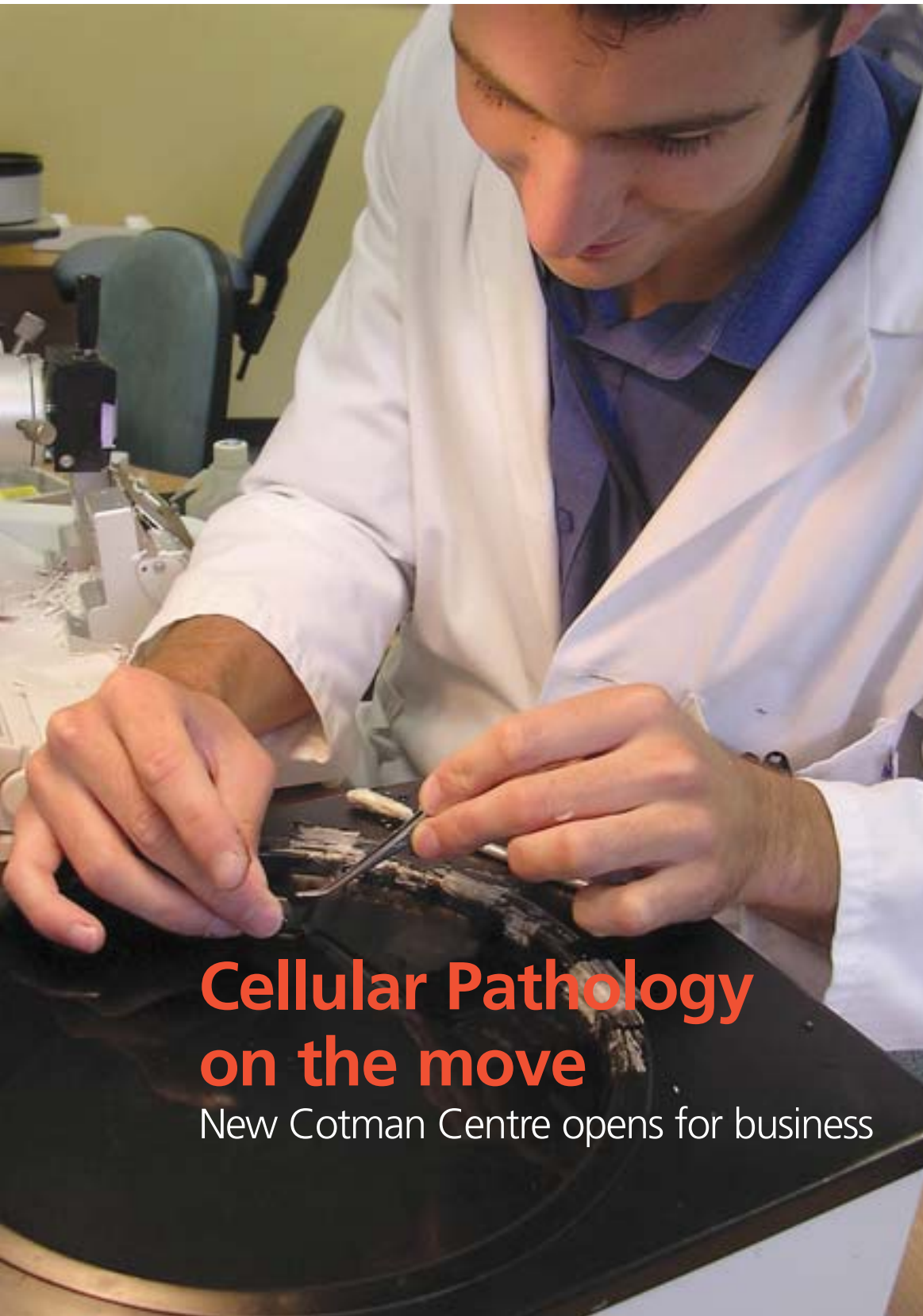


# THE Pulse

Issue Number 20  
August 2005

Norwich University Hospital  
NHS Trust



## Cellular Pathology on the move

New Cotman Centre opens for business



### Open day at NNUH

Visitors get to grips with  
'keyhole' techniques

### Fun and games

Striking a  
blow for  
orthopaedic  
research



### Viewpoint

Why Serco  
staff should  
not be  
forgotten



### Faith and healing

Spotlight on the work  
of our hospital chaplains

## 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 Heather Clarke on ext. 2883

## 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.

## OBITUARY: HUGH PHILLIPS

It is with great sadness that we report the death of Hugh Phillips, the revered orthopaedic surgeon and president of the Royal College of Surgeons.

Born in London in 1940, Mr Phillips trained in London and in 1973 joined the staff of the old Norfolk and Norwich Hospital, where he quickly established a reputation as an outstanding surgeon. A past president of the British Orthopaedic Association, the British Hip Society and the Orthopaedic section of the Royal Society of Medicine, Mr Phillips



helped to establish the National Joint Register and was about to be made a Fellow of the Royal College of Physicians in recognition of his efforts to forge historical links between the two royal colleges.

Professor David Scott, Rheumatology consultant at NNUH, paid tribute to Mr Phillips, pointing out that throughout his distinguished career he had never lost his 'human touch': "He was not just a great surgeon and a great leader, he was also, to my mind, a great physician, a great friend and a great man."



