

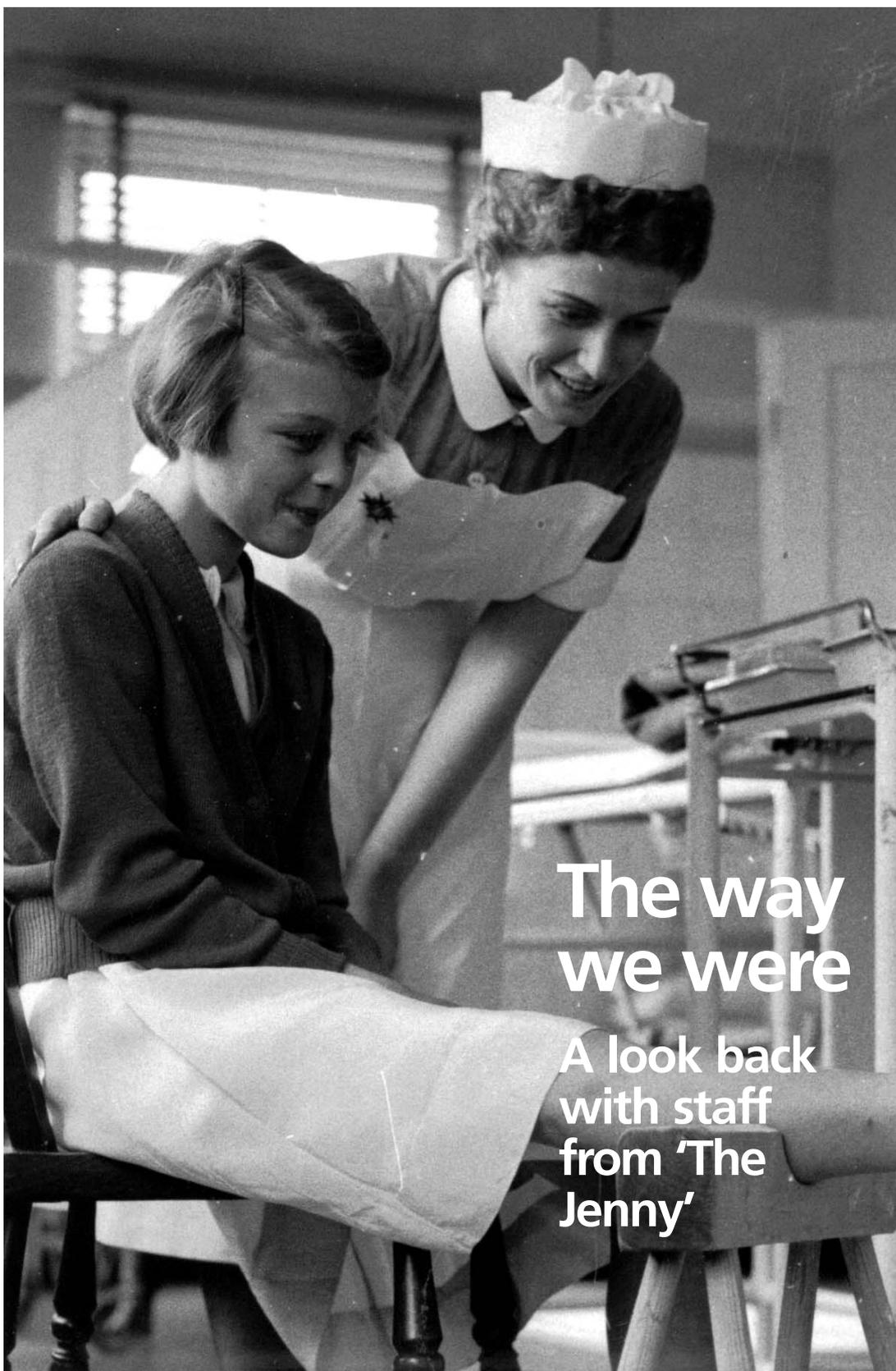
THE Pulse

Issue Number 17
February 2005

Norfolk and Norwich University Hospital



NHS Trust



The way we were

A look back with staff from 'The Jenny'

PICTURE COURTESY OF ARCHANT



Room with a view

Children's anaesthetic room gets a make-over

Behind the mask

Inside Theatres with our clinical teams



Viewpoint

The surprising truth about A&E



What next for NNUH?

How the Facilities team is facing the future

INFO

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 Sat 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

Travel Office Call ext. 3666

For car parking permits, ID badges, keys to the cycle sheds (situated near staff entrance, West block, and close to A&E), use of pool cars and the Trust bicycle. Also information about buses and other transport services

First bus service

Enquiries/ complaints: 01603 620146
contactus.fec@firstgroup.com

Cycle sheds

Keys available from the Travel Office

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

Other departments are 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.

NEWS ROUND

Travel Office opens at NNUH

A NEW Travel Office has opened at NNUH to deal with all aspects of travel to and from Trust premises, including Aldwych House, Norwich Community Hospital, the Norwich Research Park and Cromer.

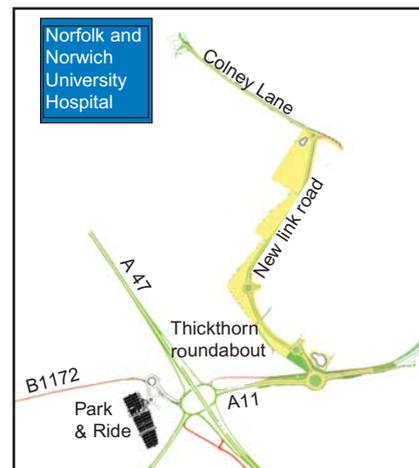


Headed by Simon Wardale, (pictured left) the five-strong travel team is based in the West Annexe Portacabin opposite the staff entrance (West block) and will be a point of contact

for staff, patients and visitors.

The team's responsibilities will include:

- Issuing ID badges, bus passes, car parking permits and keys to the cycle sheds
- Answering queries about bus timetables and dealing with complaints
- Introducing initiatives suggested by the Travel Committee, such as car sharing
- Arranging non-emergency transport for patients (first referrals only) who meet strict medical criteria – the East Anglian Ambulance Service currently provides 500 journeys a day for patients
- Managing the taxi and goods service (for transporting urgent items such as specimens, blood and medical equipment)
- Managing the Trust van service for transport of furniture, boxes for archiving and other miscellaneous items
- Managing the Trust's four pool cars (one based at Aldwych House and three at



Map showing the new link road, which is due to be completed in the spring. Part of Colney Lane is being upgraded; the rest will be closed to hospital traffic, including buses

NNUH). These can all be booked via email or by telephone.

