

THE Pulse

Issue Number 16
December 2004

Norfolk and Norwich University Hospital

NHS Trust



Special delivery

A heartfelt thank-you to
the maternal medical team



Are you ready for change?

The staff who are putting
Agenda for Change into action

A suitable case for the CIU...

The patients
who benefit
from our clinical
investigation unit



Who needs the Atkins diet?

Dietitian Anna
Suckling offers
her professional
advice



It's a wired world

Inside the high-tech world
of the clinical engineers

Hail Sir Thomas Browne!

NEXT YEAR sees the 400th anniversary of the birth of Sir Thomas Browne – and one man who will be celebrating in style is Kevin Wheatley, a porter in A&E.

Kevin believes the achievements of this 17th century medical writer are grossly underrated and he is doing his best to put this right by conducting tours of the city and giving talks, dressed as his hero.

"I find Sir Thomas Browne fascinating because he lived at a time when an amateur could make valuable contributions to learning," says Kevin. "He adopted many different writing styles and was admired by many other writers, from Doctor Johnson and Coleridge to Max Sebald."

Sir Thomas is commemorated with a statue in Gentleman's Walk and our own hospital library is named after him. A cast of his skull is now on display in the library.



Kevin Wheatley as Sir Thomas Browne and (far left) at work in A&E

Kevin started portering in 2003 after undergoing an operation to remove kidney stones at NNUH. "I had the chance to appreciate the hospital's service at first hand and I wanted to make a positive contribution to society," he explained. "Essentially, I am a writer and scholar with a passionate interest in reading and classical music."

• Do you have 'another life' outside work?
If you have an interesting story to tell, call Sue Jones on ext 5944



Cytology staff are set to move in the summer of 2005

Appraisals and patient care

A STUDY by Aston University has revealed a link between staff appraisals and mortality rates in hospitals. It found that, on average, a hospital that appraises around 20 per cent more staff and trains around 20 per cent more appraisers is likely to have 1,090 fewer deaths per 100,000 admissions – after taking account of hospital size, local health needs and the number of doctors per hospital bed.

Under Agenda for Change (see page 6), pay and career progression will be linked to the Knowledge and Skills Framework, so it will be important for every member of staff to have an annual appraisal which identifies their particular training and personal development needs. For more information contact Hasan Cagirtgan in HR on ext. 5049.



HEALING ART

Mrs Jenny Litton, a descendant of William Fellowes, the founder of the old Norfolk and Norwich Hospital, was among the guests at a ceremony to mark the transfer of the hospital's Coat of Arms to the Colney site. Mrs Litton is pictured with our hospital historian, Dr Anthony Batty Shaw, who pointed out that NNUH is one of only 45 in England to have its own coat of arms. The design was created in 1971 to celebrate the hospital's 200th anniversary. It is based on the coat of arms of the Fellowes family and incorporates marigolds as a symbol of healing.

Gifts for Ghana, from NNUH

A KNITTING MACHINE and piles of wool are among gifts that are finding a new home in Ghana – thanks to Davies Adedze, who until recently was a senior registrar in Obs and Gynae. The gift will provide enough income for a whole family in the city of Accra, where Davies is helping to set up a hospital.

Items of obsolete medical equipment such as resuscitators, ambu-bags and ventouse cups have

also been shipped out to the new hospital, which serves a large rural community with few local facilities

Delivery Suite manager Jan Harding said "Health and safety regulations in this country forbid us from using this equipment any more, but in Ghana it could save the lives of many women and children. We will miss Davies and we're delighted to be able to support his hospital charity."



£7 million boost for Pathology

A £7 million project is underway to create a new centre for cellular pathology on the Norwich Research Park. Known as the Cotman Centre, the new laboratory will combine services from NNUH and the James Paget hospital, and will include one of the biggest cervical screening departments in the country. Staff will become part of a Cellular Pathology Network and will be employed by the Trust.

The Cotman Centre will also be home to Norfolk's new radiology academy, which is

designed to lead a groundbreaking approach to radiology training in the UK.

Dr Virginia Sams, consultant histopathologist at NNUH, said: "Demand from hospitals and family doctors for cellular pathology services has been growing year on year and we are delighted to be getting new facilities that will benefit both patients and staff."

The move will create much-needed space for Chemical Pathology and Haematology services at NNUH.

The changing face of the NHS

LIFE NEVER stands still in the NHS. Just as one bridge is safely crossed, another looms on to the horizon, bringing with it a new set of changes and challenges.



We are now treating more patients than ever before and the pressure is on to streamline and improve access to our services – though not at the cost of patient safety. Inevitably this will involve changes to the way we work.

Often the argument against change is that most people have no real say in what's being proposed. But two new initiatives seem set to turn that argument on its head. One is patient choice, whereby patients will be able to choose where and how they are treated.

The other is Agenda for Change, (see page 6) which is intended to help us recruit, develop and retain the staff we need to deliver a modern health service. For the first time, management and staff representatives are sitting down together as equal partners in a job-evaluation and job-matching process. This will prepare the way for a empowering and involving staff at all levels.

Change can be unsettling and will not be achieved overnight. However, the Knowledge and Skills Framework offers a real opportunity for staff to develop their skills, to underpin changes in service delivery and to be rewarded for their efforts. This, in turn, will be good news for our patients as we strive to improve access to our services.

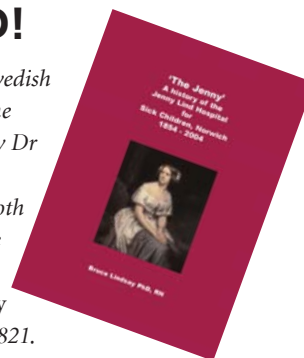
Finally, I would like to congratulate our teams from EAU (Emergency Assessment Unit) and IT for being shortlisted in two recent national awards. I am also indebted to the many people who have come forward with suggestions for cost savings in response to our recent appeal. Among them is Steve Butler, whose idea to make stocks of orthopaedic appliances available in the Plaster Room has saved some of our patients from having to make an extra journey to hospital. A good result all round.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

'THE JENNY' IS 150 YEARS OLD!

