alone in our concerns about poor communication!" A series of audits are being developed to encourage better practice in a number of areas, including:

■ Telephone manner - Trust-wide to see how many areas just answered the telephone with a "Yes?" A voicemail audit looked at how informative messages were to patients. The group hopes to repeat the audit later in 2007.

■ Living Wills/advanced directives - local and national work to raise the profile and acknowledge the place for this documentation in healthcare.

Katrina Wilson, MS specialist nurse, added: "We are always interested in hearing about communication 'concerns' from around the Trust and have shown that the smallest thing can annoy patients and colleagues, but a small change can often be enough to prevent further frustration."

More information is available from Jo Bennis ext 5814 or Katrina Wilson ext 5026.





ABOVE: The many faces of Trust chief executive Chris Banks, who is leaving the organisation after nearly 14 years.

# Chris bids farewell

“

Pulse takes a trip down memory lane...

We are well placed financially for the next year, and hopefully with the start work on the new hospital not too far away - Peterborough is a great place when it comes to healthcare.

”

*AS he departs from the Trust for pastures new, chief executive Chris Banks shares a few of his memories and milestones from the past 13 years with Pulse.*

THERE can't be many NHS chief executives whose time in post has been as eventful as that of Chris Banks.

During his nearly 14 years at the Trust - the past four of them as chief executive - Chris has been on an amazing rollercoaster ride of achievements and challenges, on a personal level as well as on behalf of the hospitals' staff and patients.

As he prepares for his new role as chief executive of the newly-established Cambridgeshire Primary Care Trust, family man Chris reflects on his time with the Trust.

At 35, Chris had reached a crossroads in his career, working as finance director for a private company which provided services to the health service, and he needed a new challenge. He looked to the NHS.

An opportunity arose in Peterborough, and he was one of the first directors to be appointed at Peterborough Hospitals NHS Trust in 1993.

"I had thought about moving into the NHS and been for a few interviews at various hospitals, but I liked the sound of Peterborough.

"It was my intention to stay for two or three years to cut my teeth in the NHS so to speak."

However, within a few weeks of his appointment, Chris began to take the lead on a little known project (back then) of a single site super hospital for Peterborough.

As well as project managing a plan which was to take more than a decade to gain approval, momentum and eventually move from the drawing board into reality - Chris was also a key player in the team which was successful in seeing Peterborough being chosen as one of only six locations nationwide for a MDHU (Ministry of Defence Hospital Unit).

Chris placed this as one of his proudest moments.

However, they say pride comes before a fall - and in 1997, the change of Government led to Peterborough's vision for a state-of-the-art super hospital being shelved.

This was a blow for Chris, who had been project director, and with a second application being rejected following year, it seemed that the plans were to be halted for good.



*ABOVE: Chris Banks the chief executive.*

*RIGHT: Chris meets the Countess of Wessex during a recent visit to the Trust.*



In re-thinking the Trust's estates needs, Chris then presented a business case for new day surgery facilities in 2000. And a new unit at the Edith Cavell site was opened three years later by the then health secretary John Reid.

It has become a major success for the Trust, and patients can time their surgery to fit in with their other commitments.

The plans for the super hospital took a new turn in 2001, and keen to learn from the previous experience, Chris saw the need to engage with public opinion and support, and a vision for the new hospital was developed which then received the Government go-ahead.

"It was around this time that I asked the chief executive if I could give up my role of finance director to become full-time project director."

As if undertaking a masters degree in business process management wasn't enough, the opportunity to apply for the position of hospital chief executive was just around the corner!

The post was to become Chris' in 2002, following the departure of Malcolm Lowe-Lauri.

Soon after, and under Chris' leadership, the Trust was to be among the first 10 in the

country to gain national praise in its successful application for Foundation status.

But while breakfast with the Prime Minister at Number 10 followed, a change to funding arrangements under the new status saw an unwelcome challenge for the Trust - that of trying to balance the books.

"We hadn't fully understood the implications of the financial regime for foundation trusts, and we were on the receiving end of some strange funding decisions.

"The result was a substantial deficit and sadly, reconfiguration of wards in Peterborough and Stamford.

