

# THE Pulse

Issue Number 15  
September 2004

dnorwich University Hospital **NHS**  
NHS Trust

## Miles of smiles

Around NNUH with  
the portering team

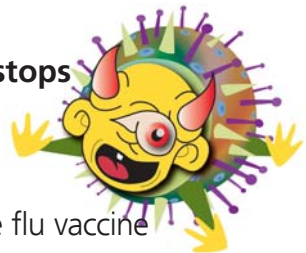


### Stepping into career success

Cadets prepare for their new roles after four years of study

### The bug stops HERE...

Exploding the myths around the flu vaccine



### Better pay, but at what cost?

Dr Iain Brooksby on the implications of the new consultant contract



### Time to choose

How patients are getting the message of Choice

# Cool cap prevents hair loss

**CANCER PATIENTS** at NNUH are being offered a chance to prevent hair loss by wearing a special cap to cool the scalp during chemotherapy treatment.

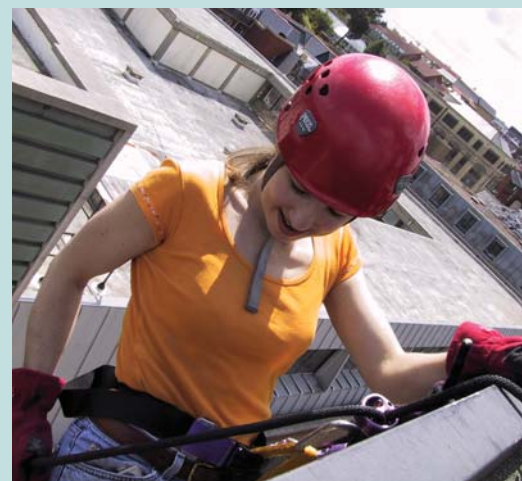
One of the first to benefit from the Chemocap is Jane Billings, a 46-year-old mother of two from Newton Flotman (pictured below and with her husband, Jeff) who underwent a mastectomy for breast cancer in June.



The gel-filled Chemocap is cooled to temperatures below 25 degrees centigrade and works by slowing the metabolism to prevent powerful chemotherapy drugs from reaching the hair follicles.

Consultant oncologist Daniel Epurescu commented: "We're delighted to be able to offer this service as the psychological impact of losing your hair from cancer treatment can be very distressing. Scalp cooling has been found to be effective in 80 per cent of cases, although it is not suitable for all chemotherapy patients."

A total of 48 Chemocaps are being made available across the Norfolk and Waveney Cancer Network, thanks to funding from the drug company Pfizer Global systems.



## Boost for eye patients

Glaucoma patients at NNUH are benefiting from a £1,100 donation from the Lions Club to pay for a pachymeter probe, which measures the thickness of the cornea. Consultant ophthalmic surgeon David Broadway explains: "Corneal thickness varies from one person to another and this can have an effect on the accuracy of diagnosis for patients with glaucoma. We're delighted that the Lions Club's generous donation to the Norwich Glaucoma Research Fund has made this purchase possible."

## WELCOME

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

**Dr Mark Andrews**, renal physician, **Dr Muireann Chroinin**, paediatrician **Dr Mark Dixon**, anaesthetist, **Dr Martin Lee** and **Dr Simon Shields**, both neurologists, **Mr Tom Roques** and **Dr Helen Stubbings**, both oncologists, **Dr Paul Malcolm**, radiologist, and **Mr Sam Mukhopadhyay**, obstetrician.

## FAREWELL

...to the following staff who have left the Trust since 1 July 2004: **Geoff King**, general manager, Clinical Governance, after 35 years' service; **Margaret Purdom**, acting manager, Sterile Services, after 31 years; **Stuart Robertson**, medical laboratory scientific officer, after 29 years, **Jen Macartney**, midwife, after 28 years, **Beryl Bowman**, receptionist on Blakeney Ward, after 27 years, **John Pilling**, consultant neurologist, after 27 years, **Sue Olver**, Service Manager for Division 1, after 25 years, **Madeline Larke**, auxiliary nurse on Blakeney Ward, after 23 years and **Myra Bealey**, auxiliary nurse, Nelson Day Unit, after 21 years.

# A very Special assignment

**FOLLOWING JANE** Watson's revelations about life as a belly dancer (when she is not working as a medical secretary in Plastic Surgery!) a member of our community liaison team has confessed to having two other lives outside work – as a special constable and volunteer at a cat sanctuary.

Liz Palmer is proud to spend up to 30 hours a month patrolling the streets as a Special Constable with Norfolk Police.

"We have the same powers as regular officers but our work is all voluntary," she explains. "I enjoy the contact with other people and it's good to feel I'm doing something for the community."

