

THE Pulse

Issue Number 10
November 2003

Norfolk and Norwich University Hospital



NHS Trust



Time to talk

How doctors can improve their communication skills



Setting a new trend

The training scheme that won praise from the HSJ

Viewpoint
Lessons from life... Leigh Bissett on his first year as a medical student



Diet matters

The dietetic assistants who are here to help patients

21 years
of
hospital
arts

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

David Walsh's 'Viewpoint' on staff parking and transport in the September issue of The Pulse prompted many of you to respond. Here we print a selection of your views.

Permits are so cheap!

I was amazed to learn that the Trust had issued 4,000 parking permits. No wonder there is such pressure on our staff car park.

David Walsh is clearly right to suggest that the cost of permits should go up. At present there is no incentive for staff to use public transport when it is actually cheaper (only £5 per month) to park the car.

Why not have a sliding scale for parking permits? I can't be the only bus user to watch from the bus queue as highly paid staff head for their cars, knowing that my fares for the week will cost twice as much as they will pay for parking in a whole month!

Name withheld

Incendiary views

David Walsh's personal views on staff car parking are highly likely to inflame staff who are already deeply upset by this issue.

The questions he raises are admirable for society and political correctness, but surely the decision on whether we use our cars should be a matter of personal choice and not enforced from higher authority?

Increasing the parking fees will only cause hardship to the lower paid and groans from all the rest.

I feel angry on behalf of colleagues who have to wait around for buses in their own free time. I also feel sorry for patients who worry about parking spaces and fees.

We should not compare ourselves to other hospitals, saying we are 'no worse' than they are. Instead we should strive to be the best – for both patients and employees.

Jayne Bennington, staff nurse



On your bike

Surely David Walsh does not expect staff to do the school run and then wait for at least one bus to take them to work?

With such a 'nanny knows best' attitude to transport and fitness, why was a sports/ social centre not provided at NNUH, as with the much lauded Addenbrooke's?

Few hospitals decrease in size and staffing levels, yet the car park here

seems to have been designed with the 'three lanes are enough for the M25' mentality. Forward planning? I think not!

Deidre Fottrell Gould, in-patient recovery

Second rate service

It's easy to call for a more creative approach to transport issues when you are not relying on a bus to get to work. Every day I suffer at the hands of First Bus failing to deliver the service they promised to provide. I have had enough of paying a first class price for a second rate service.

My plight will not be eased by giving me a pool car or the loan of a bike. I have a car and for purely selfish reasons I want to be able to park it at work. If that means more tarmac then so be it.

We need a resolution to our predicament and I am looking to the Trust to provide it.

Verity Bullock, medical secretary

• **TRUST CHAIRMAN** *David Prior says the Trust is continuing to monitor bus services and to lobby First about complaints from staff. Following a meeting with First's Chief Executive, Moir Lockhead, on 3 October, he received a letter from Mr Lockhead stating: "I am determined to put things right and I intend to keep personally involved until I am satisfied that this has happened."*

Meanwhile the County Council is giving First until January 2004 to implement an action plan which the company claims will improve services.

So helpful

I recently went to visit an old lady in hospital who was upset because she needed to decide whether to have a leg amputated. Unfortunately, the name I had for her was wrong and I did not know the ward.

Your receptionists Kate Tomlin and Jane Howard could not have been more helpful - phoning around, checking details, even lending me a phone to call someone in the parish. In the end we found the patient and I was able to see her. What a great service your team provides!

*Rev Nicholas Vesey,
Vicar of St Luke's with St Augustine*

Congratulations

Having brought my 92 year-old aunt for a series of procedures in your hospital, I would like to congratulate you on the service we both received. For an organisation as complex as yours to have achieved such a unified approach after less than two years on a new site is most unusual.

The quality of care, inclusiveness, and understanding shown to us was most impressive. All your staff, without exception, were friendly, competent and professional – they deserve encouragement and praise.

*Marel Denton
Lymm, Cheshire*

Lynette's thank you

I would like to thank everyone who helped to raise nearly £6,000 for the mission hospital in western Kenya where I am currently a volunteer.

Among other things, I am desperate to get a water supply connected to the hospital. We do have rainwater tanks but soon the rains will stop and we will have to fetch water from the river.

