

# THE Pulse

Issue Number 4  
November 2002

Norfolk and Norwich University Hospital



NHS Trust



## Power play

How staff are learning to defend themselves



### Learning for life

The new medical school welcomes its first students



### One year on

Ward catering comes under the spotlight

### Profile

New Chairman David Prior on why he hates hierarchies



### Fond farewell

Malcolm Stamp pays tribute to a 'good and honest man'

# Changing faces

**STEPHEN DAY**, currently chief executive of Broadland NHS Primary Care Trust, is to take over in January from Malcolm Stamp as chief executive of the NNUH trust. (Malcolm Stamp is to become chief executive at Addenbrooke's NHS Trust in Cambridge).



Since he joined the NHS in 1972, Stephen Day has held a range of positions including

regional director of finance at the West Midlands Health Authority and regional director of the NHS Executive, West Midlands. His leisure activities include gardening, classical music and walking the dogs.

He commented: "It is a privilege to be able to serve the hospital and community as chief executive. I look forward to working in partnership with colleagues in primary care to ensure that we meet the needs and expectations of patients together."



**WARM TRIBUTES** were paid to Tony Holden when he stepped down after four years as chairman of the Trust Board and eight years as a non-executive director. Chief Executive Malcolm Stamp thanked him for his support and guidance. "Above all he is a good and honest man whose sense of humour kept me galvanised throughout the years we worked together," he said. Mr Holden is succeeded as chairman by David Prior (see Profile, page 10)

## ANY QUESTIONS?

PLEASE SEND YOUR CONTRIBUTIONS TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

**Q** Could we please have guidance as to the correct way to sterilise name badges? I wonder if this could be a factor in terms of infection control?

**A.** We recommend that the badge itself is cleaned with a damp paper towel (alcohol gel is for hand decontamination only). The clear plastic holder can be washed in hot soapy water. If splashed with blood, it should be wiped with Actichlor or replaced. Anyone doing clinical procedures should move their badge to reduce risk of contamination.

**Q** Would anyone be interested in organising lunchtime fitness classes here at NNUH?

**A** Sadly there is a shortage of rooms large enough to accommodate a fitness class on a regular basis. However, a number of health clubs offer discounts to

staff from NNUH staff. For these and other staff benefits, contact HR on ext.

**Q** Are there plans for any more shops at NNUH?

A new ladies' fashions store, called The Stock Shop, is due to open on Level 2 of the West Atrium. in mid-November.

### The Pulse

#### Head of Communications

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• Please send your contributions for the January issue by 6 December 2002

## Strong support for all-metal hip

**A STUDY** involving an all-metal hip joint developed at the N&N has shown a success rate so far of 100 per cent. The study looked at 55 hip replacements over a three-and-a-half year period.

Norwich is a centre of excellence for hip replacement surgery following the pioneering work of Ken McKee and John Watson-Farrar in the 1950s and 60s. Orthopaedic surgeon John Nolan, who with Keith Tucker and Hugh Phillips developed the Ultima hip joint in 1997, recommends it to younger patients as it has the potential to last longer than the metal-on-plastic variety.

"These survey results are very encouraging," says Mr Nolan. "Metal-on-metal has been shown to be extremely reliable - some of the old-style hips are still in pristine condition after 31 years and the technology has come a long way since then."

A total of 800 hip operations are carried out by our Orthopaedic department every year. Mr Nolan himself has completed around 1,700 in the last seven years, including more than 300 using the Ultima Metal-on-Metal hip.

## Honour for NNUH cancer specialist

**PROFESSOR ANN** Barrett, lead clinician for Oncology at NNUH, has been awarded Honorary Membership of the American



Society for Therapeutic Radiology and Oncology (ASTRO).

Professor Barrett is an international authority on

paediatric radiation oncology. She is Foundation Chair of Oncology at the UEA's new medical school, a founding member of the European Society for Therapeutic Radiology and Oncology, and Registrar and Dean Elect of the Faculty of the Royal College of Radiologists.

ASTRO Chair David A. Larson commented: "I am honoured to present this award to an outstanding individual who has greatly advanced the speciality of radiation oncology."

## Our vision for Norfolk

**THE ARRIVAL** of the first undergraduate medical students to our new medical school is an exciting development for Norfolk. It is the culmination of several years of bidding, in competition with other NHS and university organisations. But the school is only part of a much larger vision. We already have successful programmes in nursing and midwifery, physiotherapy, occupational therapy and clinical psychology. There are now real plans for pharmacy and for other allied health professions - all this helps to complete our aim to make Norfolk a centre for innovation in the training and development of health professionals in a multidisciplinary environment.



Set against the completion of Phase 2 of NNUH, with its impressive new Oncology department, we are in a good position to attract and retain talented people.