It all started 150 years ago with a generous gift of £1,253 from a Swedish opera singer called Jenny Lind... Now a book about the history of the Jenny Lind Children's Hospital is available from NNUH, written by Dr Bruce Lindsay, a UEA lecturer and children's nurse. Sponsored by Holden Saab, the book gives a fascinating insight into the lives of both staff and patients. For instance, in the hospital's first full year, there were 18 deaths and half of these were thought to be caused by the use of opium. To order a copy of *The Jenny: A History of the Jenny Lind Hospital for Sick Children*, contact Hayley Gerrard on ext. 5821.



Teamwork gives Freddie a chance

When a rare congenital heart problem threatened the life of patient Charlotte Dix and her unborn baby, the maternal medical team at NNHH swung into action.

Charlotte was closely monitored throughout her pregnancy – and on 19 January she gave birth by caesarean section to a healthy boy.

Baby Freddie weighed in at 3lb 11oz and spent four weeks in intensive care before being allowed home. Eight months later, Charlotte brought Freddie into hospital to thank the team that had looked after them so well. The two are pictured with (clockwise from left) anaesthetist Debbie Browne, cardiologist Leisa Freeman, obstetrician Katherine Stanley and midwife Sue Ginn.

"It was really nice to have three women doctors and they were all very honest with me and very supportive," said Charlotte.



Sister Karen Loades was among staff from Hethel Ward who gathered to plant a tree in memory of 35-year-old Sean Hardesty. Sean had been a frequent visitor to the ward as he suffered from chronic asthma. His mother Carol (pictured above with Karen) grew the maple tree in her garden before donating it to the NNHU.

"It may look a bit bare but in summer it's covered in leaves," she said. "I'm so pleased that Sean's memory will live on and that staff and patients will be able to see the tree from Hethel Ward."

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.

Learning by degrees

TWELVE HEALTHCARE workers have become the first to take on a new foundation degree course in health studies (science) at City College, Norwich. The two-year programme is the result of collaboration between the Norfolk and Norwich University Hospital, Norwich Primary Care Trust and City College and involves a combination of academic study and practical experience.

Eight of the 12 students are currently nursing auxiliaries at NNUH – the other four are based in the community and do a variety of jobs from phlebotomy (blood tests) to speech and language therapy.

"The course is a progression from our very successful programme for senior healthcare assistants," explained Carol Edwards, deputy director of nursing and education at NNUH. It is a good opportunity for health workers to broaden their experience and develop their roles."

Students with a foundation degree can go on to train as nurses, physiotherapists or other health professionals, or they could use their credits to count towards another degree.



LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Care is second to none

I am tired of hearing nothing but bad news about our flagship hospital. I spent three weeks at NNUH as an inpatient and, 12 months on, I am still an outpatient after suffering lung cancer.

The care and treatment I received was second to none. In fact I was so grateful that I invited some of the staff to my wedding, because without them there would not have been a wedding!

I would also like to apologise to anyone who has had surgery delayed at the last minute, as it could have been my fault. I was rushed to hospital and needed fluid drained off my heart. I tied up two consultants, a radiographer, an anaesthetist, two junior doctors and at least two nurses for an unscheduled two hours.

Without this treatment, I would not be here. So before you complain about your delayed operation or your extended waiting time, just think what these poorly appreciated, poorly paid and genuinely dedicated people might be doing instead.

Mark Lewis, Bowthorpe

So special

I was taken ill while on holiday in Norfolk (What a time to choose!) and admitted to NNUH. The diagnosis was

pancreatitis and the treatment was immediate.

I would like to express the grateful thanks of my whole family to the 'so special' staff of Gissing Ward and to the surgical team who are responsible for my return to good health.

Pat Leslie,
Sussex

In praise of A&E

I would like to pass on my thanks and admiration to the A&E staff at NNUH. Even though the department was very full, I received attention very quickly and all the staff were calm, supportive and kind.

Mr I. M. Manning,
Old Catton

Thank you to all

Special thanks to Mr Burgess and his team, to the nursing staff and all the support workers (domestic, catering, security, maintenance and administrative), not forgetting the stalwarts of the WRVS, for their efforts on behalf of patients.

Seldom did I see a frown; they all appeared to do onerous tasks with smiles and understanding. Hospitalisation is never a pleasant experience but your staff helped to alleviate my stress.

Ronald F. Roberts,
Norwich



Have your say

Did you know there is now a discussion board on the Trust intranet where you can ask questions, make suggestions or simply air your views on any topic that's related to work? Just click on Have Your Say link and tell us what you think.



DID YOU know that you can now buy your spectacles at NNUH? A discount of 20 per cent is available for all hospital staff, with prices ranging from £30 to £120 for designer frames.

"The aim is to enhance the service we offer to our patients and to provide a wide range of good-quality products at a competitive price," explained Catherine Rowland, who manages the new optometry shop on Level 2, West Outpatients. "You will need an up-to-date prescription to take advantage of this new service."

Here comes the sun

The sun is shining in Rheumatology, thanks to a trust fund set up in memory of Seth Donaldson, who died from a rare heart condition at the age of 26.

Seth ran marathons to raise money for Lupus research after his sister Jo was diagnosed with the disease. His American employers went on to donate more than £15,000 following his death and the money has been used to fund research as well as equipment and artwork for the rheumatology department – including this striking painting by Brenda Unwin. The painting was unveiled by Bryan Gunn, former goalkeeper with Norwich City Football Club, who is pictured (right) with Brenda and rheumatology consultant David Scott.



Better care? Now it's your turn to comment

PEOPLE LIVING within central Norfolk, together with many local organisations, are being asked for their views on plans for the future of local health and social care covering the next three years.

'Better Care for Norfolk' is a programme aimed at providing treatment for patients closer to home and will provide more help for people with long-term conditions. It gives patients the services they want and ensures they are treated with warmth and respect during their treatment or care. For more information, go to www.bettercarefornorfolk.nhs.uk

A glimpse inside 'the Tardis'

MORE THAN 150 minor procedures are now carried out each month in the temporary operating theatre outside the Day Procedure Unit (below left).

