# THE Pulse

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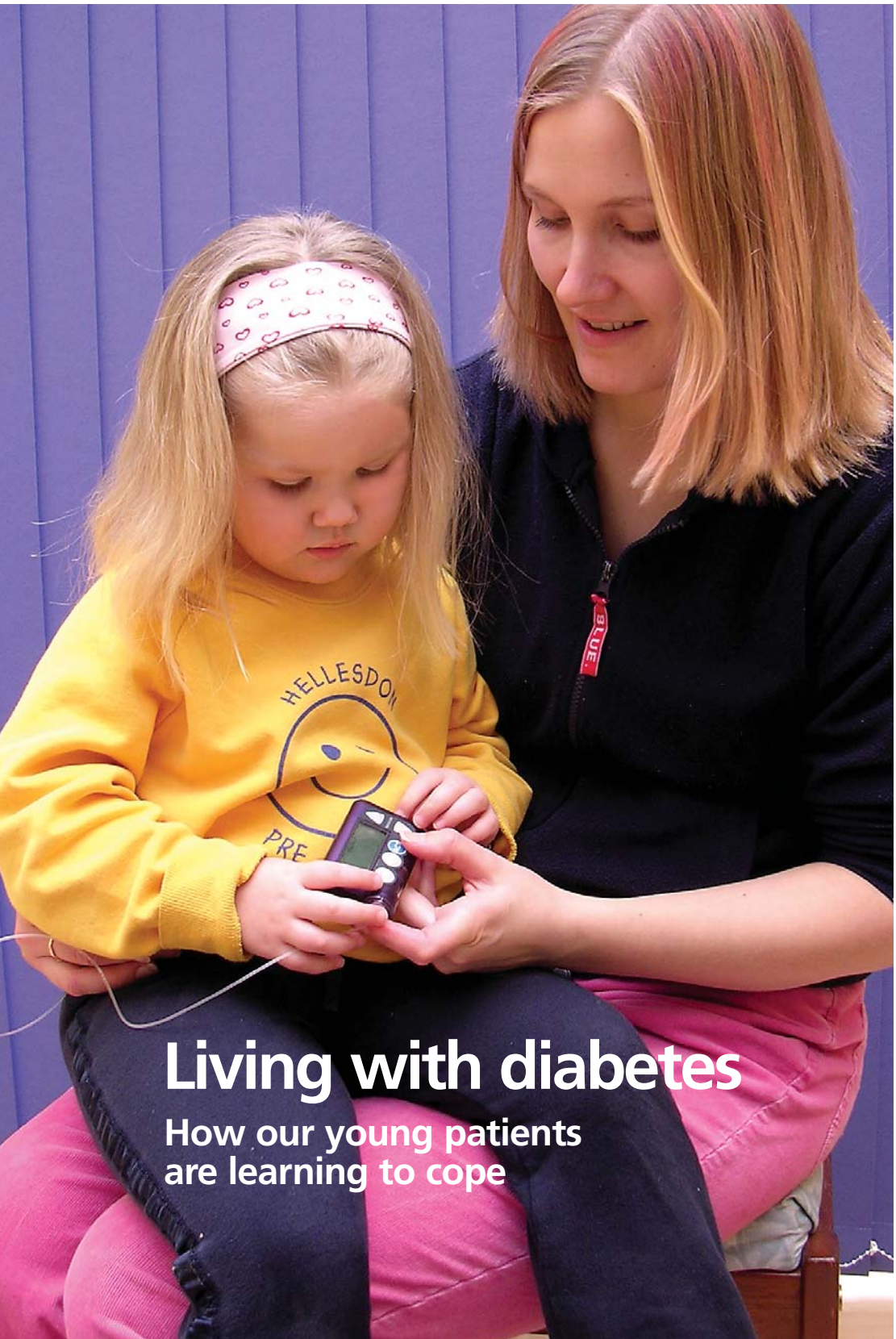
Norfolk and Norwich University Hospital NHS
NHS Trust



## Living with diabetes

**How our young patients are learning to cope**

**Baby who defied the odds**
How teamwork saved Lorenzo and his mother

**Setting a trend**
Carrie becomes the first nurse presciber in the Trust

**Viewpoint**
Why I swapped the boardroom for a bucket and mop

**Ready for home?**
A team approach to getting patients back on their feet

**Skills for life**
The Knowledge and Skills Framework explained

# LETTERS

WRITE TO SUE JONES, COMMUNICATIONS, NNUH

**Thanks for your support**

I would like to point out the enormous contribution made by all those who helped Cromer's Minor Injuries Unit to become nurse-led.

Particular thanks are due to Teresa Knowles in Nursing Practice and Carol Farrow and Jenny Wimepris on the drugs and therapeutics group, for their hard work in developing protocols for this service. We are also grateful to the A&E sister Julie Marshall and to the teams in Diabetes and EAU for their support.

*Guy Fiske, Clinical supervisor*

**Tsunami appeal success**

Thanks to all who contributed to my appeal for a Tsunami relief fund, which has so far reached nearly £6,000. We are now running camps in India for orphans of the disaster, where they are being helped to work through some of the trauma they have suffered through games and play.

We have already paid college fees for two young people and bought uniforms and books for a class of children whose school was destroyed. In Sri Lanka, our work with Father Terence to replace the homes of fishermen who lost everything continues.

*Pat Atkinson, Chaplain*

## WELCOME

...to the following consultants who have joined the Trust: **Dr Julia Wootton**, consultant in palliative medicine, **Mr Neil Walton** and **Mr Nishan Chirodian**, orthopaedic surgeons, **Dr John Cahir**, radiologist, **Mr Filip Van Tornout**, thoracic surgeon, and **Mr Kevin Sargen**, general surgeon.

## FAREWELL

...to the following staff who have left the Trust since 1 February 2004: **John Buttolph,** Pharmacy assistant, after 33 years' service; **Linda Nixon,** nursing auxiliary on Gunthorpe Ward, after 29 years; **Roger Rees**, consultant in maxillofacial surgery, after 25 years; and **Greta Smith**, staff nurse on Gunthorpe , Ward, after 24 years.

# Baby Lorenzo defies the odds

*Linda Verdura with her baby son Lorenzo, held b specialist registrar Jo She*

**SPECIALISTS** from across the Trust celebrated a triumph of teamwork and co-operation when baby Lorenzo Verdura made his eagerly-awaited debut on 17 February. His proud mum, Linda Verdura, from Bedford, had been transferred to NNUH on 29 December with a complex case of the life-threatening condition placenta praevia.

She was closely monitored throughout the last weeks of her pregnancy and the delivery itself was meticulously planned to avert the risk of haemorrhage.

Specialist registrar Jo Shenoy explains: "It was a particularly risky operation, combining embolisation (to block the blood vessels), a caesarian section and a hysterectomy, but everyone stayed calm and worked really well together. I was proud to be part of such a great multidisciplinary team and I was also delighted for Linda as I had got to know her well over a period of time."