What appals me the most here, however, is the people who, when they realise they are HIV positive, deliberately infect as many others as possible 'so they won't die alone'. It's incredibly sad.

*Lynette Yaxley
(former NNUH Diabetes nurse)*

Empowering disabled people



THE NEEDS of disabled patients, visitors and staff came under the spotlight at NNUH when a special event, *Empowering Disabled People*, took place in the East Atrium.

In addition to the displays, a series of competitions and quizzes were designed to raise awareness of disability issues and draw attention to the Trust's new Disability Policy. The winners were Mark Hughes from Health & Safety, Christine McKenzie from Human Resources, Kate Tomlin from East Outpatients Reception and Heather Clarke from Human Resources.

• For more on disability issues, turn to page 12. Details of the Trust's Disability Policy are also available on the Trust intranet.

WINNING IDEAS

Do you have a good idea to improve our working lives? The IWL team has set aside 10 prizes of £500 each for the best entries, either from individuals or groups. The money will be used to improve services and benefits for staff. All winning ideas will be published in *The Pulse*.

The IWL team would also like each of the four clinical services Divisions to be represented on the IWL team. Contact Human Resources on ext. 5933 for details.

Top teamwork gets results



OUR INFECTION control team has received a national award for the most innovative campaign during national Infection Control Week. The team's 'glow and tell' exercise outside the staff restaurant – part of a week-long education programme in September – was clearly a great way to spread the message that when it comes to fighting infection, careful hand-washing can be a life-saver.

MP Virginia Bottomley presented the team with their certificate at the opening of the Infection Control Nurses' Association conference in Telford.

Patient choice and the need for change

IT'S ALL change!

As you can read in this edition of *The Pulse*, plans for the redevelopment of Cromer Hospital are now well advanced and being discussed



and shared with the staff and the public.

Meanwhile, we are nearly two years on from the first occupation of the new hospital at Colney with all moves completed some time ago. The question to be addressed is, 'What next?'

In policy terms we face significant change with the implementation of Patient Choice. Starting from 2004, patients will be able to choose which hospital they go to.

Naturally our ambition is to be the hospital of first choice for our local population and for wider populations who need access to our specialised care. However, at present we are under much pressure and orthopaedic elective work is having to be exported. Working with our partners in primary care and social services, we need urgently to create headroom in our system.

One source of hope and part of a new vision for the future is the work on Pursuing Perfection which is showing promise in the areas of reducing reliance on hospital care for chronic disease management and improving the patient experience through reducing length of stay for some acute patients.

We are also working with the PCTs and our colleagues from Great Yarmouth and King's Lynn on the development of an acute strategy for Norfolk which will determine the pattern of sustainable acute services in each of the three acute hospitals.

As with the rest of modern life, the conclusion is that change is the only constant.

Stephen Day

STEPHEN DAY

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Platinum award for accountancy

THE NNUH TRUST has been awarded Platinum approved status by the ACCA (Chartered Association of Certified Accountants) for its training and support to finance staff – one of only 10 NHS organisations in the UK to be granted this status.

In order to achieve the highest standards, the Trust had to demonstrate its commitment to training through appraisals, mentoring, continuing professional development and work experience, as well as providing opportunities for staff to study.

Deputy Director of Resources Julie Cave, (pictured right) commented. "We put a great deal of effort into helping our staff achieve their accountancy qualifications so that we can provide a high quality service to the organisation.

"I am lucky to have a team that is both enthusiastic and committed - without them the award would not have been possible."



Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY
Tel: 01603 286286

Website: www.nnuh.nhs.uk

Restaurant

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

Coffee bars

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

Plaza (East) open Mon-Fri, 8am-6pm

Saturday 10-4pm

WRVS shops

East Atrium, open 8am-8pm Mon-Fri, 10am-6pm weekends

Plaza (West) open 7am-8pm Mon-Fri

8am-6pm Saturday and Sunday

Serco (for housekeeping, 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: ext. 5457 or 5458,

West Atrium Level 1: ext. 5462 or 5463

Outpatients East Level 2: ext. 5474 or 5475,

Outpatients West Level 2: ext. 5472

East Atrium Level 2: ext. 5461

Car parking

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

Bus services

Enquiries/ complaints: 01603 620146

fec.norwich@firstgroup.com

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

Open to all. For details of services and to contact the Chaplains, call ext. 3470

Sir Thomas Browne Library

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

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

Playscheme

At Blackdale Middle School during school holidays for the children of Trust staff.