"We've nicknamed it the Tardis because it's surprisingly spacious and versatile inside," said Helen Lloyd, operational nurse manager for the Day Procedure Unit. "It's basically a customised container that was delivered on the back of a lorry and was fully operational within 24 hours!"

The temporary theatre was pressed into service to provide extra capacity for the Day Procedure Unit.

"Patients are pleasantly surprised when they come in here and see all the high-tech equipment," said Helen. "Both they and the staff have adapted brilliantly."



PAINTBALL WIZARDS



On Saturday 9 October, a group of 25 staff set out to wage war on each other. Just an average day at NNUH, perhaps? No, this was a paintball contest at a local skirmish camp. There were no winners or losers, and a great day was had by all.

Pictured from left are: Chris Paul, Paul Basnett, Allen Parkin, Andy Symonds, Elaine Bobbin, Simon Wardale, Simon Burke and Barry Youngs.

If you would like to join the group for their next outing on 12 March, contact Elaine on ext. 5128.

Are you ready for **CHANGE?**

It's been described as the biggest shake-up in pay and conditions in the history of the health service. And with the majority of union members voting 'Yes' to Agenda for Change, our 'job panels' are gearing up for a busy year ahead

FOR UNISON representative Adrian Howes, Agenda for Change is revolutionary in more ways than one.

"The striking thing is that, for the first time, management and staff representatives are getting together on the same side of the table to tackle some of the inequalities in pay and conditions," he says.

"It is not a case of staff putting in a claim and management going away and making a decision. Instead, staff at all levels are able

to get involved in the decision-making process. This is not just staff involvement, it is real partnership working.

"We are looking at every job description within this Trust to try to match it to a national profile. If it fails to match one of these then we will embark on a process of evaluating that job.

"To help us with this task we have recruited around 80 volunteers representing both staff groups and management, who are

working in teams of four – two from each side – to match or evaluate each job.

"The process has been designed to be objective and fair. If the panels are unclear about anything, they may ask questions of individuals and their managers to help them decide on a suitable pay band.

"If a match cannot be found because the role is unique to this Trust or there is no national profile, we will do a local job evaluation to decide on a suitable pay band.



'I wanted to make sure it was fair'

SHEILA HALL, a clinical nurse leader in Theatres, decided to get involved in Agenda for Change when an appeal went out for volunteers to join the job panels. "I knew this was going to be really important for staff throughout the health service and I wanted to see that the job evaluations were done fairly for all," she explained. "I realised the only way to do that was to get involved myself."

Sheila is now one of 80 volunteers

who have received training in job matching and job evaluation.

"The training was good because we were working with staff from all over the Trust. Now I spend two days a fortnight on Agenda for Change, sitting on the job panels and going through job descriptions. It's really interesting to learn about the different roles in the Trust and to see what people do. It has added a whole new dimension to my working life."

• Do you have an opinion on Agenda for Change? Why not post your views on Have your Say on the Trust intranet?



Volunteering for Change: Staff from across the Trust get together for job evaluation training in preparation for Agenda for Change

“The process is designed to be objective and fair... We are looking at the *role*, rather than the individual, when we evaluate people’s jobs”

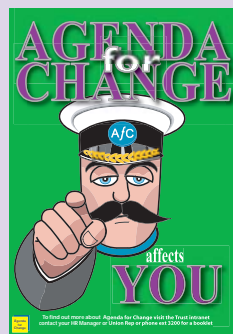
“Of course, the key to the whole process is that we have job descriptions that are up-to-date, so we can look at the jobs people are doing now, rather than the ones they were doing when they first joined the Trust. Many roles have evolved over time and we need to take that into account.

“The important thing to remember is that we are looking at the *role* rather than the individual. If the job needs to be locally evaluated there is a lengthy questionnaire which needs to be completed by the job holder to help us evaluate that role and come to a conclusion that is realistic and fair. Again, we may ask questions of the individual and their manager.

“The process is designed to be measured and impersonal, and we hope that agreement will be reached without too much conflict.”

Who benefits from Agenda for Change?

- With the exception of doctors and board-level managers, all grades of Trust staff are affected by AfC.
- Non-NHS staff, such as Serco, are not included in the new arrangements, although Serco are in discussions with the Trust to consider their next possible steps
- Up to 92 per cent of Trust staff are expected to gain financially from AfC. The rest will have their salary protected at 2005/6 levels.
- Many staff will be entitled to more annual leave (a minimum of 27 days, rising to 33 days after ten years’ service).
- Provided your job matches one of the 250 national profiles, you will not be called on by the job evaluation panels. If your role is unique to this Trust, however, you will need to complete a 30-page questionnaire and may then be asked to talk to the panel to help them decide on a suitable pay band for your role. Remember, the panel is assessing the role rather than the individual and the process of job evaluation is the same for everyone.
- It will take time to assess every single role within this Trust (there are thought to be as many as 2000 to work through), so pay adjustments will be rolled out over several months, backdated to 1 October 2004 for all staff on national contracts
- Staff on local pay arrangements will be given the option of opting in or staying with their current arrangements.
- One of the long-term benefits of AfC is the strong emphasis on training and development through the Knowledge and Skills Framework.
- If you would like to get involved in the decision-making process by becoming a job panel member, call Clair Anderson on ext. 5709. More information is available on the Trust intranet, or call the communications team on ext. 5821 for a copy of the AfC booklet.



Strong support for spinal team

THE FIRST 48 hours after an accident are crucially important for patients with spinal cord injuries. And frontline staff from NNUH were praised for their 'joined-up approach' when they attended a conference at the UEA Sportspark in October.

For several years now, nurses from NNUH have worked closely with colleagues at the Princess Royal Spinal Injuries Unit in Sheffield to develop guidelines and protocols for those who deal with such patients

"We do not have a spinal injuries unit of our own at NNUH but we do have a strong multidisciplinary team who can care for these patients until they can be safely transferred to Sheffield," says Mary Collins, a sister in Trauma and Orthopaedics.