**STAFF FROM** the Jenny Lind children's unit joined Serco's contract director Keith Buet to celebrate a gift of £1,000 following a seven-a-side charity football tournament hosted by Serco and held at the Anglian Windows Social Club. The event also raised £125.00 for the Big C appeal. A total of 15 teams took part in the tournament, with 'Serco United' beating 'Rocklands Road' 2-0 in the final.

**DR HELEN WILLIAMS**, who heads our department of Medical Microbiology, based at Norwich Community Hospital, has been elected a Vice President of the Royal College of Pathologists. After qualifying at the Welsh National School of Medicine in 1979 and training in Cardiff and London, she was appointed to her consultant post in Norwich in 1989. She has been involved in many aspects of College work and founded the Lay Advisory Committee to encourage more patient and public involvement in pathology.



## Top of the student pops

**A GOOD** mentor is a valuable asset when you are starting out on a new career. And this year, for the first time, the Trust is saying 'thank-you' to our mentors with two new awards for staff who go 'the extra mile'

to support our student nurses.

In a recent poll, Julie Broom staff nurse in Oncology (*kneeling, right*) received the most votes from students for her mentoring skills, while Docking Ward was voted best in the education stakes.

Among staff on Docking Ward who received the education award is Margaret Crawford, who is this year celebrating 35 years as a staff nurse with the Trust. She commented: "I've helped lots of students over the years and I've learned that they appreciate being made to feel useful members of the team."

Sharon Crowle, clinical practice facilitator, said: "We want to thank *all* the staff who go out of their way to help our students."







**HOME SECRETARY** Charles Clarke throws in the sponge? Well yes, but it was all in a good cause as the Norwich Orthopaedic Walk raised more than £7,000 for orthopaedic research. Among those pinned in the stocks at the annual event were orthopaedic surgeon Simon Donell (pictured) and chief executive Paul Forden. Other attractions included our surgeons doing a turn as 'Morris dancers'.

## Lessons in 'patient' care

Hundreds of visitors turned out for our first Open Day on 16 June to take advantage of the opportunity to go behind the scenes at NNUH.

Attractions ranged from guided tours to a Well Teddy Clinic and a chance to try out 'keyhole' surgery (right) using real surgical instruments.

There was also a sculpture trail organised by the Hospital Arts Project. Students from the Medical School were among staff who volunteered to demonstrate procedures such as getting blood from a dummy arm (top).



## Happy days are here again

**AS NIGHT** follows day, so reorganisations of the NHS follow General Elections. Just when you thought you were getting to grips with the last reorganisation, another genius from the Department of Health, supported by hordes of management consultants, comes along with a new and better



*Look... clean hands! Chairman David Prior with six-year-old Chipego Ham at the NNUH Open Day*

'whizzo' idea. There will, of course, be months of 'consultation' with Uncle Tom Cobbley and all, which will cost a fortune and not make the slightest bit of difference. We should all be prepared,

therefore, for an avalanche of white papers, green papers, consultation documents, questionnaires, briefing papers, new agendas, discussion briefs ... happy days! I suppose we will all have to put our faith in the gentleman from Whitehall whom we are told 'knows best'. Of course he does.

Meanwhile, people are still getting ill and are still needing hospital treatment and care. We are now seeing 600,000 inpatients and outpatients each year in our two hospitals, Cromer and Norwich. We are also, together with the UEA, training future generations of doctors, nurses and allied health professionals.

I am the first to admit that we don't get everything right but in the main we are providing world class healthcare to our patients. I am delighted that, at the end of June, the number of patients on the Trust's waiting list fell for the first time ever below 10,000.

In June 2004 the waiting list was 12,188. This year it was 9817, a fall of 19 per cent. The performance of our A & E department was also excellent with more than 98 per cent of patients seen, treated, admitted or discharged within four hours.

No wonder we have been awarded a second star for this sterling performance. Well done to you all!

**David Prior**

*Chairman, Norfolk and Norwich University Hospital NHS Trust*

## Diabetes 'patient advisers' are here to help

**A GROUP** of 18 people with diabetes are to act as 'patient advisers' for others with this condition. The group has been set up by patient champions Martin Land and David Rae, together with clinical staff from primary and secondary care, on behalf of the Norfolk Integrated Diabetes Management Group (NIDM).

The advisers have been trained to talk to patients about coping with diabetes. They do not give medical or emergency advice, but are essentially a talking and listening service.

Martin Land, Patient Champion and member of the Norfolk Diabetes Adviser Group said: "There can be times when living with diabetes is difficult both physically and emotionally and this unique programme will be a major help. All our advisers have



first-hand experience of dealing with diabetes and they have put themselves forward to give their time to help others.

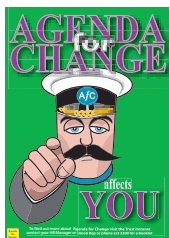
Mike Sampson, consultant endocrinologist said: "The advisers will be supported and mentored by clinical staff from primary and secondary care. We are delighted that the Acute Trust and PCTs have shown interest in and support for this programme".

If you would like to talk to one of the patient advisers, call 01603 288528.