Contact Debbie Sutherland on ext. 2202

Cromer Hospital

Mill Road, Cromer NR27 OBQ

Tel: 01263 513571

Restaurant

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

• The following departments are based at **Norwich Community Hospital**, Bowthorpe Road, Norwich NR2 3TU, Tel: 01603 776776: Breast screening, Health records library, Diabetes Research, Pain Management

• The following departments are based at **Aldwych House**, Bethel Street, Norwich, NR2 1NR. Occupational Health (ext.3035), Outpatient Appointments, Clinical Governance, Training and some of Nursing Practice

• **The Norwich Central Family Planning Clinic** is based at Grove Road, Norwich NR1 3RH. Tel: 01603 287345.

New Radiology Academy comes to Norwich

NNUH has been chosen to lead a groundbreaking approach to radiology training. The hospital will be electronically linked to a new Radiology Academy in Norwich – one of only three in the UK (the others being in Plymouth and Leeds).

Among the sites being considered is Institute of Food research on the Norwich Research Park.

The Academy is to be established as part of the national Integrated Training Initiative (IPI), designed to address the current shortage of qualified radiologists. The aim is to increase training capacity without affecting patient care by splitting training time between the traditional hospital

environment and a specially designed educational environment.

Divisional clinical director and consultant radiologist Erika Denton (pictured left) commented:

“We are delighted that the DOH and the Royal College of Radiologists have chosen Norwich for one of the new Radiology Academies. Our facilities for digital imaging are among the best in Europe and we are extremely proud of our staff.”

Professor Aidan Halligan deputy Chief Medical Officer, said: “This is an exciting opportunity to move beyond traditional teaching models to develop and evaluate educational innovations and to move towards seamless multidisciplinary and multi-professional training programmes.”

WELCOME

...to **Dr Brid McGrath**, consultant anaesthetist with a special interest in gastro-intestinal surgery, and **Mr Peter Hallam**, orthopaedic surgeon with a special interest in upper limb and trauma.

FAREWELL

...to the following staff who have left the Trust since 1 September 2003:

Elizabeth Traynier, Senior Community Radiologist at Cromer, after 30 years' service, **Dr Alex Pillainayagam**, medical doctor in Cromer, after 26 years, **Janet Gray**, midwifery sister, after 23 years **Sheila Wilcox**, superintendent in clinical oncology, after 23 years.



Breath of life

LAST YEAR 80 patients underwent a tracheostomy at NNUH – a procedure whereby a tube is inserted into their windpipe to enable them to breathe.

Now the Trust has appointed its first tracheostomy support practitioner, funded by the Workforce Development Confederation, to advise patients and staff

about this condition.

“For most of these patients a tracheostomy is a temporary measure but for some it will be permanent,” says Jo Segasby, (pictured) who was a sister in



ITU before taking up her new post in the summer. “We know of one patient who has had a tracheostomy for nearly 70 years.”

“Obviously the breathing tubes are a lifeline so it's essential they're kept clean and clear of blockages. I'll be offering support and advice to ambulance and community hospital staff, as well as nurses on the wards and patients when they return home.”

Away from work, Jo is gathering support for her ambition to take on the Three Peaks Challenge next June. If you would like to join her in the race to climb Britain's three highest peaks, or can help out as a driver, she would love to hear from you!

Jo can be contacted on pager 90769 3304547, or by email. Or leave her a message on ext 3521.



NIKI HELPS PUT STROKE PATIENTS IN THE FAST LANE

Our new fast-track stroke clinic treated 205 patients in the six months following its launch in July 2002. Now a new specialist nurse has been appointed to strengthen stroke services – thanks partly to a grant from Sanofi-Synthelabo and Bristol-Meyers Squibb.

Niki Wyatt (pictured left with stroke patient Joyce Rose) will have a vital role in helping patients who have suffered a mini-stroke or TIA (Transient Ischaemic Attack) to avoid further attacks. Research shows these patients are seven times more likely to suffer a full stroke in the weeks following a TIA. Last year a dedicated stroke unit opened on Dunston Ward to care for patients with suspected or confirmed stroke.