"But I'm pleased to say that we have come out the other end. We are well placed financially for the next year, and hopefully with the start work on the new hospital not too far away - Peterborough is a great place when it comes to healthcare.

As the Trust begins a new chapter, with the impending appointment of a new chief executive, Chris has left his house in order.

He added: "I've had some fabulous years at the Trust, and never before worked in a place where so many people have been so genuinely supportive."

## Funfacts

- He is a keen saxophonist and plays in a local band.
- He attended a Trust board meeting as Elvis to raise funds for charity.
- He was spotted at a Sing-along-Sound of Music night in the guise of a brown paper package tied up with string (as per the song!)
- Since becoming chief executive, he has regularly appeared in the Pillpushers Christmas pantomimes.

“

I've had some fabulous years at the Trust, and never before worked in a place where so many people have been so genuinely supportive.

”



*LEFT: Majax tabletop exercise - members will discuss the best course of action to take during a major incident*

# Ready for anything

*In the event of a major incident in the area the Trust will be thrust to the forefront of the action. And we're ready for it...*

**BELOW:**  
Emergency  
planning lead  
Celia Kendrick

Late evening, May 30. Chemical tanker spillage. Two casualties.

Early details were sketchy but enough to prompt the A&E shift co-ordinator to put the Trust on standby for a major chemical incident. A team climbed into chemical suits, erected the inflatable decontamination unit and the hospital was locked down.

Within an hour both casualties, successfully decontaminated, were receiving treatment from an accident and emergency consultant with no risk of further endangering themselves, staff or other patients.

"It was a perfect example of how our major incident plan should and does work," said emergency planning lead Celia Kendrick.

"The casualties were quickly and safely decontaminated, all staff were able to carry out their duties with no risk and the department continued to receive normal casualties throughout."

For the last two years the Trust has been legally required, rather than simply obliged, to have a major incident - Majax - plan in place. As a

Category One responder it has to have a detailed blue print of exactly how staff will respond in the event of a disaster.

"We have to look at coping with anything from a radiation leak to a plane crash to a London bombing type terrorist attack," said Celia. "And it's not just how we'd treat patients in such an emergency, the Majax plan has to cover providing a fully trained and equipped mobile team, evacuating the buildings and business continuity plans."

"Our Majax plan is continually evolving and being amended or added to - sometimes because of changes in the guidance, facilities or staffing levels and sometimes because of real incidents which have thrown up new information."

"Even when wards consider something as small as changing the use of a room we have to look at the effect that might have on the plan and how we'd be able to deal with a 'big bang' emergency."

The most recent revision came in light of the 7 July London bombings. The plan now includes the activation of a lock down - securing every entrance to PDH to prevent unauthorised access.

"We're now writing evacuation plans for each of the Trust's four main buildings, including setting up an alternative A&E facility at ECH in case the department becomes unusable for any reason,"

"We have to look at coping with anything from a radiation leak to a plane crash to a London bombing type terrorist attack."







## It's not just the front line departments...

IT'S not just frontline departments that are involved. Each department or service unit is currently drawing up a business continuity plan explaining how it will continue to deliver at least essential services in the event of an incident affecting their unit or department.

There are several additions to the main plan:

- \* Chemical – covers the risk of anyone attending A&E who is contaminated by a toxic chemical. It involves the use of a full range of protective equipment and inflatable decontamination unit.

- \* Radiation – includes having staff trained to use radiation detection monitors and protective equipment in the department

- \* Paediatrics – dedicated plans dealing with children involved in major incidents.

- \* Mobile response team – a fully equipped A&E team able to help at the scene of a major incident in, or even outside, the region.

- \* Generic outbreak - to cope with a significant number of people needing hospitalisation as a result of a disease outbreak such as a flu pandemic taking into account around a third of staff may be off sick or nursing sick dependents.



## The phases of a Majax plan:

1. Pre-hospital - the scene of the incident.
2. Reception - the arrival of the casualties at hospital.
3. Definitive care - treatment of the casualties in ITU, theatre and on the wards. This phase can run on for days or even weeks.
4. Recovery - getting back to normal. This can involve staff across the Trust for instance, re-budgeting, clearing up, re-equipping etc.