**AFTER PLANTING** a tree in the grounds of NNUH in memory of her late son, Sean, Carol Hardesty returned to Hethel Ward to present a number of nebulisers for use by other chronic asthma sufferers. Carol, who raised more than £1,785 for the ward, said: "These nebulisers can be used by respiratory patients in their own homes and hopefully prevent an emergency that could prove fatal."



# Partners in CHA



*How is Agenda for Change progressing six months after it was launched? We talk to some of our AfC partners and staff about their experience of the process so far*

**IT IS MORE** more than six months since Agenda for Change (AfC) was launched at NNUH and 70 per cent of non-medical staff have now been matched to national profiles. The aim is to match 90 per cent of Trust jobs by September 2005.

So how has AfC – described as the biggest shake-up in pay and conditions in the history of the health service – been received?

“We are very encouraged that only 153 out of 3,000 jobs we have examined so far are going to be reviewed – this shows that most people are reasonably satisfied with the process and the outcome,” says Adrian Howes, staff-side lead for AfC. “The financial rewards may not be as dramatic as people are expecting. However, most staff are entitled to more annual leave and can look forward to pay increases in future years as they



progress through the pay bands.”

Barry Walsh, deputy director of HR (strategy) and AfC lead for the Trust, commented: “It’s important to remember that AfC is not just about pay or recruitment and retention – it is also about staff development at all levels to ensure that we can deliver high-quality services to those we serve. If we are to meet target of reducing waiting times for elective patients to just 18 weeks, from seeing a GP to hospital admission, we need to look at

**“Being part of a job panel gives you a valuable insight into other people’s roles”**

*John Devenney*

modernising our services and, if necessary, be prepared to work differently.

“We are lucky in this Trust to have a team working solely on AfC issues and to be able to call ‘witnesses’ for virtually every separate job description. In other areas of the country the process of job matching has broken down because staff have not been able to devote enough time to the project.”

**JOHN DEVENNEY** a specialist nurse in pain management (*pictured above*), has been a job panellist since the initiative was first launched at NNUH. “Discussions can get a bit heated but that’s because people become quite passionate when professional issues are at stake,” he says. “So far, we have not had anyone walk out or become abusive, which I think shows that the process is fair.

“I think everyone should have a go at being part of a job panel. It gives you a real insight into other people’s roles and helps you to understand how they relate to each



*The AfC team (from left): Ann Walpole, Lisa Johnson, Clair Anderson and Adrian Howes*

other. For instance, I’ve been sending samples to Histopathology for years and had no real knowledge of what they did before I joined a job panel. It’s fascinating!

“I also defy anyone to be able to tell who is on the staff-side and who is from management on the job panels – you really can’t tell the difference because no-one has the casting vote and all of us are working towards the same goal.”

**CATHERINE LYNE** (*pictured*) a dietitian and AfC partner, agrees: “We really try hard to look at things dispassionately, to ask questions of each witness and to



understand what’s involved in each job. But we also like to create an informal atmosphere so witnesses don’t feel intimidated.

“There are some common misconceptions – for instance, we are not counting the qualifications and skills that people have but the skills they need to do that particular job. We do not award points for particular tasks but for levels of responsibility, knowledge, complexity and so on. The process of job matching is fairly rigid but it’s also very fair.”

**AS THE** operational nurse manager for the Endoscopy Unit at NNUH, Jane Cook (*above right*) sat in on 10 different job

## IT COULD BE YOU....

Job panels are made up of staff from all over the Trust who volunteer to become partners in AfC. All partners undergo special training and work in teams of four – two from the staff side and two from management – to match every single job in the Trust to national profiles. This is followed by ‘assimilation’ into national pay bands.

The Knowledge and Skills Framework (KSF) provides a mechanism for staff to enhance their skills and progress through the pay bands.

- If you would like to get involved as a job matcher, call ext. 5709. KSF staff advisors and job outline writers are also needed – please call ext 5049. Details are available via the AfC page on the Trust intranet.

# CHANGE

panels in the role of a management 'witness' and was impressed by the partners' efforts to understand each role. "The panels were generally very fair and seemed keen to bring out the best in each member of staff," she commented.

"However, most of the staff have now been assimilated and the results are mixed. Those who have worked for an NVQ have been rewarded with substantial pay increases and our D and E grade nurses have also received pay rises, albeit minimal. However, our specialist nurses are very unhappy to be classed as Band 6.

"I cannot comment on my own experience as I am still waiting for my post to be banded."



**HEALTHCARE** assistant Tim Page, who recently achieved NVQ Level 3, is celebrating a £1,200 salary increase as a



result of AfC. "I have quite a broad remit in Gastroenterology as I help the endoscopists on the technical side and I also supervise the cleaning of the

equipment and work in the recovery area," he said. "The good thing about AfC is that you can develop your skills and progress through the pay bands."

**ALTHOUGH THE** Society of Radiographers initially voted overwhelmingly to reject AfC, individual radiographers at NNUH are currently being assimilated and most have expressed satisfaction with the process so far. "We are still very apprehensive about the negative effects that AfC could have on recruitment and retention in our profession," says senior radiographer Jonathan Harrowven. "We continue to be involved in discussions on how we can improve AfC for radiographers both locally and nationally."



## PRIDE AND PREJUDICE

*We are all part of the same hospital team, argues UNISON branch officer Terry Davies. So why are Serco staff treated differently from their NHS colleagues?*

**EARLY FEEDBACK** would suggest that most Trust staff have benefited from Agenda for Change. But remember... AfC does *not* apply to contract staff.