Proud to be multi-professional

SINCE BEATING more than 800 entries to become a runner-up in the Health Service Journal's Lifelong Learning Award, Carol Edwards and Julia Watling have been enjoying celebrity status in professional circles.



Star quality: Caroline Button (left), one of the first physiotherapy assistants to complete the training programme, with Carol Edwards (centre) and senior healthcare co-ordinator Julia Watling

“The phone has been ringing off the hook with people wanting to know more about our in-house training scheme for healthcare assistants,” says the Deputy Director of Nursing and Education, Carol Edwards. “We’ve been asked to star in a video for the Department of Health and to make a presentation with Nicky Clemence at the Allied Health Professionals Conference.”

Their innovative scheme to create a new level of multi-professional support worker was developed in conjunction with Norwich City College. Judges were particularly

impressed by the Nursing Practice team’s efforts to support staff in their academic studies.

Our first newly qualified ‘assistant practitioners’ include nursing auxiliaries, physiotherapy assistants, occupational therapy assistants and assistant practitioners in breast screening. All are now working across professional boundaries to aid the continuous delivery of care and release registered practitioner time.

DR TIGHE TAKES THE LEAD

CONSULTANT gastroenterologist

Dr Richard Tighe has been appointed clinical lead for the NHS Modernisation Agency’s National Endoscopy Programme in Norfolk, Suffolk and Cambridgeshire. His appointment follows the news that NNUH has been chosen by the Royal College of Surgeons as one of only 10 centres of excellence for endoscopy training in the UK.



Dr Tighe commented: “In recent years we have made substantial progress in improving the endoscopy service in Norwich and I look forward to helping roll out this progress across the region.”

Hospital art comes of age



The Hospital Arts Project has collaborated with many artists since it began brightening up our hospital corridors 21 years ago. Among the guests at last month’s anniversary celebrations was Sokari Douglas-Camp (centre) who designed the spectacular metal leaves in the East Atrium at NNUH. She is pictured with hospital arts co-ordinator Emma Jarvis (right) and Kit Burke, a founding member of the hospital arts committee.



WELCOME to Heather Howman, the new deputy manager for our Patient Advice and Liaison Service (PALS). Heather was an F grade nurse in A&E before leaving the Trust in September 2000 to take up the post of nurse supervisor with NHS Direct in Norwich. A nurse of 25 years experience, she trained in Ipswich, and has three children. Her husband Thomas is a theatre technician in the Day Procedure Unit. Heather is looking forward to “working with patients and staff to address any issues that arise with PALS.”



Doctors were invited to practise their communication

Time to

STEVE IS angry. His wife is gravely ill in hospital and now he wants some answers. How could this happen? Why is no one telling him anything?

Andrew Jackson, a specialist registrar in palliative care, listens intently as Steve pours out his concerns. He knows the woman doesn't have long to live, but how can he break this news to her husband when feelings are already running so high?

Under gentle questioning it becomes clear that Steve is well aware of his wife's condition. He just cannot accept that she is losing her fight for life.

In palliative care this is a fairly common scenario. What is unusual is that Steve is an actor and the conversation is being videoed while the rest of us watch. Later, Andrew's 'performance' is discussed by the group, who agree that communication in this case is more about listening than talking. Silence, it seems, can be golden.

"Research has shown that if you take the time to allow patients to express emotion in their own way, you can remove the blocks to communication and they are much more likely to hear what you say," explains the course facilitator Alexia Papageorgiou. "If Andrew had jumped in and told Steve the news straight away, the outcome might have been very different."

Afterwards, Andrew confessed to being exhausted by the experience. "Although I wasn't saying much, my mind was working overtime to find the right words to say. In the end, listening to Steve helped me respond in a way that he could understand."

It was the need to communicate effectively within a limited timescale that prompted anaesthetist Kathy Wilkinson to become involved in communication skills training. "When time is short and you're dealing with children and parents together it can be especially difficult," she explained. "The beauty of the Calgary-Cambridge



model, which we are teaching here, is that it gives a structure to the conversation and helps doctors in all situations to get the information they need to make a correct diagnosis.