## Training

The Royal College of Nursing has held the Trust up as setting the standard for major incident training programmes and is urging other trusts to follow suit.

"Members of our emergency planning team teach nationally and internationally," said Celia. "We teach staff - and not just clinical staff - how to decontaminate casualties, we run tabletop exercises and practice calls with switchboard staff."

"During a Majax emergency we'd have to pull in as many resources as we could find. We want to ensure that if our area suffers any big emergency or disaster we are absolutely ready to deal with it in the most effective way possible."

## The Team

Emergency Planning Lead Celia Kendrick works with a team to ensure the Trust's Majax plan is devised and executed as efficiently as possible.

She reports to medical director and executive lead for emergency planning John Randall. Sheena Anderson provides secretarial support, charge nurse Andy Howes is the lead decontamination trainer, A&E consultant Lieutenant Colonel Rob Russell provides medical guidance and there are seven core trainers - all qualified nurses.

# Unsung heroes helping everyone...

BEING at the sharp end of patient concerns and dealing with challenging circumstances is all in a day's work for the PALS (Patient Advice and Liaison Service) team.

In recognition of their hard work and support for members of the public, patients and staff, the team's members have been honoured with an Unsung Hero award.

The team recently received its certificate in a presentation at the district hospital, made by Trust general manager, Mandy Renton.

The Team was nominated because of its; 'excellent service, often dealing with very difficult circumstances', 'always making time to discuss concerns with people and following through offering help and support to people' and, 'always being polite, courteous and patient, yet still managing to keep a sense of humour!'

A huge pat on the back in

recognition of their work and a big 'thank you' from all who have used the service.

Pictured above; Cathy Thornhill, Kerry Coates and Christine Kemp.



# The end of an era

## ...as Chris swaps lab coat for walking boots

WHEN England last won the World Cup - long-serving biomedical scientist Chris Wade was just starting his pathology career in Peterborough.

An initial inquiry about a post led to a brief interview and job offer with the hospital secretary. And the first his laboratory colleagues knew of his appointment was when he turned up on his first day!

After deciding to specialise in histopathology, and being promoted to his present position of manager, Chris was also involved in setting up the hospital's first medical photography and illustration department.

He explained: "As hospital photographer, I visited many areas I would not normally have seen and I was able to appreciate the diversity of skills within the hospital." As technology has advanced over Chris' four decades with the Trust - so has the St



ABOVE: Swapping his lab coat for walking boots - biomedical scientist Chris Wade.

John's Close-based department. Its workload has more than quadrupled, and has become much more complex.

Chris explained: "In recent years, the profile of all histology departments has been raised due to cancer treatment initiatives. It has been rewarding for the whole department that we are now seen to be a vital part of the diagnostic and treatment process of cancers."

However, after 41 years, Chris is looking forward to his retirement. But with hill walking, gardening, photography - and not to mention getting back to his farming roots by helping on his son's sheep farm - Chris will be keeping busy.

"I hope to spend much more time with my family, especially my grandchildren and also continue to keep in contact with many friends and colleagues from my working years," he added.



Delivery time is cut from 35 days to 3.5 days in 12 months

# Photos go digital...

IN just 12 months the average time to deliver clinical photographs to consultants has been slashed from 35 days to just 3.5 days.

Technological developments in digital photography have meant film processing; scanning and mounting techniques have been replaced by digital image processing and editing requiring the photographers to develop a new skill set.

This has radically changed work practices to enable the output of higher quality images.

Since last March, all clinical photographs have been recorded digitally. This offers the capability to distribute images across the hospital networked computers for consultants to access as needed.

The digital transition has also been applied to video imaging to support clinical assessment, education and training by providing digital videos on CD or DVD of



procedures including surgical operations, patient consultations and basic life support training.

The number of patients photographed stood at 870 in 2000. The figure for 2006 is likely to top 1,400 with ophthalmology counting for 40 per cent of the total.

Pathology Services Manager, Nick Mudge, said: "These service improvements are entirely down to the dedication and hard work of senior medical photographer Peter Murray and his colleague Patrick Clynych."

