

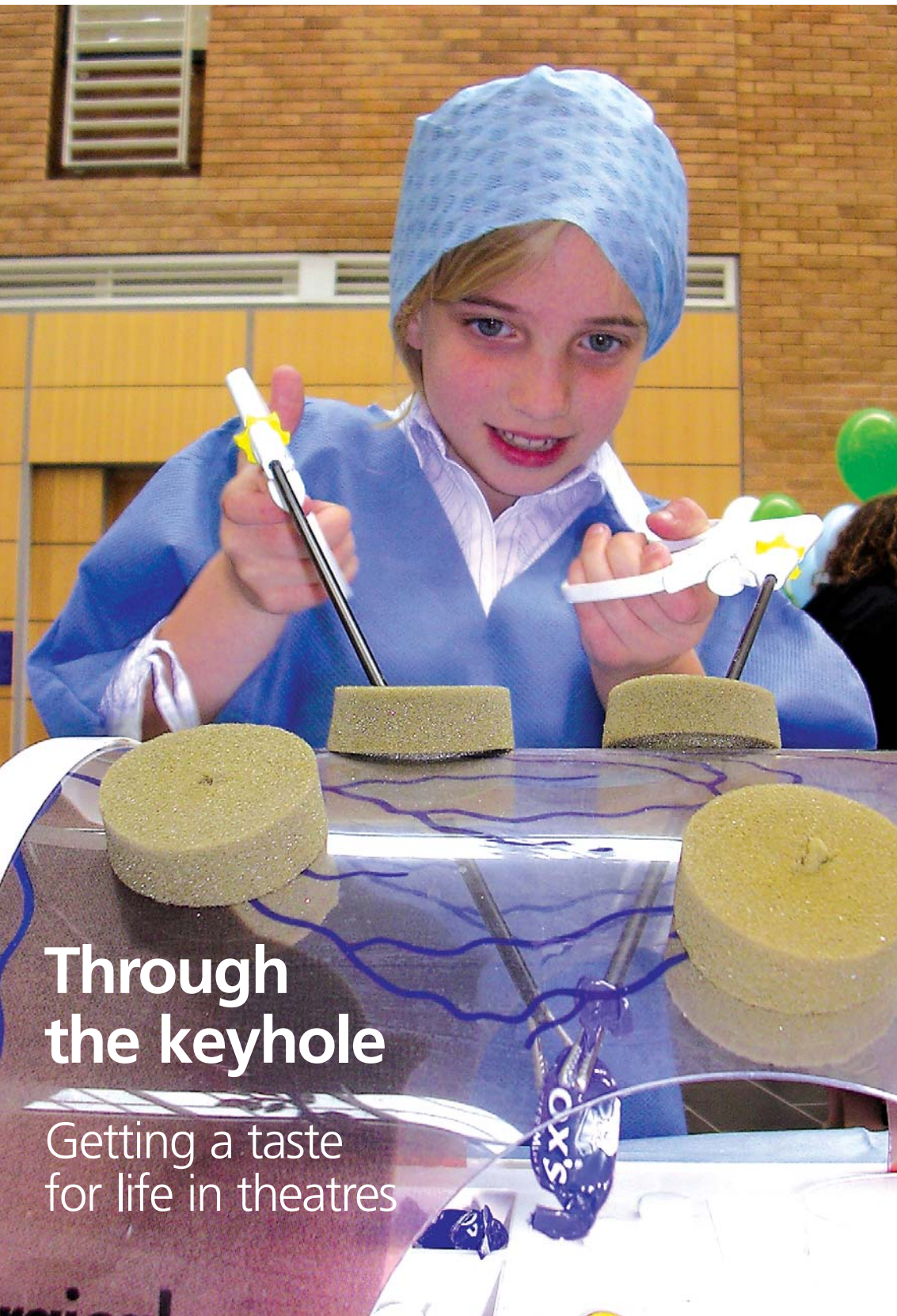
THE Pulse

Issue Number 14
July 2004

d Norwich University Hospital



NHS Trust



Through the keyhole

Getting a taste for life in theatres



Smooth operations

A look inside the NNUH Operations Centre

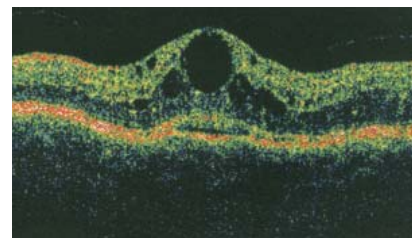
The future of surgery

Hugh Phillips on being president of the RCS



Leading the way

Why we're investing in our hospital volunteers



Seeing the difference

How the Bernstein legacy is helping Cromer eye patients

Helping to Make Joe Better

STAFF FROM NNUH

joined forces with pupils from Poringland Primary School to create a video about careers in the health service. The video, *Making Joe Better*, describes a young boy's encounters with a number of health professionals as he recovers in hospital after a traffic accident.

Produced by the Workforce Development Confederation for Norfolk, Suffolk and Cambridgeshire, the video is being distributed to primary schools throughout



the three counties, along with a teachers' resource pack.