In addition to the developments in education, there are some exciting opportunities opening up for staff with the international Pursuing Perfection programme and our new collaboration with the UEA for interprofessional learning. This latter project is to enable teams to learn and develop together to deliver improvements in patient care. It will also contribute to continuing professional development within the trust. One example of this new initiative is the work undertaken by our pregnancy and diabetes team - several other teams will have completed the programme by the end of this year's pilot.

I have enjoyed a fantastic eight years here and together we have achieved a great deal. You now have a fantastic platform from which to move forward and build on your success.

I am confident that our vision for Norfolk will continue to be realised. Good luck and best wishes to you all.

MALCOLM STAMP  
Chief Executive, Norfolk and Norwich  
University Hospital NHS Trust



## Students' first taste of medicine

**THE FIRST** undergraduate medical students have now started their five-year course in a brand new building at the University of East Anglia (UEA). It is the first of only two medical schools to be built in the UK for 30 years.

This year's intake of 110 students is made up of 77 women and 33 men. Many are mature students including former lawyers, journalists, nurses, paramedics and specialists in IT and finance. Only six have the traditional three science A levels; 55 are graduates with health professional and bio-medical sciences backgrounds and 33 are school-leavers. Around 20 have been admitted through an access course.

The Dean of the new medical school, Professor Sam Leinster, gives his 'Viewpoint' on the aims of the new medical school on page 11.



## He's no dummy!

**THIS 'LIFELIKE'** electronic simulator has been acquired for the NNUH skills laboratory to help teach endoscopy procedures. Funded by the Eastern Deanery, the simulator provides realistic images which enable trainees to develop and practise their skills before carrying out clinical procedures on patients. It is especially useful for general and respiratory medicine, gastroenterology, anaesthesia and thoracic surgery, but further software could extend its use to other specialties. For more information call Judith Lea on ext. 2884.

## Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY  
Tel: 01603 286286

Website: norfolk-norwich-hospitals.net

### Restaurant

West Atrium Level 1,  
open daily 7am - 2.30am

### Coffee bars

Outpatients West and Outpatients East,  
open Mon-Fri, 9am - 5pm

Plaza (East) open Mon-Fri, 8am - 6pm

### WRVS shops

East Atrium, 8am - 8pm

Plaza (West) 7am - 7pm (9 - 4pm Sundays)

**Serco** (for housekeeping issues, porters,  
catering and maintenance)

Call ext. 3333

**McKesson** (For telephone / computer faults)

Call #6464

### Security

Call ext. 5156 or 5656

### Reception

East Atrium Level 1: ext. 5457 or 5458,

West Atrium Level 1: ext. 5462 or 5463

Outpatients East Level 2: ext. 5474 or 5475,

Outpatients West Level 2: ext. 5472

East Atrium Level 2: ext. 5461

### Car parking

For information about permits, call

Site Services on ext. 5789

### Bus services

Call 08456 020121, 8am - 8pm, Mon-Sat.

For Park and Ride, call 01603 223800.

### Cycle sheds

West (near staff entrance) and East (near  
A&E). Keys available from Patient Services

### Bank

Cash dispenser in East Atrium Level 1

### Chapel

Always open for staff, patients, visitors.

Holy Communion: 10.30am on Sundays and  
1pm on Thursdays

Evening Prayer: 5pm on Sundays

Chaplains can be contacted on ext. 3470

### Sir Thomas Browne Library

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

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

### Playscheme

At Blackdale Middle School during school  
holidays for the children of Trust staff.

Contact Debbie Sutherland on 2202

## Cromer Hospital

Mill Road, Cromer NR2 3TU

Tel: 01263 513571

### Restaurant

7.30am - 1.30pm, 2 - 3.45pm, 5.30 - 7pm

• The following departments are based at **Norwich Community Hospital**, (formerly West Norwich Hospital) Bowthorpe Road, Norwich NR2 3TU, Tel: 01603 776776: Jubilee Renal Unit, Breast screening, Health records library, Diabetes research, Pain management clinic

• **The Central Family Planning Clinic**

is now based at Grove Road, Norwich NR1 3RH. Tel: 01603 287345.

# Service marks the end of an era

**AROUND 800** former staff, patients and visitors attended a service of thanksgiving for the old N&N at Norwich Cathedral in October. Among those who gave readings was Lord Fellowes, a descendant of one of the founders of the hospital.

Retired consultant Barry Ross told how the hospital was eventually completed in 1771 for the grand sum of £13,323. It was designed by Thomas Ivory in a 'pavilion' H-shaped style which proved to be years ahead of its time.