Linda and her husband Pasquale now have eight children under the age of 13 and they regard Lorenzo as 'a gift from God'.

Linda said: "I knew both our lives were in danger but I also knew my family and friends were praying for me and the doctors made me feel very safe. All the hospital staff were brilliant, from the kitchen staff and chaplains to the doctors and nurses who looked after me. One of the nurses even came in on her day off to help teach me how to crochet – I finished two blankets while I was in hospital!"

• *The team involved in Lorenzo's safe delivery and care on the morning of 17 February included obstetricians David Fraser, Eddie Morris and Jo Shenoy; anaesthetists Rob*

# New outreach team steps out

**DAVID GROSVENOR**, from Brundall, is the first NNUH patient to be visited at home under a new outreach scheme for patients with serious breathing problems.

*David Grosvenor with specialist nurses Georgina Siggins and Sandra Olive*

Mr Grosvenor has chronic obstructive pulmonary disease (COPD), made worse by a series of acute chest infections, including a bout of pneumonia last Christmas. He is one of a number of patients who, once their condition has been stabilised in hospital, are able to return home under medical supervision from a newly appointed team of specialist nurses.

"In hospital I have access to a nebuliser and medication, but this new scheme means I can receive treatment at home and my bed can go to someone who needs it," said Mr Grosvenor. "I was very pleased with the service as the nurses who came to my home were very knowledgeable and able to answer all my questions."

Specialist nurse Sandra Olive says studies have shown that up to 30 per cent of COPD patients may benefit from this new service. Initially it is available for patients living within a 10 mile radius of Norwich. If appropriate, these patients may now be discharged home with a package of treatment including nebulised therapy, oral steroids and antibiotics. They will be

*Harwood, Debbie Brown, Antony Jackson and Nick Saunders; radiologist Paddy Wilson; urologist Edwin Ho; a theatre team led by Catherine Hogden and including Erica Knights and Tracy Howard; midwives Cruella Jones and Vicky Rainbow; and the neonatal team including Paul Clarke.*

# for the first time

monitored for up to seven days with daily telephone calls or home visits.

The nursing team of Sandra Olive, Georgina Siggins Liz Wootton will be joined over the next two months by Paula Browne, Janice Hill, and Julia Smith. They will rotate with respiratory nurses on Hethel Ward to share experience and skills for dealing with patients at home.

• *The team can be contacted on ext. 5654 or Bleep 0090.*

# IWL in focus

**IN SEPTEMBER** we are to be externally assessed against the national IWL (Improving Working Lives) Practice Plus standard. But the real work starts now with a self-assessment exercise.

During April and May we are holding a series of focus groups where staff are being invited to answer questions on the following IWL issues: Human Resources strategy • Equality and Diversity • Staff Involvement and Communications • Flexible Working • Healthy Workplaces • Training and Development • Flexible Retirement, Childcare and Carer Support.

Around 100 staff are being chosen at random to take part in these groups and their views will form part of the evidence submitted to the validation team in September. Please try to attend or allow your staff to attend, if asked.

## Study to tackle hot flushes

**IF YOU SUFFER** from hot flushes and would like to take part in a research study into a non-hormonal drug treatment, then consultant gynaecologist Eddie Morris would like to hear from you. Around 900 women around the world are being recruited for the 12-week study, which is one of the biggest of its kind ever undertaken.

Volunteers will need to be post-menopausal women aged between 40 and 65 who are in good general health. They will be asked to record their symptoms on a palm pilot and have regular health checks.

If you would like to take part, please contact Mr Edward Morris at the Menopause Research unit: menopause.research@nnuh.nhs.uk

## New healthline for patients in South Norfolk

**A NEW** advice line for patients is being piloted by Southern Norfolk Primary Care Trust as part of the Better Care For Norfolk programme. The first phase of the pilot is for patients with hip, knee and back problems who are referred to the Southern Norfolk orthopaedic triage team. Later it will be extended to include patients with long-term conditions

The Central Norfolk Health and Social Care Economy is working in partnership with BUPA and Health Dialog, a care management services company, to provide this free service. All calls are in confidence and are handled by experienced nurses based at BUPA in Manchester who have been specially trained as 'health coaches'.

The service is for families and carers as well as patients and is designed to provide unbiased, evidence-based information to help patients make informed decisions about their healthcare.

# Hospital at home

**IT'S SPRING** again – a time of renewal and regeneration. We continue to work under a great deal of pressure, and on behalf of the Board I would like to express our thanks for your hard work and dedication in keeping pace with this growing demand. However, we are committed to finding new ways of working to reduce some of this pressure and already these efforts are beginning to bear fruit. One excellent example is the outreach team recently appointed to care for patients with chronic obstructive pulmonary disease (COPD) in their own homes (see opposite). Other examples of innovation are the Orthopaedic Medical Unit for the care of elderly patients who have suffered hip fractures (see page 11) and our first specialist nurse prescriber (see page 5) who is able to see and treat patients in the community.

One thing all these new initiatives have in common is that they are giving patients access to specialist care and therapy in or near their own homes, ensuring that our acute beds are available for patients who really need them.

I am convinced this is the way forward if we are serious about reducing pressure on our services. It is also clear that this is what our patients want, too.

Working with our commissioners, the Primary Care Trusts, we are keen to invest in services that give more patients speedy access to the healthcare they need. So if you have any similar ideas for improving patient care, please let me know.

In Cromer, we are at last making progress on plans for a new hospital, although questions remain about financing this new venture – even with the considerable backing of the Bernstein legacy.

It is clear that this new hospital will fulfil many of our aims to create a new, shared approach to healthcare in the community, and that these ideas have widespread support. In the meantime, we are delighted that new renal and MRI facilities will be sited in Cromer (see page 12) for the benefit of local people.

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

# Eileen is the link for bereaved relatives

**IS THE** clinical post mortem in terminal decline? Some pathologists fear it is – but at NNUH the trend is being reversed following the appointment in February 2004 of Eileen Limacher (above right) as Pathology Liaison Nurse. Eileen's role is to talk to the relatives or partners of deceased adults, to ask for their written consent for post mortem examination and ensure they are kept fully informed about the findings.

The consent process became a key issue nationally after recent scandals involving tissues and organs being retained without permission following post mortem examination. Should they wish, relatives are now able to limit their permission to the removal of certain parts of the body and their consent is documented in a nationally-approved consent form which underwent

trials at NNUH in 2002.

"From an all-time low of 34 in 2003, the number of clinical post mortems carried out on adults at NNUH rose to 43 last year," says consultant pathologist Professor Richard Ball. "This is encouraging for doctors and scientists because there is a lot we still can learn from post mortem examinations. They are important for clinical governance (audit) and, as a teaching hospital, we rely on them for training and research."

Eileen is a former sister who in her spare time is a bereavement counsellor in the voluntary sector. "It helps that I have experience of talking to the bereaved," she says. "But on the whole, people are quite happy about agreeing to a post mortem as long as they understand what's involved and they are kept informed afterwards.