"We increasingly get referrals from other hospitals and we have nine liaison nurses who are trained to offer advice and support."

"Patients are lucky to have such a dedicated team of liaison nurses working at NNUH," says Paul Harrison, clinical development officer for the Princess Royal



Spinal Injuries Unit in Sheffield (*pictured, left, with the NNUH team*). "They have developed an impressive, joined-up approach to the care of patients with spinal cord injuries."

The conference was a chance for staff from NNUH, James Paget and West Suffolk hospitals to share best practice and learn about new techniques.

Professional boost for theatre staff

AFTER 20 YEARS of lobbying, Operating Department Practitioners (ODPs) are now regulated by the Health Professional Council, giving them similar status to theatre nurses and other professional health workers.

NNUH has been training ODPs in-house since the 1970s but responsibility for their education has now passed to the UEA, where a special two year diploma course was launched in 2003.

"It has been a long battle but we're delighted that ODPs are now accountable in law and are regulated on the same educational level as nurses and other health professionals," said Claire Webb, theatre training and development co-ordinator at NNUH.

"Our ODPs are trained to take on tasks that are specific to theatre work. Now they can go on to develop their roles in the same way as theatre nurses and other clinical staff."

The ODPs are the 13th profession to be regulated by the Health Professional Council.

WELCOME

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

Miss Bridget Mulholland, ophthalmologist, **Dr Ketan Dhatariya**, endocrinologist, **Dr Ronald McCaig**, consultant in occupational health, **Dr David Spackman**, anaesthetist, **Dr Marius van der Walt**, histopathologist, and **Dr Morne Wolmarans**, anaesthetist.

FAREWELL

...to the following staff who have left the Trust since 1 September 2004:

Daphne Freeman, auxiliary nurse on delivery suite, after 36 years' service; **Josephine Blackburn**, theatre nurse at Cromer, after 30 years; **Rosalind Hatfield**, radiographer, after 25 years, **Janet McIntosh**, support worker in sterile services, after 24 years, **Doreen Huggins**, library supervisor in Health Records, after 23 years; **Joan Sweetnam**, auxiliary nurse in delivery suite, after 21 years, and **Sue Morgan**, sister on Denton ward, after 20 years

FREEDOM FOR ALL

THE FREEDOM of Information Act 2000 comes into force next year, with the aim of encouraging openness and transparency in the public sector. It means that anyone can request information from this Trust and we are obliged to respond with the correct information within 20 working days.

To safeguard patient confidentiality and security, there is a list of exemptions to the Act. However, failure to release information that is judged by the Information Commissioner to be in the public interest can lead to contempt of court, fines and even imprisonment of the organisation's chief executive.

Requests for information should be submitted in writing, whether by letter, email or in a text message.

If you receive a request for information under the Act, please consult Geoff Bluckert in Patient Services (Level 2 East, ext. 6576) for advice. Routine requests may be referred to the Trust's website or the department may be asked to respond directly. For more complex requests, the procedure will be similar to Access to Health Records.



Seeing the light

A TOTAL OF 740 low-energy light bulbs were given away to NNUH staff when the Norfolk Energy Bus paid a visit to Colney. Potentially, that means a saving of £3,800, based on four hours' use per day for a year! Paul Bourgeois of Broadland's Energy Team commented: "More than 200 pledges were signed and 184 energy checks completed. Householders will now receive a report explaining how they can save energy (and money) in the future. For information on energy saving, contact Paul on : 01603 430598 (paul.bourgeois@broadland.gov.uk)



No, this was not a lesson in bee-keeping but a chance for frontline staff to try out a new type of mask to protect against respiratory diseases such as SARS and TB. "These masks are only used in exceptional circumstances but it's important that key staff are trained to wear them correctly," explained infection control nurse Judy Doyle, pictured with Paula Fuller, a staff nurse in EAU.

CIVIC HONOUR FOR HUGH PHILLIPS

A civic reception in honour of Hugh Phillips, president of the Royal College of Surgeons, was held at the Great Hospital in Norwich on 8 November. It was hosted by the Sheriff of Norwich, Paul King, who said it was a pleasure to recognise the contribution made by Mr Phillips during his 30-year career as an orthopaedic consultant at the NNUH.

Mr Phillips said the honour of a civic reception reflected his good fortune in having worked alongside so many highly professional people at NNUH.

Hugh Phillips (right) with Paul King (centre) and orthopaedic surgeon Keith Tucker



Mum's the word for diabetes group

NEW MUMS with diabetes are getting together for a special post-natal group at NNUH. The aim is to continue the care and support they received prior to conception and in the run-up to giving birth.

"We see around 25 patients a year in the antenatal clinic," said diabetes nurse specialist Katherine Duffield. "Pregnancy is a huge undertaking for these women and the risks are considerably reduced if they take care to monitor their glucose levels.

"We ask them to come to the Diabetes Centre on a monthly basis prior to conception and once pregnant, every two weeks so we can closely monitor their progress.

"During pregnancy, they may be asked to carry out up to seven blood tests a day and have four or more insulin injections a day – and they generally have very successful outcomes, as you can see!

"The post natal group gives the mums a chance to swap notes about their experiences and also provides us with valuable feedback about their pregnancy and labour so we can help our expectant mums in the future."



Diabetes mums, from left: Karen Mortlock with Shae, Katherine Duffield (Diabetes Nurse Specialist), Jessica Adcock with Lucy, Sue Land (Diabetes Specialist Midwife) and Lisa Rogers with Jack

Help us to be your employer of choice

AT OUR IWL (Improving Working Lives) awareness event in September, we asked staff to complete a questionnaire.

The results showed that 65 per cent of respondents felt involved in the running of their department, compared to 30 per cent who did not. When asked about service

improvements, the responses were equally split between those who felt involved and those who did not. A total of 72 per cent of staff said they were treated with dignity and respect by colleagues and managers; 83 per cent felt safe at work and 73 per cent were aware of training and development opportunities in this Trust.

However, 58 per cent felt the Trust did not do enough to show that it valued its staff and 57 per cent said we needed to do more to encourage flexible working. Half were unaware of flexible retirement options.