The Federation's chief executive, Margaret Barrett, said: "This video gives us a chance to work in partnership with schools to spark children's interest in health care."

A clean sweep

TWO TEAM leaders from Sterile Services have been awarded City and Guilds certificates following a week's course run by NHS Estates in Bristol. The course was designed to ensure that hospitals maintain consistently high standards in decontamination and sterilisation procedures. Both Gillian Gardner and Diane Greaves



(right) have considerable experience in sterile services and they each passed the test with a distinction. "It was interesting to learn more about the technology in our department and why it's important to make sure essential maintenance is carried out on our machines," said Diane.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Fare deals for all

Speaking as a user of the 24A bus service to and from the city centre, I was amazed to hear staff complaining about the recent increase car parking charges at NNUH.

The charge may have gone up from £5 to £13.75 per month but this is still considerably less than the £19.60 that I pay every month for the dubious privilege of owning a First season ticket.

To add insult to injury, UEA staff pay only £12.50 per month for the same season ticket with the same bus company. Is this fair?

Isn't it time First looked at their rates and brought us in line with the UEA? Lower charges might just encourage more people to give up their parking permits and start using public transport, which would take some of the pressure off the staff car park.

It might even give First an incentive to improve their service, which is patchy at the best of times.

(Name withheld)

Cooking up a storm

Hell's Kitchen, the recent TV series featuring chef Gordon

Ramsay (below) has done those of us who work in the catering industry a great favour. His caustic criticism may be uncomfortable for celebrities struggling to turn out high quality meals in the full glare of the cameras, but it does show that being a chef is not as easy as it looks.

Here at NNUH we produce thousands of meals for patients and staff every day of the week. If Gordon Ramsay has drawn attention to the men and women who work so hard behind the scenes in a busy professional kitchen, then he has performed an important public service.

Chris Paul, training manager Serco



Can you help?

I am trying to trace an old and dear friend who I lost contact with some years ago. She is Sarah Eatwell, who was a student nurse at the Norfolk and Norwich Hospital in 1975. I am writing in the hope that members of your staff may remember her and know her whereabouts. Please contact me by email at john.easthorpe7@ntlworld.com if you can help.

Anne Easthorpe, Dorset

Jenny Lind reunion

To mark the 150th anniversary of the opening of the Jenny Lind Children's Hospital, we are planning to hold a reunion in November for all past and present members of staff. Please spread the word and ask anyone who has worked at the Jenny Lind to contact Hayley Gerrard in Communications at NNUH, telephone 01603 289821, or email communications@nnuh.nhs.uk

Jane Lythell, Sister,
Jenny Lind Outpatients

Supporting roles

Having decided to retire this May, after 32 years as a GP in Brundall and Acle, I would very much like to thank all the departments of the hospital for their help and support in caring for my patients over the years.

Dr John Rigby, Blofield

Thank you

I would like to put on record my personal thanks to Mr Astbury and his team for my recent treatment for squint surgery. I am extremely pleased with the result and thankful for all the care I received.

Philip Holmes, East Dereham

Specialist boost for heart patients

PATIENTS WAITING for the 'all clear' after being admitted to NNUH with heart complaints are now able to return home without delay, thanks to a new team of specialist nurses in Cardiology.

Since our four cardiac discharge liaison nurses were recruited in February, the average length of stay for heart patients has been reduced from five days to four. The team's involvement ensures that patients are monitored throughout their hospital stay and are not detained unnecessarily.

The team consists of Simon Bowles, Jayne Woods, Ian Gallagher, Suzanne Nurse and Tanya Moon, all of whom have considerable experience in Cardiology.

Jayne Woods was previously a junior sister on Kilverstone Ward. She says: "The job offers a different kind of challenge as we are doing some of the tasks that doctors used to do. The timing of blood tests, in



Suzanne Nurse and Simon Bowles with heart patient Basil Goffin

particular, is crucial to ensure that patients are well enough to go home."

Simon Bowles, a junior charge nurse on Kilverstone ward, says: "Our role has improved the lines of communication between different departments. We are available seven days a week to answer patients' questions and ensure they get a good level of care."

Why patients put their trust in NNUH

AS YOU may already know, I was appointed interim Chief Executive of the NNUH Trust in June, following the departure of Stephen Day.



My first priority on coming here is to meet as many of you as possible and to listen to what you have to say. I am not arriving with the answers to the problems we face and I will need to spend time talking and listening before we decide, together, how we should move forward.

We are at a potential crossroads and there are certainly challenges ahead. As an outsider, it would appear that this Trust as been struggling in a few key areas but it is also clear to me that we have skilled, talented and committed staff who deliver high quality patient care day after day.

The fact that in the first two months of Patient Choice some 760 out of 793 patients who were offered treatment at other hospitals chose to remain on the NNUH waiting lists is an indication of the faith our patients put in us. Of course, there are many factors affecting their choice – not least the desire to be treated close to home – but our excellent reputation for good quality care is undoubtedly a key to that decision.