Surprisingly, Liz also finds time to help out at the Nine Lives Cat Sanctuary in Ringland at weekends. "There are usually around around 80 cats in the sanctuary who

just want to be looked after and loved."

Liz is not the first member of NNUH staff to join the Specials. Sarah Hawes, a medical secretary in Gastroenterology, is also proud to wear the police uniform in her spare time. Under a scheme supported jointly by the NNUH Trust and Norfolk Constabulary, she is released one day a month to carry out her police duties with the backing of her line manager, Michele Bacon.

"It's good for us because Sarah is gaining from the experience and bringing new skills

into work," says Michele.

Sarah says: "Becoming a Special Constable has really boosted my self-confidence. I've learned to deal with all kinds of unexpected incidents." • Do you have a story to tell? Contact Sue Jones on 5944 or by email.



So special: Sarah Hawes and Liz Palmer

**DOWN WITH SUPERBUGS!** We've all heard how easy it is to get infected with nasty bugs while you're in hospital. Maybe you've had the unfortunate experience of catching an infection yourself? If you're concerned about this issue, why not come along to the NNUH Patient and Public Involvement (PPI) Forum meeting on 23 September at 2pm in the NNUH boardroom. You can hear how hygiene and cleanliness are tackled on the wards and put your questions and suggestions to staff at the frontline of this battle. (see page 11) For more details, please call 01603 774319/774322.

**LIFE ON THE EDGE**

What was Paediatrician Kate Armon doing on the roof of Jarrold department store?

Answer: she was one of six volunteers who abseiled down the building to raise funds for new artwork for the children's anaesthetic department. Trust chairman David Prior and Hospital Arts co-ordinator Emma Jarvis were also among the intrepid abseilers for the launch of the Colouring Lives campaign, a joint initiative between the Hospital Arts Project and Cromer Pavilion Theatre and Pier. If you would like to contribute to our hospital arts programme, call Emma Jarvis on 287870

**New access road for NNUH**

**WORK HAS** begun on a new road to link NNUH with the A11. Two new roundabouts are being built off the main road between the Eaton and Thickthorn junctions to provide access to the hospital and to a proposed development of 750 houses between Thickthorn and Colney Lane. There are plans to reduce the speed limit on the A11 and a pedestrian crossing will also slow down traffic in the area.

The £3 million pound cost of the project will be shared with the housing developer and includes £400,000 for improvements to Colney Lane.

**Aiming for Quality, Quality, Quality**

**SINCE OUR** star rating

was announced in August, I have been overwhelmed by messages of support and goodwill for our hospitals from both staff and public. Yes, we were disappointed to lose a star but we also have much to be proud of. Indeed, I am incredibly impressed by the hard work, dedication and professionalism of the staff I have met, from cleaners and porters to specialist nurses and consultants. There is a real determination to succeed and to show that we can and will be the best.



Your efforts are already bringing results. In August we succeeded in hitting all nine of the operational targets set by the Government and we continue to make good progress in spite of significant increases in demand.

Last year we treated 130,000 inpatients and 330,000 outpatients and our 'failings' must be seen against this much bigger picture. But that is not to say we should be complacent. On the contrary, we should strive to create an organisation that will evolve and respond to the challenges ahead.

We are entering a period of rapid change in the NHS, with patient Choice and payment by results set to revolutionise the way we plan and finance our healthcare systems.

As an organisation, we want the very best for our patients and for our staff, and to achieve this we need to abide by these eight guiding principles: - *clarity of purpose* (knowing where we are going and why); *respect and dignity* for all; *excellence* in outcomes (quality, quality, quality); *transparency* in our decision-making and performance; to be an *employer of choice*; to be a *hospital of choice*; to be seen as a *flagship teaching hospital*; and to be *proud to be the best*.

I hope you will join me on this important journey, because it is only by working together that we can achieve our long-term aims and succeed in our ambition to be the best.

**Paul Forden**

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

**Help us to improve lives**

**HAVING ACHIEVED** 'Practice' status in February 2003, we are pressing ahead with the next stage of our campaign to make Improving Working Lives (IWL) a key target for 2005.

To achieve 'Practice Plus' in September 2005, the Trust will be assessed in seven key areas: Human Resources strategy and management • equality and diversity • communications and staff involvement • flexible working • healthy workplaces • training and development • flexible retirement, childcare and support for carers.



Project groups for each of these topics will report back to the IWL team, chaired by our non-executive director Sue Whitaker.

"We are keen to hear more examples of good practice within this Trust and to encourage others to follow their example," says Lynne Middlemiss, pictured, deputy director of HR (operations). "We want to know about areas that have made positive

changes and those where we still need to make some improvements. So please take some time to consider these questions – your feedback will help us to plan our next move."