One reason why relatives agree to a post mortem is to get a deeper understanding of the illness and death of their loved one, especially if there had been a sudden deterioration in their condition.

"Although families are now able to limit their consent, few families choose this option now as they feel a thorough examination will lead to knowledge that will benefit others in the future," says Eileen.

## A STITCH IN TIME

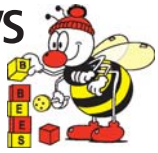
Cardiology technician Jeni Fuller is among 18 staff whose artwork was recently displayed in the corridors of NNUH. Her delicate designs, inspired by the countryside, are made entirely from machine embroidery stitches.

Hospital arts co-ordinator Emma Jarvis explains: "We asked staff to submit their work and were amazed at the quality and variety of the artwork they produced.

"The biggest response came from microbiology, where there appears to be a lot of budding artists,which just goes to show that science and art do go well together!"

If any staff would like to submit artwork for display, please contact the Hospital Arts team on ext. 3870.

# Nursery news




**STAFF ARE** now being recruited for the on-site nursery which is due to open at NNUH in the autumn. So far 125 enquiries have been received about the new nursery, which will cater for more than a hundred children aged between three months and five years. It will be managed by Busy Bees, who already operate 50 nurseries across the UK.

If you want to use the nursery, you can exchange part of your wages for childcare vouchers that are non-taxable and exempt from National Insurance contributions. The vouchers can also be used to pay for a wide range of childcare, including childminders, playschemes and after-school clubs.

• *For more information about the vouchers call freephone 08000 430 860. To register an interest in the nursery, call Amy Darwin on 01543 678530 (amy.darwin@busybees.com)*

• NNUH will be one of the first Trusts to implement new web-based software as part of the National Programme for IT (NPfIT). Due to launch in 2005, the project involves replacing our current Patient Administration System (PAS) with a new, more reliable system that will be able to talk to NHS IT systems nationally. The current PAS system is used by more than 2,100 staff in our Trust and another 400-plus community staff in the central Norfolk PCTs. Some 350 staff attended briefings about the new system during February.

### CAN YOU HELP WITH DIABETES RESEARCH?

**AROUND 6000** patients with Type 2 diabetes are being asked to take part in a new survey into the genetic causes of the disease. The Norfolk Diabetes Study, is funded by the Medical Research Council (MRC) and the Wellcome Trust, in collaboration with the Bertram Diabetes Research Unit in Norwich. Patients' blood samples are being analysed and compared to information collected on 20,000 people who do not have the disease.

## OBITUARY

We are sorry to report the death of Moya Gill, deputy sister on Brundall Ward, on 16 November, after a long illness bravely fought. Moya had a long career in the health service and worked in various departments within the Trust. She will be greatly missed by her friends and colleagues.

# So you want to quit smoking?

**WITH JUST** weeks to go before smoking is banned across the Trust, James Wade, of the Norfolk Stop Smoking Service, gives his top tips for quitting:

• Be aware of why you smoke (eg relief from stress, boredom etc..)
• Replace the old habit with a new coping strategy.
• Acknowledge potential danger zones, such as the pub
• Make behavioural and lifestyle changes to complement this change.
• Enlist the support of your friends and family, or call the Norfolk Stop Smoking (see below) to help when times are hard.
• Reward yourself - you are doing one of the best things for your health, so celebrate!

*Call 01603 776879 for details of support groups at NNUH run by the Norfolk Stop Smoking Service.*

# Carrie sets a trend for nurse prescribing

**CARRIE WINGFIELD**, a clinical lead nurse in Dermatology, is setting a trend by becoming the first nurse-prescriber in the Trust. Her patients are referred directly from their GP for specialist advice and treatment at a dermatology community clinic currently based at Magdalen Medical Practice. If appropriate, they can then be referred for secondary care at NNUH.

"I find patients suffering from chronic skin disease really appreciate having access to a service in their community," says Carrie. "Their appointments can be longer to allow for education and support."

Carrie qualified for the role by undertaking a degree-level course in nurse prescribing at the UEA. Many other health professionals are now following in her footsteps, including pharmacists and, in the near future, physiotherapists.

"The medicines and drugs that nurses can independently prescribe are restricted to a formulary governed by the National Prescribing Centre and are subject to strict protocols," says Teresa Knowles, the Trust's senior nurse in practice development. "However, the list is growing all the time to encompass more specialties."

Consultant dermatologist Nick Levell says: "Demand for Dermatology outpatient services at NNUH has more than tripled in the last ten years, due partly to improved treatments for chronic skin conditions such as psoriasis and acne. People are no longer prepared to stay at home with these conditions – they want specialist help to manage their disease and get on with their lives.

"Cases of skin cancer are also continuing to increase, despite warnings about excessive exposure to the sun. "We have new treatments for dealing with small skin cancers, such as photodynamic therapy, and we are leading the field in nurse-led services for this type of therapy in this region. "

*• For information about nurse prescribing, call Teresa Knowles (Nursing Practice) on ext 3614 or Carol Farrow (Pharmacy) on ext. 2196.*

# Infection under the spotlight

**A MAJOR** survey of hospital- and community-acquired infection is currently under way at NNUH. The survey is the first of its kind since 1994 and involves spending a whole day in every ward and clinical area, talking to patients, scrutinising notes and checking treatment charts. The aim is to build a picture that will show the prevalence of infection throughout the hospital.

"We are not just looking at MRSA but at all types of hospital- and community-acquired infections," says surveillance nurse Rowan Slowther. "We hope to identify risk factors that may help us to improve standards of care in the future."

Director of Infection Prevention and Control Dr. Judith Richards comments: "Many of our clinical nursing practices have changed since the last prevalence survey and we have moved to a new high-tech hospital, so it will not be possible to make direct comparisons. However, the survey will give us information that will be extremely useful in the future."


**ARE YOUR HANDS CLEAN?**

*Now there's no excuse to dodge this question – with alcohol gel dispensers installed at every bedside, you can expect to be challenged by patients and visitors. "We want patients to help in the fight against infection by asking staff to wash their hands," explains Trust chief executive Paul Forden. Pocket-sized dispensers (pictured) are available on the children's ward where alcohol dispensers are not appropriate.*

**THERE WERE** *smiles all round on red nose day (11 February) when staff dressed up for Comic Relief. The most co-ordinated effort was in ENT Outpatients, where the team sported matching T-shirts and home-made woolly accessories (right). The team raised a total of £444 for Comic Relief, while the Jack Pryor Unit raised £174.*

• **THE RACE** is now on to get fit for the London Marathon. Among staff running for charity are Martin Auger and Wendy Marchant, who are both raising funds for the Big C cancer centre at NNUH, and Julia Brown for the Muscular Dystrophy Campaign. Please contact them by email if you would like to contribute.

