

# Welcome to the new staff magazine from the Norfolk and Norwich University Hospital NHS Trust. Packed with news and features, it will be produced bi-monthly in addition to our regular newsletter, *In Brief*.

WE HOPE this magazine will be of interest to everyone working for the Trust, in our hospitals and in the community.

Do let us know what you think of it, and what you would like to see in future issues. You can even win a case of wine if you come up with an interesting 'Viewpoint' on a subject of your choice (see page 9). If you'd like to be involved in the editorial board, see page 3.

Our recent competition to come up with a title for the magazine had an excellent response, with 90 different suggestions put forward. A group of staff representatives chose the following shortlist. Now it's your chance to vote for the winner. (Please note

that any mention of Colney was ruled out because the Trust also includes Cromer Hospital and some departments are based elsewhere in Norwich).

*Insight*  
*NNU and Me*  
*NNU Horizons*  
*The Pulse*  
*Trust Matters*  
*Trust 'N' You*

Send your votes to: the Editor, Sue Jones, (Trust Management Office, West Block) by 31 May.

**MALCOLM STAMP**

*Chief Executive, Norfolk and Norwich University Hospital NHS Trust*

## A welcome service

**TRIBUTES** from patients who have been helped by Meet and Greet volunteers at the NNUH continue to flood in. 'It was nice to be greeted by a kind and smiling face', 'A very welcome and helpful service', 'Our sincere appreciation to all who made this achievement possible' are just some of the comments received by the burgundy-clad volunteers in the months since the move.

There are now more than 40 unpaid volunteers who meet and greet patients and the Trust is delighted that the National Association of Hospital Friends has agreed to fund their expenses for another year.

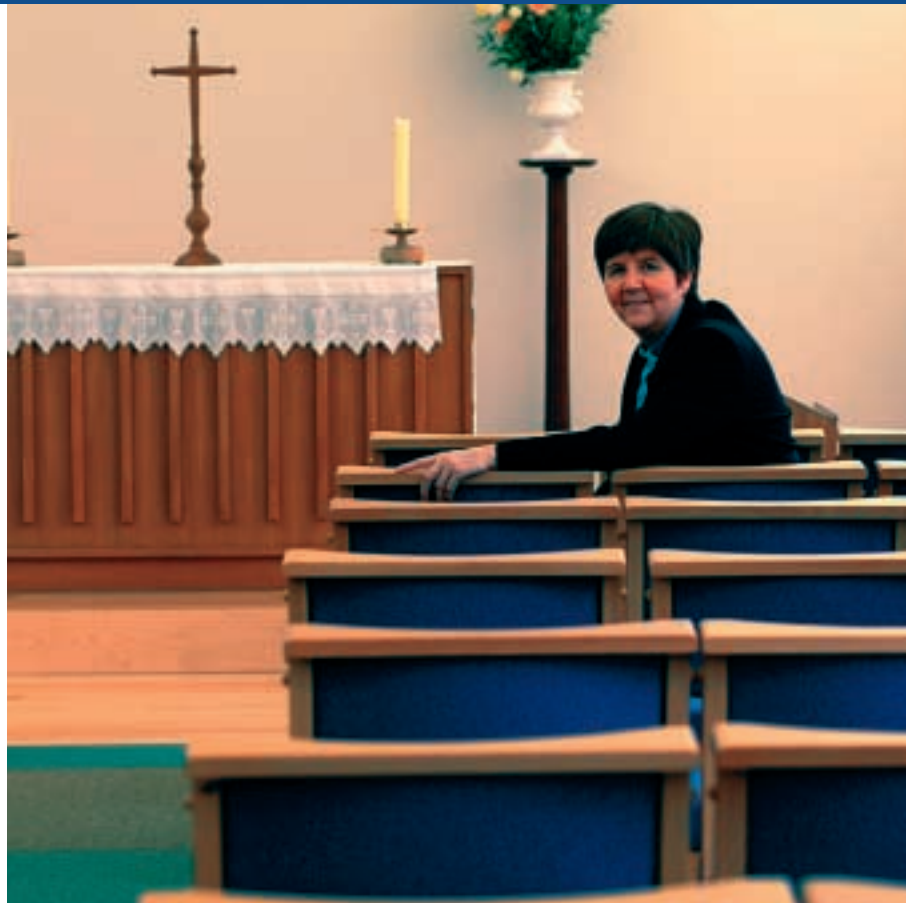
David Sinclair, one of the first to be recruited, likens visiting the NNUH for the first time to using a new supermarket. "It takes a little while to find the Oxo cubes but once you're shown where they are you're fine." David was touched when a letter arrived for him recently with three pound



*Working together: Meet and Greet volunteer David Sinclair with co-ordinator Diana Welsh (left) and two of the NNUH reception staff, Esme Simmons and Bridie Elston (in wheelchair). Many patients have expressed their appreciation for the help and guidance they have received from volunteers and receptionists.*

coins attached 'to buy yourself an Easter egg' after he went in search of a 'lost' car on the car park. "I like helping people and that's reward enough for me," he says.