- Do you feel involved in the running of your department?
- Do you feel involved in service improvements?
- Do you feel HR management practices in your area are effective? If not, why not?
- Do you think the Trust does enough to show that it values its staff?
- Are you treated with dignity and respect by your colleagues and managers?
- Do you feel safe at work?
- The Trust has done a lot over the last two years to introduce flexible working. Do we need to do more? Are you aware of flexible retirement options?
- Are you aware of training and development opportunities open to you in the Trust?

Please send your response to Lynne Middlemiss in HR. You can pick up an information sheet and IWL pen from the reception desk in the West Atrium.



## Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY

Tel: 01603 286286 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 helpdesk** (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 dispensers in East Atrium Level 2 and in WRVS shop (west)

### Chapel

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

### Sir Thomas Browne Library

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

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

### Holiday 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 are also based at:

#### • Norwich Community Hospital,

Bowthorpe Road, Norwich NR2 3TU,

Tel: 01603 776776: Breast screening,

Health records library, Diabetes Research, Pain Management

#### • Aldwych House, Bethel Street, Norwich,

NR2 1NR. Occupational Health (ext.3035):

Outpatient Appointments, Clinical

Governance, Training, Nursing Practice,

Choice team

#### • The Norwich Central Family Planning

Clinic, Grove Road, Norwich NR1 3RH.

Tel: 01603 287345.

## Patients sought for heart trial

**PATIENTS WHO** have been treated at NNUH for heart failure are being sought for a research project at the UEA. The aim is to see whether having their medication reviewed by pharmacists in their own homes would help to prevent readmission to the Emergency Assessment Unit (EAU) with further problems.

Around 350 patients are being sought for the trial, which is funded by the British Heart Foundation and also includes the James Paget and Queen Elizabeth Hospitals. Half the patients will be visited at home by pharmacists who will review their medication and give advice about diet, exercise, smoking cessation and managing their symptoms; the other half will receive standard care.

If you can help with this project, please contact the Heart-med trial co-ordinator Liz Lenaghan on 01603 593627.

## Cadets step out

**THE FIRST** nursing cadets to qualify as registered nurses at NNUH since the 1950s are taking up full-time posts this month. The four-and-a-half-year training programme – devised in conjunction with City College and the UEA – has become so successful that other trusts around the country are now following our lead.

Six of the cadets have completed a diploma in nursing, while the seventh opted to switch to a degree programme. All are delighted that their hard work has paid off.

Cadet nurse co-ordinator Alex Boyle (pictured with six of the the students) says: "We try to offer this opportunity to young people who lack the usual academic qualifications to enter nursing. It's not an easy option as they have to study in their spare time, so we're delighted that our cadets have risen to the challenge and are now valued members of the nursing team at NNUH."



## LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS

### Don't be a mug, beat this bug

You would think that, as a doctor, I would be one of the first to be vaccinated against flu. But in spite of knowing how important it is, I missed my chance last year. Why?

I know I wouldn't want to have real flu. I know I hate being away from work and if I did have the virus I could pass it on to my patients, colleagues and friends. The injection takes no more than 30 seconds and it has never made me feel unwell. But the truth is I simply didn't make the time.

Now I not only feel guilty but just a little stupid, especially when I read about the possible consequences of a flu epidemic (see 'The bug stops here', p5)

Last year only one in four staff came forward for their free vaccination, a figure too low to prevent us putting our patients at risk.

This year, the vaccine is being made available all around the hospital, including the wards, so there is even less excuse to avoid the jab.



Simon Watkin: guilty

I, for one, intend to make the most of this opportunity to protect myself and my patients. I hope you will do the same.

Simon Watkin,  
consultant in respiratory medicine

### My shining knight...

After visiting one of your clinics, I returned to my car to discover that I had a flat tyre. The receptionist was very helpful and called someone from Security (I think) for assistance.

My 'shining knight' refused to accept a tip for his hard work and suggested I make a donation to charity instead, which I did.

It is enormously heartening these days to encounter such kindness and I would like to express my appreciation for the consideration and help shown to this elderly lady in a dilemma.

Helen M. Hoyte, Norwich

### Star quality

I am astounded that the NNUH Trust has lost one of its stars. The fact that several of its consultants now head their respective professional societies suggests to me that our University Hospital is by no means second rate but a centre of medical excellence and we should all be

for career success



## ATIONS TEAM, NNUH

extremely proud. Among these eminent consultants are Mr Hugh Phillips, recently retired orthopaedic consultant, now president of the Royal College of Surgeons; Professor David Scott, president of the British Society for Rheumatology; and Mr David Ralphs, president of the British Association of Day Surgery.