## 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
**Serco cafe bars**
Outpatients West and Outpatients East, open Mon-Fri, 9am-5pm
**WRVS coffee shop** Plaza (East) open Mon-Fri 7am-7pm, weekends 11-5pm
**WRVS shops** East Atrium, open 8am-8pm Mon-Fri and 10am-6pm weekends
Plaza (West) open 7am-8pm Mon-Fri 8am-6pm weekends
**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** Ext. 3666
For car parking permits, ID badges, keys to the cycle sheds, 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.

*Moira Logie, our new Director of Operations, talks to* ***Sue Jones*** *about her vision for a joined-up approach to patient 'flow'*

# A PASSION FOR LEADERSHIP

**BY HER OWN** admission, Moira Logie is not someone who gives in easily. "Oh, I can be very terrier-like," she says, in her lilting Glaswegian brogue. "And I am quite comfortable with 'robust' discussion – even open disagreement – if it helps the decision-making process. But I'm also insufferably optimistic. I'd rather have a meeting where there was 10 per cent agreement than not have the meeting at all. I'll just come back again and again until we find some common ground!"

Moira is likely to need all her terrier-like qualities in the coming months as she leads on service improvements designed to speed up patient ' flow' throughout the Trust.

"Together with a steering group of colleagues we are redesigning systems, processes and roles to deliver faster, appropriate care for our patients," she explains. "There is already a great deal of good practice in this Trust, but we need to communicate laterally so that our services can be accessed by patients as and when they are needed. For patients whose care is planned in advance, that could mean arranging a series of tests before they even arrive at the hospital.

"It's very clear to me that staff share our goal to improve the patient experience – no one wants our patients to have to wait for a CT scan or physiotherapy just because it's seven o'clock on a Sunday night. There is already a lot of weekend working in the Trust – perhaps we need to build on that if we are really going to put patients first."

One of the key 'themes' to service improvement is a new, systematic approach to patient discharge. Most patients are now given an expected date of discharge (EDD) and their assessment and treatment is planned around that date. The next stage is to evaluate the accuracy of the EDD and assess where discharge arrangements can be speeded up.

"We are one of the first hospital trusts in the country to take this systematic approach to patient discharge using our existing PAS software (Patient Administration System)," says Moira. "The project works hand in glove with delegated discharge, whereby nurses and other staff are trained to take some of the responsibility for safely discharging patients instead of waiting for the next consultant ward round.

**"It's very clear to me that staff share our goal to improve the patient experience – no-one wants patients to have to wait for a CT scan just because it's seven o'clock on a Sunday"**

"Another key to success is to work with our community partners to ensure that our patients' transfer from hospital goes as smoothly as possible, whether they need support in their own homes or in a community hospital. If we get this right then patients will be able to return home earlier and beds will be more readily available for patients who need our acute care."

Moira's own journey to NNUH began in 1977 when she started training as a junior laboratory scientist in Glasgow. After completing a post-graduate degree, she was told that her skills were 'more interpersonal than scientific' so she opted instead for

management role. "It was a very wise judgment on the part of my manager at the time – I left the lab to join the NHS management training scheme and never looked back."

Having studied in her spare time for an MBA, she is "passionate" about leadership development and is keen to encourage others to realise their potential. "We have enormous leadership capacity in the Trust but traditionally the NHS has focused more on targets than on training a new generation of leaders. The Knowledge and Skills Framework within Agenda for Change will really help improve this as it will help staff develop their roles and provide a new focus for career development."

One of Moira's first tasks as Operations Director will be to take on direct management for the Operations Centre, which is currently placed within Division 1. "The Centre is crucial to patient flow so it's important that it is not allied to any particular division," she explains.

At present she divides her time between Norwich and her family in Nottingham, where she was previously Director of Operations for the Queen's Medical Centre, but is hoping to resettle the family in time for the new school term after Easter. Her partner Tom, a science teacher, and children Liam, ten and Fiona, seven, are looking forward to the move.

In the mean time she is working four long days in Norfolk and keeping fit with the occasional trip to the UEA swimming pool. "I used to be a competitive swimmer but there's so little time these days, even though it's still my sport of choice. Having spent 13 years in the midlands, it'll be great to live in a place where the sea is never far away."

# A LIFE IN DAY PROCEDURES

**Jane Knudsen,** *officially retired last year as Clinical Team Leader (Theatres) in the Arthur South Day Procedure Unit. She talks to operational nurse manager* **Helen Lloyd** *(pictured with Jane) about her 45 years in the health service*

**Q What are the biggest changes you have seen in your career?**

Changes have been going on in the NHS ever since I became a student nurse in 1959, some undoubtedly for the better and some, it would seem, for change's sake.

Overall, patients have benefited from the enormous advances in medical science, technology and expertise now available to them, while nursing staff have better hours and pay, a degree / diploma training course and access to further specialist training. This does not come without a price, however, in the form of targets and protocols.

**"I continue to believe that day surgery is the way forward. . . patients prefer to recuperate in their own homes"**

**Q What developments are you most proud of?**

I was immensely proud to be part of the team that set up the Arthur South Day Procedure Unit in 1992, at a time when day surgery was still at an embryonic stage. We did a lot of research and planning to make this possible for our patients, and my enthusiasm for day surgery has not waned in the intervening years, in spite of a great deal of change, including relocation to a new hospital and expansion from two theatres to six.

**Q How does today's newly qualified nurse compare to that of 1959?**

Patients' concerns have not changed. Nurses still need all the compassion, respect and knowledge they required back in 1959.

To me the 2004 nurse appears more mature and articulate. Students need higher qualifications to gain entry to the profession and they have greater control over their own learning. Training is now university-based and salaries have been replaced by bursaries.

Students now spend more time in a college setting, which would appear to reduce the time they spend working with patients and learning from more experienced nurses. In my day there were no male nurses and no mentorship programme – as soon as we qualified we were expected to deal with whatever befell us from day one, as if the blue belt and hospital badge had hidden properties!

My starting salary in 1959 was £9 a month after deductions for board and lodging – and it was obligatory to live-in for the full three years.

Looking back, I have inevitably enjoyed working in some areas more than others. I admire the enthusiasm and dedication for day surgery shown by my colleagues and I wish them success – long may DPU be in the forefront of developments in day surgery. I continue to believe that day surgery is the way forward and that with the necessary support, information, and expertise, patients prefer to recuperate in their own homes.

• **Note from Helen Lloyd:** "*Jane has been a friend and support to many of us and we're pleased that she is continuing her DPU links as a part-time notes co-ordinator.*"

*As Agenda for Change gets under way,* The Pulse *takes a look at the implications of the Knowledge and Skills Framework (KSF) for all NHS staff*

# Skills for L

**HAVE YOU** ever stopped to consider what skills you need to do your job effectively? Chances are you've never given this a thought as many of us take our skills for granted. Not any more.

Agenda for Change has thrown the spotlight on job descriptions as never before – the next stage of the process is to look more closely at the skills and knowledge required to fulfill those particular roles. Under the new Knowledge and Skills Framework (KSF), there will be opportunities for all members of staff (with the exception of doctors, dentists and board-level staff) to develop their skills and possibly even change to a new career direction altogether.