"As with resus training, if you don't rehearse the skills then you won't be able to apply them. Effective communication is increasingly important – not least because if we don't get it right then patients are more likely to complain and feel dissatisfied."

Nicola Holtom, a consultant in palliative care, says the communication skills course is an exciting innovation for the Trust.

"In the past, doctors were expected to learn by example but had no formal training. They may sense when a consultation has not gone well but be unable to work out why. Now, even if they are not natural communicators, they can learn skills that will help them to elicit patients' concerns and hopefully

Role play: Actors Steve Attmore and Beverley Dean took the part of patients and relatives during the one-day course at NNUH

communicate more effectively."

Alexia Papageorgiou agrees: "The way doctors communicate can have a direct effect on patient care. For instance, patients may not explain all that is wrong with them, which means they will need to come back at a later date. They may be unsure how to take their treatment or have questions that remain unanswered. As a result, they will feel anxious and dissatisfied, and may even go on to file a complaint."

Back in class, the doctors are reflecting on what they have learned. Rowena Thomas, an SHO in oncology, was surprised to discover how much her handling of a situation could affect the outcome. "I learned a lot from the role play exercises – it was good to have actors behaving like real patients and to try out different ideas."

skills in a new initiative at NNUH. Sue Jones went along to see how it's done

TALK



"When time is short, communicating effectively can be especially difficult"

Kathy Wilkinson, anaesthetist

WHILE all GPs and new medical students are required to have communication skills training, hospital doctors are only just beginning to catch up. Surgeons are now tested on their communication skills and the Trust is taking steps to ensure that *all* SHOs who practise in our hospitals have access to suitable training.

The first-ever communications skills course at NNUH was facilitated by Alexia Papageorgiou, a lecturer in communication skills at the UEA

medical school, helped by several consultants from the Trust who have a special interest in the subject.

Training is based on the Calgary-Cambridge Observation Guides, which were developed by Suzanne Kurtz and Jonathan Silverman following extensive research into medical consultations.

"We were surprised there wasn't more interest from SHOs but that may be because the training is not yet mandatory," says senior NANIME administrator Annie Cook. "Those who did sign up for the course say they learned a great deal and will be recommending it to their friends."



Active listening: Doctors take part in a series of exercises designed to demonstrate the importance of communicating effectively



Ways to better communication

- Listen to the patient's opening statement without interrupting.
- Pick up non-verbal clues and ask about their expectations and concerns as well as their symptoms
- Check that you have the facts correct and that the patient has understood you.
- Give information in bite-sized chunks and, if possible, ask the patient to repeat it in their own words
- Use clear language, avoiding jargon, and draw diagrams or pictures if it would help
- Use active listening techniques and responsive body language to offer reassurance
- When dealing with disputes, put aside any notion of 'win or lose' and concentrate instead on finding a common goal or purpose
- After a disagreement with colleagues, take time to resolve any issues in a calmer atmosphere.

Diet

In their smart lilac uniforms, our dietetic assistants are becoming a familiar sight on the wards at NNUH.

Sandra Jermy describes their role

MATTERS

MENTION THE WORD diet and most people imagine a slimming regime – so when patients are recovering from illness or surgery they are often surprised to find a member of the Dietetics team at their bedside taking an interest in what they've had to eat. "Why do I need to go on a diet?" they ask. "I'm not overweight."

On the contrary, many of our patients need building up to help them recover from disease or trauma. They may lose interest in food and be losing weight... and that's where we come in.

As dietetic assistants, we provide fundamental nutritional care. Working under the guidance of the dietitians, we help monitor patients who are referred for nutritional support.

The dietitians carry out the initial assessment of the patient and calculate the extra nutrients that are needed and how they can be provided – for example, by offering the patient snacks between meals. We then monitor the patient's weight, food intake and tolerance to the snacks or supplements prescribed. If the patient is not improving we always transfer their care back to the dietitian, but of course, most do improve and are discharged having gained weight, or having at least stopped losing.

Some patients have allergies or other medical conditions that can affect their dietary intake. They may be asked to keep a 'food diary' and part of our job is to enter the details into a computer programme that automatically analyses the nutritional content of meals. The dietitians can then see at a glance where there may be deficiencies.