The service also included "Scenes from Hospital Life", read by Geoff Bluckert and Elaine Freeman, which showed that many of the issues affecting health services today had been a feature of hospital since the early days. Equal rights had come to the fore in 1904 when a woman was barred from becoming a member of the Board because of her sex. The decision was challenged later that year when a special Board of Governors voted by 30 to 24 to admit women.

# Support for IWL open day

**A TOTAL OF 1187** questionnaires are being analysed following our IWL (Improving Working Lives) survey. The survey, launched during an IWL open day in September, asked staff to suggest how their working lives could be improved. The findings will be published in detail in a special edition of *In Brief*.

The IWL Communications Group has now completed its work and will report its recommendations to the IWL Team. In February 2003 the trust will be assessed against the national 'Practice Standards' for IWL. Meanwhile, a survey of staff rest rooms is being carried out to find out how these areas could be improved. Please contact Lynne Middlemiss, Deputy Head of Human Resources if you have any suggestions.



# Keeping track

**ROB SMITH**, clinical manager for orthopaedic theatres, played a key role in the Commonwealth Games this summer - as medical venue manager for the cycling velodrome. A keen cyclist himself, Rob has been involved in many cycling events in his spare time and has served as a medical officer in three world championships.



"Cyclists are a fairly robust lot but they do have a tendency to crash at high speed (up to 42 mph)," he says. "Luckily there were no major injuries, even though quite a bit of skin was left on the track!"

## PRAISE FOR 'THE PULSE'

**THE PULSE** has been shortlisted for 'Best Newsletter' in the regional rounds of the Institute of Public Relations (IPR) Cream 2002 awards. The competition is open to every area of the communications industry, including national agencies and in-house teams.

The NNUH communications team is also shortlisted in the regional awards for 'Best Low Budget PR Campaign' following its success in promoting Men's Health Week in June.

The winners will be announced at the 'Anglia Cream 2002' awards ceremony on 30 January 2003 at Dunston Hall, Norwich.

# Protecting the children

**WHAT CAN** you do if you suspect a child in your care has been the victim of abuse? Since the Lauren Wright enquiry, every acute trust and PCT has taken steps to ensure they have a qualified team to deal with child protection issues and the NNUH is no exception.

Working closely with the hospital social workers and other agencies, our child protection team meets regularly to share information. The team members are always happy to listen to your concerns and offer advice. The clinical staff to contact are:

**Dr Richard Beach** (consultant paediatrician/named doctor) ext. 2350  
**Jenny Fraser** (clinical governance lead/named midwife) ext. 2300, bleep 026  
**Sue Tomlinson** (head of children's nursing/named nurse) ext. 3057, bleep 547  
**Ann Copsey** (associate midwife/child protection) ext. 2300, bleep 530  
**Dr Tim Daynes** (A&E consultant/link doctor) ext. 3316

Other members are: Margaret Coomber, Brenda Herring, Dr Rosalyn Proops and Jane Black.

The team has been assessing staff training needs and has prepared new guidelines on child protection which will shortly be made available to staff.



**AN AIR-SEA** rescue helicopter from RAF Wattisham in Suffolk paid a special visit to the Norfolk & Norwich University Hospital in September. Seven RAF service personnel literally dropped in to say thanks to hospital staff and to wish a colleague well with his recovery following a serious car accident. Normally the helicopter is only around for a matter of minutes on the hospital helipad as it brings in a casualty and heads back to base, but this trip lasted half-an-hour, giving A&E staff the opportunity to climb aboard and take a closer look.

## WELCOME...

...to the following consultants who have joined the trust since 1 September 2002:

**Jose Nieto**, Obstetrics & Gynaecology, **Tarnya Marshall**, Rheumatology / Rehabilitation, **Martin Auger**, Haematology, **Andoni Toms**, Radiology, **Manu Naik**, Anaesthetics, **David Nelson**, Genito-Urinary Medicine, **Jane Parker**, Haematology

## FAREWELL

...to the following staff who have retired from the trust since 1 September 2002.:

**Patricia Mobbs**, sister in Main Theatres (after 32 years' service), **June Asker**, nurse in Main Theatres (29 years), **Frances Brady**, receptionist in Oncology (28 years), **Theresa Grisley**, senior nurse, Coltishall Ward (27 years), **Judy Davies**, sister in A&E (25 years), **Margaret Yarnold**, Medical Records Cromer (23 years), **Janice Webb**, sister in Paediatrics (21 years)

**PATIENTLINE**, the bedside entertainment system at NNUH, is now able to provide access to the internet as well as radio, TV and telephone.

"Our surveys show that the system is extremely easy to use, but unless patients are told about it they tend to think it's a piece of medical equipment!" says Patientline Site Manager Frances Humphrey (pictured right).