I have particular reason to be grateful as my wife recently underwent complex total hip replacement. The care she received from her remarkable surgeon, Mr Keith Tucker (who appears to work in excess of 12 hours a day), was outstanding, as was the nursing and kindness she received from all your staff.

*Paul R. King, Sheriff of Norwich*

### Five-star treatment...

I was appalled to see that NNUH has been downgraded to one-star status. I'm not sure what this means but it seems to put you on a par with a seaside boarding house! This is ridiculous as we have only ever had five star treatment from your staff.

I only wish I was younger as I would willingly lobby to get the hospital the status it deserves.

*Peter French, Norwich*

# The bug stops here

*A flu epidemic could bring chaos to our hospitals and pose a serious threat to patient care. So what can you do to help? Consultant microbiologist Philippa White explodes some of the myths around the flu vaccine*

**Myth: Flu is a mild illness; it would be nice to have a few days off work**

Fact: If you have had flu before, you are unlikely to forget it. Not to be confused with the common cold or a stomach upset, 'real' flu makes you feel very unwell. The virus is transmitted by droplets of respiratory secretions and is highly contagious. Symptoms develop after 2-7 days and include fever, cough, sore throat and aching muscles and joints. In vulnerable people, flu can cause serious complications and even death.



**Myth: I haven't got time to go and get vaccinated.**

Fact: This year, for the first time, we are taking the vaccine to the wards as well as to clinics around the hospital so that everyone can be vaccinated at a time that suits them. Designated staff are being trained to administer the vaccine and all staff are encouraged to go for their jab. Your ward manager, look at the noticeboards around the hospitals or the home page on the intranet for the vaccination timetable.

**Myth: The vaccine can give you a bad reaction or has nasty side effects**

Fact: The flu vaccine contains inactivated viruses so it cannot cause

flu. Bad reactions to the vaccine are extremely rare, although some people have a sore arm at the injection site for a day or two.

**Myth: The vaccine doesn't work**

Fact: Flu vaccines have been shown to be highly effective in preventing illness, cutting hospital admissions and reducing deaths from flu. Influenza viruses are continually changing so the World Health Organisation monitors the spread of flu viruses and recommends which strains to include in the vaccine.

**Myth: Why not wait and get vaccinated when there's a real epidemic?**

Fact: Once an epidemic starts, it's too late to stop the virus. After vaccination, it takes about two weeks for the body to develop antibodies against flu, so do take this opportunity now while you can.

• For details of the ward vaccination programme, ask your ward manager. A list of this year's flu clinics is attached to September pay slips and is also available on the intranet (just click on the flu bug icon)

**Myth: No-one ever died of flu**

Fact: In the last UK epidemic in 1989, some 20,000 people died as a result of flu and up to 4,000 deaths a year are attributed to the virus. The increase in international travel means it can spread quickly round the world, making a future pandemic inevitable.

**Myth: As a healthcare worker, I'm no more likely to get flu than anyone else**

Fact: Healthcare workers are especially likely to be exposed to the virus, not just from patients in hospital but from sufferers in the community. Yet a recent study in the UK found that three-quarters of care workers with flu-like symptoms continued to work while they were ill, exposing even more patients and colleagues to the virus.

**Myth: Flu vaccine is only available for people who are vulnerable**

Fact: Free flu vaccines have been made available to all Trust staff since 2001. But last year only 27 per cent took up the offer – far too few to protect staff and patients in a real flu outbreak.



*A great deal of hard work is going on behind the scenes to make Choice a reality for all hospital patients. The Pulse looks at some of the developments so far*

## MEET THE PATIENT CHOICE TEAM

**BASED AT** Aldwych House, our Patient Choice Co-ordinators Jim Barker-Wood, Lucy Boyd and Lindsay Gosling (pictured left) have so far telephoned hundreds of patients on waiting lists to offer them alternative centres for treatment.

A pilot project is already offering Choice at referral for orthopaedic patients who have been seen and assessed by triage teams in the

community. Since the pilot began in June this year, 100 orthopaedic patients out of 600 referrals have taken up the offer of outpatient appointments elsewhere. Patient choice co-ordinator Jim Barker-Wood, 28, says: "Some patients have complications that rule them out for Choice, but for routine referrals the response has been extremely positive. Most patients are grateful to be offered Choice because they can be seen more quickly and they feel more in control."

Lucy Boyd, 30, a former assistant practice

manager with the UEA Health Centre, says: "Word spreads quickly and most people seem to know what Choice is all about. But often patients have heard good things about NNUH and want to see for themselves what it's like."