"To be successful, our volunteers need to really like people. explains Meet and Greet co-ordinator Diana Welsh. "They also have to be a bit of a mind reader – we had one man who asked for gynaecology when he meant gastroenterology!"



## From India with love

**THE NNUH** may be a long way from a new home built for street children in the slums of India, but for missionary Pat Atkinson there is a definite link. "The key to both is the dedication and commitment of the staff," she says. "That's what brings results."

Pat was filmed going about her work as a hospital chaplain for the BBC's *Songs of Praise*, broadcast on 7 April. The

programme focused on her efforts to save the 'sewer children' of India's Madurai area.

Thanks to the support of the Cooper Atkinson Trust, which Pat helped set up 12 years ago, many of the children she has helped are now studying at university or helping to run the charity themselves.

"When I first went into the slums in 1990 I was appalled. Children literally drown in the sewer, and the adults often die young from rabies because they are bitten by rats. With the help of sponsorship, we've been able to provide schooling and to build a home for the sick and the dying. Some of the women are also making a living from sewing clerical shirts for export to Britain."

A former nurse, Pat volunteered to be a hospital chaplain at the Norfolk and Norwich because she so enjoyed counselling patients. From 1982 to 1989, she worked by day as an assistant chaplain and by night as a nurse.

Now 54, she is delighted to be back with the Trust after a gap of 12 years, and to see so many familiar faces on her travels. Among them is her daughter Jo, who works in theatres as an ODP (operating department practitioner).

### Join our editorial board

**WE ARE** looking for volunteers from across the Trust to join our editorial board, to comment on our new staff magazine and help us plan future issues.

If you would like to be involved, please contact the editor, Sue Jones, (Trust management office, west block) and we will keep you informed of future developments.

We are also keen to receive your letters and contributions. You could even win a case of wine, donated by Virgin Wines, if your article is chosen for our 'Viewpoint' column (see page 9)

## Caring and sharing

**TWO NEW** clinical practice facilitators have been appointed by the Trust to provide support, advice and clinical education to student nurses and their mentors. Sharon Java, formerly clinical supervision facilitator, took up her new role in January and was joined on 29 April by Julia Osborne, who was previously based at the James Paget Hospital.

The aim is to provide a link with the School of Nursing & Midwifery at the UEA, to help to bridge the 'theory-practice gap'



Sharon Java (right) with staff nurse Sarah Standley and student nurse Genna Margrie

and enhance patient care. The three-year course involves three 14-week terms, all with extensive clinical area placements.

With the support of Sharon, Julia and tutors from the school, students will explore in depth many aspects of patient care. "My aim is that student nurses complete their training feeling confident practitioners," says Sharon.

## Spotlight on oesophageal cancer

**THE RECENT** death of actor John Thaw from cancer of the oesophagus highlights the dangers of this insidious disease. Last November, nurses and former patients took part in a two-day roadshow at the old N&N to help to alert people to early symptoms such as difficulty swallowing and chest and stomach pains.

Nationally some 7,500 people are diagnosed with cancer of the oesophagus every year, while around 6,000 die from it. As with most cancers, early detection is crucial to successful treatment.

Consultant thoracic surgeon Mr Wyn Parry says: "There is a higher than average



## Top flight

**RADIOGRAPHERS** from NNUH took teamwork to new heights recently when they got together to raise money for the Big C Appeal. Kevin Brundle, Richard Greenwood (pictured above), Rachael Forton, Clare King, Jayne Elliott and Karen Reid took up the challenge to try a sponsored parachute jump... and their efforts raised £4,317 for the cancer charity.

Kevin and Richard were the first to complete the jump at Old Buckenham airfield; the girls were twice thwarted due to heavy cloud.

"I'm still determined to have a go," says Rachael, "although I must admit I'll be glad when it's all over. Even so, it's been a great experience and it's brought the whole department together. It's good to know we're doing something for cancer patients, even indirectly."

If you would like to contribute to the appeal, contact Kevin Brundle on ext. 2103.



incidence here in East Anglia, although we have no idea why this should be so. There is a major need for more research worldwide.

"Patients are referred to the thoracic unit from all over Norfolk and North Suffolk because of our surgical expertise in tackling cancers in different part of the oesophagus. This year we will undertake around 50 such operations for oesophageal cancer, although the majority of patients receive chemotherapy and radiotherapy."