In the centre of *The Pulse* this month is a copy of the new Staff Charter for you to take out and keep. This sets out clearly the Trust's aims as an employer and also what staff can expect from each other.

Please take time to read this charter and help us to achieve our aim of being an employer of choice.

• For more information on IWL issues, including the results of our survey in full, check out the IWL page on the Trust intranet

ANYONE FOR FOOTBALL?

Would you like to take part in an inter-departmental football tournament next summer? The tournament would be open to all staff, including contract staff, and could be five-a-side or 11-a-side, depending on the numbers of people involved. If you are interested and can get a team together, contact Chris Paul on bleep 0700.

A suitable case for the CIU

*The Clinical Investigation Unit has moved to a new home on Heydon Ward. Here, specialist nurse **Sondra Gorick** explains why the Unit plays such an important role in the lives of some of our patients*



ONE OF THE first indications that Pam Howes was suffering from Acromegaly was that her wedding ring was too tight. Typically, her hands and feet had become enlarged due to excessive amounts of growth hormone produced by this rare disorder of the pituitary gland.

Pam remembers very little about her first appointment with the specialist, except that the words 'tumour' and 'Addenbrooke's' came into the conversation. Only later was she able to take in the fact that her condition is not life-threatening but requires careful monitoring and treatment.

Pam's condition is extremely rare – only four in a million are diagnosed with the disease each year. She is, however, not alone in needing to undergo tests in our Clinical Investigation Unit (CIU): some 500 patients are seen in the unit annually.

From its new base on Heydon Ward, the CIU serves the Endocrinology Department by providing dynamic function tests and infusions for a variety of different disorders.

Many are the result of problems with the



pituitary gland – a tiny gland situated between the eyes which is the 'engine' for numerous hormonal functions. Pituitary tumours are almost always benign but they can cause the gland to malfunction and upset the delicate balance of hormone production.



Pam was grateful that our endocrine specialist nurse, Sondra Gorick, took time to put her fears at rest and explain the implications of her unusual condition.

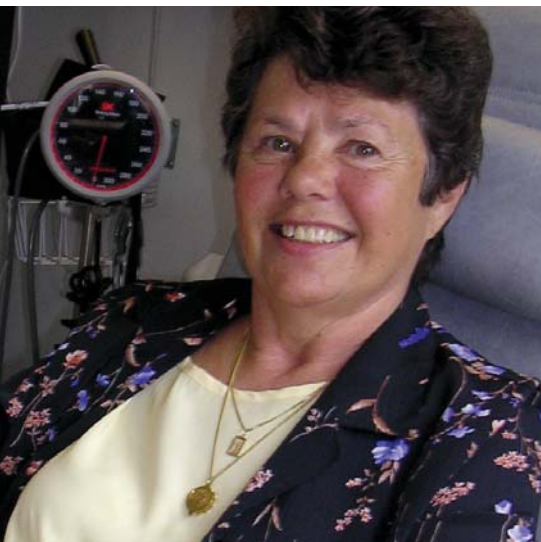
Besides running the CIU, Sondra provides extra support and advice for pituitary patients through a support group called Pitpat. She also produces a regular newsletter that she writes herself.

"I am passionate about the need to communicate with patients," says Sondra. "Often they are too shocked by their diagnosis to concentrate on what the consultant is saying. They need to sit down and think about what it all means, and to ask questions if they need to.

"I enjoy working here because most of the conditions we see are treatable and we are making a real difference to people's lives. You get to know the patients quite well because their condition needs to be

What is the Clinical Investigation Unit?

- The CIU was set up in 1981 and now sees around 500 patients each year for specialised tests, treatment and advice
- Patients are referred to the unit from our Endocrinology specialists and may be suffering anything from polycystic ovary syndrome to thyroid problems
- Without the CIU, many more patients would be admitted as inpatients
- Around 15 different kinds of tests are carried out in the unit, plus infusions for three different drug regimes.
- Tests may take anything from a few minutes to several days. Some are extremely complex and expensive, with patients being given drugs to either stimulate or suppress the body's hormonal response.
- All test results are analysed in the biochemical laboratory at NNUH.



Eileen Noble (above), was diagnosed with Cushing's disease in 1985 and now undergoes regular tests in the CIU. Like Pam Howes (top, with specialist nurse Sondra Gorick), the condition was affecting her glands and causing her to change her appearance. "It was a great relief to find out what was wrong and to be given treatment that would keep the disease under control," says Eileen. Above left: Irene Cardy undergoes an infusion for Paget disease, which affects the bones

monitored over a long period of time.

"For some, their condition will have a marked effect on their appearance and the right treatment will help to reverse the process. Often they have had symptoms for years and it's only when they undergo a series of tests that their disorder is properly diagnosed and treated."

FIRST IMPRESSIONS ARE IMPORTANT

In-patient Reception Manager Anne-Marie Anderson explains why it was necessary to redesign the reception desks at NNUH

MANY PEOPLE have remarked on our smart new reception areas, wondering why such a major revamp was required at a time when the Trust is trying to save money. The answer, as ever, is not as simple as it seems...

When NNUH first opened in 2001, the reception team was new to the hospital and it was not clear how their roles would evolve. Since then, each reception area has come to function quite differently.

Right from the start, the West In-Patients desk on

Level One has been a hive of activity. With the help of Security staff from Chubb Personnel, the desk is manned 24 hours a day and receptionists' duties include receiving and dispatching

urgent notes, specimens, pharmacy items and theatre equipment; holding and issuing keys; greeting and assisting staff, patients and their visitors; issuing ID badges; dealing with enquiries and complaints; and much more.

Meanwhile, the East In-Patients Reception has evolved to become our 'Central Admissions Desk' and the Trust is piloting a scheme to admit all elective patients, with the exception of Paediatrics, Obstetrics and Gynaecology patients, through this one desk. From seven in the morning, patients start calling us to check if a bed is available. With the help of the bed manager, sisters and senior nurses, we can now admit these patients to their designated wards. Other duties include greeting and assisting patients and visitors, dealing with enquiries and complaints, booking taxis and validating car parking tickets.