There are now four Dietetic Assistants at NNUH and we all come from different career backgrounds – I was a classroom assistant before joining the team earlier this year and one of my colleagues, Debbie



Team building: Dietetic assistants (from left) Miriam Futter, Dawn Moore, Sandra Jermy and Debbie Scotter, with some of the drinks and supplements that can be prescribed for patients

Scotter, was an assistant accountant, while Dawn Moore had been working for leprosy projects in Bangladesh. I suppose what we all have in common is our interest in people, nutrition and health, and our desire to see people get better.

With 28 wards to cover, there are always plenty of patients to see. My colleague Miriam Futter supports the work of the dietitians in the paediatric team. Her role includes looking after the special requirements of both paediatric and adult Cystic Fibrosis patients.

Debbie is part of the nutrition support and oncology team, looking after gastroenterology and cancer patients as well as some of the medicine for the elderly wards.

Dawn Moore carries out various audits and special project work. For example she recently conducted a study on the techniques for measuring percentage body

fat. She also organises all our nutritional awareness and career promotion displays, including a stand each year at the Norfolk Show.

I myself look after patients with diabetes and kidney problems. My role is being developed and will eventually include running a diabetes slimming group.

The role of dietetic assistant is new to a lot of hospitals so we often get together for regional study days and share our experiences. We have a lot of support from the dietitians and we have all been encouraged to study for a Foundation Course in Nutrition.

It's very satisfying to be part of such a caring team and to feel that we are learning all the time.

• Please help the dietetics team by filling in food record charts and ensuring patients receive their build-up drinks and supplements.



A little encouragement goes a long way for patients such as 81-year-old Mabel Feavearyear, seen here with Sandra Jermy; Cystic fibrosis sufferer Jordan Goffin (below right, with Miriam Futter) needs a constant supply of high-calorie snacks to help him cope with his condition; Dawn Moore (below centre) analyses a food diary; Debbie Scotter (below left) sets up a feeding pump for patient training



Mark Sinclair, our new Human Resources director, explains to Sue Jones why he welcomes the 'Agenda for Change' in the NHS

AIMING HIGH

HAVING BEEN involved in organisational change and development initiatives in several blue-chip companies, Mark Sinclair is accustomed to the sort of challenges we currently face in the NHS.

A former army officer, he is used to building strong teams in the face of adversity and sees clear similarities between the medical and military professions. "Both work under stress and have to cope with extreme pressure," he says. "The most important thing I learned from officer training is that you need to set clear objectives and work as a team. You may all be heading up the same hill, but if you all set off in different directions you won't get there nearly so fast.

"These are exciting times for the NHS, which is what first attracted me to the job. My partner Jillian Croll was already working in the health service (she has since been appointed service manager for Trauma and Orthopaedics at NNUH) and we would talk constantly about the culture of change in the NHS.

"Many of the HR-related initiatives required in the Government's 'Agenda for Change' have already been experienced in the private sector over the last five to ten years, so hopefully the challenges we face in the next three years will not be new to me.

"At NNUH we have some fantastic staff and a state-of-the-art hospital – now we have to focus on making it a great place to work.

"Targets have become a dirty word but it's important to have a vision and be able to visualise how you are going to achieve it. Of course, there is always resistance to change but when a team is successful, others sit up and start to take notice."

Born in Troon, Mark studied town and regional planning at Dundee University before taking a post graduate diploma in Industrial Management. A keen sportsman, he captained his college rugby team and at University he joined the Officer Training Corps. In search of new adventures, he went



"At the start, organisational change can be an uphill struggle," says Mark Sinclair, seen here competing in a Nordic skiing event back in his army days

on to volunteer for the Royal Marine (Commando) reserves and successfully applied to Sandhurst for officer training.

From Sandhurst, he joined the Royal Engineers and, at the age of 23, was put in charge of a troop of 42 men and nine tanks based at Munsterlager in Germany. "As troop commander I had responsibility not just for the men but for the welfare of their

"There is always resistance to change, but when a team is successful others sit up and start to take notice"

families too."