We need to build on our reputation, to continue striving for improvements and to see that this flagship hospital achieves the recognition and resources it deserves. I am delighted to be invited to take on this challenge and I look forward to working with you.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

• *Paul Forden comes to the Trust on secondment from Ipswich Hospital, where he has been Chief Executive since 2002. He was previously director of finance and information, then acting chief executive, at King's College Hospital, London.*

A 43-year-old father of three, Paul began his NHS career in 1993 at Ipswich Hospital as Deputy Director of Finance. He moved in 1995 to Addenbrooke's, where he became Director of Operations three years later.



Anyone for cycling?

Need a fast and efficient way to get to and from NNUH? In a bid to encourage healthy living, a foldaway bike has been donated by the Norwich Primary Care Trust for use by Trust staff. The bike is available on loan for short journeys (to meetings at the UEA, say, or Aldwych House) by prior arrangement with travel officer Simon Wardale (*pictured with the bike, below*) on ext. 5789.

Our Bike to Work day at NNUH was a great success, with more than 40 staff claiming a free breakfast from Serco. Dr Bike was kept busy giving free advice and a display by Team Revel (*above*) was also well received.



Winning role for diabetes nurse

DIABETES NURSE Esther Walden has won a prestigious Health & Social Care award for chronic disease management.

Esther (*pictured*) and the diabetes team at NNUH were chosen from more than 1,500 entries to win the Midlands and East Anglia regional final. They now go on to the national final of the awards in London on 7 July.

Esther's role was created to identify inpatients with diabetes, to ensure the disease is well controlled and does not delay their discharge from hospital. This has improved patient satisfaction and also saves the hospital up to 2,750 bed days a year by avoiding delayed patient discharge.

The judges described the Esther's work as "an excellent example of good practice for others to follow". Her role was initially funded by the Norwich and Norfolk Diabetes Trust and was so effective that it is now funded by the NHS.



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 and
10am-6pm weekends

Plaza (West) open 7am-8pm Mon-Fri
8am-6pm Saturday and Sunday

The Stock Shop (ladies' fashions) open 9am-
5.30pm Mon-Fri and 12-5pm Saturdays

Serco (for housekeeping, porters, catering
and maintenance). Call ext. 3333

IT helpdesk (for tel./ computer faults): Refer
to Intranet homepage or call ext. 5555

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

Departments based at Norfolk

Community Hospital, Bowthorpe Road,
Norwich NR2 3TU, Tel: 01603 776776: Breast
screening, Health records library, Diabetes
Research, Pain Management

Departments based at **Aldwych House**,
Bethel Street, Norwich, NR2 1NR. Occupational
Health (ext.3035), Outpatient Appointments,
Clinical Governance, Training, Nursing Practice

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

Emergency clinic takes the strain

PATIENTS REFERRED to NNUH for an urgent specialist diagnosis may now be seen as outpatients in the Emergency Assessment Unit (EAU).

The number of patients referred from GPs and A&E rose by 10 per cent last year to an all time high. Now they may be diagnosed or treated at a one-stop clinic and many are able to return home within an hour, if their test results are satisfactory.



A small number of patients may be asked to come back the following day for assessment or further treatment.

"The clinic was set up on a trial basis in April to take some of the

pressure off beds in the EAU," explains Robert Mallinson (pictured). "We are now seeing six to eight patients each morning, which relieves some of the congestion at the front door. The service will no doubt expand in the future."

In the last year, 350 patients with cellulitis – a condition that results from a break in the skin allowing bacteria to cause ongoing infection – have chosen to return home in between daily intravenous injections of antibiotics. This service has now been incorporated into the emergency clinic and nurses in the community are being trained to treat patients nearer their own homes.

WELCOME

...to the following consultants who have joined the Trust since 1 May 2004:

Dr Joanna Ponnampalam, paediatrician, **Dr Peter Wilson**, consultant dermatologist, and **Dr Paul Worth**, consultant neurologist.

FAREWELL

...to the following staff who have left the Trust since 1 May 2004: **Joan Oldman**, development co-ordinator in Oncology, after 43 years' service; **Joan Cann**, admin manager in Ophthalmology Outpatients, after 28 years; **Ann Coles**, staff nurse in Pain Management, after 26 years and **Patricia Raath**, staff nurse in Gastroenterology, after 20 years.

Future is b



IAN WINS BICENTENARY PRIZE

Senior biomedical scientist Ian Thirkettle has been awarded the annual Bicentenary Trust prize for his ground-breaking research in the Haematology lab. Ian has been developing a new blood test using flow-cytometry to determine the level of fetal cells in the maternal circulation during pregnancy and delivery. This test

is particularly relevant when the mother is Rhesus negative, or when a woman has suffered



abdominal trauma in pregnancy. The annual prize of £200 is offered for the best research project submitted by non-medical staff. Ian is pictured receiving his cheque from Dr Paul Jenkins, divisional clinical director for Division 1, with Carol Edwards, deputy director of Nursing and Education. Ian commented: "My research would not be possible without the experience and support of my colleagues in the laboratory."

right for hospital arts



PICTURE: HELEN RUDD

FUNDRAISING for Hospital Arts continues to gather pace as a series of new projects gets under way. Following a campaign to brighten up the children's unit, four artists, Hannah Giffard, Jessica Perry, Rita Kearton and Abigail Mill, have now been chosen to produce a series of colourful displays.