"I see this as a real opportunity for *all* our staff, whatever their qualifications and experience, which is why I wanted to get involved," says midwife Judi Roper, staff-side lead on the KSF working group.

"For the first time in the NHS, we have a fair and objective framework to support our personal development and career progression within the NHS. The Framework also provides the mechanism for staff to advance through 'gateways' in the NHS pay bands."

Judi is one of 16 members of the KSF working group who are helping to create job outlines for every member of staff within the Trust. Based on job descriptions identified under Agenda for Change, these outlines will detail the requirements for each post within the Trust (see below).

"KSF is about the job, not the person," stresses Martin Woolnough, a biomedical scientist and a member of the KSF working group."Creating a job outline is a complex process but as a scientist I can see that it's logical and fair. I wanted to get involved with KSF because I saw it as an opportunity

## So what is a KSF job outline?

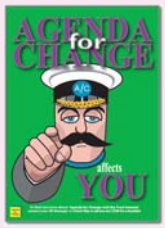
- A KSF job outline maps out the Knowledge and Skills requirements for each post
- Every job outline will include six 'core dimensions'. These are: Equality and diversity, Communication, Personal and people development, Service improvement, Health, safety and security, and Quality
- Up to seven specific dimensions may be added for each role, although the average is likely to be around three
- Each dimension will have up to four levels of competency. Different levels will be required for different dimensions, depending on the role,
- KSF does *not* determine job weight or pay band (this is a task for the AfC job panels, see box above right)
- In the first year following recruitment, the focus will be on ensuring that individuals meet the essential demands of the post. Only then will they pass through the first pay 'gateway'
- Through annual appraisals and personal development plans, all staff will be encouraged to achieve higher levels of competency and progress through their pay band
- Towards the top of the pay band, they will be assessed to show they have achieved all the competencies required for that particular post. They will then progress through a second 'gateway' in the pay band and may want to look at other opportunties for career progression
- Job outlines are prepared by the KSF working group, together with line managers and KSF advisors in each area (staff who are trained to help colleagues with KSF issues)
- A portfolio will be given to each individual, where they can keep information about KSF and their Personal Development Plans, along with evidence of their competencies.

*The KSF working group includes staff from across the Trus. If you would like to get involved call the KSF team on ext. 2231*

## JOB MATCHING - THE STORY SO FAR

The process of job matching under Agenda for Change is now well under way.

- So far, 1700 members of staff out of a total of 4,800 have had their jobs matched to national profiles, with very positive feedback on the results so far
- The aim is to assimilate nursing and midwifery staff first as they represent 45 per cent of our organisation
- 71 members of staff from across the Trust are involved in job matching by sitting on job panels
- Up to three job panels may sit in one day, each involving four trained members of staff
- On average, each panel can look at up to four job descriptions in a day




# IFE

to give something back after 33 years' experience in the health service."

Education and development manager Lorna Dalton points out that there is no need to be overly concerned about showing 'evidence' of competency. "This is not about sending people away on expensive courses so they can get a certificate. It could be just as effective to shadow a senior colleague and have them observe and assess your skills in the workplace."

"The great thing about KSF is that it is not about the people who shout loudest getting the rewards. It's a fair and equitable system to help *all* staff to gain the skills they need to develop their careers."

- *KSF is here to stay – if you would like to get involved as a staff advisor, helping colleagues with job outlines and career development issues, contact the KSF team on ext. 2231. Volunteers are also needed to join the KSF working group, to help write job outlines and train staff and managers*
- *For details of staff briefings on KSF, call ext. 2231. A 300 page guide to KSF is also available via the Agenda for Change link on the trust intranet – copies are being distributed to all departments*

**BESIDES WORKING TOGETHER** as biomedical scientists in Chemical Pathology, identical twins Rebecca and Rachel Cozens are remarkably similar in many other ways, too. So it's not surprising that they should both take a keen interest in the Knowledge and Skills Framework.

Rachel was recently promoted to a senior position and is preparing to carry out her first staff appraisals, while Rebecca is viewing the Framework from the other side of the desk. . . as a KSF staff advisor.

"We're naturally curious and analytical so when the KSF was announced we wanted to find out as much as we could about it," said Rebecca (pictured left). "We already have a role in training and development and we are both passionate advocates of careers in health science, so this seemed like a natural progression for us.

"Training for biomedical scientists has changed a great deal in recent years and there are now more opportunities for newcomers to gain experience in different specialties. The KSF framework ties in with those aims and also ensures that every member of staff gets an appraisal every year, to review their personal development and assess their individual training needs."

Rachel commented: "I suspect that some older members of staff may question the value of showing written 'evidence' of competency as they have been doing the job for many years. But young people are used to doing this as part of their academic achievement so they will not have a problem with it at all.

"I suppose I see my role as helping to communicate and reassure people, and also to give younger staff a chance to make progress and learn new skills. One of the issues may be that there are only a limited number of laboratory posts in this area – unlike, say, London where there are many other hospitals in the same vicinity and plenty of opportunities to move on. But in my view that makes it especially important to create opportunities in our own Trust, for staff to develop their roles and feel happy and fulfilled in their work."

*As a new campaign aims to crack down on crime throughout the NHS,* **Charles Winstanley** *talks to Sue Jones about the need to blow the whistle on practices that could be open to abuse*

# IT'S WAR ON FRAUD

**WITH A BACKGROUND** in army intelligence and management consulting, Charles Winstanley would seem to be the perfect choice to keep a 'watchful' eye on fraud in the Trust. But he is quick to point out that there is nothing covert or Big Brother about this latest initiative to weed out waste in the NHS.

"We are not about to start bugging phones or conducting a witch hunt against individual members of staff, he insists. "It goes without saying that most of those who work in the health service are honourable people with a sense of mission – we are simply paying closer attention to procedures and practices that may be tempting individuals to cheat the system.

"Hospitals have always been subject to audit; the difference now is that non-executive directors are involved to help raise the profile of the war against fraud.

"We already have an effective whistleblowers policy in this Trust. We want to encourage people to come forward and tell us where we should be focusing our attention."

At 52, Charles may have 'retired' from business life but he is now busier than ever. Besides serving as a non-executive director of the Trust – a post he has held since 1999 – he chairs the Probation Board for Norfolk and serves on a number of public bodies, including the General Medical Council, the board of Postwatch (a quango set up to monitor postal services for the DTI) and the Immigration Appeals Tribunal. He is also a magistrate and a Deputy Lord Lieutenant of London.

"I made a good living from business but my life now is far more satisfying. Health and criminal justice are both areas that I find fascinating and very real. I try to use my experience to help people view situations from a slightly different perspective."