Lindsay Gosling, 28, a former staff nurse at NNUH, explains: "We have to be completely impartial – our aim is to make sure the patients are fully informed when they make their choice."

Patient choice manager Rachel Welsh of the acute commissioning team at Southern Norfolk PCT, says: "We are working on the whole clinical pathway from referral right through to treatment and follow-on care in the community. It's a learning experience but very exciting because we are helping to make a real difference for all patients."

"One of our aims with Choice is to take on board patients' comments on how we can improve services and meet their needs."

# What next for CHO

**A WHOLE NEW** world of Choice is beginning to open up for patients as the health service gears up electronic booking next year.

Already triage teams in the community are taking some of the strain off outpatient clinics and the crossover between primary and secondary care is creating new pathways in patient care.

"This is a very intense year for us all as we strive to put Choice into practice," says Judith Wood, a former physiotherapist, now clinical transformation manager for central Norfolk. "However, it's very rewarding because we can see the long-term benefits for patients."

"Already we are offering choice at referral for orthopaedics patients. We've introduced

community triage teams (GP specialists and physiotherapists) across all four primary care trusts to assess patients' clinical need and offer possible alternatives to surgery, such as physiotherapy, steroid injections and pain management.

"We are now investigating extending this triage service to dermatology patients, who could be seen and treated by GP specialists or specialist nurses in a dermatology clinic, rather than being referred by different routes to a consultant in the hospital."

"Many clinicians are extremely positive about these developments, where they see clear benefits for patients."

"In the longer term, we will be concentrating less on where and when patients choose to receive treatment and more on *how* they want to be treated."

"We still have a huge amount of work to do to keep to the schedule set by the Government. But we've come a long way in a short time and it's very exciting to be part of this long-awaited revolution in patient care."

## Countdown to Choice for all

**September 2004** Patients waiting more than six months for treatment will be given a choice of alternative centres for routine operations. This is already an option for patients waiting more than nine months. A pilot project is also offering Choice at referral for orthopaedic patients (see 'Meet the Choice team', above).

**During 2005** A new web-enabled PAS (Patient Administration System) will be introduced at NNUH to make way for electronic bookings.

### **December 2005 Choice at referral.**

Patients will be able to choose from a range of NHS services and book their own appointments through their GP, via the internet or through NHS call centres. Some may choose to access an interactive booking service on their TV set.

**2006 and beyond:** Choice will be extended to maternity, chronic disease, end of life and mental health services, to give patients much more of a say in the management of their own healthcare.



*What's the alternative?  
Physiotherapy  
specialist  
Deborah  
Halliday  
examines  
patient  
Brenda Lowe*

**BECAUSE CHOICE** aims to put the patient at the centre of decisions about their own health management, it is not easy to predict how our hospital services will be affected.

In the latest surveys, nine out of ten patients say the care they received at the

# CHOICE?

hospital was good to excellent, and feedback from those already offered Choice suggests that loyalty to the hospital is strong.

"There is naturally some uncertainty about how we will be affected but there is a real opportunity for us to expand our services," says Gary Walker, deputy director of clinical services. "Staff are already working between primary and secondary care to develop new patient pathways and this trend is likely to continue.

"In future, funding for our services will depend on the number of patients we treat and Patient Choice will have a big part to play. If we meet our waiting list targets and continue to provide high quality care, then patients will have no reason to look elsewhere.

"Much will depend on their clinical need and whether they are suitable for alternative forms of treatment that we or primary care could provide."

## BETTER PAY, BUT AT WHAT COST?

*Consultants are being asked to sign up to new contracts to allow for better management of their time and resources. Medical director Iain Brooksby explains what the changes will mean for NNUH*

**PAY ARRANGEMENTS** for consultants have changed very little since the NHS was founded in 1948 and there is widespread agreement that reform is long overdue.

A common complaint is that there is no limit to the hours consultants are expected to work. Surveys have shown they work, on average, 47-51 hours per week with no extra remuneration for working out of hours. On the other hand, the Government is concerned about the relationship between consultants' NHS commitments and their private practice.

Following protracted negotiations at national level, a new contract has now been agreed with the DOH and the British Medical Association (BMA) and all new consultants are required to sign up to the new terms.



Existing consultants can choose to keep to the old contract if they prefer.

At NNUH, around 75 per cent of the Trust's 220 consultants will opt to transfer to the proposed contract initially, although a few are awaiting clarification or further discussion.

Under the new proposals, each consultant is required to keep a record of their activities. From this they draw up a job plan – with the agreement of their clinical manager – which lists all their NHS duties as well as setting objectives and agreeing the necessary resources.