This is a bitter disappointment to those of us who had no choice but to transfer to Serco, a private company, when services such as maintenance, housekeeping, catering and portering were privatised at the old Norfolk and

worked for the hospital, and not for Serco or the Trust.

The ACAS decision was to set the lowest Serco pay rate at £5.55 per hour. While this represents a pay rise of up to 14 per cent in some cases, it falls some way short of equalling Agenda for Change.

We applaud our UNISON colleagues who showed solidarity and courage in standing up for equality

**"When you reflect on the outcome of AfC, please spare a thought for your colleagues in Serco who you couldn't do without!"**



Norwich Hospital back in 1995.

Until now, staff who transferred to Serco have had the benefit of 'Whitley' pay rises and improvements in the wake of the transfer.

Many UNISON members saw AfC as a chance to get equal pay with their colleagues in the NHS and to benefit from the new arrangements. However, the DOH says it has no authority to impose AfC on a private contractor – even though Serco staff are doing front-line NHS work.

Lengthy negotiations with Serco reached a deadlock and the dispute was eventually referred to ACAS for binding arbitration.

Most of our UNISON members have worked in the hospital for a considerable number of years and are proud to be part of the NNUH team. This was reflected in the results of a MORI poll which found that most staff who were surveyed said they

but had the good judgement to reject the last resort of strike action at *our* hospital.

Without our colleagues in Serco, the finely tuned engine that runs the NHS would soon grind to a halt – every member of staff who works in a hospital is just as important as a surgeon or the chief executive.

So when you reflect on the outcome of AfC, please spare a thought for your Serco colleagues, who you couldn't do without! Even if you didn't get everything you hoped for, you are still a lot better off than some.

*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.*



# Taking strides towards Practice Plus

**OUR IWL** (Improving Working Lives) Self-Assessment report was signed off at the end of June and sent to the Strategic Health Authority. Based on information from our Focus Groups and completed questionnaires, the report will provide vital evidence for the



independent validation team who are visiting the Trust in September to decide whether we should be awarded Practice Plus status.

Thanking staff who had been involved in the project so far, Trust Chief Executive Paul Forden commented: "The IWL standards come from the centre, but we want to build on those standards and add our own agenda for Improving Working Lives. We are committed in our aim to become a hospital of choice for our patients and to be an employer of choice for our staff."

There were eight focus groups at NNUH, one at Cromer and one at the Norwich Community Hospital. The results helped to highlight priorities for on-going action – you can see the full self-assessment report and the

focus group summary report on the Trust intranet.

Two of the IWL team, HR Officer Tina Chapman and Clinical Scientist Margaret Sillis have both trained as Validators to assess other Trusts, including the East Anglian Ambulance Service.

As part of our action plan, a poster with the message: "The Trust wants to get rid of bullying and harassment – help us by not keeping it silent" will be widely distributed across the Trust. Our new Dignity at Work Policy is designed to ensure that we all become more aware of the need to respect our colleagues. The aim is to raise awareness of this issue and to reduce workplace stress.

We will also be issuing new guidelines on tackling stress. We will assess the risks and causes of stress in the same way as any other hazard in our environment, and the decide on steps we can take to reduce their effects.



Signing off: Paul Forden (back row, centre) with the IWL team

In June we published a summary of the 2004 National Staff Survey and our Trust Action Plan (see the Trust intranet or contact HR for copies). Divisional General Managers and Heads of Departments have been asked to take responsibility for implementing the Action Plan – if you would like to be involved, contact your line manager or HR Manager.

The Trust's Race Equality Scheme and Action Plan, originally published in 2002, has now been updated to reflect current NHS and Trust Policies and can also be viewed on the intranet.



**SARAH MEREDITH** (left) a specialist registrar in Ophthalmology, has won the annual Benjamin Gooch Prize for the best original research by a junior doctor at NNUH. Sarah's presentation described her work with glaucoma patients using state-of-the-art imaging equipment.

"Preliminary findings offer some interesting associations between corneal thickness, lowering eye pressure and movement of the optical disc," she explained. "More data is now being collected and we hope to publish the results next year."

"I could not have achieved this without the co-operation of our patients and the excellent equipment we have at NNUH." Runner-up for the prize was Dr Ramesh Jois, from Rheumatology, pictured with clinical tutor Katherine Stanley.

## New site for cellular pathology

**OUR NEW** cellular pathology laboratories have now opened for business in a newly refurbished building on the Norwich Research Park.

Scientists at the new £7 million Cotman Centre will be processing some 50,000 surgical tissue specimens a year, as well as around 50,000 cytology samples, helping to diagnose and refine treatment for patients across Norfolk and North Suffolk.

The Cotman Centre will also be home to Norfolk's new Radiology Academy, which is due to welcome its first students in October. The academy is one of only three such academies in the country that will take the lead in radiology training in the UK.

Our cellular pathology services have merged with those of the James Paget hospital and all laboratory staff at the new centre are now employed by the Trust.

The spacious new laboratories include many state-of-the art improvements, including height-adjustable workbenches and automated immuno-stainers (pictured) for more specialised analysis of tumours.