With these different functions in mind, the East and West in-patient desks have now been redesigned, cleverly making use of the space under the stairwells to create

a more professional and friendly environment for staff, visitors and patients.

For instance, when we admit patients we are required by law to check details such as their address, phone number and next of kin. So we now have a screened area where they can talk to us in confidence. We have three admission areas, including one for wheelchair access, alongside an information desk.

First impressions are important, so the

"We now have a screened area where patients can talk to us in confidence"



Anne-Marie Anderson with Andy Widdess, head of estate development for the Trust

busy West desk has been widened to allow us to attend to more visitors at any one time. We also have a separate Service Desk, out of sight but accessible for deliveries and collections.

All these improvements have been achieved as a result of teamwork by Trust staff working with the architect Peter Reeve, Octagon Healthcare and Serco. We would like to say a big thank you to you all, because without your help, support and patience, these improvements would not have been possible.

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.

IT'S A WIRED WORLD

WITH AN investment of £25 million in new medical equipment, NNUH was designed with the future in mind. From 'intelligent' scalpels to the most complex monitoring equipment, the hospital is bristling with new technology. Indeed, a database of electronic and mechanical equipment maintained by the Trust runs to more than 25,000 items - and the list is growing all the time.

"Our eyes are always on new things coming over the horizon so it's easy to overlook the advances that have been made over the last 40 years," admits Stuart Meldrum, director of medical physics.

"The biggest change has been the explosion in computer science - many items of medical equipment are computers in one form or another. But while today's devices are more complex, they are also a lot more reliable. The emphasis nowadays is not just on repairing faults but on training staff to make best use of the equipment available."

Theatres manager Kate Barlow agrees: "There are 350 staff working in this high-tech environment and they all have to be trained to operate our equipment safely. The engineering teams are therefore crucial to us and we rely on them to maintain vital equipment such as operating tables and anaesthetic machines that we use in theatres all the time."

"Items such blood-gas analysers are

What happens when a piece of hospital equipment goes wrong? Simple... we call on the technicians in Clinical Engineering to put it right. The Pulse takes a look inside their workshops to find out more about what they do

highly sensitive and need to be calibrated every day of the year, including Christmas day," explains Chief Technician Paul Kemp (electronics). Other items are brought into our workshops for routine maintenance every few months or when a fault is reported to us."

Increasingly, Trust engineers work in partnership with equipment manufacturers to address training issues and replace faulty parts. In some areas, such as the Colney Centre, Trust staff work in tandem with the manufacturers to ensure that specialist equipment is performing to the highest possible standards.

Many of the technicians employed in our four workshops (see panel below) have worked in industry or the services before moving to the NHS. The new Knowledge



and Skills Framework, however, aims to address the need for more trainers who can pass on vital skills to a new generation of technicians.

Clinical engineering: the facts

- Between them, our 24 clinical engineering technicians maintain 25,000 pieces of equipment, ranging from the simplest battery charger to the most complex monitoring equipment. This does not include our state-of-the-art radiotherapy or PACS (Patient Archive and Communication System) digital imaging equipment, which is looked after by Trust staff in service agreements with the manufacturers.
- At NNUH there are four workshops specialising in different aspects of

clinical engineering: electronics, mechanical / anaesthetics, diagnostic imaging and renal (kidney) dialysis.

- Items such as blood gas analysers and life-saving equipment used in intensive care or renal dialysis are checked every day, whereas other items are recalled for maintenance every few months.
- Equipment checked in the workshop is also double-checked by technicians when it is returned to wards or clinical areas. This also applies to all new clinical equipment.

Even mechanical items such as anaesthetic machines and operating tables (top left) now incorporate computer technology. Some devices are designed and manufactured in the NNUH workshop (right), including special surgical instruments. Far right: vital signs monitors are routinely used in intensive care

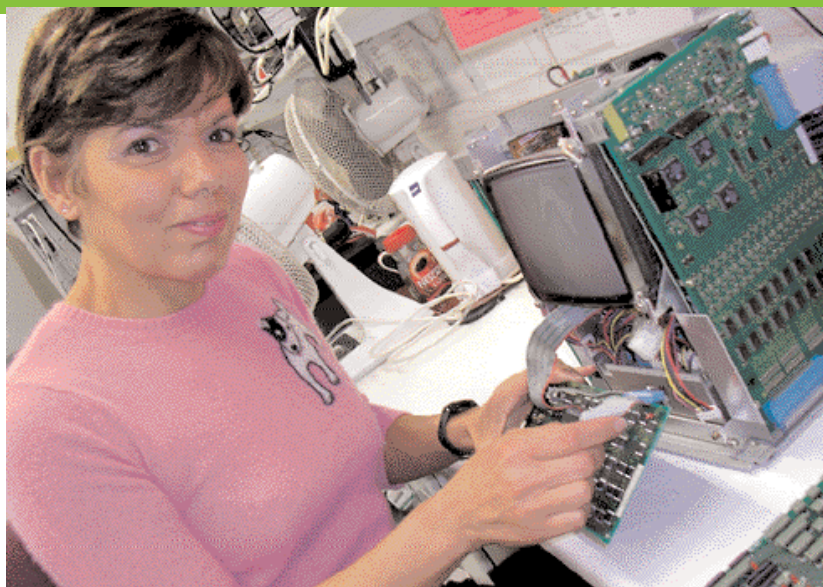


WORLD



GORDON FARQUHAR (pictured above with kidney patient Allen Payne) started working as a renal technician 36 years ago when dialysis machines were still in their infancy. "Today's machines (see right) are more sophisticated but the method of dialysis hasn't changed - we're basically using washing machine technology to clean the blood and wash away waste products," he says. "Nowadays, the emphasis is on fine-tuning the treatment and making sure the system is safe. That includes monitoring water quality - we get through 400 cubic metres of water every week in the Jack Pryor Unit.

"From the patient's point of view things have improved a lot. Dialysis now takes around four hours instead of ten. We are also building up our home dialysis programme so more of our patients can be treated at home."