- Loan of the Trust bicycle for business use.

Chief executive Paul Forden commented: "We are one of only two Trusts in the country to provide a dedicated travel service for our staff, patients and visitors.

"This new Travel Office is designed to provide a focus for transport issues and to help us improve our service in the future."

- **THE TRAVEL OFFICE** is open from 8.30am-12 noon Mon-Wed and from 1pm-4.30pm Thurs and Fri. Call ext. 3666 or email travel.office@nnuh.

How a raffle turned into a NNUH tradition

WHEN WARD

administrator Shirley Greaves and auxiliary nurse Lesley Smith raffled a box of chocolates for Children in Need, they had no idea their generous gesture would lead to a

long-standing tradition. Some 12 years later, their efforts have raised an impressive £13,000 for the BBC children's charity.

"It started on Ingham Ward and every year the raffle has just got bigger," says Shirley, who now works on Cringleford Ward. "I keep an area of the loft free all year round for the prizes and this year we raised



an extra £629 from a car boot sale. "On the day of Children in Need we got in to work at 5.30am and we were still here at 10pm selling raffle tickets!"

Shirley is grateful to everyone who helped with

the raffle. "I feel strongly that an event such as this is a great boost to morale. Even if only for a few days, it gets every one pulling in the same direction for a good cause."

Shirley (second from right) is pictured with Lesley Smith and Beryl Howe as Trust chief executive Paul Forden picks out the first winning ticket.

Smokers unite to kick the habit

IF YOU ARE a smoker and concerned about moves to make all NHS premises smoke free, then help is at hand. Cignificant, Norfolk's stop-smoking service, is providing extra support for staff to give up the deadly weed.

Last year some 4,500 people turned to this service for specialist help and advice, and many succeeded in kicking their addiction.



A new support group is meeting in the Education Centre at NNUH. If you would like to join them, call the Cignificant team on 01603 776879 during working hours.

The Trust Board is now considering the results of a consultation exercise in which staff and patients are asked for their views on a smoking ban.



HEALTH BENEFITS AT A GLANCE

Quitting smoking requires lots of willpower as nicotine is a powerful and highly addictive drug. However, the benefits to your health start immediately:

After 8 hours Nicotine and carbon monoxide in the blood are reduced by half

24 hours Lungs start to clear out mucus and other smoking debris

72 hours Bronchial tubes begin to relax and energy levels increase

2 - 12 weeks Circulation improves

3 - 9 months Coughs, wheezing and breathing problems improve as lung function is increased by up to 10 per cent

1 year Risk of a heart attack falls to about half that of a smoker

10 years Risk of lung cancer falls to half that of a smoker

15 years Risk of heart attack falls to the same as someone who has never smoked.

First for volunteers

NNUH is one of the first NHS Trusts in the country to achieve an Investing in Volunteering award. This national award is designed to ensure that organisations value their volunteers and give them appropriate training and support. It follows an independent review by external assessors.

• **CONGRATULATIONS** also to Ken Betts, (pictured) who has achieved an NVQ in volunteering after studying in his spare time at City College. Ken started



volunteering at NNUH after being made redundant from his job as an office equipment buyer. He now helps out two days a week in Radiology.

“Redundancy really knocked my confidence but the course gave me a focus and showed me that I have a lot to offer,” he said. “The teamwork in Radiology is really impressive and I love working there.”

Volunteer co-ordinator Sally Knights says: “Ken is the first of our volunteers to achieve this qualification and we are delighted he has been successful in his studies.”

Five go skydiving

FIVE STAFF from NNUH celebrated with champagne after completing a sponsored parachute jump that raised £3,000 for Marie Curie Cancer Care.

Clair Anderson, project assistant for Agenda for Change, organised the event in memory of her mother Fiona, who died from breast cancer seven years ago at the age of 44.

The other four members of the parachute team were Liz Morgan, Kevin Rump and Simon Hutchinson from the IT department and Lisa Bishop, an data analyst in A&E. They completed the jump at Old Buckenham airfield after some brief training conducted by Geoff Tucker of Tandem Parachuting.

The ‘jumpers’ are grateful to everyone who contributed to their appeal.



• **NORFOLK'S HEALTH** information website www.heron.nhs.uk, is proving a mine of useful information for patients and health professionals. The database now lists 1200 local support groups and contains information for patients in various languages and formats, including large print and audio.

Stopping smoking will save lives

AS I WRITE this column we have just emerged from an extremely busy Christmas and New Year, with record numbers of patients coming through our doors. That all these patients were appropriately treated is a tribute to your hard work and professionalism, and I am very grateful to you all for making this possible.



I am also indebted to staff for their determination to find more efficient ways of working and make savings that will help us to get closer to our financial targets. With your help, we can keep our bed occupancy down to 90 per cent, which in turn will enable us to provide better care for our patients.

The key is to ensure that the right patients are in the right place at the right time. Rather like a giant jigsaw puzzle, we need to ensure that all the pieces are in place to avoid unnecessary delays during their hospital stay. We are working on a number of initiatives to improve this ‘patient flow’ and you can read about them in the next issue of *The Pulse*. In the mean time, please contact me if you have any suggestions that will help us to improve efficiency even more.

Many of you will be aware of the national programme for IT (NPfIT) which is designed to simplify and improve electronic record keeping throughout the NHS. During March, we will be setting aside time to trying out new clinical care software, and we will welcome your feedback on the results.

Responses to our questionnaire on a proposed smoking ban have been flooding in. As expected, this is proving to be a contentious issue, although so far most of you seem to favour a smoke-free environment. Whatever your personal views on this issue, there is no doubt that smoking is a killer and we owe it to ourselves and our patients to do our best to save lives. I am sure we will work out a satisfactory solution – in the mean time there is support available for those who would like to give up (see 'Smokers unite to kick the habit' on this page).

Paul Forden
Chief Executive, Norfolk and Norwich
University Hospital NHS Trust

FOCUS ON FACILITIES

The BIGGER picture

From 'small works' to large-scale building schemes, the Facilities team is a vital link in the project chain at NNUH. Paul Fenton explains the role of the department in a fast-changing health service

IF WE COULD gaze into a crystal ball and foresee the future, would NNUH take on a different size and shape? Already the building is evolving to meet the demands of a changing health service, and this process will continue throughout the life of the hospital.

"We're lucky to have a structure that's adaptable, but there are still technical difficulties involved in extending departments – not least because of the disruption involved," says Paul Fenton, the Trust's Deputy Director of Facilities. "The challenge is to juggle our existing services in a way that leaves room for planned maintenance as well as expansion and further development, with minimal disruption to clinical activities.