During his 10 years with the army he completed tours of duty in Bosnia and the Falklands and took charge of a project to build a war memorial to mark the 45th anniversary of the Normandy landings in Lyon sur Mère. He also spent time with the Military Survey – part of military intelligence – mapping potential military sites using a combination of computer and satellite technology.

He decided to leave the army to join Schlumberger, an international oilfield services company based in Dundee, as HR

manager. "It was a tough environment, organised along military lines, but during my time there we changed our way of working from process-flow manufacturing to 'just in time' cellular manufacturing with multi-skilled, empowered teams. This had a remarkable effect on performance and quality because the teams took ownership of the process and were much more motivated and productive.

"From an HR point of view it was extremely challenging because we were creating innovative training programmes, not just for our own employees but for our suppliers too, with the help of a £1 million grant from the European Social Fund.

After four years at Schlumberger, during which he completed an MBA, Mark was head-hunted by Henkel-Ecolab, the world's largest hygiene service company, and moved to Swindon to become HR director for their European Region. Once again he was at the forefront of major cultural change as the firm adopted the Ashridge leadership model and the 'Hay' system of management by objectives.

"Every job within the company was evaluated and staff training and personal objectives were geared to achieve the company's goals," he explains. "This was fantastically successful and we saw the organisation's growth rocket from five per cent to between 12 and 13 per cent a year.

"Of course, training is not just about





WHEN TOO MUCH KNOWLEDGE IS JUST NOT ENOUGH

Leigh Bissett, the newly elected chairman of the British Medical Students Committee, reflects on the lessons learned during his first year as a medical student at NNUH

going on courses but must be competency-based – it's about continually developing staff so they feel empowered and challenged to take on more responsibility. At Schlumberger, for instance, the teams managed themselves. We agreed on the objectives and the teams were given the freedom to achieve those objectives in the best way they could.

“After all, ideas from the shop floor are the lifeblood of any organisation. If you rely solely on the management team for ideas and innovation, the organisation will soon wither and die.”

Now Mark faces new challenges with the NHS. He fully supports the Agenda for Change and the Improving Working Lives initiative, and sees the Consultants' Contracts as a catalyst for more flexible ways of ways of working.

“We have a great opportunity here to use these various Government initiatives and combine them with our own ideas to take our performance on to higher level.

“There will always be resistance to new ideas and change. The key is to win people over and give them the freedom they need to blossom and grow. It's about encouraging initiative, giving direction and making people feel valued and supported.

“Once people realise that we are all striving for the same objectives and you get them working together, there's no end to what can be achieved.”

BENJAMIN FRANKLIN famously described someone as “so learned he could name a horse in nine languages, so ignorant that he bought a cow to ride on”. For years medical education has been about throwing vast amounts of knowledge at students and expecting them to learn medicine by rote. But the skills learned in university don't always correlate with the skills needed in the hospital environment.

The new medical school at the UEA is doing 'different', however. While the core curriculum of the medical degree is still fully covered, we are encouraged to work in groups to establish our learning outcomes and to apply them straight away in real life. So the skills acquired on a Monday are practised on a Thursday!

This gives us a unique opportunity to learn from real people who are suffering with acute and chronic conditions and to understand the patient's perspective more fully.

Already my own attitudes have changed. Instead of seeing illness as just a condition or abnormality, I now understand how it affects the whole of a person's life, their family and their friends – something that was often overlooked by doctors in the past.

I am also more aware of the huge commitment made by the hundreds of

staff in the hospital – cleaners, nurses, physiotherapists, occupational therapists, to name but a few.

One experience, in particular, brought home to me the meaning of 'real medicine'. A nurse was brought to tears when one of her patient became very ill. She had formed a close tie with that patient and longed to do everything she could to alleviate his pain. Sometimes, we consider health professionals to be super-human but it was reassuring to see that this is not the case.



“Instead of seeing illness as just a condition or abnormality, I now understand how it affects people's lives – something that was often overlooked by doctors in the past”

Being part of the hospital environment has given me a broader outlook on health care in the UK. My first year in medical school has taught me many things. I have been taught anatomy, studied biochemistry and physiology, but more importantly I have experienced medicine.

I look forward to the future and to continuing to learn from the patients and professionals I meet in hospital.