Much of his experience is in management – he has a doctorate in management studies and was highly successful management consultant for 15 years – but it was working as a young army major with the 16th/5th Lancers at the height of the troubles in Northern Ireland that had the greatest influence on his life: "It was a dangerous time but it taught me the value of patience and perseverance. Intelligence work is mainly about analysis and slog."

Charles may be a workaholic – "I work up to 80 hours a week and love every minute" – but he has a great capacity to enjoy life, too. "My father was an inventor and I've inherited his love of gadgets and gismos. Sadly I don't have his capacity for invention; the most impressive thing I've made so far is a go-kart for my two children."

A passionate historian, he rides a motorbike, paints and cooks for pleasure and is also writing his first novel, 'an airport blockbuster' that will inevitably draw on his experience of fighting terrorism in Northern Ireland. "They say all first novels are autobiographical but there are a few things about my time in Northern Ireland that, even now, it would be unwise for me to use. Suffice to say the novel will be a bit more exciting than my last book, which was a text book for management students!"

## Claims under the spotlight

**THE WAR** on fraud is part of a national campaign to reduce crime in the NHS. Within this Trust it is being led by Charles Winstanley, a non-executive director who is working closely with Director of Resources Anna Dugdale, the Trust's local fraud specialist Robert Brooker and head of security Bill Dye, to investigate areas where fraud could be an issue

One of the first areas to come under the spotlight are claims for travel expenses. "Experience in other organisations shows that many people 'forget' to inform their employers when they move house, or record incorrect mileage when submitting a claim," says Charles. "We hope to be able to identify areas where we can make improvements."

- *If you have information that would be useful to the counter-fraud team, please call 01234 218181 or 07887 660071. All calls will be in confidence. (For details of the Trust's whistle-blowing policy refer to the HR pages on the Trust intranet).*
- *If you have recently moved house and have not yet informed the Trust, call HR on ext. 5777*

# TEAMWORK in action

*New initiatives are being launched at NNUH to give more patients a chance to return home under medical supervision. The aim is to reduce their length of stay in hospital while ensuring they have the necessary support in their own communities*

*Hilda Knox (left) is helped to take her first steps after her operation and (above) Dr Brian Payne with the Orthopaedic Medical team*

**HILDA KNOX**, 76 , from Wymondham, was shocked when she fell down in the kitchen for no apparent reason, breaking her hip. Her husband dialled 999 and she was brought to hospital by ambulance.

A retired teacher, Hilda was extremely active before her fall and was naturally keen to get back to her old lifestyle as soon as possible. She was admitted directly to the new Orthopaedic Medical Unit on Docking Ward, where she was assessed and cared for by a multidisciplinary team. After a hip replacement, she was up and about within 24 hours and returned home six days later with support from health professionals in the community. "Everyone has been marvellous," she says. "The care in hospital was excellent and I am still visited regularly at home."

"Without the new Orthopaedic Medical Unit, Hilda would have spent over a week in hospital, followed by up to two weeks in a community hospital," says Medicine for the Elderly consultant Brian Payne. "Provided there are no other medical problems and she has the support of her family and professionals in the community, it is much better for Hilda to be looked after at home."

Mudussar Ahmad, trauma Fellow in Orthopaedics, agrees: "We advise all patients with hip replacements to get back on their feet as soon as possible. Staying in bed can create complications such as chest infections and bed sores and is not the best thing for the patient at all."

"A great deal of planning has gone into this project," says Dr Payne. "We are looking at the patient holistically, taking all aspects of their treatment and care into consideration. For instance, there may be some underlying medical reason for their trip or fall which needs to be investigated straight away."

Nurses on the new unit are receiving ongoing training in all aspects of orthopaedic care. They have spent time on Earsham Ward and also at the Ashill rehabilitation unit to gain an understanding of rehabilitation work.

The team includes physiotherapists, pharmacy staff, occupational therapists and the East Anglian ambulance service.

Community Nurse Mark Walker says: "We are planning the patients' return home right from day one so the team meets regularly to discuss their progress. If necessary, patients are visited by a therapist on the day they return home to assess the need for aids such as trolleys, support frames and raised toilet seats."

Sister Jane Douglas, who is leading the nursing team, says "The extra funding has enabled us to provide a unit with a highly skilled team of therapists and a dedicated nursing team. We are lucky to have senior nursing staff with surgical and rehabilitation expertise who can help us adjust to new ways of working. Dr Payne and the orthopaedic team are also on hand every day for clinical support.

"We could not have achieved this without extra funding and the strong support of the consultants."

## Hip fractures - the facts

- Every year around 700 patients are admitted to NNUH with acute hip fractures
- The average age is over 80 and more women than men are affected, reflecting the higher rate of osteoporosis in this age group.
- An important part of the medical work of the new unit is to prescribe anti-osteoporosis drugs to prevent further fractures.
- The Orthopaedic Medical Unit was piloted with just six beds in 2003. The Unit now has 18 beds where patients have the benefit of a fast-track service from A&E, earlier surgery and optimal post operative medical management

# Living with DIAB

*More children than ever before are being diagnosed with diabetes. Consultant paediatrician* **Nandu Thalange** *explains how NNUH is keeping pace with new developments and why it's essential that children learn to 'take control' of the disease if they are to avoid complications later in life*

**CAN YOU IMAGINE** life with Type 1 (insulin-dependent) diabetes? Injections and blood tests every day, a constant juggling act to balance blood sugar levels – even the most simple decisions become complicated. Now imagine having a child, a toddler perhaps, with diabetes? How would you cope?

We are at the dawn of a remarkable rise in diabetes in children. Records from the early 1950s show that three or four children were diagnosed with diabetes each year, now it's ten times as many. When I started as a consultant in Norwich in April 2002, we had 244 children with diabetes – now there are 335.

Of the 147 diabetes units who participate in national audit, we are the second largest. But size is not an advantage when it comes to diabetes care – we have to run our service like an industrial operation. With the help of my fellow consultant, Dr Vipan Datta, and Associate Specialist, Gill Lister, we aim to see children every four months. If problems arise, the families come to see our Diabetes nurse specialists Gill Ward and Debbie Upton, the unsung heroines of our nurse-led intensive treatment clinics.

Despite the difficulties, we delivered the fourth best results in England for children's diabetes care last year – far better than any other large diabetes centre. So how did we do it?

Well, the first thing to acknowledge is that we don't do it for everyone. Some children and families struggle with diabetes and we need to reach out to those families, because poor control of the disease in childhood can lead to complications and lost potential later on.

Five or ten years ago, it was not uncommon for children to be managed with a single daily injection of long-acting insulin, now our youngest patients can be on three injections a day and some are on insulin pumps. Most do four or more blood tests every day.

This may sound cruel, but in many ways diabetes is a cruel disease. Modern pen-type injectors and needles have gone some way to make injections less of an ordeal. Blood glucose meters use tiny samples of blood and give a result in under five seconds. We urge families to be 'in charge' and not to be afraid to make adjustments to their insulin. We say: 'Call us if you're unsure'.