## The view from here

**IT STRIKES** me that Spring 2002 is a useful starting point for reflecting on how far this Trust has come in a relatively short space of time. It is all too easy to forget how much has been achieved, and to overlook the need to think about the future.



As far back as 1994 we set out a strategic direction which included the employment of more clinical staff, the creation of a new hospital, advancement in the technologies we use and the vision of bringing an undergraduate medical school to Norfolk. We have been successful in all of these areas and now is the time to reshape our strategic direction to address the needs of the people and communities we serve, to meet the requirements of the NHS Plan and to play a full part in the Government's public sector reforms.

We remain optimistic and ambitious. We wish to see continued investment in our capacity, including manpower, technological advancement and 'bricks and mortar' physical assets. Equally we are very committed to securing new and expanded clinical services, new technology and new ways of working, as well as more opportunities for research and development afforded by the new undergraduate medical school. All of this work will be underpinned by our continued commitment to provide learning and development opportunities for all our staff, including those not directly employed by the Trust.

We have had an exciting journey over recent years and faced many challenges along the way, all of which have been met thanks to the exceptional contribution made by all our staff. Now is the start of the next phase of this journey and together I am sure we will achieve even more.

*Malcolm Stamp*

MALCOLM STAMP  
Chief Executive, Norfolk and Norwich  
University Hospital NHS Trust

## Norfolk and Norwich University Hospital

Colney Lane,  
Norwich,  
Norfolk NR4 7UY

Website: [norfolk-norwich-hospitals.net](http://norfolk-norwich-hospitals.net)

### Restaurant

West Atrium Level 1,  
open daily 7am - 2.30am

### Coffee bars

Outpatients West and Outpatients East,  
open Mon-Fri, 9am - 5pm

### WRVS shop

East Atrium, 8am - 8pm

**Serco** (for housekeeping issues, porters,  
catering and maintenance)

Call ext. 3333

**McKesson** (For telephone / computer faults)  
Call #6464

### Security

Call ext. 5156 or 5656

### Reception

East Atrium Level 1: 5457 or 5458,

West Atrium Level 1: 5462 or 5463

Outpatients East Level 2: 5474 or 5475,

Outpatients West Level 2: 5472

East Atrium Level 2: 5461

### Car parking

For information about permits, call Site  
Services on ext. 5789

### Bus services

Call 08456 020121, 8am - 8pm, Mon-Sat.

For Park and Ride, call 01603 223800.

### Cycle sheds

West (near staff entrance) and East (near  
A&E). Keys available from Patient Services

### Bank

Cash dispenser in East Atrium Level 1

### Chapel

Always open for staff, patients, visitors.

Holy Communion: 10.30am on Sundays and  
1pm on Thursdays

Evening Prayer: 5pm on Sundays

Chaplains can be contacted on ext. 3470

### Sir Thomas Browne Library

Mon, Wed, Thurs: 9am - 5.30pm,

Tues: 9am - 8pm, Fri: 9am - 5pm

### Playscheme

For the children of Trust staff operates at  
Blackdale Middle School during school  
holidays. Contact Debbie Sutherland on  
2202 for details.

## The Communications Team

If you have any news for the June/July  
issue of our new magazine, contact us on  
ext. 5944 / 5821 or write to Sue Jones,  
(Trust Management, West Block).

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([www.kirkendalldesign.co.uk](http://www.kirkendalldesign.co.uk))

**Communications assistant:** Jemma Sharp

## Trust to lead the way in radiotherapy

**THE TRUST** has signed a £20 million contract to provide some of the world's best radiotherapy equipment at the NNUH. Funded through a Private Finance Initiative (PFI) with Varian Medical Systems Inc, the equipment is due for delivery in May and should be ready for clinical use later in the year.

It will not only offer an advanced range of treatments but will also reduce treatment times from many hours down to minutes. In addition, it will provide software for processing images, planning radiation treatments and managing clinical information systems.

"These new facilities will be a model for other centres around the world and demonstrate our determination to provide clinical excellence for NHS patients in East Anglia," says Trust Chief Executive



Malcolm Stamp.

Trust project manager Robert Hutchings said: "What makes this scheme so different is that all future requirements for the next 15 years have been included in the



*Gunthorpe Ward has been presented with a painting to celebrate links with the village that bears its name. Painted by Diane Blakeley as "a labour of love", the scene shows the lake at Gunthorpe Hall. Consultant neurologist Dr David Dick, who received the painting on behalf of the ward, commented: "We are absolutely delighted with this picture and hope it will be the start of a long and close liaison with Gunthorpe village." Local residents commissioned the painting and paid for it to be framed. Pictured with Dr Dick in front of the painting are (from left): Sue Traverso, Diane Blakeley and Gunthorpe Ward sister Mandy Pap*

## Farewell...

We are sad to say farewell to staff who have retired from the Trust. Among them are:

Judy Haydon, sister in plastic surgery outpatients, after 42 years

Dennis Green after 42 years as head chef, mainly at the West Norwich Hospital

Len Speller, support services co-ordinator, after 36 years

Ann Copsey, clinical midwifery manager, after 27 years

Carolyn Sheppard, switchboard manager, after 26 years

Peter Crowle, consultant paediatric surgeon, after 25 years

Paul Gallagher, orthopaedic surgeon, after 22 years

Deidre Watson, thoracic surgeon, after six years



negotiated contract. This includes maintenance, all parts and future upgrades to keep up to date with cutting-edge clinical practice. Obsolescence has effectively been designed out of the agreement.”