Hannah Giffard's *Pablo the Little Red Fox* cartoons are a firm favourite with young children and recently won her a BAFTA award. Now she is working on a seaside theme to complement the curtains and window designs on Buxton Ward.

Accepting a cheque for £15,800 raised by readers of the *Evening News*, children's matron Alirae Bunkle commented: "This is such a worthwhile project because the environment makes a huge difference for children in hospital."

A stainless steel sculpture of birds in flight (*left*) by the Norwich-based artist Ros Newman will take pride of place in the Quiet Garden in front of the Colney Centre. Funded by the Norfolk Contemporary Art Society, the finished design is likely to cost in the region of £12,500 and a raffle is being held to raise money for the project, with the winner receiving a smaller version.

Other commissions include artworks by Martin Figura and Sue Ridge, for the Department of Breast Imaging, and Faye Chamberlain and Harry Cory Wright for the Department of Nuclear Medicine – both funded by Friends of the Norwich Hospitals.

"These designs are very exciting and will give our patients a new focus of interest, says Hospital Arts Co-ordinator Emma Jarvis, who contributed to the fundraising efforts for the children's department by abseiling down Jarrold's department store in the city. If you would like to contribute to the campaign, contact Emma on ext. 3870.



Dancing her way to fitness

HERE IS Jane Watson, medical secretary, as you've never seen her before! Two nights a week, Jane, 47, changes out of her sober working clothes and takes on a whole new persona...as an Egyptian belly dancer.

Besides teaching evening classes at Thorpe and Hellesdon, she also performs at weddings and parties. And two of her colleagues in Plastics, Heather Harris and Lorraine Horan, have also taken lessons.

"The dance builds confidence and improves posture, as well as being an outlet for creativity," she explains.

Jane first took up belly dancing six years ago as a change from taekwondo. "Both disciplines rely on strict muscle control but I just love the music and rhythm of belly dancing. It takes a couple of years to learn the basics and then another two or three to become proficient in the dance.

"I teach ladies of all shapes and ages, from 20-year-olds to women in their 70s. "Some say they've been longing to learn for years but never had the courage to start."

• **DO YOU** have 'another life' outside of work that you'd like to share with our readers? If you have an interesting story to tell, contact Sue Jones on ext. 5944

Going with the flow

A PILOT PROJECT to help speed the flow of patients through the hospital has been launched at NNUH. The aim is to avoid bottlenecks in the system and ensure that acutely ill patients are allocated beds "in the right place, at the right time."

Using data collected from previous years, the Operations Centre team has estimated how many beds will be needed each day for each specialty. These beds are now being made available on an hourly basis, with less needy patients being moved to the discharge lounge for a speedy transfer into the community.

"We want to avoid 'safari' ward rounds whereby doctors have to seek out patients on other wards and patients have to wait to be discharged," says Paul Jenkins, divisional clinical director for Division 1. "At the moment we run on a 98 per cent occupancy rate but the aim is to reduce this to 90 per cent and make sure that beds are available

for those who really need them.

• *You can read more about the work of the Operations Centre on page 6*

THROUGH THE KEYHOLE

Our front page picture shows eight-year-old Rachael Hall, daughter of specialist practitioner Sheila Hall, who was among visitors who tried their hand at 'keyhole surgery' during an open day at NNUH. The aim was to raise awareness of the National Association of Theatre Nurses and the many careers available in theatres.

"Some people are put off because they think you need to be highly qualified," says matron Olwen Keeley. In fact, there are many training schemes available. Our Operating Department Practitioners (ODPs) undertake the same role as theatre nurses after a two-year diploma course."

Deep in the heart of NNUH, our Operations team is working hard to smooth the daily flow of patients through the hospital. Manager Ray Nash explains why a change of culture is essential if we are to reduce the pressure on our hospital beds



Smooth OP

MENTION 'OPERATIONS centre' in a hospital setting and you may imagine a clinical theatre complex. But at NNUH the Operations Centre has a different meaning altogether. Here, in the heart of the building, senior hospital staff meet to thrash out some of the difficulties we face in the day-to-day running of a large acute hospital.

One of the first of its kind in the country,

the centre is designed to plan for emergencies before they happen, to deal with bottlenecks in the system and smooth the flow of patients through the hospital.

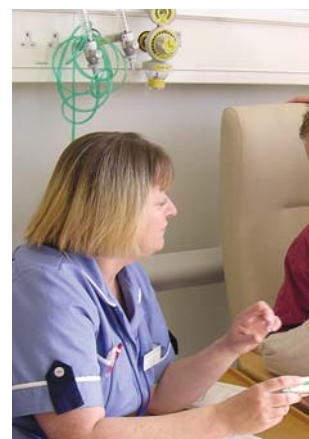
Leading the project is Operations Centre Manager Ray Nash, a former paramedic and lifeboatman who is no stranger to emergency planning. His first task on joining the Trust was to find a 'core' team who could 'think out of the box' and find

new ways of working.