Unlike some centres, we don't ban sweets, but suggest that they should be an occasional treat, to follow a meal or before exercise. Alison Currie, our paediatric dietitian, has a vital role in helping children and families cope with the restrictions that diabetes imposes on diet.

Surprisingly, more than 80 years after the discovery of insulin, we still have much to learn about diabetes in children. For example, we know that treatment for high blood pressure, high cholesterol and high urine protein is important in adults, but what about children?

We are very active in research and Jo Gibbons, our diabetes research nurse, works tirelessly to recruit patients for a range of studies led by Cambridge University. In addition, we have recently presented our own research on high blood pressure in children with diabetes at a national meeting, with further research planned. We believe that by being active in research, we will remain at the cutting edge of diabetes care.

## IT'S GOOD TO TALK

*15-year-old Kelly Holmes (pictured right with specialist nurse Gill Ward) was diagnosed with Type 1 diabetes three years ago and now attends the 14-plus clinic at NNUH.*

*"I'm the only person in my school, Thorpe House, with this condition so it's good to be able to come here and talk about it," she says. "It can be hard at times, especially when my insulin levels are low and I get angry and wound up. Most teenagers have moods but mine are really horrible!"*

*Kelly injects herself four times a day and carries out five blood tests. "Some of my family have Types 2 diabetes (the kind that develops later in life) but I'm the first with Type 1."*

# ETES


## TOO YOUNG FOR DIABETES?

*Three-year-old Ella Grainger (left) from Hellesdon, was diagnosed with Type 1 diabetes when she was just 11 months old.*

*"I knew she was seriously ill but the GP never considered diabetes because she was so young," says her mother, Milana. Eventually we went to A&E and the nurse said straight away, 'I think it's diabetes.' Basically, her system was already shutting down and she'd developed two blood clots on her brain.*

*"She was rushed to Addenbrooke's Hospital where she was in intensive care for nine days. It was dreadful watching her lying there, not knowing if she would survive or whether her brain would be affected. Once she was out of danger, she picked up very quickly.*

*Ella has a tiny insulin pump that she wears on a belt round her waist. "We change the needle every four days and record what she eats on the little screen. The correct amount of insulin is then pumped automatically into her system," says Milana. "We make sure she has a healthy diet and we'll teach her how to inject herself when she's older."*

Through play, we help young children to understand and cope with diabetes. Rachel Turner, our play therapist, works with under-sevens to help them understand a healthy diet, perhaps by colouring pictures of healthy foods or parts of the body where injections can be done. It may not sound much, but it is a great deal.

We also resort to bribery! Thanks to the generosity of the local Diabetes UK youth group, a £5 gift token is given to every child who achieves good control, or who starts doing their own insulin injections. We try to keep young people engaged in their care because eventually they will need to look after themselves.

Children with diabetes eventually graduate from the Jenny Lind department to our groundbreaking 14-plus clinic. Run jointly with the adult diabetes team, this is held in the Elsie Bertram Diabetes Centre and makes the transition to our adult service at age 19 that bit easier.

In the 14-plus clinic, we carry out regular eye checks, because, sadly, diabetes-related complications are a major cause of blindness and they often begin to show up at this age. We take photographs of the back of the eye using special equipment to detect signs of retinopathy.

With teenagers, we talk more about coping with life now and in the future, and give non-judgmental advice, focusing on goals that are achievable and realistic for each individual. We might talk about alcohol and drugs, contraception, coping with a hectic social life, leaving home, and all the panoply of things that are important young people.

Can we continue to do a good job? It is essential that we do. Based on current projections, we expect to see 50 new patients a year by 2007, by which time the diabetes clinic will have swelled to well over 400. Our small team must grow with it, and we must continue to adapt and develop our service to meet changing needs.

## DIABETES: THE FACTS

- By the age of 16, around 25 children in every 1000 have developed diabetes.
- Nationally, the number of new cases has doubled in the last 15 years, and more younger children are being diagnosed than ever before.
- Nobody knows why this is happening, although there are lots of theories. Perhaps the strongest is that our immune systems, carefully honed for fighting diseases that no longer exist in Britain, start to attack the body itself (auto-immunity). The immune system, perhaps triggered by a virus, starts to attack the insulin-producing cells of the pancreas and eventually causes diabetes.
- Islet-cell transplants offer some hope of a cure, but the supply of organs is very small and the side-effects of anti-rejection treatment can be severe. At present this is a treatment of last resort for adults with severe complications.
- Stem cell research gives perhaps the best chance of a real cure for most patients with Type 1 diabetes, but this is still some years off.

# Catering for ALL

*Serco's Catering manager* **Nayab Haider** *is delighted when patients praise our hospital meals. But he is also pleased to hear their suggestions for improvement. Here he explains how a 'hotel culture' at NNUH is helping to give patients the catering service they deserve*

**CATERING FOR** more than 3000 patient meals each day takes planning on a grand scale. Not only must the food be fresh, appetising and nutritious, it must also provide enough variety to satisfy a wide variety of tastes, preferences and needs.

At NNUH, the catering operation is a team effort between Serco and Anglia Crown, the Colchester-based company who supply most of our patient meals. However, a great deal of work goes on behind the scenes to ensure that the food is of a consistently high quality.

"It really is a team effort between the catering teams and the dietitians, matrons and medical staff who help us to cater for the individual needs of our patients," says Catering Manager Nayab Haider (pictured right with Chief Dietitian Clare Peters and diet support manager Debbie Jones).

"My aim is to set an example at NNUH for the rest of the country to follow. We already have some of the best facilities available anywhere, including a system of ward kitchens where the meals are regenerated and served piping hot to our patients. But we are also ready to listen to comments and suggestions, whether from the patients themselves or from the matrons, dietitians or nursing staff who care for them."

Nayab worked for Marriott Hotels before coming to NNUH and sees many similarities between our catering service and that of a large hotel. However there is one important difference, as dietitian Clare Peters explains: "Some of our patients are actually undernourished because of their illness or condition, or perhaps because they are frail or elderly and worried about being in hospital.

"It's important for their recovery that the food is tempting and that in some cases we boost their intake of protein and carbohydrate with snacks, fortified foods or

## ARE YOU BEING SERVED? HOW PATIENTS ARE BENEFITING FROM RECENT CHANGES

- Patients can now choose from either a modern or traditional menu, with a choice of dishes available at each meal
- On the children's ward, parents can eat with their children at a cost of £1 per meal. Profits are ploughed back into extras for the children, such as novelty plates (*pictured above*) and menu boards
- Where possible, mealtimes are protected to ensure that patients who need to be away from the ward for tests do not miss their meals
- Those who require nutritional support are identified by nursing staff and dietitians so they can receive special attention from the ward catering teams and dietetic assistants
- Toast is now available after specially designed toasters were installed in the ward kitchens. (Toasters had previously been banned because burning toast would set off the sensitive smoke alarms in the new hospital building)

- Porridge is freshly prepared on the premises each day instead of being supplied already sweetened and chilled
- All food is tested and audited with help from the Microbiological team, Health and Safety advisers and Environmental Health officers
- A Nutrition Action Group meets regularly to review catering issues and report on any new initiatives

**DEBBIE JONES** *(right) started her training in the N&N kitchens 22 years ago. After qualifying as a chef, she went on to take an interest in special diets and is now diet support manager at NNUH.*

*"We prepare around 80 special meals every day for patients, in response to requests from nursing staff and dietitians," she says. "I find the whole subject of nutrition fascinating and I enjoy the challenge of creating a variety of different dishes. Just because you're on a restricted diet shouldn't mean you have to eat the same thing every day."*

*Debbie's working day starts at 5am when she checks out supplies and arranges food preparation. "I like the hours because it means I can be there for my children, aged 10 and six, when they come home from school."*

nutritional supplements such as Build Up.