## Welcome....

The following consultants have joined the Trust since April of last year:

Naim Ahmadouk, Emergency Assessment Unit

Tony Absalom, anaesthetics (special interest in colorectal surgery, orthopaedics and plastic surgery)

Matthew Armon, general surgery (special interest: vascular surgery)

Andrew Bath, ENT surgery

Mary Bennie, diagnostic radiology

Lesley Bowker, physician in geriatric medicine

Tom Eke, ophthalmology (special interest: glaucoma)

Leisa Freeman, cardiology (part time; special interest: congenital heart disease)

Stuart Irving, urology

Sandeep Kapur: colorectal surgery (special interest: coloproctology)

Charlie Mann, trauma and orthopaedics

Anthony Metcalfe, geriatric medicine

Robert Mills, urology

Mark Pasteur, general and respiratory medicine

Amarjit Rai, trauma and orthopaedics

Chris Sharpe, anaesthetics

Nandu Thalange, paediatrics

Marc Van Leuven, thoracic surgery

## The wizard of Hethel

**IF AUXILIARY** nurse Peter Quick (pictured) looks vaguely familiar, it may be because you've seen him in the guise of a wizard in the highly popular new Harry Potter movie. It's only the latest in a series of film roles for Peter, 55. He was a Roman senator in *Gladiator*, starring Russell Crowe and Richard Harris, and he also appeared as an extra in *Eyes Wide Shut*, with Nicole Kidman and Tom Cruise.



Because he is employed only part-time, he is able to travel around to different film sets on his days off. Much of *Gladiator* was filmed on location in Godalming.

“I like variety and I've been involved in all kinds of businesses in my time, running anything from Belgian chocolate shops to an off licence. I began working as an auxiliary nurse when I returned from running aid convoys to Bosnia.”

Peter's face may not yet be his fortune, but it is clearly a great asset. “My ambition is to get regular work with East Enders. Now that really would be magic,” he says.

## Red card for abusive patients

**LAST YEAR** there were 184 reported incidents of staff enduring abuse from patients. Now a policy has now been agreed whereby those who are extreme or persistent in their behaviour can, as a last resort, be excluded from the Trust for a period of one year.

Abusive patients will be given a formal written warning (yellow card), followed by exclusion from the Trust (red card) for a period of one year if they continue to behave in an unacceptable manner. Staff will be entitled to bypass the yellow and red card procedure and withhold treatment following a serious incident or if there is a threat of serious and imminent danger.

Posters explaining the Trust's zero tolerance policy will be on display in all public areas and the new policy is available in full on the intranet. Contact Sophie O'Kane on ext. 5777 if you would like a copy.

## INFO

### Norfolk and Norwich Hospital (old site)

Brunswick Road,  
Norwich NR1 3SR  
Tel: 01603 286286

#### Restaurant

Open 7:30am - 8pm and 10pm - 1:30am  
Coffee shop 8:30am - 5pm  
WRVS shop Mon - Fri: 9am - 4pm

*The following departments are based on the old N&N and site until Phase 2 of the move to the new hospital, scheduled for October / November 2002:*

Elective Orthopaedics (Barford Ward, Brooke Ward)  
Elective Surgery (Diss Ward)  
High Dependency Unit  
Dermatology (Ashby Ward)  
Medicine for the Elderly (Ashby Ward)  
Oncology (Wymondham Ward, Walsingham Ward)  
Weybourne Day Unit  
Radiotherapy  
Radiotherapy Physics  
Haematology outpatients  
Radiology  
Occupational Therapy  
Physiotherapy  
Occupational Health  
Research & development  
Quality & Audit  
Risk management  
Health & Safety  
Infection Control  
Breast Screening

### Cromer Hospital

Mill Road, Cromer NR2 3TU  
Tel: 01263 513571

#### Restaurant

Open 7.30am - 1.30pm, 2pm - 3.45pm,  
5.30pm - 7pm

### West Norwich Hospital

Bowthorpe Road, Norwich NR2 3TU  
Tel: 01603 286286

*The following departments will be based at the West Norwich Hospital for the foreseeable future, with the exception of the Jubilee Renal Unit which is expected to move to the NNUH in 2003:*

Breast screening (scheduled to move from the old N&N site in April / May)  
Jubilee Renal Unit  
Physiotherapy and occupational therapy outpatients  
Health records library  
Diabetes research  
Pain management clinic

### Grove Road Clinic

The clinic is being adapted to accommodate the Central Family Planning Clinic, currently situated at 3 Brunswick Road.