"I chose a group of senior nurses because they're prepared to roll up their sleeves and work as a team, and because they are passionate about patient care," he explained. "Senior nurses are especially valuable because they see everything that goes on and they are also in a position to influence others – not many people would choose to argue with their senior nurse!"

Since moving from the East Anglian Ambulance NHS Trust, where he was scheduling manager, Ray has lost no time in marshalling support for his mission to 'empower teams' and tackle patient flow.

"Some of the ideas grew from the emergency collaborative, which looked at the whole patient pathway for emergency cases," he says. "I've been pleased by the



Planning for emergencies

THE HEAVY snowfall last February, when all roads from the NNUH were blocked, highlighted the need for an effective operations centre to manage emergencies. Ray's team swung into action to organise lifts for staff and patients who were stranded at the hospital.

"We did our best at the time but the snow showed the importance of planning and preparation when dealing with

serious incidents," says Ray. "Since then we have held a number of useful emergency planning sessions to test our reactions in a range of imaginary scenarios. We can't predict what the threat will be, but the lines of communication have been established and the method of dealing with the incident will remain the same. The key is not to have a blame culture but to learn how to deal with crises in a constructive way."



PICTURE: HLEN RUDD

Improvements so far

- A pilot project has been launched to ensure beds are available for each specialty on an hourly basis throughout the day (see 'Going with the flow' news round, page 5).
- The Discharge Lounge is operational 24 hours, so patients can be admitted and discharged in a steady flow. The maximum stay is 24 hours but there are eight beds available for patients who need to stay overnight
- Senior nurses are increasingly empowered to discharge patients, rather than waiting for junior doctors to make the decisions
- Pharmacists are being trained to write prescriptions for patients, rather than waiting for doctors to be available to

complete the necessary paperwork

- A Patient Transfer Co-ordinator, Aly Burkill, has been appointed for the three-month pilot to help smooth the transfer of patients to community beds.

VISION FOR THE FUTURE

- To improve patient flow and prevent patients staying in hospital unnecessarily
- To improve communication between departments
- To make the operations centre a centre of excellence for dealing with crises and emergencies
- To share real-time information with emergency services and A&E using updated IT systems

ERATIONS



SEEING THE BIGGER PICTURE

Top Ray Nash chairs the weekly operations meeting with senior nurses.

Clockwise from far left senior nurse Debbie Laws looks on as patient transfer co-ordinator Aly Burkill

arranges for patient Andre Coetzee to return home from the Discharge Lounge; Karen Watts updates the operational practitioners; bed managers Rosemary Parker and Ros Pettit swap information; and operational planning manager Tim Hankey pores over the day's patient numbers



positive reaction we've received – most people are prepared to make changes because they know the outcome will be good for patients and that some of the pressure on staff will be alleviated."

The backbone of Ray's team are the operational practitioners (formerly site practitioners) who play a vital role in the day-to-day running of the Trust. The nine-strong team is soon to be supplemented by two new ops practitioners seconded from A&E and Coronary Care. Ray's new deputy

is Karen Watts, a former specialist nurse and site practitioner who rejoined the team last November.

In addition to working with the core operations team, Ray is liaising with the wider health community to help transform services for patients across Norfolk.

He is also in regular contact with Serco and the facilities team to ensure that staff are aware of any issues that affect patient care: "The key to success is good planning and communication," he says.

Who wants to be VOLUNTEER

EVERY MONTH the Trust draws on the goodwill of around 176 volunteers to help keep the wheels of our hospitals turning.

From retired bank officials to university students, these willing helpers turn out week after week with no thought of financial reward.

Now the Trust is seeking to raise the profile of our volunteers and ensure they receive the recognition they deserve. New guidelines have been set up and all new recruits receive special training to prepare them for their voluntary work at NNUH.

The Trust has also been asked by the Workforce Development Confederation to develop a national quality framework called Investing in Volunteers. Similar to Investors in People, this initiative is designed to ensure that our volunteers receive the same equality of opportunity as NHS staff.

"It's all about showing our volunteers that they're valued, as well as giving them the support and advice they need to do their job," says Director of Nursing and Education Margaret Coomber.

"The role of our volunteers has changed

Meet some of the hospital volunteers who give their time freely for the benefit of our patients and staff

over the years, from running errands and arranging flowers to playing a much more important part in the life of the hospital. For instance, our meet and greet team are a tremendous help to us and we are incredibly lucky to have them."

Voluntary Service Manager Diana Welsh is delighted that the new hospital attracts such a diverse group of volunteers. "They have all sorts of reasons for coming here," she says. "Some are looking for experience in the health service to add to their CVs, but most just want to give something back to the community. Of course, we're delighted when our volunteers come back year after year but we also welcome those who give their best for a while and move on. They add vitality and warmth to the life of the hospital and the patients gain a lot from their experience while they are here."



PSYCHOLOGY GRADUATE Jo Finney (pictured above with patient Margaret Oxley) started volunteering for the Trust last year. She is now a familiar figure at NNUH as she whizzes around in her electronic wheelchair escorting patients to and from their X-rays.