The next challenges for the medical photography

department are to produce electronic images to be included in electronic health records and to establish a new dedicated studio facility at Edith Cavell Hospital to improve services on the site.

## Jayne's work brightens up hospital walls

PETERBOROUGH artist Jayne Gedney has brightened up Peterborough District Hospital's outpatients department with a specially-commissioned oil painting.

Jayne took up the challenge to help revamp the hospital after years of fund-raising for the neonatal unit.

"My nephew Ricky, who's now 10, spent a long time in hospital when he was born," said Jayne.

"My brother Richard and I have organised various fund-raising activities in the past but we hadn't done anything this year so when I heard Lite FM and the Peterborough

Evening Telegraph were raising funds to pay for decorating the hospital, I offered to donate an oil painting on canvas."

Keen to paint a local landmark and to make her work as diverse and inclusive as possible Jayne chose to capture Peterborough's Guildhall with people of all ages, cultures and abilities passing by.



"It's the first five foot painting I've attempted so it was a challenge," said Jayne. "It probably took me around a hundred hours to complete."



## PROFILE: On the Trust's head of business development

# A head for business

**Name:** Ian Love

**Job title and where based:**

Head of Business  
Development based at Edith  
Cavell Hospital.

**Tell us a little about what  
your job entails?**

With the changes to the way hospitals receive their money to treat patients my role is to help the Trust defend the income it already has and to find and exploit opportunities for us to bring more income into the Trust thus allowing us to treat more patients.

To do this the Trust needs to deliver services that meet the needs of our patients, the GPs who help the patients choose where to have their care and the Primary Care Trust who contract us to do the work and ultimately pay us for doing it.

I work closely with colleagues from around the Trust and in Primary Care to ensure the Trust continues to be peoples' first choice for their health

*Pulse catches up  
with Manchester United  
fan and head of  
business development  
Ian Love.*



Simon Schama's "A History of Britain", a gift from my wife.

**If you could invite three  
people to dinner - who would  
you choose and why?**

Winston Churchill, what a life!  
There would be no shortage of  
stories, wit and opinion. The

challenge would be to have two other  
guests who could hold their own.  
Bobby Charlton, a childhood hero.  
The hours I spent in a futile effort to  
strike a football the way he did.  
Stories of the "Busby Babes", the  
World Cup and all the gossip on  
Fergie you can handle, what more  
could a United fan want.

My maternal grandfather, a Scottish  
miner from a different age with  
different values, whose politics would  
have made for interesting  
conversations with my other dinner  
guests. The stories are all handed  
down to me, as he died when I was  
very young, so it would be good see  
what he was truly like.

care.

**If you could swap roles for a day  
with anyone else in the Trust -  
what would you do and why?**

I'd be a porter for the day. What a  
way to see the hospital, all that it  
does and meet the people we're all  
here to help, the patients.

**What are your hobbies and  
interests?**

I can be found embarrassing myself  
at the local gym three times a week  
as I try to keep gravity and middle  
age at bay.

In between this and acting as a taxi  
for my two children I enjoy reading  
about history.

I'm currently working my way through

## Pillpushers say a huge thank you

PILLPUSHERS' cast and crew would like to thank Trust staff and their families for making 'Scroo-ed' such a successful show, and say that the appreciation following three months of hard work is very welcome.

Around £1,500 profit from the production will now be ploughed back into the hospitals - and departments are invited to bid for the purchase of non essential equipment to benefit patient care. Please contact Mary Bird at the district hospital in writing or via email.

Preparations are already underway for the 2007 production, loosely based on Robin Hood. Rehearsals start in August - so if you were sitting in the audience thinking 'I could do that' then opportunity knocks for New Faces.



THE A&E waiting area has been revamped - thanks to the generosity of local businesses.

Following the innovative Bring a Pound to Work Day last summer, more than £15,000 was raised to help several areas around the Trust.

One of the projects was the recently completed makeover of the A&E patient waiting area. The new comfortable chairs and the decorative plants will directly benefit the 70,000 people who visit the department annually.

Heidi Presland, assistant general manager, emergency services, said: "Not only was the 'Bring a Pound to Work Day' great fun for those who took part, but it has also achieved some wonderful things.