"That's why it's important to work closely with the Trust's strategy and planning team, who are looking at our future clinical needs; with Octagon, the developers who manage the Colney site; and with our partners Serco, who provide cleaning, catering,

Building on teamwork: Paul Fenton discusses new projects with Octagon's general manager Peter Holden



maintenance and security services at NNUH. We need to stand back, see the bigger picture and work together to bring about a shared vision of the future."

After 20 years in the private sector, Paul is excited by the challenges ahead. "Traditionally the public sector has been seen as somewhat risk-averse, but the rate of change is now far greater than in the private sector, reflecting in many ways the change in customer perception.

"We have a fantastic building here and we have high expectations – our philosophy should be to match the standards of a five-star hotel and provide a safe, clean and comfortable environment for our staff, patients and visitors. That means attending to the small details as well as the more complex projects.

"In the past, Facilities has been seen as a 'behind the scenes' department monitoring facilities which are delivered through our service providers. It is fair to say that we faced some criticism in the wake of the move to the new hospital site for various reasons, such as the bureaucratic systems for dealing with small works requests, issues around public transport and car parking, space allocation and accommodation.

"Now we are addressing those problems. We have opened a new Travel Office (see page 2) to deal with transport and parking issues. We have also undertaken a space utilisation and condition survey on the NNUH site. We are also designing an intranet-based system for minor works requests.

"In addition, many of the initiatives introduced by the NHS centrally, such as Better Hospital Food and National Standards of Cleanliness, are driven locally by, and through, the Trust's Facilities team.

"In the longer term, we are working with

Who are the Facilities team?

Estates Development, headed by Andy Widdess, is responsible for managing all new building projects both at NNUH (in liaison with Octagon, who are responsible for building and maintaining the hospital) and on other Trust sites including Cromer.

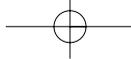
Concession Team, headed by Mark Page, is the link between the Trust, Octagon and Serco, who are employed as part of the PFI (Private Finance Initiative). Mark also manages contracts with key service partners across the Trust.

Travel Office, headed by Simon Wardale, (see page 2) has been created to deliver the Trust's Travel Plan and deals with all transport and and car parking issues.

Hospital Arts Project, headed by Emma Jarvis, is responsible for all art display material in the Trust.

Security Management, headed by Bill Dye, deals with all security matters at NNUH including the external security contract with Chubb.

Facilities Officers Peter Baker and Bob Dyson offer advice and technical assistance across a range of Facilities issues including minor works, changes to accommodation, service monitoring and compliance with relevant legislation. Peter is also the Trust's appointed Transport of Dangerous Goods Safety Adviser (DGSA).



VIEWPOINT

Picture

Projects for 2005

Pathology lab Work is under way to create a centre for cellular pathology on the Norwich Research Park, due to be completed in June. The new centre will also be home to a state-of-the-art Radiology Academy and will create space for a much larger chemical pathology department at NNUH.

Big C Centre - Work is due to start this month (February) on a new cancer information and support centre funded by the Big C cancer charity. The building will include space for private counselling and alternative therapies and is due to open in December.

Expansion for NICU There will be space for six more cots in the Neonatal Intensive Care Unit. The department is already a tertiary centre for the region and there is a high demand for specialist nursing care. The expansion has involved moving existing paediatric offices into portacabins during the initial phases of the project.

Six-facet Survey A detailed survey is under way to examine how NNUH is being used and our requirements for the future. The six facets being assessed are: physical condition, space utilisation, functional suitability, statutory compliance, environmental performance and quality.

planners and clinicians to prepare a 15-year Estate Strategy for the services of the future. This is a huge undertaking and requires us to take a long hard look at how our space is currently being used and how it could be used more flexibly in the future.

"We have some way to go to achieve all of our ambitions and the team is working extremely hard, together with Serco and Octagon, to achieve results.

"We aim to listen to our staff, build strong working relationships and show just what can be achieved with co-operation and good teamwork."

LET'S HEAR IT FOR HOSPITAL RADIO

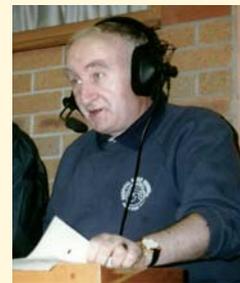
Hospital Radio Norwich celebrated its 30th anniversary in December. Here David Furse, 62, a post room porter at NNUH, recalls some of the highlights of his 17 years of broadcasting

IN 1974 A GROUP of local people got together to discuss the idea of broadcasting to patients in hospital. From this meeting, the seeds of Hospital Radio Norwich (HRN) were sown. A makeshift studio was set up in a small room at the old West Norwich Hospital (now the Norwich Community Hospital)

Jonathan Wyatt Big Band raised an impressive £1,250. Like many of our listeners, Jonathan's late father had enjoyed our visits to the wards while he was in hospital and appreciated the music we played. With the money raised from the concert, we were able to buy a state-of-the art digital mixer for



"One of my enjoyable tasks is to help bring live coverage of Norwich City's home games to our listeners"



and in spite of some technical changes, this is still its home.

As a registered charity, HRN is funded by voluntary contributions and everyone who helps with this service does so entirely free of charge.

One of my regular and enjoyable tasks as a volunteer is to help bring live coverage of all Norwich City's home games to our listeners. The match commentary is linked to a live sports programme presented straight from the studio – we have certainly come a long way since those primitive days of 1974!

I am also one of the presenters for our request shows which go out every day of the week except Sundays. This involves going round the wards after work asking patients for their music requests.

When I started broadcasting 17 years ago the most requested artist was Jim Reeves. Now it's more likely to be Daniel O'Donnell. Over the years, HRN has undergone many transformations, involving many hours of fundraising and a great deal of generosity – not just to amass a collection of some 7,000 records and 1,250 CDs but also to ensure that sophisticated technical equipment is acquired, updated and maintained.

Fundraising efforts for HRN have ranged from raffles to sponsored snooker marathons. In 2003 a memorable concert with the

training and production purposes.

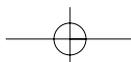
For me, a highlight of 2004 was our work with Norfolk Exchange, an organisation that forges links with local businesses to give children a taste of different careers. We were able to offer first school children a chance to practise interviewing techniques and make use of our studio facilities to make their own radio programme on a separate FM radio band.

So successful was this venture that we have been asked to repeat it this year. We were also grateful to receive a donation of £3,000 from the Norfolk Exchange for our time and expertise in helping the children.

When our 'live' service is off air, an automatic service kicks in to enable us to broadcast music and information 24 hours a day. The music comes via computer software specially written by Mike Sarre, our station engineer.