Dr Virginia Sams, consultant histopathologist at NNUH, said: "Demand for cellular pathology services is growing all the time and we are delighted we now have new facilities which will benefit both patients and staff."

David Hill, chief executive of the James Paget, added: "This is an excellent example of the NHS working in partnership to raise clinical standards and improve the working conditions of our staff."

The move to the Cotman Centre creates more space at NNUH for our Chemical Pathology and Haematology laboratories, which will now be extensively refurbished.

# LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

## Why I'm proud to be a quitter

We now have signs around the hospital announcing that my workplace operates a Smoke-Free Policy. Six months ago this would have enraged me, but today I am truly encouraged by it and hope that others are too.

I am still amazed that I have not had a cigarette for almost six months, having smoked since my early teens some 25 years ago. I am proud to have quit and no longer feel that I am missing out on anything, as I have gained so much.

Smoking had become a real inconvenience; I no longer have to ask myself, 'When will I get my next cigarette?' or 'Where can I light up without feeling like an outcast?' which were frequently asked questions throughout my daily life. This has resulted in my stress levels actually decreasing and my new-found energies being channelled into more positive thoughts, such as, 'Where shall we have lunch today?' or 'Where shall we go on holiday?'

My self-esteem and confidence has rocketed. Last month I realised a dream



*Teresa Cardene:  
"I don't feel I  
am missing out  
on anything as  
I have gained  
so much"*

in becoming an active member of an operatic stage production; my singing is much improved and I can now hold an extremely long note.

I can hold my dancing partner even closer without smelling like an ashtray, so he appreciates it too.

I can hold newborn babies with confidence and can laugh loudly in company, instead of shying away.

We have all heard about teeth feeling cleaner, breath being fresher and how we can run up stairs without getting out of puff – and that's all true, too – not to mention the longer-term health benefits we see listed in magazines and advertisements.

What further evidence does anyone need to convince them to quit smoking?

There is support all around me – at work, at home and from my (Cignificant) stop- smoking consultant.

I put the work in and I reap the benefits, and it's mostly thanks to me!

*Teresa Cardene, Respiratory Medicine*

## Why is it so difficult to cater for me?

It was reassuring to read that the nutritional needs of patients requiring special diets can easily be met ('Catering for all', *The Pulse*, April 05). However, this has not been my experience during four separate visits to your hospital.

Admittedly I am a vegetarian on a gluten-free diet who is going through treatment for cancer, but I was still very disappointed with the choice of food on offer.

*Denise Murphy, Sprowston*

• **CATERING MANAGER** *Nayab Haider writes: Our dietary team produce special diets according to patient needs. We are now reviewing our menus and would welcome any suggestions Ms Murphy may have. I have investigated the issues in her letter and would like to assure her that this will not happen again.*



**TRUST CHAIRMAN**  
*David Prior welcomed volunteers from around the Trust to mark our Investing in Volunteers award. This national award is given to organisations who can show that they value their volunteers and give them appropriate training and support.*

## WELCOME

...to the following consultants who have joined the Trust since 1 June 2005:

**Mr Ian Williams**, cardiologist,  
**Mr Richard James**, oral surgeon,  
**Dr David Booth**, paediatrician (neonatal),  
**Dr Philip Hopgood**, orthopaedic surgeon  
**Mr Junaid Hanif**, ENT surgeon,  
**Henrik Hellquist**, histopathologist, and  
**Geoffrey Waters**, histopathologist.

## FAREWELL

...to the following staff who have left the Trust since 1 June 2005: **Jane**

**Grimmer**, senior nurse on Cley Ward, after 36 years; **June Bullent**, auxiliary nurse on Cley Ward, after 25 years, **Thelma Hazelwood**, auxiliary nurse in Day Procedures, after 25 years, **Robin Farman**, Occupational Health consultant, after 24 years, and **Sheila Moore**, nursing assistant on Cley Ward, after 20 years.

## A quality service

Congratulations to Medical Illustration on reaching Level 1 of the Institute of Medical Illustrators Quality Assurance Scheme following an assessment by independent team of auditors.

The aim of the scheme is to raise standards within the profession for patients, visitors and other users.



PICTURE BY MEDICAL ILLUSTRATION

# Easing the P

**WHEN DOES** a patient need help from the Palliative Care Team and what does this imply? If you are not entirely sure, you are not alone.

"The majority of the patients referred to the hospital palliative care team are experiencing a cancer diagnosis although a small percentage do not have cancer at all," says specialist Macmillan Nurse Sandra Winterburn. "We see cancer patients at any stage of their illness, from diagnosis onwards, and we are keen to dispel the myth that we are here just for the end."

"The focus of the care we offer at the bedside is to improve the quality of life for people, promoting maximum well-being. This involves working alongside the patients, their families and professional carers."

"Of course, for many patients with a life-

*Dealing with patients who have a life threatening condition requires a team approach. Macmillan Specialist Nurse Sandra Winterburn explains how the Palliative Care Team can help staff to support patients and their carers through these difficult times*



threatening illness the ward team are able to manage their care perfectly well. However, there are a number of patients for whom additional psychological support or other involvement may be required to relieve emotional distress or complex physical symptoms, and that's where the palliative care team steps in (see box, right).