"We make special arrangements for patients who have allergies or medical conditions, such as coeliac desease or PKU, where their diets are restricted for medical reasons. We are also able to comply with requests for special diets for religious or ethnic reasons, as long as we know about them in advance."

Matrons are an important link between the nursing and catering teams. "I am very impressed by the willingness of the catering service to act on our suggestions," says matron Sian Watkins. "For instance, we suggested that sandwiches should be served on a plate with garnish rather than in the packet, as more patients are tempted to eat them straight away.

"We were also delighted to get toast back on the menu as it is very popular with patients who don't have much of an appetite."

*• If you have any comments or questions about patient meals, call the patient catering support managers on bleep 0442 or ext. 5537*



# WHY I SWAPPED JOBS FOR A DAY

**Anna Dugdale**, *our Director of Resources, swapped the boardroom for a bucket and mop when she joined Serco's cleaning team for Think Clean day. Here are some of her impressions of that day*

**WHEN I WAS** asked to take part in the first national Think Clean day it was an offer I simply could not turn down. Those of you who know me, or who have accompanied me on my frequent cleaning walks, will know how passionately I feel about the need to keep our hospital clean and tidy for our patients, staff and visitors, and the opportunity to share my thoughts on this was irresistible.

I was originally invited to give the opening address to the Think Clean seminars which were run by a joint team of Serco and Trust staff, with the aim of raising the profile of cleaning within the Trust. But I decided to use this opportunity to demonstrate the importance of our colleagues who clean the hospital by joining them for a day and doing some real work for a change!

**"When I was dressed in my cleaning attire, it was almost as if I had become invisible!"**

I was given my BICS (British Institute of Cleaning Services) training and passed my assessment very early one morning in the public loo just outside Holt Ward. I was ready to be set loose as a qualified cleaner of loos.

On 28 February, having caught up with some emails and done an early shift of my day job, I joined Michelle for the day cleaning the public loos. It was very hard work physically – relentlessly scrubbing loos, floors and washing areas for six hours without a break is exhausting – but I had a very enjoyable day. I had fun with Michelle and the rest of the team and we left many a shining loo in our wake.

It was surprising, though, how many people who greet me on mornings when I'm wearing my business suit did not return my greeting when I was dressed in my cleaning attire. It was almost as if I had become invisible!

I could not believe how quickly the loos became messy again following our efforts and this was quite dispiriting at times. I have noticed this again and again on my cleaning walks and have watched people drop litter on the hospital corridors or at the entrances or walk past litter without bothering to stop and pick it up. There seems only to be scant attention paid to the ethos of 'leaving as you would wish to find'.

If we could be bothered to smile and greet our cleaning colleagues and stop and pick up the odd piece of stray litter what a difference we would make to the environment in which we work and care for our patients.

My special thanks to Michelle the TV star for making my day so enjoyable.

*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.*

# Nurses take the lead on Barclay Ward

**A QUIET REVOLUTION** has been taking place on Barclay ward as nurses take the lead in patient care.

New protocols have been developed to enable them to take more responsibility, while ensuring that patient safety is not compromised

The changes mean that more patients from North Norfolk can be admitted as inpatients at Cromer, either because they are recovering from surgery or because they have been referred by a specialist GP.

"Our vision was to provide a model of patient care that we could transfer to the new hospital planned for Cromer," explains ward manager Yvonne Ford. "We also wanted to make full use of the facilities and skills we already have.

"The doctors' working time directive and the growth of the day procedure unit were factors in the decision to go nurse-led. But perhaps the deciding issue was that the Minor Injuries Unit was closing at night and we would no longer have a doctor available 24 hours a day.

"We now only have a doctor here between nine and six, Monday to Friday, and between 9 and 8pm on Thursdays, but our protocols ensure that, should it become necessary, we can transfer patients to the NNUH where they will have full medical support."

Yvonne is no stranger to innovation, having helped to write protocols for the Day Procedure Unit at Cromer. She and the ward sister, Elaine Gooch, can also boast nearly 40 years' experience between them.

"This is a really positive move for the nursing team because they have the chance to develop their roles and enhance their skills," says Elaine. "In all we have 25 nurses and many of them are part-time."

The new protocols for Barclay Ward have involved many hours of work by a multidisciplinary team, with strong support from Nursing Practice and the Drugs and Therapeutic Committee.

"We have involved the staff at every stage and we are keeping our guidelines under review," says Yvonne. "We are also doing a patient satisfaction survey to see what the patients think about these new developments.

"For the nurses it is definitely a positive move – they are much more motivated and morale is better than ever.

"We have also enjoyed working with the new facilities team (see below) in redecorating Barclay ward."

• *The nursing protocols for Cromer Hospital can be found under 'Guidelines' on the Trust intranet.*

*Positive outlook: Elaine Gooch (left) and Yvonne Ford with Cromer patients Dorothy Lubbock and Betty Goulty*

### NEW HOSPITAL A STEP CLOSER?

**AS WE** went to press, the Strategic Outline Case (SOC) for a new Cromer Hospital was due to be discussed at a meeting of the Norfolk, Suffolk and Cambridgeshire Health Authority (on 23 March). A sub-group of the Authority is recommending that it be approved. However, there are still questions about how the new hospital should be financed and this will need to be considered by our commissioners, the Primary Care Trust for North Norfolk.


### THE PULSE

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## From RAF Marham to Cromer Hospital

**MORE PATIENTS** than ever before will be treated at Cromer when new facilities for kidney dialysis and MRI scanning are built on the site. The new modular units are still in the planning stage but they are designed to be moved to the new hospital when it is built.

The expansion plans will mean a busy time ahead for the facilities team, headed by Mick Jolley (pictured) of Norfolk County Services who last year won the contract to manage services such as cleaning, catering, portering and estate management at Cromer.

Mick previously worked for McAlpine Business Services, managing all maintenance services at RAF Marham.

"Clearly the hospital is on a much smaller scale but the aims are much the same," says Mick. "It's been a very hectic six months but we have already achieved a great deal. We have developed a planned maintenance schedule, put up new wayfinding signs and introduced new catering arrangements which have been very well received."