Jo, 25, suffers from spinal muscular atrophy and has used a wheelchair since she was 16. "I prefer the wheelchair because I can get around much faster this way. Also the patients seem to like it. They're often surprised to see the wheelchair but they're always positive and encouraging.

"The staff in Radiology are really supportive and the hospital is easy to get around in a wheelchair. I enjoy the fact that I'm helping people rather than being dependent on others, and that has really boosted my confidence."

How you can help

- If you would like to recruit a volunteer in your department or to become a volunteer yourself, contact our voluntary service managers Diana Welsh or Sally Knights (pictured right) on ext. 2060
- Volunteers need to be properly trained and vetted to safeguard their own safety and that of our patients, so please make sure Diana or Sally are aware of any informal arrangements in your department
- It's essential that volunteers have an appropriate job description and receive adequate training for the tasks they are asked to perform. For guidance, contact the volunteers office on ext. 2060
- Remember, volunteers are not unpaid servants. They work best when staff recognise their skills and experience and appreciate their contribution to the hospital.



a R?

A SPRIGHTLY

82 year old, Lyn Turner (right) is one of the 'old school' of volunteers, having first joined the WRVS 18 years ago. She now travels by bus from Thorpe two days a week and says she will continue as long as she can

"because I love meeting and talking to people and I love this new hospital". Lyn worked as an RAF operations plotter during the war and spent 15 years with the UEA, where she discovered a love of filing. "I still enjoy filing but I'm happy to help out wherever I'm needed," she says.



MATTHEW SCAIFE (right) was a graphic designer in Jersey before starting an Access to Medicine course at City College. Now he volunteers in the Emergency Assessment Unit when he is not studying for exams. "I've learned a lot from working at the hospital and it's really fired my enthusiasm," he says. "I left school with no qualifications so I've had to work hard to catch up. Hopefully it will all be worthwhile as I have a conditional offer from the UEA Medical School to start in September."

LINDA PORTSMOUTH-NASH (near left) joined the Meet and Greet team after a 21 year career in the civil service. She says her one day a week at NNUH is a useful gym session as she walks so far in a day. "It's worth all the effort to hear those little words that mean so much, 'Please' and 'Thank you!'"

Linda's colleague Rosemary Lee (far left) agrees: "The patients are always so grateful and you meet some really interesting people."



Two for tea in a labour of love

MARGARET AND TONY Stillwell-Cox (below right) have spent their working lives together so it was natural that they would want to volunteer together too. Having retired from running their own metal works, they now help out in the Elsie Bertram Diabetes Centre, making tea and coffee for the patients.

"Diabetes patients often have to attend for a series of blood tests, eye tests and other health checks and they appreciate being able to buy a hot drink between appointments," Tony explained. "There's a small charge but all the profits go to diabetes research."

Margaret and Tony are among six married couples who regularly volunteer for the Trust. Despite being retired, they are busier than ever with different hobbies and voluntary work, including spending many hours in the old coastguard's station at Mundesley, logging ships and boats for the voluntary organisation National Coast Watch.



SARAH STREETER, 27 (pictured with Sister Rachel Emberson) came to the Trust after offering her services to the Norfolk Volunteer Bureau. "I want to do mental health nursing and this seemed a good way to gain some experience in the health service," she explained.

Sarah was forced to give up a job in retail because of depression and now helps out regularly in the Eye Clinic, where she meets and greets patients. "With 45,000 patients a year coming through our doors, we're very grateful for Sarah's help," says Rachel.

The new voice of SURGERY

THESE ARE challenging times for surgeons in the NHS. New limits on junior doctors' working hours, due to come into force in August, will have a profound effect on professional practices, bringing fears that training will suffer and surgical skills may be compromised.

No wonder Hugh Phillips is flattered, if a little daunted, by his election as President of the Royal College of Surgeons at this crucial time. His appointment this month as 'the voice of surgery' is even more remarkable given that he is only the third orthopaedic surgeon to become president in the 200-year history of the RCS.

At 64, with a long and distinguished career at NNUH behind him, he is first and foremost a 'people person' – much happier dealing with people than with process – and he can take comfort from the fact that his appointment is an extremely popular one. Indeed, he has spent the last few weeks responding personally to the many messages of congratulation he has received.

There is, however, no time to lose. Already his diary is filling up with engagements, including a meeting with Health Secretary John Reid, and there are urgent professional issues to be addressed.

"Take the question of competency... 'Skilling the workforce' is an excellent concept and there is a good argument for training non-medically qualified practitioners to take on more of the tasks that trainee surgeons traditionally do. But at the moment there are wide variations in competency, not just among new recruits but among experienced surgeons too.

"We need to develop training programmes and methods of testing competencies to the level required by our patients. Some people are natural surgeons and others take time to acquire their skills. Perhaps we should introduce an aptitude test to ensure that trainees are suited to the tasks they will need to perform."

One of his first tasks as president of the RCS is to launch a multi-million pound appeal to extend the education centre at the College and create a 'virtual' laboratory, where skills can be practised and tested using electronic dummies in place of real patients.