Sandra, who started the palliative care service at the NNUH in 1992, is one of four specialist palliative care nurses based at the hospital who between them see over 1,000

patients a year. They are supported by two part-time secretaries and 1.5 consultants. The team work closely with the hospital chaplains and with the palliative care teams at Priscilla Bacon Lodge in Norwich, and out in the community.

"It's impossible for us to see every single cancer patient – what we aim to do is to pass on our skills through education, demonstrating that each and every one of us has an important role to play in caring for these patients," says Sandra.

## COPING WITH BREATHLESSNESS

*June Kay (far right) suffers from shortness of breath after having a lung removed in January. She now attends a weekly nurse-led Breathlessness Clinic at NNUH for advice and support on living with breathlessness. "It's been very helpful because it puts things in perspective"*

*she says. "You realise you are not battling on your own and that there are exercises you can do to help yourself."*

Macmillan Nurse Anna Farrar (pictured with June) says: "We try to help patients to breathe gently and relax, thus gaining a sense of control over their breathlessness. It helps if they are referred early in their illness so they know what to expect and how to cope."

Anna set up the Breathlessness Clinic after being involved in a multi-centre trial.



*The Clinic runs every Monday afternoon at the NNUH with the focus on improving quality of life by teaching breathing and relaxation techniques, coping with the activities of daily living, energy conservation, providing emotional support and agreeing individual aims.*

*Referrals can be made by GPs, consultants, Priscilla Bacon Lodge, Macmillan nurses and cancer specialist nurses. Patients and their partners are offered five or more weekly appointments with Anna.*

## Polish your skills

**IT IS WELL** proven that the quality of palliative care can be influenced by education and training. Below are some examples of palliative care training opportunities on offer.

### Advanced Communication Skills Training for Senior Health Care Professionals

Research shows that communication skills *can* be taught and make a big difference for patients. The Norfolk and Waveney Cancer Network is one of only ten sites chosen by the DOH to pilot communication skills training which has proved to be a great success. The plan now is to run another five to 10 courses over the next 12 months. The courses are open to any senior health care professional working with cancer patients or other life threatening conditions.

Call 01603 287227 for details.



# AIN

**A NEW 'TOOLBOX'** to make syringe driver equipment readily available has recently been introduced by the Palliative care team on every ward at the NNUH.

The syringe driver is used when patients are unable to take medicines by mouth. It delivers a constant stream of medication via a small battery-operated syringe pump, keeping the patient more comfortable and free from symptoms and avoiding the need for frequent injections. The 'toolbox' has proved to be very successful in improving the speed at which syringe drivers can be set up and ensuring rapid symptom control for inpatients. It was designed to promote the use of standardised equipment throughout the hospital and to provide wards with all the information they need to start a syringe driver.



Macmillan Specialist Nurse Emma Harris (seen here training Lisa Moore, a newly qualified staff nurse on Mulbarton Ward) explains: "One of our key roles is to educate ward staff and helping them to assist patients with uncontrolled symptoms.

"I introduced the toolbox idea so patients receive the medication they need in a timely manner, delivered by well-informed staff."

## in palliative care

### Nuts and Bolts of Palliative Care

This popular six-day course runs over a three-month period and is designed to give registered nurses an overview of the assessment and management of the most common physical and emotional problems experienced by people facing a life threatening illness. Call 01493 453530 for details

### Multi-professional conferences

offer staff from across the Cancer Network an opportunity to come together to consider a variety of both local and national initiatives.

From 15 November 2005 these will move to a larger venue at the John Innes Centre. Dates for 2006 are 17 April and 14 November.

### Palliative Care 'Link' Study Days

For the second year running, the hospital team is planning a series of six study

days covering a wide variety of palliative care topics, aimed at both registered hospital nurses and allied health professionals. In addition, two link sessions will be offered to health care assistants focusing on their invaluable contribution to the care of these patients.

### Liverpool Care Pathway

The Liverpool Care Pathway is a framework to manage the care of patients in the last days /hours of life. This national initiative was developed by Dr John Ellershaw and his team in Liverpool. Soon the Specialist Palliative Care team will be leading this initiative at NNUH.

- For details of other courses and study days funded by the Cancer Network call the Palliative Care team on ext. 3227

## How the Palliative Care team can help

The Palliative Care Team provides practical help and support for any patient with a life-limiting illness (neurological, respiratory or cardiac as well as cancer), provided they have specialist palliative care needs. The team offers:

- Advice on pain and symptom control
- Psychosocial support for patients, families and carers
- A nurse-led clinic for breathlessness
- Outpatient appointments with medical specialists
- Assessment of patients' suitability for specialist care at Priscilla Bacon Lodge (see below)
- Advice on benefits
- Advice for health care professionals about additional support available for patients at home

**A NEW REFERRAL FORM** for all specialist palliative care services is now available on the wards and has referral criteria on the back, together with the relevant fax number.

Any member of staff can identify patient needs and refer to the team who meet daily to allocate cases for assessment.

### PRISCILLA BACON LODGE

in Unthank Road, Norwich, provides specialised care for patients with complex palliative care needs. Their suitability is assessed by a member of the hospital team. Patients can be referred there if:

- They have complex symptom control issues such as pain, breathlessness, nausea and vomiting
- They have rehabilitation needs following an acute episode such as spinal cord compression

More details will shortly be available on the Trust Intranet.