# TAKING CONTROL

*Newspaper reports about 'killer superbugs' do little to help the workload of the infection control nurse. Helga Scotton dispels some of the myths and explains how we can all play our part in the control of infection.*

**IT'S TUESDAY** morning and Helga Scotton receives a call from the microbiology lab confirming that an elderly patient on Docking Ward is suffering from campylobacter, a foodborne infection. Precautions have already been taken by the ward staff, including moving the patient in a single room, but Helga makes a note to visit the ward to review her treatment later in the day.

"Our job is to see that all is being done to prevent the spread of infection and reassure the patient that she is receiving the best possible care," she says. We will also need to investigate where she might have picked up the infection and pass on any relevant information to public health nurses and other trusts."

Together with infection control doctor Judith Richards, Helga, a senior nurse specialist, manages a team of three infection control nurse plus an administrative assistant and a part-time surveillance nurse.

"We have between 50 and 90 patients on our books at any one time and may get up to 20 new cases of infection each week – a

**"Most of the patients we see with MRSA can be effectively treated with soaps and creams"**

small percentage considering the Trust has more than inpatient 900 beds," says Helga. "The most common conditions are chickenpox or shingles but we also see MRSA, clostridium difficile (an antibiotic-induced diarrhoea), foodborne illnesses such as campylobacter and salmonella, tuberculosis and streptococcal infection – and very occasionally scabies.

"Sensational stories in the newspapers would have us believe that infections only exist in hospital and we're constantly at risk



Judy Doyle (above) with staff nurse Claire Clarke on Docking Ward. Right: Sarah Morter checks out the infection control database on the nurses' station. Above right: Helga Scotton prepares for a lecture tour of Uruguay, where the Trust's expertise in infection control is highly valued

from 'flesh-eating superbugs'. But the reality is very different. Although common, this particular strain of streptococcus rarely causes such a severe infection. In fact, in 16 years nursing I have only seen this severe form twice.

"Staphylococcus aureus is another common bacteria found in 30-50 per cent of the population. MRSA is a strain of this bacteria which is resistant to some antibiotics.

Most of the patients we see with MRSA are colonised\* – usually they can be effectively treated with soaps and creams but occasionally they become infected\*\*.

"As with all bacterial infections, MRSA



can lead to serious complications such as septicaemia (infection of the blood) or prosthetic implant infection resulting from a joint replacement or vascular graft. Contrary to some recent reports, it can usually be treated with strong antibiotics.

"The clean environment of the new hospital, more single rooms and better washing facilities all help to minimise the spread of infection. But resistance to antibiotics is growing in the community in general. We can only hope to reduce the problem by using antibiotics only when absolutely necessary."

Advances in information technology and a county-wide working group, chaired by



*Simon Isbell (left) advises nurse Jude Dimbleby on disinfection procedures for a new automated bath on Gunthorpe Ward. Testing time (clockwise from above): Helen Davey, Simon Brolly and Rosemary Segger in the microbiology lab*

Dr Richards and funded by the Department of Health, have enabled Helga and her team to compile a database of patients, treatments and outcomes – a valuable resource. “We can now access and input into our database on the ward, which saves precious time. Our records are shared with infection control nurses working in other acute, community and mental health trusts.”

An important aspect of infection control is raising awareness through training sessions and seminars. “The benefits of better education are enormous. It means ward staff are far more inclined to ask for our advice – they’re pleased we have the

time to sit down with patients and reassure them. We’re proud to wear uniform because this clearly identifies us as part of the nursing team and also helps patients to understand our role.

“We also play a key role within risk management issues such as outbreaks of infection, theatre air testing, and the safe disposal of waste. Working closely with staff across the whole organisation benefits the patients because we can identify the risks early and help reduce the spread of infection.”

*\*Colonisation is the ability of some micro-organisms to reside on or in a host without causing disease*

**\*\* Infection is the invasion and multiplication of harmful micro-organisms in body tissue.**

(A national infection control awareness week is being held throughout the NHS from 7-10 May. A study day is also scheduled for 25 September.)