Hugh Phillips is taking over as President of the Royal College of Surgeons at a crucial time in its history. He talks to Sue Jones about plans to open up the profession and create a team-based, multi-skilled workforce

"The project is a huge challenge and we will need all the financial support we can get, but expansion is essential if we are to provide the level of team-based training and assessment we will need in the future.

"Another priority is to attract more women into surgery. Currently women make up 70 per cent of medical students but only eight per cent of our qualified surgeons are female – probably because of the long training and inflexible working conditions. We need to provide more

"We need to provide more opportunities for women to duck in and out of the profession and, where necessary, to re-train"

opportunities for women to duck in and out of the profession and, where necessary, to re-train.

"It's a matter of regret to me that none of the 14 orthopaedic consultants currently working at NNUH are women, even though we've had three female orthopaedic registrars and one is now a consultant in London. In my experience, women are a great asset in the workforce because they modify men's behaviour and look at things in a different, perhaps more logical way. I also think they find it easier to care for the patients.

"The good news is that more flexible working arrangements will give everyone the opportunity to step off the treadmill for a while if they wish. It takes a certain grit to

continue operating for 30 years without a career break – I myself did 6,000 joint replacements in my time at the N&N – and an influx of new enthusiasm is always welcome. Continual professional development should be available to all."

Mr Phillips is acutely aware of the political tensions in his profession at a time when targets are high on the agenda. "I don't think the Government has fully taken into consideration the knock-on effects of the EWT (European Working Time Directive), which puts a limit on junior doctors' hours. It takes, on average, 30 per cent more time for a trainee to complete an operation and there is already a shortage of medically qualified doctors – we have fewer doctors in the UK per head of population than anywhere else in Europe, with the exception of Turkey. So the controversy around targets and waiting times is unlikely to go away."

Having been vice-president of the RCS and chairman of the SAC (Specialty Advisory Committee) in orthopaedic surgery, Mr Phillips is no stranger to political debate. He is a past president of the British Orthopaedic Association, the British Hip Society and the orthopaedic section of the Royal Society of Medicine, and is currently the Deputy Lord Lieutenant of Norfolk.

So how do his professional colleagues regard the changes ahead? "Well, surgeons are extremely proud of what they do and some are naturally concerned about the future. Certainly, the 'skills ladder' will create new tiers of competency for dealing with routine operations, leaving less room at the top for highly qualified surgeons.



Also, advances in technology mean that procedures are increasingly carried out by physicians and radiotherapists, rather than surgeons, and that trend is likely to continue.

"But patients will undoubtedly benefit from these new developments. Speaking personally, if I needed a routine surgical intervention I would rather put my trust in a nurse who has carried out hundreds of these procedures than a medically qualified doctor who has only done one or two."

It was the reputation of the surgical team at the old N&N that first attracted Mr Phillips to Norwich in 1973. Having trained at Barts, Great Ormond Street and the Royal Orthopaedic Hospital, he was following in the footsteps of two eminent hip surgeons, Tommy Britten, who invented arthrodesis, and Ken McKee, who developed the metal hip joint in the 1960s.

"While I was training I commuted between my family in London and my work in Norwich – it's ironic that I'm now going to be doing the journey in reverse, living in London three days a week."

This time his wife Trisha, a former physiotherapist, will be staying with him, offering welcome support in his fundraising efforts for the RCS's new education project. Indeed, he pays tribute to their long and happy partnership: "Spending time with my grandchildren makes me realise how much I missed my family when my own three daughters were little and I was busy with work."

Thanks to their new working hours, this is one dilemma that tomorrow's young doctors are unlikely to have to face.

THEATRE OF LIFE

From hospital porter to general manager, Geoff King has seen the NHS from many different angles. Here he recalls some of the highlights of his 36-year career

WHEN I LEFT school in the sixties there were plenty of jobs to choose from, and I had quite a few ... In the space of five years I tried eight different jobs, from blacksmith's assistant to French polishing. I also tried office work but half a day of that was enough for me – I was bored to tears. Then I tried hospital portering at the N&N and, like many people in the NHS, I was hooked...

I was particularly interested in life in Theatres, so when a technician's job became available, I jumped at the chance. There was no local training in those days; theatre technicians (now ODPs, or Operation

Department Practitioners) were traditionally ex-military and had different skills from theatre nurses – it was seen as a man's job

because there was a fair amount of heavy work involved. A few of us organised some local training and I qualified through the Institute of Theatre Technicians. Later I helped set up a hospital-based training scheme, together with my friend, colleague and best man, Simon Hughes (now sadly deceased).

I loved the job because it was demanding and there was tremendous teamwork – with surgery the satisfaction is instantaneous. But there wasn't enough career progression for technicians so eventually I opted for a management role, starting in sterile services and working my way through various departments to general manager with responsibility for clinical governance.

The highlight of my career was becoming the first service manager for orthopaedics. This was very new. Having only a para-clinical background – I'd taken a different route through the ranks – the clinical director, Hugh Phillips, made it clear that we would get along just fine as long as I didn't aspire to making clinical

decisions! This worked out very well and looking back it was a great time with great people. The whole team pulled together to get things done and improve the service.