The local Negotiating Committee of the British Medical Association has been very helpful in drawing up some locally agreed

principles. Not surprisingly, this exercise has revealed areas where consultants are working excessive hours and the Trust, together with clinical directorates, will need to consider how these long hours may be reduced, perhaps with extra resources or changes in working practice.

Although many consultants are extremely positive about their pay and feel that remuneration is better under the new contract, there is little optimism that their working hours or job satisfaction will improve.

Those who remain on the old contract wish to retain their flexibility, particularly

**"Expectations of increasing productivity will probably not be realised in the short term, as most consultants work in excess of the hours for which they are paid"**

in relation to private practice.

The new contract has been introduced with considerable care and sensitivity but there is a feeling that the process has been rather slow and divisive. The Trust has endeavoured to make it as fair and equitable as possible.

The Government's expectations of increasing productivity will probably not be realised in the short term, as the vast majority of consultants work in excess of the hours for which they are paid.

It's hoped that as the process matures and job plans are reviewed each year, some of the potential benefits of the new contract will be realised for all the parties involved.



# IN SAF

**HAVE YOU** ever wondered about the logistics of moving hundreds of patients around our hospital each day? It goes without saying that porters are the backbone of the NHS - but how do you make sure they are in the right place at the right time?

"I'm lucky to have a core team that responds positively when there's a crisis," says NNUH portering manager Graham Grimwood. "The situation can change in a matter of minutes so you have to be flexible and go with the patient flow."

Dick Saunders is one of four chargehands who keep in 24-hour contact with porters via the Serco helpdesk. When a call is logged, he picks up the request on computer and passes it on by radio to the nearest available porter.

"You do have to think on your feet," he says. "I like it best when it's really busy and I have to work hard to keep ahead of the game. It's very satisfying when everything is going well and I know I've played a part in moving things along."

Having been part of the portering team for 26 years, Dick can appreciate the distances involved. You need to think about who's available and how far they have to go to respond in an emergency."

Brian Reynolds, 68, knows the value of a cheery smile and an encouraging word, having lost his wife to cancer last year. "It's no joke for the patients coming into hospital but if I can put a smile on their face I feel I've done a bit of good," says Brian, who became a porter after retiring as a security guard for the UEA. "It works both ways because the patients cheer me up too!"

Marion Mallett and her daughter Gina became porters when they were forced to close their riding school in Horsham St Faith due to rising costs. An accomplished showjumper – she is a former junior national champion and a

*Where would patients be without porters? Here their manager, Graham Grimwood, explains how the portering team keeps the wheels of NNUH turning*



member of the junior European team – Marion is glad of the flexible hours as she and Gina continue to breed horses at home.

"People are sometimes a bit surprised to see a woman doing this job, but believe me, the work is no more strenuous than controlling a 16-stone stallion! I love talking to the patients and I don't have a problem with going to the mortuary - in fact I regard it as a privilege and treat the dead with the greatest respect."

Arthur Matless, 64, reckons he walks up to 15 miles a day delivering Pharmacy items all over the hospital. "It's a good way to keep fit but I do try to save my legs by planning my route carefully. If there's anything for NICU (the Neonatal Intensive Care Unit) I make it a priority and I'll try to respond to any special requests from staff.

"People think we just walk from A to B pushing a trolley but there's a lot more to the job than that. For instance, each

## Portering fact file

- There are 85 Serco porters providing a 24-hour service at NNUH. This includes the transportation of mail, patient records and pharmacy items, as well as patients, around the hospital,
- Porters may walk up to 15 miles a day in the course of their work.
- The Serco portering desk handles around 300 calls for porters each day, passing on requests by radio.
- Jobs are linked as far as possible by their location but response times may vary, depending on the availability of wheelchairs, beds and trolleys and the distance to be covered.
- Many more patients are moved each day by our theatre technicians and by ambulance crews employed by the East Anglian Ambulance NHS Trust

# THE HANDS



Pharmacy item has to be logged and sealed into special bags. The walking can be hard at times but it keeps me fit and the Pharmacy staff are brilliant to work with."

As with any organisation there can be problems with sickness and holiday cover, not to mention the ever-pressing problem of finding available wheelchairs.

"We try to respond quickly to requests but this is a very large and busy hospital

and we can only do our best," says Graham. "We have recently adjusted the shift patterns to provide a better and more efficient portering service and we are carrying out a review of the number of wheelchairs available.

"It would help if staff bear in mind the complexity of the service we provide and understand that we can't be in two places at once."