• *If you would like to help out with HRN, please contact David on 01603 612686 on Monday or Saturday evenings.*

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.



LETTERS

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Record result for flu jabs

A total of 2,073 NNUH staff (38 per cent) 'rolled up their sleeves' for their annual Flu jab – an increase of 11 per cent on the previous year. Much of this was achieved with the help of our ward vaccination nurses, so thanks to all those who helped out.



The turn out was: doctors 27 per cent, nurses 27 per cent, allied health professionals 80 per cent (well done!), admin and clerical staff 34 per cent and others 67 per cent. (including management, ancillary staff, technicians and any others)

Next year we hope to reach our target of 60 per cent uptake.

*Rachel Humphrey,
Occupational Health*

Behind the mask

I fear that the picture of Judy Doyle helping Paula Fuller to try out a new mask on page 9 of The Pulse (December 2004) could be confusing. The large outer hood shown in the picture is used only when 'fit-testing' masks for protection

PICTURE BY LIN WYMER



against SARS and TB. The actual mask worn by staff is the small one underneath.

To comply with Health and Safety law we have to fit-test these masks using a kit which contains either a sweet or bitter-tasting test solution. This is to ensure that the masks are a good fit for the wearer and will prevent particulates entering the respiratory system.

If you have any questions about fit-testing, please contact either the Infection Control team on ext 5847 or the Health and Safety Team on ext 3423

Mark Hughes, Infection Control

That's friendship

The Norwich Central America Group is

Why we rejected Agenda for Change

Unlike other NHS staff groups, radiographers voted overwhelmingly to reject the national proposals for Agenda for Change. Let me explain why.

As a profession, radiographers provide the expertise for diagnostic imaging methods used in the NHS to diagnose a variety of conditions and diseases. On the therapy side, they plan and administering precision cancer treatment.

The profession already has major problems nationwide with increased workload. There are also serious recruitment and retention issues.

Currently radiographers work 35 hours per week. Under AFC this will rise to 37.5 hours, with no corresponding increase in pay – which equates to working an extra 3.7 weeks per year for free.

Radiography is a female-dominated profession, yet this proposal goes against the aims of a 'family-friendly' NHS. Also, graduates will enter the profession at least £625 worse off under AFC, potentially leading to a decline in recruitment.

Radiographers recognise the need for modernisation within the NHS; however, it is already apparent just how damaging AfC will be for the profession. At the time of voting not one Therapy Radiographer had been matched to the profiles.

On a positive note, the Society of Radiographers has had several constructive meetings with Health Minister John Hutton in the hope of improving the proposals and consequently averting industrial action.

*Jonathan Harrowven
Senior Radiographer*

just one of a number of organisations that set up twinning arrangements with Nicaragua in the 1980s. Since then the Norfolk and Norwich-El Viejo Friendship Link, the official civic twinning organisation, has supported many development projects in this poverty-stricken area, from helping to set up small co-operatives to improving hygiene in the central market. A new settlement of homes created to rehouse 42 victims of Hurricane Mitch is even named Norwich in recognition of its support.

In this area health, like education, has suffered greatly from cuts imposed by the IMF and World Bank. Malaria and dengue fever are common and children still die from diarrhoea. Last year, there were 55 deaths from poisoning by chemicals used in agriculture.

A recent government initiative aims to provide 'People's Pharmacies' in 100 communities to improve access to medicines and other health-related products.

If you would like more information about the Friendship Link and how you

can help, please contact me on 466776 or by e-mail: ralph.gayton@ntlworld.com.

Ralph Gayton, Norwich

Bible revival

I would like to thank all those who helped to restore our hospital bible after it was defaced by vandals last Easter. Particular thanks are due to Lin Wymer in Medical Illustration, Pear Tree Bindings and Jarrolds, who all took time and trouble to help return the book to its former glory.

Colin Reed, NNUH chaplain

An evening to remember

In December I received an early Christmas present in the form of a cheque for £200 to mark my 25 years' service with the Trust.

Far from this being a 'lip service' presentation, it was evident that Christine McKenzie and her team in Human Resources had put an enormous amount of planning into getting every detail right and making it a very personal and moving occasion. Thanks to everyone who helped to make it an evening to remember.

Judith Lea, NANIME

THE JENNY LIND REUNION



IT WAS AN evening full of reminiscence and laughter when hundreds of staff, both past and present, gathered to celebrate the 150th anniversary of the Jenny Lind Children's Hospital. Former colleagues mingled to share their memories and recall a time when 'performance' meant the Christmas panto and 'targets' were more likely to relate to wartime enemies than hospital waiting lists.

Among the visitors was 92-year-old Doris Davison (far right) who worked in the sewing room for 32 years. "One of my tasks was



Doris Davison, aged 92



Audrey Betts (Betsy), aged 83, with Tony Barber

to embroider the sisters' initials on to their uniform," she recalled.

Others were transported back to being a 'Jenny Junior', when practical jokes were the order of the day. "We called the nurses' accommodation the 'virgin's



Peggy McGowan, Dorothy Miller, Beryl Eversfield and Audrey Camp

retreat' because the rules were so strict," laughed one. "It was instant dismissal for anyone caught on the stairs leading to the doctors' rooms."

Many recalled with affection the pantomimes masterminded by Sister Rosemary Clarke (now Blyth, near right) whose daughter Antonia said: "The Jenny Lind played a big part in our lives. My sister and I would always be roped in for the panto and if there were any Christmas presents we didn't want we would have to wrap them up and take them straight down to the hospital for the children."



Sister Clarke (now Mrs Blyth) with Florence Andrews

The demolition of the 'old' Jenny Lind hospital in Unthank Road was recalled with sadness by many staff. One couple who will never forget are the former head gardener Alan Harmer and his wife Mary (right) who lived and worked on the premises for 50 years. When the Priscilla Bacon Lodge rose from the ashes of the old hospital, one of the buildings was named Harmer Lodge as a tribute to Alan's loyal service.



Alan and Mary Harmer



THE JENNY LIND REUNION

We asked you to recall your favourite memories of working at 'The Jenny'. Here are some of the heartwarming responses we received

THE CHILDREN being so 'grown up' and accepting of their illness – even the ones that were seriously ill with leukaemia and cancer. There was always lots of laughter and the atmosphere was always good.

*Sarah Potts (nee Gates),
student nurse in 1952*

AS A 15-YEAR-OLD volunteer, washing the stainless steel kidney dishes before they were boiled and set out the sterile needles – they would all look neat and tidy until someone hit the trolley and the needles would be in a mess. Another job was to clean out the fish tank in Outpatients once a week.