*There's a lot more to being a chaplain than wearing a dog collar and conducting religious services, as Colin Reed explains*

**IN A NORMAL** week our Chaplaincy team will be visiting around 60 inpatients, conducting up to 10 different services – including funerals – as well as spending time with staff and welcoming the many visitors to the Chapel. But these stark facts do little to describe the wealth of human emotion they are dealing with every day.

As Colin Reed, head of chaplaincy services at NNUH, explains: "Religion makes up only about 10 per cent of our work, the rest is pastoral and spiritual. The last thing we want to do is impose ourselves on patients, but we do want to be proactive, to make ourselves available to staff as well as patients, and to help out where we can."

"We represent people all faiths - at the last count this amounted to 45 different faiths. In the last year we have held special memorial services for relatives of patients who have died from kidney failure; for parents who have lost their babies; and for victims of the Tsunami."

"We have recently improved our on-call arrangements, sharing this with colleagues from the local Mental Health Trust, and we have set up links with the Clinical Ethics Committee and the palliative care team."

"It might seem from this that we are always dealing with bad news, but there are many uplifting moments when we share a laugh and a joke with staff and patients, and we have a strong, supportive chaplaincy team."

"We are also very grateful for the help we get from our volunteers, who have a

developing role in the department."

A former nurse, Colin was ordained in 1995 and took up his current role in 2002. "I was attracted by the idea of working in a new hospital where there was an opportunity to expand and modernise the chaplaincy service," he says.

"I wanted to expand our multi-faith facilities and to make our chaplaincy services patient-led. I've always believed that our role is to respond to what people want, and that means listening to what they are *really* saying. Often, when a patient asks for communion or prayer, they may be wanting to unload their feelings about something that happened a long time ago. Just talking about it can make them feel better."

We also want to create good relations with staff, so they know they can call on us at any time if they are finding things difficult.

The chapel is a quiet space in the hub of the hospital and is open 24 hours a day for private prayer and quiet reflection. We also let it be used occasionally for other purposes, such as choir meetings or hospital arts workshops.

"Although the chapel is designed to be multi-faith, we also have a room set aside for those who prefer to pray separately."



# Meet the

## BILL BAZELY

*was an engineer before training for the ministry – and when he is not at work he can often be found 'tinkering' in the engine shed of the Bure Valley railway.*

*He spent 11 years as a parish priest in inner city areas of Liverpool and Sheffield and developed a particular interest in mental hospital issues when a local mental institution closed down in Sheffield, causing the residents to be cared for in the community.*

*Bill went on to become chaplain of a mental health trust in London, later moving to Guy's and St Thomas' Hospitals and then Rotherham District General Hospital.*

*Although employed by the Mental Health Trust, Bill is part of the general on-call team at NNUH.*



## 'Having a chaotic household is therapeutic'

**ELEANOR LANGAN** trained as a primary school teacher in Cambridgeshire before being ordained and now combines her work as a hospital chaplain with her role as a vicar's wife and mother of four teenage children.

"I'd always wanted to share communion, so when the ordination of women was approved, I was very thankful," she recalls.

Her first post as chaplain was at a women's prison in Essex. "It was a privilege to be allowed to get close to people who were feeling isolated and deprived and were



often victims themselves. Just like in a hospital, there's a tendency to reflect on things and focus on what really matters."

"I am constantly surprised by people's ability to be positive, even when their lives are extremely troubled. To be a thankful for the good things in life is a very precious gift."

Eleanor now lives in Overstrand and likes to relax by walking her dog, Poppy, along the beach. "Having a chaotic household is quite therapeutic after some of the sadness I see in hospital."





**PENNY BUTLER**, a UEA lecturer, had good reason to be thankful to the chaplains when she was recovering from a life-threatening infection after the birth of her son, Samuel. "It just so happened that Pauline was around when I needed her," she said. "I was feeling very upset and she took the time to listen to me. She also helped in practical ways by passing on my concerns to the staff and arranging for my husband to stay with me in hospital." Pauline Greasley, who has only recently become a chaplain after a long career as a primary school teacher, is delighted that Penny is now on the road to recovery. "I did very little, really, except listen. But having someone to talk to who understands can be very helpful when you're feeling really low."

## 'THE RESPONSE FROM STAFF WAS TREMENDOUS'

**PAT ATKINSON** combines her work at NNUH with a commitment to helping street children in India. Recently her charity, the Cooper Atkinson Trust, leapt into action to support victims of the Tsunami in Sri Lanka and India, and her appeal for funds quickly raised £5,700.

"The response from staff was tremendous and my colleagues in the chaplaincy were kind enough to cover my on-call duties so I could go out to Sri Lanka and India at very short notice," she recalled.

Pat had always wanted to be a missionary but a long period of illness put her dreams on hold. Instead she spent three years playing the trumpet in a dance band before undergoing SEN and midwifery training with the Queen Alexandra's Royal Army Nursing Corps.

Having realised that she preferred talking and listening to patients than nursing them, she became a voluntary chaplain at the old N&N and funded her theology studies by working night shifts in a nursing home.

In the meantime, a visit to India with the YMCA rekindled her interest in working with street children. Appalled by the conditions she had seen in India, she launched her charity which now runs eight education projects - all managed by children who have benefited from her charity work.