#### **HOW YOU CAN HELP**

- Wash your hands thoroughly using the six-step technique
- Wear protective clothing where appropriate
- Use the alcohol handrub dispensers provided

# WAR AND PEACE

*Bijan Beigi has gained an international reputation for innovation in the field of ocular plastic surgery. Here he tells Sue Jones about the remarkable events that led him to become a consultant at the NNUH*



**BY HIS** own admission, Bijan Beigi enjoyed a privileged upbringing. The son of an Iranian civil engineer, he was brought up in Teheran with all the trappings that money could buy. By the time he went to university, he already owned a luxury apartment in the best part of town, turning up for lectures in an eight-cylinder Chevy sports car.

All this was to end, however, with the Iran-Iraq war. Within weeks of completing his medical training and getting married, he was conscripted into the Iranian army and sent to a remote area of Iran. For three years he witnessed the horrific results of trench warfare, forced to serve as an army doctor and take sides in a war he could never condone.

“As a doctor it was extremely difficult – I carried a gun because the conditions were so dangerous. But in those circumstances you either give up and give in or you carry on, and at the time I had no choice.”

The experience has had a profound effect on his life and career, driving him on to invent ever more demanding surgical procedures for the benefit of his patients. “Work is definitely my main focus. I spend a lot of time here and I love what I do,” he says. “Other people might complain about the health service but for me, compared to

what I’ve seen and experienced, every day here in Norfolk is a holiday.”

Bijan’s journey to the NNUH began with a cold day in Glasgow in 1987. Leaving behind a Tehran he could barely recognise, deserted by westerners, he had travelled with his wife Khandy and two-year-old son Mazda to begin a new life in the UK.

“It was almost as bad a culture shock as going to war,” he recalls. “We were not allowed to bring any money out of Iran so we started out with nothing. Having been used to so much, it was hard not to have enough money for food or clothes.”

After training in ophthalmology in Glasgow and Dublin, he became a senior registrar in Bristol and went on to take up a Fellowship in ocular plastics and orbital surgery at Moorfields Eye Hospital in London, moving to the West Norwich Hospital as a consultant in Ophthalmic surgery. “Ocular plastics attracted me because it’s relatively new and technology-driven. I was excited by the possibilities it offered.”

In fact, advances in eye surgery in recent years owe as much to the pioneering doctors of the second world war as to the more recent changes brought about by lasers and microsurgery. Faced with horrific injuries suffered by victims of the bombing, plastic surgeons began to call upon their

## Beigi ‘firsts’ at the Norfolk & Norwich

Many patients have Mr Beigi to thank for the relief of their distressing symptoms.

- Joan Austin had been registered blind before surgery cured her of constant spasm and pain in the eyelids. The procedure, carried out in January this year, involved delicate manipulation of nerves and muscles to open up the eyes while retaining her ability to blink. Afterwards, she was able to throw away her white stick.
- Canalicular laser surgery was carried out last year for the first time in the UK. It was used to clear obstructions to the tear duct via the tear duct itself

- an extremely delicate procedure
- Research into in-rolling eyelids over the last ten years has just been published - part of it had already won Mr Beigi a prize from the European Society of Ophthalmic Plastics. In the light of this research, he is currently testing a revolutionary new technique which could relieve painful eyelid symptoms for many elderly patients.
- ‘Blitz’ surgery to treat as many as 40 patients in a day have become a Beigi tradition, requiring precision timing and teamwork from a large group of staff.



colleagues in ophthalmology to assist them in reconstructing eyelids, and a new field of surgery, ocular plastics, was born.

“In this field there are maybe 25 doctors who have made their mark– I’ve been privileged to have worked with five of them,” says Bijan

Following in the footsteps of his revered role models, he is delighted to pass on the skills he has learned while at the same time broadening his own knowledge through international contacts. Last year, for example, he offered a Fellowship to a young Greek surgeon, and others are now queuing up to work with him.

A distinguished member of the European Society of Ophthalmic Plastic and

**“Compared to what I’ve seen and experienced, every day here in Norfolk is a holiday”**

Reconstructive Surgery, he has won a string of prizes and accolades for his research and achievements. However, he has no intention of becoming complacent.

“It’s wonderful to be working as part of a dynamic team in this lovely new teaching hospital, with plastic surgery, ophthalmology, ENT and maxillofacial surgery all under one roof. As someone who is easily bored, always looking for new things, the future looks very exciting indeed.”

# GETTING BETTER

*Improving Working Lives (IWL) is a nationwide initiative to try to enhance the experience of working in the NHS.*

*Consultant anaesthetist Rob Harwood looks at the implications for the Trust and its staff*

**PSYCHOLOGISTS** tell us that moving house is one of life’s most stressful experiences. I would suggest that moving hospital is almost as stressful. Our workforce, already under pressure from its existing workload, has undergone great turmoil.

We pride ourselves that our hospital is both effective and efficient. Our performance is envied by other hospitals near and far. Moreover, thanks to the skill and commitment of our staff, we are able to offer services that are unavailable elsewhere in the region. We are in the habit of asking and expecting much of our staff. We are asking for an even greater effort now.