WHEN HUDA BADIR came to England from Iraq in the 1977, she was amazed to find she was the first woman on her engineering course in Essex. "There were many female engineers in Iraq, but here in England it was still very unusual," she says.

"Luckily I had role models in two of my sisters - one of whom was training in Norwich - so when I encountered some political difficulties while at Essex University I decided to follow in her footsteps and enrol at City College.

"Engineering is no longer about wearing greasy overalls and lifting heavy machinery"

"Of course, times have changed a great deal but people are often surprised to see a woman doing this job. Some people imagine our work is all about heavy lifting and wearing greasy overalls, but that's no longer the case - today's machines are much more delicate and our work is more about finding where the fault lies and fitting new parts than repairing the problem ourselves.

"I enjoy working on ultrasound equipment in the antenatal department or the delivery floor, where it's a mainly female environment. Also, I've learned to fight back if I face inequality or injustice in my working life."



How you can help

- On the wards, please check that your equipment is working properly and that the technicians have access to carry out essential maintenance
- Have you come across an item that is beyond its indicated service date? If so, call the Clinical Engineering team on ext. 2183 so they arrange for the work to be carried out.
- When equipment becomes outdated, either clinically or technically, it is important to call Clinical Engineering on ext. 2183 so they can dispose of it safely
- Before sending equipment to the engineering workshops, please ensure it is clean and decontaminated.

After five months in the role of Chief Executive, Paul Forden explains to Sue Jones why he's delighted to be putting down permanent roots with the Trust

Why I'm HOOKED ON HEALTH CARE



WHEN HE WAS asked to take on the role of 'interim' Chief Executive, Paul Forden had only two weeks to clear his desk at Ipswich Hospital and step into his new role.

"I spent those two weeks handing over to my successor at Ipswich so there was very little time to think about the job I was going into," he recalled. "I knew the transition would be tough but there was no hesitation on my part – I don't believe in shirking difficulties and this was an opportunity I couldn't refuse."

Luckily, adjusting quickly to changing circumstances is a talent that Paul has acquired over many years. The son of an RAF technician, he attended nine different schools and has moved house no fewer than 18 times in his 43 years.

Born near Wolverhampton, he left school after A levels to become a trainee manager with the Post Office – his first job was managing a small post office in Tring, Hertfordshire. Over the next five years he studied in his spare time to qualify for the Chartered Association of Certified Accountants, rising through various management roles to become an operations manager for Royal Mail. From there it was a short step to Yellow Pages, where he

helped to set up a Business Database company, as well as working on the launch of Talking Pages.

It was meeting a former colleague from the Post Office – then director of finance for Ipswich Hospital – that led to a new career in the health service. "We swapped notes about what we'd done that day and it soon became clear that his job was far more satisfying. He asked me to be his deputy... and from then on I was hooked. I get a buzz out of making a difference and seeing patients reap the benefits. I find it much more exciting than making money for a commercial organisation!"

Attracted by the prospect of working in a teaching hospital, Paul moved on to Addenbrooke's and then to King's College Hospital, London, where he was acting chief executive before returning to Ipswich as Chief Executive.

"In London the politics were different – though no less difficult – because there were so many hospitals so close together. There was a high level of competition but also a spirit of co-operation. For instance, we got together with Guys and St Thomas's

to create an IT system that was, in effect, a forerunner to our NPFIT (National Programme for IT)."

So what of the challenges now facing this Trust? "I believe we are on the cusp. We have a new building at NNUH – not perfect, but better than most – and a new medical school, but these are only the building blocks.

"With payment by results, where the funding follows the patient, we will soon be in a good position to take advantage of patient choice and focus on what we do best. Hospitals such as Addenbrooke's and Papworth are known for their specialist services (organ transplants and heart surgery, respectively) and we have the potential to do the same.

"As a specialist centre, we would attract interest from consultants and other key staff, which would lead to more investment for research and development. For that we need to be seen as a Trust that delivers – and that can only be achieved if each of us does our jobs to the best of our ability. We must be willing to work across disciplines and across specialties to achieve the very best

results for our patients and staff.

"Clearly, people are living longer and demand for healthcare is unlikely to decrease. But there are lots of initiatives, both nationally and locally, to treat patients closer to their own homes. Our longest waiting times are already down from two years to nine months and by 2008 they will be down to 18 weeks.

"The key is to develop our services in a planned way, using some of the opportunities brought about by changes in the NHS to shape our own destiny. If we wait for the perfect system we will wait a long time – and life's too short to tread water."

With three teenage children, Paul is passionate about family life and enjoys all kinds of sport, though his own playing career is now confined to coaching his son's football team after he snapped an Achilles tendon while playing soccer in Tunisia. With his former Ipswich connections, he is careful to point out that he follows *both* local teams... but his first love is Wolves.

Home is a country cottage in Burwell, Cambridgeshire, set in grounds that are "either a gardener's dream or a nightmare, depending on your point of view."

Living off the patch is deliberate – "I use

"Hospitals such as Addenbrooke's and Papworth are known for their specialist services and we have the potential to do the same"

the car journey as 'thinking time' and it means the children can continue to attend the same schools."

So does he have regrets about his own rollercoaster life? "I may have moved around a lot but I've worked for only three organisations during my entire career. I don't see myself as a troubleshooter – I'm someone who enjoys seeing projects through to the end. That's why I'm delighted to be offered this role for the longer term.

"Taking over here was the most daunting thing I've ever done in my career, not least because I was sorry to be leaving my colleagues at Ipswich. But I've learned that when you leave an organisation, you take a big part of it with you. And hopefully, you leave something of yourself behind."

WHO NEEDS THE ATKINS DIET?

Are you fed up with yo-yo dieting but need to lose a few pounds before Christmas? NNUH dietitian Anna Suckling has the answer – and it may be simpler than you think

ACCORDING TO BBC researchers, 37 per cent of women and 18 per cent of men are on a diet at any one time, and many people skip meals to help weight loss. So why are we 'crash dieting' in this way, only to put the weight back on (and sometimes more) when we return to our old eating habits?