*Miles of smiles: Porters at NNUH walk up to 15 miles a day. Clockwise from top left: Philip Gray and Andrew Frost in EAU; Arthur Matless in Pharmacy; portering chargehand Dick Saunders; Alison Kelly in A&E; Brian Reynolds; Marion Mallett; and John Barnes, Paul Mills and Matthew Dye take a break between calls*

# Pushing the boundaries

*Afsana Zaman is passionate about the need to be a good role model for the doctors of tomorrow. Here she explains to Sue Jones why a 'nurturing' approach to teaching and learning can provide much more effective outcomes*

**TO SAY** there are not enough hours in the day is something of an understatement for Dr Afsana Zaman. If she could, she would work every waking minute yet still find time to entertain friends, visit her family and take quiet strolls in the park.

"Medicine has always fascinated me and I regard it a privilege to do my job," she explains simply.

Since she took on the job of clinical skills co-ordinator and Honorary lecturer in clinical skills six months ago, Afsana has devoted her considerable energies to putting the medical school and NNUH on the map as a teaching hospital, not just in the UK but internationally too.

"My first impression on coming here was that NNUH was an excellent district hospital... with a new medical school down the road. It was very different from a traditional teaching hospital and it was clearly going to be a challenge to bring the two together, in practical terms as well as in intention.

"I always say if I do something I will do it well, or I will not take it on at all, so when I was offered this position I considered it very carefully; I decided that I would give my total commitment and much more."

Afsana admits her appointment was a forward-thinking move for both the Trust and the UEA, but colleagues were won over by her enthusiasm, professionalism and wisdom. "It is very unusual to find a young doctor in such a senior position. However, I love a challenge and I'm very optimistic and determined. The way I work is the way I teach - I try to be a role model and show that by working together we can achieve many things.

"If someone says: 'That's not the way we do things,' I immediately ask, 'Why?' Often the main problem is that change is frightening, but if we discuss and make plans together and take things slowly and gently, we can achieve progress together. Time is a precious commodity in life and I firmly believe that time spent supporting my colleagues and training students and doctors is never wasted."

Afsana's work ethic, coupled with a strong personality and willpower to succeed against all odds, was nurtured by a strongly supportive family and friends.

"Even in my first year of training in Nottingham I discovered a love of teaching that has

stayed with me ever since. I created an interactive, CD-based learning tool that we use in the medical school - my next step is to use it for research into how effective this is for teaching clinical skills."

One of Afsana's first tasks as clinical skills co-ordinator was to write to consultants inviting them to be involved in teaching medical students - and to give them an opportunity to take part in OSCE (Objective Structured Clinical Examination) training sessions themselves.

"The emphasis these days is very much on problem-based learning, which involves students looking at particular scenarios and finding solutions for themselves. This is very different from traditional teaching, but I'm extremely proud that so many of my colleagues have responded positively and enthusiastically to all our training sessions.

"It's natural for both junior and senior staff to feel they should have an answer for everything, but there is always more for us to learn.



"Perhaps it's because I'm a bit of a novelty - I'm not most people's idea of a professor - that colleagues start to take a new approach to teaching and imagine how it feels to make learning fun, using different techniques.

"I also see the medical school as a two-way partnership with the hospital. After all, we have a valuable resource in the Clinical Skills Resource Area and there is no reason why we can't open up the space at weekends and in the holidays. It's all about sharing with our colleagues and learning from each other."

Regrettably, Afsana will be returning at some time to Nottingham in order to pursue her own clinical career. For the moment, however, she is happily continuing in the role of teacher and mentor. "I know I have a lot to learn myself but it's been a great honour for me to work with colleagues who are so kind and committed to their professional lives.

"I just hope some of my enthusiasm is passed on because I believe passionately that we are teaching the doctors and consultants of tomorrow and they should get the best training available. They deserve to learn from the very best of role models, and learning should be enjoyable."

# PLEASE DON'T TAKE OUR HEALTHCARE FOR GRANTED

**Helga Scotton**, senior nurse in Infection Control, finds much to be thankful for after a visit to Brazil

I RECENTLY travelled to north-east Brazil as part of a Group Study Exchange funded by Rotary International. We went to seven different locations in this very large region, though unfortunately, due to food poisoning, I only made six of them.

In Brazil, essential services such as water, shelter and healthcare are often provided by charity, rather than the state, and there is a big divide between rich and poor. It was heartbreaking to see the poverty in some areas and to witness a young girl trying to give her baby away because she was struggling to feed her family.

Most of the state-run hospitals are poor and ill-equipped, in stark contrast to the private hospitals that look similar to our own NNUH.

The poor conditions made me realise how much we take for granted in the UK, such as disposable protective clothing and alcohol gel for hand disinfection. Families are actively involved in nursing care and, because of a lack of basic hand washing facilities, can contribute to cross infection.