# chaplains

**SHEILA NUNNEY** was a career nurse for 20 years before being 'called' to the ministry while working as a nurse tutor in London. She was ordained in 1992 and became a curate in Swaffham, taking up a post as assistant chaplain at the old Norfolk and Norwich Hospital - where she had previously been a midwife - in 1996.

Sheila's particular interest is in palliative care and she now divides her time between the Colman Hospital (Priscilla Bacon Lodge and Caroline House) and the Norfolk and Waveney Mental Health Partnership.

"People imagine that working with patients who have an incurable illness is a depressing job, but Priscilla Bacon Lodge is a very happy place and I feel privileged to be able to get to know patients and their families and support them on their journey," she

said. "I enjoyed nursing but here I have the best of both worlds as I can devote time to listening and talking with patients and staff."



## 'You are not going in empty-handed'

**AS ASSISTANT** priest for St John's Catholic Cathedral, Father Tony Seely is one of four priests who routinely visit Catholic patients at NNUH. His work as a chaplain goes back 40 years, having trained for the priesthood after a brief career as a clerk with British Rail.

"Visiting patients to give the sacraments is all part of the job for a parish priest but it's a very satisfying aspect of the role. You are not

going in empty-handed - you always have something to offer. In 40 years of visiting patients, I have only twice been told I am unwelcome.

"I share the on-call duties with other priests from the parish who are all very supportive. There is also a great sense of teamwork among the hospital chaplains generally."



## 'I know how it feels to be lonely in hospital'

**PAULINE GREASLEY** has vivid memories of feeling alone and frightened in hospital. As a small child, she twice underwent surgery to correct a disfiguring birthmark on her face, in the days when parents were not allowed to stay with their children.

She was then in and out of hospital with chronic asthma for many years and came to dread the whole experience of being ill. Today, she has not only managed to overcome her fear of hospitals but she even starts singing "as soon as I walk through the doors".

Pauline was ordained as a Methodist

minister only two years ago after a long career as a primary school teacher in Cambridgeshire. "I was never keen on being preacher, I'm more of a storyteller, but after a summer placement as a hospital chaplain I just knew this was what I wanted to do.

Pauline has two children aged 21 and 19 and is married to an IT trainer. "He's very understanding and helps me keep a sense of proportion," she says. "After all, he's entitled to a bit of attention now and again!"



## ARCHITECTS GET TO WORK ON PLANS FOR NEW CROMER HOSPITAL

**LONDON-BASED** architects Murphy Philipps have been chosen to take plans for the new Cromer Hospital into the next phase. They will be working closely with staff representatives and other key stakeholders over the next few months to ensure that the new hospital complex meets the needs of the local community for many

years to come. The architects, James Philipps and Daryl Murphy, have broad experience of designing community hospitals and outpatient services and are looking forward to the challenge of adding Cromer to their portfolio.

A project manager is currently being appointed by the Trust, to be based in

Cromer. The next stage of the process is to prepare the outline business case for presentation to the Strategic Health Authority next January. Two sites are currently under consideration for the new hospital – one in Norwich Road, Cromer, and the other in Holt Road, close to North Norfolk District Council's headquarters.

# THE LANGLEY SEASIDERS

PICTURE COURTESY OF ARCHANT



*Who wants to be a millionaire? Clifford Shinn in his garden, and (centre) with some of the 'Langley Seaside' at NNUH*

**THERE WERE** smiles all round on Langley Ward when it was announced that a kidney dialysis unit would be built at Cromer in advance of the move to a new hospital.

Around 50 patients from North Norfolk currently travel regularly to Norwich for renal dialysis but this will change when the new modular unit is assembled in the grounds of the existing hospital next February. An MRI scanner is also to be installed in a separate modular building, to help speed up diagnostic procedures for local patients.

One patient who is delighted with the

news is 85-year-old Clifford Shinn from West Runton, who is organising a competition along the lines of 'Who wants to be a Millionaire?' to raise funds for the new dialysis unit.

Clifford is a lay preacher and amateur organist who travels to Norwich three times a week to spend up to four hours on dialysis. He has dubbed his fellow kidney patients the 'Langley Seaside' as they are all from the North Norfolk area.

"It's a great morale booster for us to know that we will soon be able to have treatment closer to home," he commented. "I want to help by raising funds for some little extras for the new ward, such as televisions, books and paintings."

Clifford, who has already raised £300 through donations, has produced a limited number of booklets containing 14 questions about the hospital. The booklets, priced £2.50, are available on the Jack Pryor Unit until the closing date, 26th August. The winners will receive prizes donated by Harrods, including a large teddy bear.

• Call Clifford on 01263 837752 for details.

**HELEN LLOYD**, who is currently operational nurse manager for the Arthur South Day Procedure Unit, starts a new role this month (August) as service manager for Cromer. Writing in the *Cromer Hospital News*, Helen commented: "It is a pleasure to be coming here at such an important time for the people and staff at Cromer. The opportunity to participate in the development of a new hospital and the reorganisation of services is both challenging and exciting, and I look



forward to working with you to ensure the best possible developments for us all."

Matron Sue Tuck (left) will continue to be based at Cromer in her new capacity as modern matron for Division Four, which includes support services for the whole Trust.

### THE PULSE

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Please send your contributions for the October issue by 9 September