"The waiting area in A&E really needed an uplift to improve the environment for those who have to wait a short time. We are extremely grateful to all the organisations in Peterborough who were so thoughtful and generous and contributed so much."

Additional funds from the event have been used to buy a dynamap machine, as well as several baby heart monitors to

help doctors and midwives check unborn babies' heartbeats.

Four hand-held intermittent sonic aid heart monitors are also being purchased. These allow the expectant mum and partner to hear foetal heart beats during routine antenatal checks.

The appeal was a joint venture between the Peterborough Evening Telegraph, Lite FM and the Trust.



ABOVE: We did it! Staff, patients and fundraisers celebrate the A&E waiting room revamp.

## Power of the pound

## Yvonne hangs up her uniform

IN the last six years Yvonne Osborne has become one of the Trust's most familiar faces escorting patients between PDH and ECH and accompanying others to tests, X-rays and investigations.

Now, after a total of almost 20 years in nursing, she's hanging up her uniform to enjoy a well-earned retirement.

Former pub landlady Yvonne swapped beer kegs for bandages at the age of 43 - realising her childhood ambition to become a nurse.

After stints on Nene, Welland and

Bedford wards she was transferred to Ward 2X and then Ward 6 at Edith Cavell. In 2000 she became the escort nurse for the Trust.

"I was the first escort nurse to cover the whole of the Trust and I loved it," said Yvonne, 63. "I went into almost every department and knew all of the ambulance crews. Some patients were only with me for a few minutes but I always tried to make them as comfortable as possible."

Yvonne was presented with a cheque from the Trust and gifts including a French cookery book from her colleagues.





ABOVE: Mum Julie Tebb (left) hands over a cheque in memory of baby Stirling to Nicky Griffin and consultant obstetrician Shirley Steel



ABOVE: Best foot forward for duty manager Tracy Dovey

# Moving tributes

STIRLING Tebb was only seven months old when he died. But his memory will live on at Peterborough District Hospital, thanks to the efforts of devoted mum Julie.

After a difficult pregnancy, Julie gave birth to 5lbs 3oz Stirling in October, 2004. Despite being breast and bottle fed Stirling struggled to gain weight and was diagnosed with Russell-Silver Syndrome, a rare form of dwarfism.

"He was always small but he made a big impact on a lot of people and was a real hit with the ladies," said Julie, who lives with husband Peter and five year old daughter, Sharleen, in Yaxley, near Peterborough.

Sadly, Stirling died of an unrelated heart condition the following June.

Rather than flowers at their little boy's

## Mum inspires Tracy to run

TWENTY four years ago Trust duty manager Tracy Dovey put her best foot forward to run the city's first Great Eastern Run alongside her mum, Sally. Sadly, Sally died six years ago. So Tracy laced her running shoes up again for the return of Peterborough's half marathon in October - and raised an impressive £500 for the Alzheimer's Society.

"As the race started I had Mum's words of 24 years ago ringing in my ears - 'don't rush off, take it easy, we'll pass them later when they run out of steam'," said Tracy. "How right she was!"

Tracy was cheered every step of the 13 miles by friends and family, some of whom have been inspired to join her next year, and finished just one minute outside her target of 2hrs 15 mins.

funeral his family asked for donations to the Maternity Unit and Amazon Ward. They handed over a cheque for £600.

"Stirling's death was a big negative on our lives and I felt I had to do something positive," said Julie.

Just 12 days after her son died Julie took part in a charity walk in London.

"I'm not quite sure when I became a runner, I think it was half way round Silverstone race track on a freezing cold March day!" said Julie. "But

pounding the streets is my way of coping with his loss."

Julie raised £1,200 in sponsorship for the Maternity Unit and Amazon Ward by completing the Silverstone half marathon in March and Peterborough's Great Eastern Run in October. And there'll be another cash boost when she takes on the challenge of

the New York Marathon in November.

Consultant obstetrician and gynaecologist Shirley Steel, who works in the Maternity Unit, said: "We are enormously grateful for this substantial donation. Stirling was a remarkable and very special little boy who made a big impact during his short life.

Through the efforts of his equally remarkable mum, other pregnant women will benefit, and his memory will truly be kept alive."