Nurses range from unqualified volunteers to technical nurses with two years' training and qualified nurses with five years' training. Some go on to complete a residency programme and gain the title of Dr. Nurse!

Antibiotics are freely available over the counter in pharmacies, making the

doctor's job more complicated and antibiotic resistance more likely. Also, many hospitals do not have easy access to microbiology services, so the drugs – when they're available – are prescribed according to empirical treatment regimes.

Despite the poor facilities and overcrowding, the staff I met were caring and enthusiastic and make the best of the facilities available. In one state-run

**"It was heartbreaking to see a young girl trying to give her baby away because she was struggling to feed her family"**

nursery, they were trying hard to teach children about hygiene, making sure the children were dressed and well-fed and helping them to identify headlice with the help of posters and songs.

Brazil is most often associated with coffee, samba, football and girls in bikinis, but the people we stayed with were proud to show us that the region is also renowned for its exotic fruit, wine and



Helga Scotton (left) at a state-run nursery in Brazil

sugar, and for its bi-products alcohol, as fuel for cars, and fertiliser. Everyone seems to love dancing, whatever their age or social class, and the local dance is 'forro' which, as the name suggests, is suitable for all.

I would recommend anyone with time and energy to spare to undertake a vocational trip abroad and experience other cultures.

In particular I would like to thank the Cromer & Sheringham Rotary Club, who sponsored me, and to recommend that if you would like to help the many poor children of north-east Brazil, check out the charity Action for Brazil's Children: [www.abctrust.org.uk](http://www.abctrust.org.uk) or visit [www.rotary.org](http://www.rotary.org)

*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.*

PICTURE: EVENING NEWS



## So you think your hands are clean?

Chief executive Paul Forden took matters into his own hands when he launched this year's 'Clean Your Hands' campaign at NNUH. His handprints are being added to a colourful collection promoting the idea that thorough handwashing can help to keep infection at bay.

Every ward is fitted with alcohol gel dispensers for staff and visitors to clean their hands before and after touching patients. Meanwhile, staff continue to be trained with the 'Glow and Tell' system to ensure their handwashing technique is effective.

- Look out for Infection Control Week at NNUH, 13-17 September

*“We wanted a single contractor to develop services in a way that would reflect the homely, ‘family’ ethos of Cromer Hospital”*

**David Walsh,**  
Director of Facilities



# All change for contract staff

**SERVICES SUCH** as catering, cleaning, portering and estate management at Cromer Hospital are to be taken over by Norfolk County Services following a rigorous selection process.

The new contract will begin from October but there will be no compulsory redundancies among the 19 contract staff; instead existing staff will be transferred and redeployed, where necessary, to develop services in line with future needs.

Until now, Serco has provided portering and cleaning staff at Cromer, while Eastern Support Services have looked after the building maintenance and estate management. Catering and security arrangements have traditionally been

managed in-house. David Walsh, Director of Facilities for the NNUH Trust says: “We wanted a single contractor to work in partnership with us to develop services in a way that would take reflect the homely, ‘family’ ethos of Cromer Hospital.

“Some two dozen companies put in bids but these were eventually whittled down to two contenders who met the criteria set by the Trust.

“The selection panel included staff representatives from Cromer and NNUH and the process involved four stages of evaluation before a recommendation was made to the Board.

Cromer Hospital is a very different organisation from NNUH and it was felt

this should be reflected in the proposals. In fact, Norfolk County Services were chosen for their ‘clean slate’ approach, with a number of fresh, innovative ideas for the hospital.”

The 12-strong selection panel was guided by information gathered during an extensive consultation with staff and management representatives at Cromer

Hospital earlier in the year.

“Norfolk County Services already maintain a number of municipal offices, as well as providing similar services at Swaffham Community Hospital, and we are confident that they will be able to meet our needs in the future,” says David Walsh.

“The contract is initially for three years with the option of five one-year extensions. This allows the Trust to develop a working partnership with NCS during the period of redevelopment of Cromer Hospital and beyond.”

Maurice Hovells, the UNISON shop steward for Cromer, commented: “Staff are naturally apprehensive about changes to their working practices. However, I am confident that we can work together with our new employer to find acceptable ways to implement the new contract.”

## Improvements under the new contract

Service improvements being planned for Cromer include:

- The appointment of a full-time estates person to attend promptly to building maintenance problems
- More choice of meals and a patients’ menu that meets the criteria set by the NHS ‘better hospital food’ initiative. A more extensive range of snacks, meals and beverages will also be available throughout the day
- The appointment of a full-time facilities manager, based on site, to manage the services, maintain close links with the Trust and deal with issues as they arise
- Better management of car parking and security.

## THE PULSE

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Please send your contributions for the November issue by 9 October.