*Tony Barber,
student nurse from 1973*

STREPTOMYCIN becoming available for meningitis – from being a hopeless illness it suddenly became important to get cases to Addenbrooke's for urgent treatment.

*Pip Russell,
house physician in 1948*

FRIENDSHIPS WITH staff and patients in Outpatients. I returned to nursing in Norwich after a long gap and I was given encouragement and opportunities to learn new skills.

*Rhoda Lillystone,
nurse from 1997-2004*



CREEPING AROUND in the dark on the baby block... Sleeping in the turret at Pym House... Winding the gramophone to drown the noise from the tonsil operations – those poor little children... My own daughter Alison died from asthma at the Jenny in 1962, aged five and a half.

*Rosemary Sharman (nee Woods) student
nurse from 1950-53*

CLIMBING THE drainpipe at Pym House when I came home late. Also the pranks... Once, in the dark, I found a mop in my bed. Another time I came in to find nothing at all in my room.

*Anne MacGruer (nee Franks),
student nurse in 1954*

CARING FOR the babies on night duty and entertaining the policemen who came in for a cup of tea.

*Ros Cogman (nee Strowger),
student nurse in 1960*

SEEING CHILDREN in distress after their parents' weekly visits... One of the doctors becoming seriously ill with polio and fearing that I would get it too... Princess Margaret opening the Orthopaedic Theatre but giving the children's ward a miss because of the polio scare.

*Geraldine Rowarth,
student nurse in 1952*



The way v

SO LITTLE SPACE, lots of steps but such a lovely atmosphere, with Dr Quinton roaming around like a benign grandfather.

*Naomi Crane,
physiotherapist in 1971*

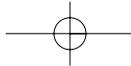
THE SURGEON dressing up as Father Christmas and being wheeled around the wards on a trolley... Also the children in their little red dressing gowns waiting for their tonsillectomies.

*Mollie Snelling (nee Johnson),
student nurse in 1948*

CHILDREN DROPPING toys on the floor for Sister Peek to pick up – just so they could see her bloomers.

*Joy Burton (nee Rush)
former staff nurse on Gannon Ward*

CHRISTMAS – the only time we were allowed to sit down. Night duty was spent rolling bandages, making gauze squares and mending children's clothes. We also spent hours tidying the linen cupboard. I remember the start of parents visiting – how we disliked it



“Best of all was seeing the children get better and walk out of the door!”

Betty Brock, staff nurse from 1969-87

night duty – much to my relief. When the NHS came into being I was awarded several months’ back pay and received the vast sum of £12 in my monthly pay packet - I was rich!

Jean Pye, nee King

TAKING CHILDREN to the Anderson shelter when the doodle bugs were flying overhead. During an epidemic of gastro-enteritis in 1944, I collapsed into the antiseptic bin and ended up being nursed myself in an isolation room.

Dorothy Riley (nee Etteridge)

ONE NIGHT all the lights went out (I was never very good in the dark) but one of the nurses soon had little oil lamps burning in the Baby Block. They really sparkled.

Margaret Spray

ALTHOUGH Sister Hose made me very nervous, I learned a great deal from her. Once we accidentally killed the fish by



overfeeding them and we were all terrified of her reaction.

Elizabeth Brazier (nee Highet), Jenny Junior in 1956

MY FAVOURITE memories are of the Christmas pantomimes. All the staff were involved and regular patients were invited as well as inpatients. Who could forget Dr Roy Newman (then an SHO, now a GP in Poringland) dressed in red tights as Prince Charming in Sleeping Beauty?

Pip Pyper, staff nurse

I WAS A dining room maid at the Jenny Lind in the 1960s. We would have to polish the silver until it shone and clean the floor until you could see your face in it.

The sisters commanded a lot of respect. At lunchtime I would have to stand with my hands behind my back and tell the sisters what was on the menu. And woe betide us if they spotted any dirt!

Wendy Derham

we were

because it upset the children so much.

Yvonne Harrold, Jenny Junior in 1950

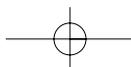
I WILL NEVER forget going on a day trip to Lapland organised by the Jenny Lind department. When we arrived at the airport, familiar faces from the ambulance crews were there to meet us. The whole plane was full of children who regularly visited the hospital.

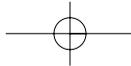
Sara Bull, Medical Secretary

DURING THE terribly cold winter of 1947 I was working at the Jenny Lind and living in Pym House. My room was a turret with only one inside wall. I can well remember the weight of the blankets, but even they were not sufficient to keep out the cold.

Bevlah Gray

WHEN I WAS a Jenny Junior in 1948, Norwich suffered a gastro-enteritis epidemic and sadly we lost many babies. Also during this time, Dr Quinton joined the staff and he advised Matron Watson that 17-year-olds were too young to do





THE JENNY LIND REUNION

Right
Former sisters
Ruth Mott and
Frances Hardy
Far right
Joan Cowell and
Barbara Capocci



Left Retired
Paediatrician
Peter Crowle with
Mike Flynn, who
was nursing
officer and
manager for
Children's Services
from 1980 -1996
Right Benda
Woods with
Sheila Fish



Far Left Dorothea
Pummell and Mollie
Snelling
Left Jenny Brock with
her mother Betty Brock
and Cherry McGuire.
Below left Gill
Semmence, Maggie
Bartrum and Jane
Lythell
Below right Mary
Bardley, Jackie Phipps
and Rosie Larkins



Protecting staff

BILL DYE has been appointed Head of Security Management for the Trust - a role created by the new NHS Counter Fraud Security Management Service (CFSMS). One of the main aims is to reduce violence and aggression and to ensure that all incidents of physical assault are dealt with efficiently and followed up in close liaison with the victim. There is now a National Reporting System for such incidents.



All frontline staff will receive CFSMS Conflict Resolution Training to assist them in dealing with difficult situations.

The protection of NHS property and assets is also high on the agenda. If you have concerns about your safety and security please contact Bill on ext. 2944.

• **TOYS AND VOUCHERS** worth £180 have been donated by two city retailers, Debenhams and Mothercare, to purchase new toys for the Radiology department. "The toys are proving very useful for distracting children before and during their X-ray examination," says paediatric lead radiographer Agnes Davy. "This makes our job much easier and the children's (and parents') visit much more pleasant."

• **TRIBUTES HAVE** been paid to Glenn Fransham, an Operating Department Practitioner at NNUH, who died following an accident on the A47 Acle road on 6 January. Kate Barlow, operational theatre manager, said Glenn was a valued member of staff who would be sadly missed.