Through the national IWL initiative, various groups are tasked with developing helpful strategies such as flexible working or improved childcare arrangements. But the IWL initiative should not be regarded as benefiting staff alone. The Trust and the NHS in general will also benefit. Quite apart from the humanitarian consideration of reducing stress, improvements in staff morale are reflected in reduced absenteeism due to sickness and a decrease in staff turnover.

It is expensive and difficult to recruit new staff, in addition to the loss of skills that results from a high staff turnover. It is imperative, therefore, to retain the staff we already have.

In the NHS, we live in a blizzard of initiatives and targets, many of which have come and gone. For IWL to be effective, Trusts will need to demonstrate to their staff that this initiative is different and will be implemented in a meaningful way. Failure to do so will lead to even greater

disenchantment, with all that this entails.

In summary, Trusts have much to gain by embracing the principles of IWL. They have much more to lose by failing to implement them. It will require courage on the part of any Trust to implement this process properly. It should begin with open, honest and straightforward communication with and from staff groups.

As an organisation we should expect and perhaps even invite criticism. We need to know about problems before we can deal

**‘No one expects all difficulties to be resolved immediately; to know that someone is trying to resolve them is sometimes enough’**

with them. Staff respond positively to an open, honest culture – candour fosters confidence and engenders respect. No one expects all difficulties to be resolved immediately; to know that someone is trying to resolve them is sometimes enough.

Many organisations claim that their staff are their greatest asset. This really is true for us in this Trust – our staff are excellent and truly are our most valuable resource, as the move to Colney has proved. As an organisation we must, however, demonstrate that belief by our actions. It’s time to walk the talk.

*• Do you have a viewpoint on a subject you feel strongly about? You could win a case of wine, donated by Virgin Wines, if your article is chosen for publication in the next issue. Send your contribution to Sue Jones, Editor, Communications Dept., Trust Management Office, West Block, NNUH*

# SETTING THE PACE

*Ever wondered how many surgical instrument sets are used throughout the Trust? A recent stocktake revealed there were 2,169 and the number is growing fast. Sue Jones takes a look behind the scenes and reveals how modern technology is revolutionising sterile services*

**FROM** heavy-duty power tools to microscopic screws and plates, today's instrument sets are more intricate and complex than ever before. Keeping track of them all is a major task – which is why the Trust is turning to the latest electronic systems to ensure that wards, theatres and clinical areas receive the sterile equipment they need to carry out their work.

The sterile services department (SSD) at the new hospital is one of the most advanced in the NHS, with teams of staff working round the clock to clean, assemble and sterilise surgical equipment. The sheer scale of the operation, coupled with the move to the new hospital and changes in working practices, have put unprecedented pressure on the department in recent months.

Service manager David Govan is full of praise for his staff. "It's phenomenal how well they managed to cope with the move. The extra workload from the West Norwich meant that they were handling unfamiliar ophthalmic instruments in new surroundings using automated, state-of-the-art equipment. And as if that wasn't

enough, they were also coping with the problems of split-site working."

When the new Day Procedure Unit opened for business in January, the SSD was understandably struggling to meet its targets and a number of procedures had to be cancelled. The Trust acted immediately to resolve some of the problems, stepping up deliveries between the old and new sites, taking on more staff and ordering extra instruments.

In a bid to keep track of the surgical equipment in circulation, all instrument trays are now barcode registered and each one is electronically swiped, both at the point of use and at various stages along the way. This new electronic system should help to ensure that the right instruments are available in the right place and at the right time.

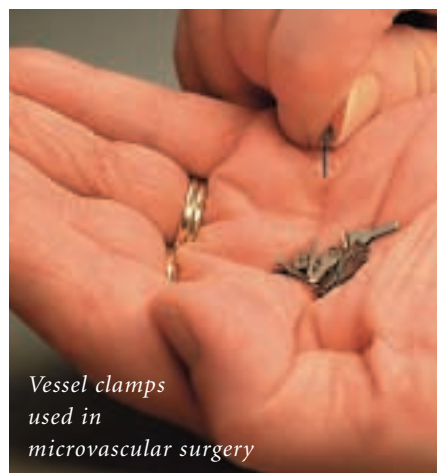
A central store has also been created within SSD and instrument sets are now delivered to theatres as and when they become necessary. Based on an American model, this has never before been tried on such a scale in the NHS.

"I am sure there will be areas where we will need to tweak the system but it will make a considerable difference to the department to know where everything is," says SSD manager Rodney Wood. "I would just ask staff to be patient with us while these new systems are being implemented."