• *The Viewpoint column is written from a personal perspective and does not necessarily reflect the views of the Trust. If there is a subject you feel strongly about, please send your contribution to Sue Jones, Editor, Communications dept, NNUH.*

Andrew Stronach reports on a meeting for Cromer staff to discuss the future of the hospital

What next for Cromer?

WHEN CHIEF executive Stephen Day uttered the words, "There's a huge amount of frustration about the future for Cromer," it was safe to say that everyone in the Cromer Hospital boardroom was in agreement.

The long-delayed redevelopment of services in Cromer is an issue that never seems to get closer to being resolved. And that was pretty much the starting point for a staff briefing held by Stephen Day and Diana Clarke, chief executive of North Norfolk Primary Care Trust.

The staff briefing covered the Strategic Outline Case (SOC) for health services in Cromer which waiting for submission, and hopefully approval, by the Strategic Health Authority for Norfolk, Suffolk and Cambridgeshire in the new year.

The SOC outlines a new hospital for 2007 with GP, mental health, and paramedic services, acute day case and out-patient care, as well as a Minor Injuries Unit operating from 8am to 10pm. In-patient care is not part of the plan but greatly increased out-patient (including renal dialysis) and day

case care are at the heart of the plans.

The main issues were: No in-patients and a Minor Injuries Unit that shuts at 10pm, and opens at 8am? Where would the in-patients go? Diana Clarke answered that in-patients generally needed rehabilitation and

NINE POSSIBLE sites for the redevelopment of Cromer Hospital are currently under consideration by planners in North Norfolk. However, the Director of Facilities for NNUH Trust, David Walsh, says the Trust is not expected to comment at this stage. The formal consultation exercise will begin when the Strategic Outline Case is finally approved.



would be best served in a setting such as Benjamin Court. And with only 1.8 patients, on average, currently using the MIU between 10pm and 8am, it's an expensive service to run 24 hours a day.

Diana Clarke said; "We see Cromer as the hub for a network of services, including

acute services. I'm still very, very confident that we will get there but there is still some work to do on the business case."

Would staff work for the acute trust or the community trust? The answer was that staff from different trusts would work side-by-side in the same building. After all, the public see only the NHS, they are not much bothered by which trust someone works for.

Harry Seddon, UNISON convenor, asked Stephen Day if there were any plans for compulsory redundancies. No, was Stephen's answer. Diana pointed out that expansion in services would mean more staff, not less. Staff might want to transfer to another trust if, for example, in-patient care moved to Benjamin Court, and any transfer would protect their terms and conditions.

Other questions concerned private sector involvement. The scheme would be funded through a private/public partnership called LIFT which is, in effect, a company with the NHS an equal partner in the venture.

What next for Cromer? We'll all just have to wait and hope.

Best-practice guide to disability issues

DO YOU always know whether your patients have problems with hearing or sight... or if they can read the information given to them? The Trust has embarked on a new campaign to raise awareness of disability issues among staff.

Our training programmes are under review and all departments and wards are shortly to receive a 'best practice' guide to help them understand and respect the needs of disabled people. Also, a new system is being piloted in the Emergency Assessment Unit and Medicine for the Elderly to ensure that details of any special needs are included in patient information. At the patient's request, special 'alert' signs (pictured) may be displayed on a patient's bed so that staff are aware of any difficulties from the start of their treatment.



The Disability Advisory Group, which meets every month at NNUH, has offered advice on various issues including aids such as large-print menus, mini-coms and big button telephones. The group is also supporting a bid for more equipment, including portable hearing loops for patients and visitors.

"One of the key messages in the best practice guide is the need to treat disabled people as individuals and to involve them in their own personal care and treatment wherever possible," says Lynne Middlemiss, deputy head of Human Resources.

"In the past there was a tendency to regard 'the disabled' as a group and to assume a level of dependency that was not always appropriate. Our policy is to empower disabled people, whether they are patients staff or visitors, and give them a voice in the organisation."

Following an independent audit, door locks have been replaced on all disabled toilets at NNUH. The Trust is also reviewing signage and the Disability Advisory Group is contributing to the redesign of the Plaza area to improve access for disabled people.

If you have any suggestions or would like details of the Trust's new Disability Policy, contact HR on ext. 5933.

THE PULSE

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Please send your contributions for the January issue by 5 December .

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