WELCOME

...to consultant radiologist **Dr Clare Beadsmoore**, who has joined the Trust

FAREWELL

...to the following staff who have left the Trust since 1 September 2004: **Janthia Platten**, ward clerk for the Discharge Lounge, after 32 years' service; **Denise Rose**, district midwife, after 24 years; **Sandra Woodcock**, nurse on Cley Ward, after 24 years; **Janet Cann**, orthotics appliance officer, after 22 years; **Beryl Duncan**, theatre nurse in ophthalmology, after 22 years; **Sally Bridle**, senior nurse, after 22 years; and **Barbara Marriage**, scientific officer in Cytology, after 20 years

ROOM WITH A VIEW

Three-year old leukaemia patient Billy Morris was one of the first to enjoy the view in the paediatric anaesthetic room following a 'make-over' by Hospital Arts. The room has been transformed into a beach scene with an array of colourful stick-on characters designed by artist Hannah Giffard (pictured with Billy) Anaesthetist Kathy Wilkinson explains:



"Surgery is a stressful time for both parents and children and we wanted to provide a distraction that was acceptable for all ages. For the past two years, the Theatre 12 team

has been working with our hospital arts co-ordinator Emma Jarvis and Hannah Giffard to provide that distraction – and it's well worth the wait."

More support for cancer patients

MEET MARIA Cremin and Karen Noonan-Shearer (right), who are taking on new roles as specialist nurses in Oncology. The aim is to provide support and advice for cancer patients when they are referred to the Colney Centre.



"Often patients come from other specialties and may be faced with a bewildering choice of treatments. We want to make their cancer journey smoother and to provide them with the advice and

support they need on the way," says Karen.

Maria was previously a clinical trials practitioner at NNUH and Karen was a chemotherapy outpatients

sister in Oncology. "We both have extensive experience in cancer nursing and we can provide support for staff and carers as well as our patients," says Maria.

"In future we hope to set up a general support group where patients can meet and share their experiences."

New skills for community nurses

A GREAT DEAL of work has been going on behind the scenes to train community nurses in the skills of intravenous drug administration and intravenous cannulation, with the aim of treating patients closer to their own homes.

Many patients can now avoid the upheaval of being transferred from community hospitals to NNU. Some may receive treatment as outpatients or even in their own homes.

Patients from Norwich Primary Care Trust are being catered for by the Norwich

Community Hospital while those from Southern Primary Care Trust are being co-ordinated from Dereham Hospital. Soon there may be venues for North Norfolk and Broadland patients too.

However, the number of patients who may take advantage of this opportunity may vary according to clinical commitments within their area.

• For more information contact Julie Hart on ext. 3021 or by email (julie.hart@nnuh.nhs.uk), Janice Fisher on 01603 776776 or Chris Harvey on 07699 781280.

• **STAFF IN THE** Colney Centre have raised a record £1,500 in their annual Christmas raffle in aid of the Patient Fund. It's expected that the money will spent on wheelchairs for visiting patients. "Last year the Colney Centre dealt with 15,000 patients, and we continually endeavour to improve our facilities," says Oncology receptionist Sally Randell, who organised the appeal. A number of local companies contributed, including Marks and Spencer who donated £400 and Norwich Airport who provided the first prize of vouchers worth £100.

FOCUS ON THEATRES

Behind the **MAS**

IT'S 10am and already the emergency clinical team in Theatre 5 has cared for a succession of patients: a baby with a hernia, a tracheostomy patient and a child with appendicitis. They have no idea what's coming next – and that's the way they like it.

"You can't get bored in a job like this," says clinical specialist Tracey Grey. "Of course it can be very stressful, but you have to keep a sense of humour. If things get a bit heated we will take each other aside and talk it over – or we'll turn it into a joke and have a laugh."

Theatre training and development co-ordinator Claire Webb says: "Theatres are not called theatres for nothing. They set the stage for high drama and high tension – you either love working here or you hate it. If you are not a team player and prefer working as an individual, then this is not the place for you. For instance, when the floor needs scrubbing, we all muck in together and clean it up."

TRACEY GREY (right) had always wanted to be a nurse but at 4ft 10ins she was deemed to be too short. "At the time I applied, a 5ft height requirement was brought in because there were so many applicants for nurse training," she recalled. "I was really disappointed but now I'm glad I went down the route of becoming an ODP (Operating Department Practitioner).

I love the work and we now have equal professional status with nurses. In that respect, things have changed a lot – when I did my City and Guilds training 20 years ago we were regarded as porters or technicians. Now we have more in common with theatre nurses and our training is very similar.



STEVE BRADFORD (left) is happy to remain a support worker after 30 years because "I'm a bit of a

It's not everyone's cup of tea but be warned, working in theatres can be addictive. . . We talk to the theatre staff who revel in the drama and excitement of being part of a clinical team

worrier and this job allows me to sleep better at night". His job may be less stressful than that of an ODP but it is no less vital.

"I collect the children from the ward and look after the parents – I also help in the anaesthetic room and generally assist with moving patients and doing swab counts.

"Obviously having surgery can be a worrying time for patients and their families but I chat to them and try to put them at their ease. It helps to find a topic they are interested in, but sometimes the patients prefer not to talk and I respect that too.

In 30 years I can only remember one case where an operation was cancelled because a child refused to be anaesthetised – we would never use force in those circumstances; it would not be acceptable unless the patient's life was in danger."

A FORMER STAFF

nurse, Inger Axelsson-Cardew is now a clinical specialist in the Recovery room, where a total of 64 trained nurses and ODPs care for patients, along with six support workers.

"The post operative phase is critical," she says. "We provide one-to-one care for patients and we work closely with the



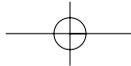
anaesthetists to provide pain relief. In this job you have to be prepared to make independent decisions and to act fast because the patient's condition can change very quickly.

"All qualified Recovery staff have high-dependency training so we are prepared for any emergency. We are one of the few teams that deal with all specialties."