*AFTER 22 years in sterile services, seven of them on linens and bulk production, Janet McIntosh (above) is still learning: "I've handled literally thousands of instruments over the years. From time to time we get the chance to watch an operation and see how they are used. I find it fascinating, especially some of the delicate maxillofacial procedures where the screws and plates are so tiny you can hardly see them with the naked eye."*

*"Some of the instruments have to be taken apart for decontamination and we also have to restock the orthopaedic trays with screws and plates for trauma cases. Setting up the trays is quite a challenge – 30 to 40 different types of forceps may be needed for one operation. In the old days you could tell which consultant had ordered the instruments by the way the tray was set, but that's changing. There's more of a universal system now; it depends on the operation."*



*Vessel clamps used in microvascular surgery*

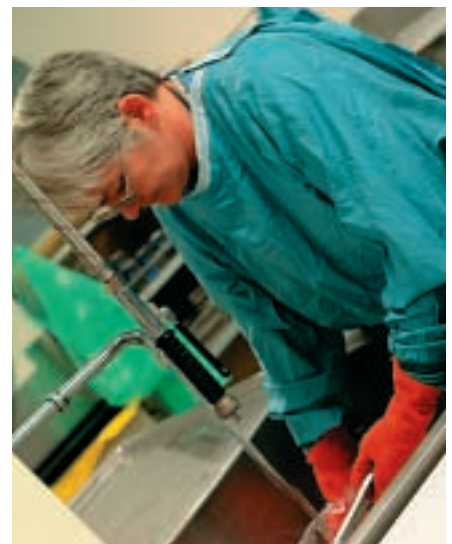


*WITHIN DAYS of joining the Sterile Services department, Roderick Calica (above right) had already had processed 200 different types of instruments. "There's a lot to learn. Many instruments are very similar to each other so it's quite a challenge to memorise them all. I need to ask a lot of questions!"*

*Having qualified as a physiotherapist in the Philippines, Roderick followed his wife Pinky, a nurse at the James Paget Hospital, to this country. Although he hopes eventually to return to physiotherapy, he is happy to be doing a job he considers well worthwhile.*



*Scenes from Sterile Services, where surgical instruments are prepared for theatre. In the new hospital staff wear gowns and work behind glass screens to help prevent infection*





# HOW THE ALLIES WON THE WARD

*Brenda Stibbons explains how the generosity of local people helped to put the Allies Day Procedure Unit on the map*

**OPHTHALMOLOGY** services in the Allies Day Procedure Unit at Cromer Hospital are expanding, thanks to a range of state-of-the-art computer equipment. A Humphrey visual field machine, a corneal mapper and an auto refractor are already operational. Next to be installed will be a digital fundal camera and an argon laser, enabling local diabetic retinopathy patients to attend outpatient clinics closer to home.

The new equipment has been financed from the legacy of Mrs Sagel Bernstein – an appropriate development perhaps, given the role that philanthropy has played in the history of the unit.

When the Lord Lieutenant of Norfolk, Timothy Colman, officially opened Allies Ward in October 1978, it was the culmination of a three-year project started by John Peak, a former patient. On learning that more operations could be carried out at Cromer if additional beds were available, Mr Peak formed a group known as the “Allies” to raise funds for a new surgical ward.

Despite initial rejection by the District and Area Health Authorities, the project was

finally approved and many local fund-raising activities were organised. Volunteers helped to clear the site and local contractors including architects, builders, civil engineers and electrical contractors offered their services free of charge. The Allies raised in the region of £73,000 and the value of goods and services added a further £30,000.

The result was a ten-bed surgical ward for

**“The recent expansion of ophthalmic services at Cromer Hospital has given the Allies Day Procedure Unit a new lease of life”**

both male and female patients, which meant that an additional 400 operations could be carried out at Cromer every year.

Developments in surgical techniques and changes at Cromer Hospital have resulted in varying roles for the Allies Ward over the years, including a period of closure, much

to the consternation of the local community. However, the recent expansion of ophthalmic services, including surgery, has given the unit a new lease of life.

Six additional ophthalmology clinics have recently started so that many local patients no longer have to travel to Norwich for treatment.

Consultants Mr R L Burton, Mr C Jones, Mr C Illingworth and Mr T Eke, staff grade surgeons Mr A Hatoum, Mrs R Shenoy and Mr C Rai and Associate Specialist Mrs J Knights, all based at the Norfolk and Norwich University Hospital, have outpatient clinics and operating lists at Cromer. In addition there are nurse-led clinics. Sister Gill Tulloch runs pre- and post-operation assessment and check-up clinics, and Janet Warrington is a Glaucoma Nurse Specialist.

Approximately 200 patients are now seen in ten outpatient clinics, and an average of 60 operations are carried out each week.

Although the Unit now has a very different role, the Allies who worked so hard to build it can be reassured that it is still a vital resource for so many local patients.