As dietitians we advise people to adopt a healthy lifestyle – stop smoking, be a desirable weight and increase exercise. But how do we achieve this if we work full time and have a home to run?

The first step is to become more organised. When we are in a hurry it is all too easy to grab something quickly or miss a meal entirely. Eating three regular meals a day should be your first aim. Breakfast doesn't have to be cereal or toast, it could be diet yoghurt with fruit instead. But a high fibre option will fill you up for longer and decrease those mid-morning munchies.

Lunchtime snack meals may include lean meat, fish or salad in a sandwich, with a diet yoghurt and a piece of fruit – or alternatively a jacket potato with low calorie filling.

Evening meals should include plenty of vegetables, a portion of carbohydrate such as potatoes or pasta, rice or cous cous, and a source of protein such as meat or fish, pulses or a meat alternative.

Tomato-based sauces are ideal for pasta dishes, while creamy sauces can be modified by using skimmed milk and low fat spread. If puddings are a regular fixture, try having sugar-free jellies or instant whips with no added sugar.

Does this all sound terribly boring? Well ...ensure that you have treat days.



Restricting all tempting confectionery can increase the cravings! Allowing yourself the occasional chocolate bar or pudding will make healthy eating much easier on the other days of the week.

So what about these fashion diets – Atkins, Haye, Detox, South Beach, to name a few? In the long term, adhering to diets that avoid certain nutrient groups, such as carbohydrate or dairy products, will only decrease your daily energy intake

"Activities such as walking, aerobics and swimming are great ways to have fun while burning the calories"

and could result in vitamin and mineral deficiencies.

A good way to lose weight is to do more exercise – if it's enjoyable you will want to do it regularly. Activities such as walking, swimming, cycling, jogging, aerobics and team sports are great ways to have fun while burning the calories.

Here at NNUH we have completed two very successful slimming programmes and there is currently a weekly aerobics class for staff, so there are no excuses for putting that weight management programme on hold!

• Staff are welcome to come along to Anna's aerobics class on Monday evenings at 5:45pm in the Education Centre at NNUH. Contact Anna on ext. 3011 for information.

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.

Kidney patients welcome expansion plans

Plans are being drawn up to create a kidney dialysis unit in the grounds of Cromer and District Hospital

PATIENTS AND staff have welcomed proposals to build a renal dialysis unit at the existing Cromer and District Hospital.

The aim is to use some of the Sagle Bernstein legacy to create a separate modular structure that could easily be transferred to a new hospital. Further funding will be provided by the Strategic Health Authority for Norfolk, Suffolk and Cambridgeshire.

"This is marvellous news for patients who need regular kidney dialysis – at the moment they have to travel into Norwich from North Norfolk three times a week and the journey can be time-consuming and very tiring," commented Alex Heaton, a consultant in nephrology. "Some of my colleagues have been campaigning for this service for many years and we're delighted that it is now going ahead."

When fully operational, the eight-station renal dialysis unit will allow up to 48 patients to be treated three times a week. Demand for renal dialysis is increasing all the time and there is considerable pressure on the 28 stations that are currently in use at NNUH. A further eight stations are being set up at the Norwich hospital – six on Langley Ward and two on the Jack Pryor Unit – to provide extra capacity until the new Cromer unit is up and running.

Like other services in Cromer, the renal ward will be nurse-led, with support from visiting clinicians and specialist staff at NNUH. The clinical director will be Dr Heaton, who will share the role with nephrology consultant Mark Andrews.

Judy Butcher, Nurse Manager for the Jack Pryor Renal Unit at NNUH, says: "We are

currently recruiting qualified staff and there are some good opportunities for nurses who may want to move into renal medicine. Full training will be provided and staff will rotate between Norwich and Cromer to gain experience in both units."

The new proposals were approved by the Trust Board in October. However, renal dialysis requires a high level of funding from the Strategic Health Authority and it could be another year before financial and planning issues are finally resolved.

In the mean time, the Trust is going ahead with a feasibility study to demolish two old storage sheds and install the self-



DOUGLAS WILCOCKS, from Northrepps in North Norfolk (pictured above with nurse manager Judy Butcher), suffered kidney failure after a bout of septicaemia left him fighting for his life in intensive care. He now comes to NNUH for regular haemodialysis treatment. "For people like me the Cromer dialysis unit will be a godsend," he said. "At the moment I have to travel to Norwich three times a week, which is rather time consuming, although I have no complaints because the staff at NNUH have really done me proud."

MORE INVESTMENT FOR CROMER

CROMER PATIENTS are reaping more benefits from the generous legacy of Sagle Bernstein – in the form of state-of-the-art equipment which can be transported, if necessary, to a new hospital site.

Latest acquisitions include three 'Datascope' mobile monitors for use in Theatres, and a microscope for ENT (ear nose and throat) Outpatients. "The new monitors analyse the gases breathed in and out by patients and help us to monitor and record vital information about patients," says Cromer's clinical team leader, Christopher Denson-Smith. "They replace several

items of outdated theatre equipment – but at the same time they are portable so they can be unplugged and wheeled around to wherever they are needed."

The new microscope in ENT has a teaching side-arm that enables the nurses and doctors in training to observe procedures such as examining and cleaning patients' ears, and for the consultant to supervise and train junior medical colleagues. "Without doubt, the new microscope enables us to provide a better level of service to our patients," says ENT consultant Tony Innes.

Total cost of the new equipment is £48,000.

contained, single-storey structure at the rear of the existing hospital. The renal unit would cover 300

sq.m and initially include eight dialysis stations, with room to expand if necessary.

"We will need planning permission but we do not anticipate too many problems as the building would be single-storey and well screened from the surrounding neighbourhood," says Andy Widdess, the Trust's head of Estate Development.

"There would be no loss of car parking – in fact we will be providing extra spaces for staff and patients next to the new units."

THE PULSE

Head of Communications, NNUH

Andrew Stronach (ext.3200)

Editor Sue Jones (ext.5944)

Pictures Medical Illustration (ext. 3245) and Sue Jones

Communications Officer

Hayley Gerrard (ext. 5821)

Please send your contributions for the February issue by 9 January 2005.