KAREN MILES (pictured assisting surgeon Neil Walton, above) is a specialist practitioner who came to Theatres from a nursing background. In 1999 she undertook training in anaesthetics – previously the preserve of ODPs – and says the experience did much to enhance her clinical role. "Talking to the patients about their previous medical history helps us to see them as individuals and to care for them in a more holistic way," she says

"I think all nurses would benefit from





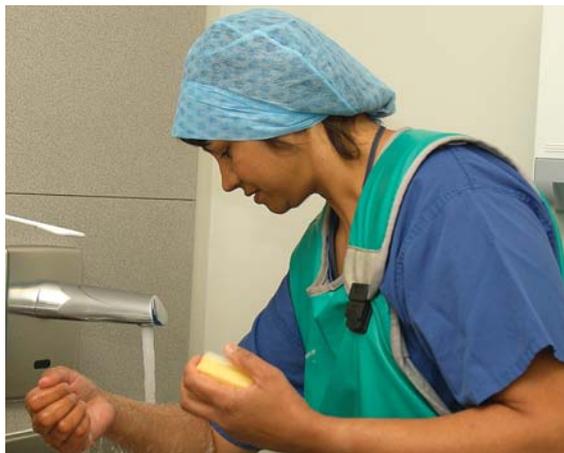
SK



SITTING PRETTY A new Rest Room was unveiled in December, giving staff in Theatres a spacious and comfortable area in which to unwind and take refreshment in between operations. Designed and built by Octagon with help from staff at NNUH, the 110 sq.m area was created in the courtyard above the Day Procedure Unit. This involved some innovative building techniques – including hoisting materials by crane to the third floor – to ensure that disruption to patients was kept to a minimum. A vaulted PVC roof and bold artwork by Ingrid Sixsmith give the space a modern dimension. And the old rest area? Well, that has been turned into a breakfast bar nicknamed ‘the gulp and go’ for staff who need to keep on the move.

theatre training as you learn so much about anatomy and physiology. In some hospitals the divide between nurses and ODPs is much more marked. Here we are all treated equally and that is good for patient care.

“I really love my job and feel privileged to be able to do it.”



Theatre facts and figures

- Between 75 and 90 patients pass through our theatre doors each day.
- There are 20 inpatient theatres at NNUH and clinical hygiene is of paramount importance. Theatres are cleaned thoroughly every night and every six months they are individually closed for a full maintenance check.
- As many as 200 instruments may be needed for a single operation – they are checked and counted before, during and after each procedure
- Around 350 staff work in theatres at NNUH. Clinical staff operate in teams of five, ranging from the ‘scrub practitioner’ – responsible for all the sterile surgical instruments and swabs – to the support workers who unwrap the sterile packs and generally assist the scrub practitioner
- ODPs (Operating Department Practitioners) are trained to provide a high standard of patient care, whether in theatres, the anaesthetic room or the recovery area. They have recently become regulated by the Health Professional Council.
- The role of support worker has developed from that of nursing auxiliary. It includes collecting patients, talking to their families and carers and generally helping theatre staff.
- Theatres are run by operational manager Kate Barlow and three clinical managers. Also key to the smooth running of theatres are the admin staff who co-ordinate the operating lists and generally keep theatres ticking over.



PROFILE

Our new director of nursing and education, Chris Baxter, is keen to help nurses to develop their roles. But, as she explains to Sue Jones, they should never lose sight of their commitment to patient care

AS A STUDENT nurse in Manchester, Chris Baxter never imagined she would one day be a director of nursing and education with thousands of health professionals in her care.

"I only ever strived for the next step in life," she says. "From student to staff nurse, from staff nurse to sister... it was never a conscious ambition to aim for the top. But I've had many inspiring role models in my career and I've learned a great deal from watching how they do things. For instance, I will never forget watching a ward sister break bad news in a sensitive and caring way. I resolved to follow her example.

"On the other hand, when my own mother died, her belongings were handed to me in a black plastic bin liner. That was a good example of how not to do things. So you learn from the good and the bad in life."

Quietly spoken, but with a great determination 'to be the patient's advocate', Chris is happy to take on the mantle of role model herself. "I strongly believe in developing others and helping them to make their own stamp on the world. And nurses deserve to have a voice. They should not be put in a box and treated as a separate entity, but regarded as part of the wider healthcare team.

"Nurses are the custodians of patient care and they have an important role in pulling together all the different facets of the patient experience."

The decision to move to Norfolk, leaving behind her prestigious job as director of nursing for Gwent and a beautiful country home in the Welsh hills, was not taken lightly. "I came here on an informal visit and I was very impressed. I particularly liked the emphasis on multi-professional learning, the opportunities presented by the medical school and the new school of nursing and midwifery - and of course this excellent new building. There was also an enthusiasm about the people here that I found very refreshing."

The move also came at an opportune time as her husband had recently retired

PUTTING PATIENTS FIRST

as chief executive of Cardiff and Vale University Hospital. "I followed David to Wales in 2000 and for that first year I commuted to Rotherham, where I was director of nursing, before finding a

"We must get away from creating roles in an ad hoc way to deal with a particular need at a particular time"

suitable post in Gwent. This time it was my call - he told me it was my opportunity to put my career first.

"Luckily we both took a liking to Norfolk and we enjoy walking in the countryside. David has a passion for antique clocks and we collect art deco jewellery and furniture, so we're looking forward to exploring the antique fairs and shops in this area."

Having considered teaching before opting for a nursing career, it's not surprising that education has always been high on Chris's agenda. After nursing in Manchester and Lincolnshire, she completed a teaching course at Suffolk College and became a

clinical tutor at the School of Nursing and Midwifery at Nottingham University.

"It was a hugely valuable role, combining theory with clinical practice. I went on to take a master's degree at Manchester University to enable me to register as a nurse teacher.

After a while, though, I realised that classroom-based teaching was not for me. I'm a pragmatic person and I firmly believe that the challenge of education is to translate knowledge into practice."

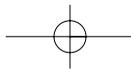
She was appointed senior nurse for practice development at the Queen's Medical Centre in Nottingham, where she went on to become assistant chief nurse.

Her first post as director of nursing was at Rotherham, followed by her move to the Gwent Healthcare NHS Trust based at Newport.

"This was a more strategic role - it had to be because the Trust covers the whole of south-east Wales and employs 13,000 staff. We were governed by the Welsh Assembly, with a different HS Plan and different priorities, so it was a huge learning curve for me. I even learned to speak some Welsh!"

Here in Norfolk, Chris believes her strategic experience will stand her in good





VIEWPOINT



WHY I AM SOMETIMES EMBARRASSED TO BE A MAN

Mel Lacey spent 15 hours in Casualty asking visitors why they were there. The answers took him by surprise

WHEN I STARTED my task one Sunday in October, it was the first time I had set foot in A&E since the hospital opened at Colney three years ago. Armed with a clipboard and questionnaires, I was conducting a survey on behalf of the NHS 'Better Care for Norfolk' initiative to find out why people visit Casualty. I was also charged with finding out how much they knew about other NHS services that might be available as an alternative to A&E.

My first thought was that the waiting area seemed too small. It was certainly quite busy – almost all the chairs were

occupied. Later I realised these seats were solely for the walking wounded and that emergency patients arriving by ambulance and helicopter came in through a different door.