We actually negotiated our own targets with the local Director of Public Health. Working out how many joint replacements would be needed each year, based on previous experience, we came up with a figure of 800 hips and 400 knees, and we designed the service around those needs.

People are now tired of hearing about targets but that's because they are being imposed externally rather than being

"Once targets and performance tables become the prime focus, you destroy the service aspirations on which the team thrives"

worked out from within. In my view, this approach is killing off enthusiasm in the NHS. Once targets, regulation and performance tables become the prime focus, you destroy the service aspirations on which the team thrives.

The financial pressures we face today are nothing new – it has always been a challenge to balance service needs with the resources available. But one thing I have learned during my career is that a hospital's greatest asset is its staff. Their enthusiasm and commitment is the real currency of the NHS and I feel privileged to have worked with some of the best in the business.

• Geoff King took early retirement in July 2004 as general manager for Clinical Governance.

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.



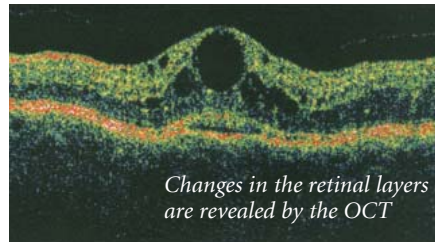
Seeing the difference

The Sagle Bernstein legacy continues to bring benefits for staff and patients at Cromer. Of the £11.4m Mrs Bernstein left to the hospital, £1.2m has been spent on new equipment and facilities. The total bequest now stands at £10.7m

AMONG THE state-of the art ophthalmic equipment recently acquired by Cromer Hospital is a machine that can 'see' into the back of the eye and identify subtle changes in its condition.

The Ocular Coherence Tomographer (OCT) has been purchased at a cost of £45,000 using money from the Sagle Bernstein legacy. It means patients who might normally have to undergo more invasive procedures, such as fluorescein angiography, can now be diagnosed with the help of digital imaging techniques.

"We are extremely lucky to have this opportunity at Cromer," says consultant ophthalmologist Colin Jones. "The OCT will be used not just for diagnosis but also for monitoring patients who are already



Changes in the retinal layers are revealed by the OCT

being treated for macula damage, such as that which occurs as a result of diabetes. Ocular coherence tomography can also be used by the vitreoretinal surgeons to assess the presence of traction on the macula, and by the glaucoma team to assess the optic nerve in patients.

"The technology has come a long way in recent years and the OCT is more advanced than anything we already have in this Trust."

CROMER CALLING

A new telephone system has been installed at Cromer Hospital, giving staff access to individual extension numbers. This makes desk-to-desk dialling possible between Norwich and Cromer, leading to financial savings and greater efficiency.

Work to update the system took place over several weeks leading up to the switchover on 8 May. All staff are now being added to the telephone directory on the Trust intranet. The external telephone number for patients and visitors remains the same: 01263 513571.

HAVE YOUR SAY

The Patient and Public Involvement Forum for the Trust is keen to find out what people in Norfolk think about health matters, the NNUH and Cromer & District Hospital. The PPI Forum is an independent, non-NHS organisation with statutory powers to influence decision-making in the NHS. So why not come along to the next public meeting on 22 July from 2.30 to 4.30pm at the WI Hall in Cromer and have your say!

ANNUAL FETE

Cromer's annual summer fete is taking place at the hospital on Sunday 8 August between 2pm and 4pm. Organised jointly by the Friends of the Cromer Community and the hospital admin team, there will be a variety of stalls and attractions, including a children's entertainer and a grand draw with a first prize of £100.

DINNER DATE

A Dinner and Dance for Cromer staff will be held on Friday 24 September at the Links Country Park Hotel, West Runton. The cost is £20 and there will be a three piece band called Kaleidoscope playing music from the 60s to the present day. For tickets contact Katie Cressey or Paul Brookes on ext 6242.

A flexible friend in anaesthesia

A NEW £11,000 fiberoptic laryngoscope has been purchased for Cromer Hospital using funds from the Sagle Bernstein legacy. This flexible telescope can be used by anaesthetists when conventional methods of maintaining a safe, clear airway prove to be unexpectedly difficult.

Dr David Wilson-Nunn, lead consultant anaesthetist for Cromer Hospital, commented: "We are indebted to the late Mrs Bernstein's generosity. Our new fiberoptic laryngoscope makes having surgery under general anaesthetic safer than ever."

A BIGGER SPLASH

Besides leaving more than £10m to Cromer Hospital, Sagle Bernstein also left a collection of her own colourful paintings, which have now been



reframed and displayed around the hospital.

"The pictures are bright and

cheerful and provide a permanent reminder of her generosity," says Cromer matron Sue Tuck, pictured with assistant technical officer Paul Brookes. "They are



giving staff and patients a great deal of pleasure."

Hospital arts co-ordinator Emma Jarvis says the paintings have a great deal of merit in their own right. "They are well painted and they create a lot of interest."

THE PULSE

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Please send your contributions for the September issue by 9 August.

• *The Pulse is funded from donations and not from NHS funds.*