As I filled in the forms, I was astonished at how many people suffered from hurt fingers or twisted ankles, headaches, sore throats or upset tummies – not exactly emergencies in my book.

I was also amazed at the number of people with swollen joints caused by playing football, rugby or taking part in martial arts. Personally, I lost count of the number of times my football-playing son arrived home with similar injuries, knowing in advance the treatment that would be dished out. . . a bag of frozen peas wrapped around the offending area and instructions to keep it elevated. If there was no improvement after 24 hours we might take him to the GP. But that never happened.

After two days of the survey, I estimated that around 70 per cent of the people I'd talked to did not really need to be there. This has since been borne out by careful analysis of the questionnaires.

For me, macho male that I am, (although my wife would not support this

claim) the most embarrassing result was that the majority of inappropriate users of A&E were men. According to the staff I spoke to, this is always the case.

One 6ft man said the only reason he was there was because his finger hurt. No blood, no loss of movement, but it hurt!

Elsewhere, out of sight, teams of nurses and doctors were busy working on heart attack patients and victims of road

“One 6ft man was only there because his finger hurt. No blood, no loss of movement, but it hurt!”

accidents, or desperately trying to save a child's life. Yet a member of staff in A&E still managed a smile as she attended to the man with the hurt finger, administering all the sympathy he so obviously needed.

My initial thoughts about the size of the waiting area were quite wrong. It was actually quite adequate for the folk who really needed to be there!

- *For minor injuries and ailments, there are a number of alternatives to A&E. Even if you ring your GP surgery out of hours, you will be diverted to Anglian Medical Care who can give advice over the telephone or, if necessary, send a doctor to your home. The NHS walk-in centre, next to Sainsbury's in Pound Lane, Thorpe, is open every day of the year (Tel 01603 300 122). You can also seek medical advice 24 hours a day from NHS Direct on 0845 46 47 (www.nhsdirect.nhs.uk)*

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.

stead. “I'm delighted by some of the work that's going on here and I really think we have something to shout about.

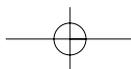
I want to help nurses develop their leadership and personal skills – while keeping our sights focused on the needs of patients.

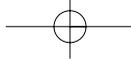
“We must get away from creating roles in an ad hoc way to deal with a particular need at a particular time. Instead we should be developing a career path for all our staff, taking into account the need for succession planning and the importance of clinical governance.

“We also need to find meaningful ways of involving the public so that PPI (Patient and Public Involvement) is not just a token gesture but an opportunity for patients to influence future service developments and policy.

“People tell me I'm very approachable and they are often surprised by that. But I don't believe in hierarchies and I don't have a monopoly on good ideas.

“In my old job I would regularly hold open meetings where health professionals across the organisation could network with each other. As long as the end result is good for our patients, I am happy to help staff to make those connections.”



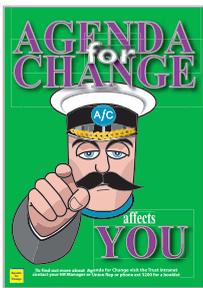


AGENDA FOR CHANGE

FOCUS ON CROMER

Wanted: staff to train as KSF advisors

THE KNOWLEDGE and Skills Framework (KSF) plays an important part in Agenda for Change. It is designed to provide support for staff in their learning and



professional development and to link this with service development. KSF also provides the mechanism for progression through 'gateways' in the NHS pay bands.

We are now looking for staff to train as KSF advisors and provide information and support for their colleagues. In practice this means they will assist with the production of KSF outlines for Trust staff. Every member of staff will have an annual PDR (Personal Development Review) which will look at staff learning and development needs in relation to service development. This will also help to assess progress and identify career opportunities.

We need volunteers who would not normally perform PDRs and who are willing to be a point of contact for colleagues in their area or department.

If you become a KSF 'expert' (staff advisor), you will need to attend a one-day training session. You will need to keep up-to-date on KSF issues and to have an interest in staff development.

- If you are interested in becoming a KSF advisor, you must first discuss and agree your participation with your line manager, then contact Judi Roper (Staffside KSF lead), Lynne Middlemiss, (Management side KSF lead) or Human Resources on ext. 5777

THE PULSE

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Please send your contributions for the April issue by 9 March 2005.

Nurses lead on minor injuries

CROMER'S MINOR Injuries Unit is now geared up to be entirely nurse-led, with specialist nurses trained to deal with a variety of minor injuries from 8am to 10pm every day of the year.

New guidelines have been drawn up to ensure that patients are directed to the right place and receive treatment that is appropriate to their condition.

"We have been working closely with doctors and ambulance crews to draw up these new guidelines," says clinical supervisor Guy Fiske.

"We have increased our nurse specialist nursing team from four to seven and staff are being rotated between Cromer and Norwich



PICTURE: SARAH PATCHETT

to exchange skills and provide a more integrated service. We also share a digital X-ray system with NNUH which means we can call on expertise from specialities such as A&E Orthopaedics or Radoiology to aid with diagnosis.' "

WHAT IS MEANT BY MINOR INJURIES?

The MIU is open 365 days a year, from 8am to 10pm.

It can deal with:

- Simple fractures
- Simple wounds
- Simple eye conditions
- Minor burns
- Soft tissue injury
- Bites and stings, with no associated complications

or acute reaction

The MIU is not equipped to deal with:

- Children under two
- Pregnancy problems
- Complicated or serious injury
- Fractures that may need manipulation (other than fingers)

- Head injury where there has been loss of consciousness
- Alcohol-related head injuries or illnesses
- Medical conditions in their acute form, asthma, diabetes, allergic reaction
- Major illness such as stroke and heart attack

25 years' service for couple who met at Cromer

A HUSBAND and wife who met while working at Cromer Hospital are celebrating 25 years' service with the Norfolk and Norwich University Hospital Trust. Ann and Steve Moir met when Ann was a sister in Outpatients and Steve was a porter. In December they were among 58 staff who received certificates and cheques for £200 to mark their long service with the Trust.

Ann now works with specialist health visitors at NNUH, assessing elderly patients for continuing care, while Steve is an orthopaedic technician in the Fracture Clinic.

"I suppose it is a long time to work together but we don't see each other that often when we're at work," said Ann. "Even at Cromer, I was working at one end of the building and Steve at the other."

"In all I've worked 35 years with the NHS, having done my training in London, and I'm still learning. I've recently undertaken



the last module of a Master's degree in Health Sciences."

Steve is also happy to have stayed with the NHS: "We are constantly developing new techniques in the Plaster Room and we are always too busy to be bored."

Also among the staff receiving long service awards was the Trust's Medical Director, cardiac specialist Dr Iain Brooksby.