"Taking a few minutes to explain how it works can save valuable time for ward staff as it enables patients to make and receive telephone calls and keep themselves entertained."

In future, patient details will be logged on each bedside monitor. This means bed status can be relayed directly to the hospital's operation centre, which could speed up admission and discharge arrangements and help to reduce waiting times.



## A place of peace

NNUH is to have a new 'quiet garden' outside Knapton ward (East block). The £44,000 project is supported by the Friends of Norwich Hospitals and designed by Notcutts Landscapes, who are also providing the lighting.

Fish from the old N&N are to be transferred to a new pond in the 'quiet garden', which will be dedicated to the late Pauline Stone, a former secretary of the Friends of Norwich Hospitals.



# Meals on

*As the NNUH celebrates its first anniversary, Serco's Patient Catering Manager Chris Paul looks back on the development of cook-chill meals for patients on the wards*

**AFTER 30 YEARS** in the hospital catering business, I am still fascinated (and sometimes infuriated) by how much the ebb and flow of politics, public opinion, technological development and our own very hard work have shaped our catering service.

Two years ago I was asked to make an early transfer to Serco and join the 'forward party' at the new hospital. The construction company, Laing, arranged for us to use the kitchen in the newly completed Cley ward so we could work on concept development and staff training for the ward catering service. I can still picture the builders' faces when the smell of food wafted out to them. *Needless to say, I never let them have any!*

As the hospital took shape, finding my way to Cley Ward became a daily challenge - often the route I'd taken in the morning would be blocked by the afternoon as walls

went up and corridors became blocked.

One Friday we found ourselves locked in the ward after the builders had gone home. After a panic-stricken time calling for help, we managed to track down a lone painter who summoned help on his radio and we were subsequently released.

I'll never forget the day that 24 food regeneration trolleys arrived from Italy on a lorry that was too high for our loading bay. The driver spoke no English and my Italian amounts to a few expletives I'd learned while working for an Italian chef. After much sign language and head scratching, we sat down to resolve the problem over a cup of his excellent Italian espresso while we waited for those helpful lads from Laing to unload the trolleys with a crane.

As the preparations continued, new people were appointed and others transferred. There was so much new



#### AT YOUR SERVICE

*"Around 95 per cent of the comments we get from patients are really positive," says Peter Whitbread, the patient chef on Heydon and Kimberley Wards (pictured left). "The food is always hot - we can boost the temperature if we need to - and the patients have plenty of choice. We can cater for all kinds of special diets and preferences. We can even provide kosher food for those who want it for religious reasons."*

*Kim Hunter (near left), patient chef on Blakeney and Cley Wards, agrees: "No two days are the same here because new patients are coming in all the time. It's very satisfying to watch them tuck in and enjoy the food."*

# wheels

equipment, the piles of packaging seemed never ending. It was like Christmas every day.

When Day 1 finally arrived there was no time to reflect - all I knew was that our hard work would pay off and that I had the best bunch of staff you could ask for at such a time. We agreed that failure was simply not an option.

Looking back, I'm proud of what we've achieved. I like the new building and the ward catering system is popular with patients as well as staff.

Whoever started the rumour about 'airline' meals has been proved wrong... individual plastic trays may be suitable for a one-off flight but our patients deserve a more personal service. We listen to what our patients have to say and do our best to provide them with a choice of meals that are appropriate, tasty and nutritious.

## CATERING FOR ALL

- Each day at NNUH, Serco provides meals for 2,500 patients on the wards, plus another 2,500 visitors and outpatients in Chicory's restaurant.
- On the wards, the food is regenerated in special trolleys and served individually by patient chefs, assisted by a team of hosts and hostesses.
- Nutritionists help to ensure there is a healthy choice of dishes and that any special dietary requirements are catered for.
- Patients choose from a range of hot and cold dishes, or they can opt for a 'snack box' instead.
- The food is supplied by Anglia Crown Foods in Colchester and delivered in sealed containers to NNUH, where it is stored for a maximum 48 hours in temperatures below four degrees.
- Once heated, any leftover food is destroyed immediately - it is never reused
- In a separate operation, food is prepared and cooked fresh each day at Chicory's restaurant. Staff and visitors can choose from a variety of seasonal and themed menus, along with a range of sandwiches and a wide variety of snacks.

*Earlier this year, the trust announced new 'zero tolerance' guidelines for dealing with violence and aggression. Faced with a sudden and vicious attack, would you know how to cope?*



# zero TOLERANCE

**BETWEEN APRIL** and August this year, there were 109 reported incidents of abuse against our staff - five more than in the same period last year. Although many of these attacks involved confused, elderly patients, the danger of unprovoked violence should never be underestimated.

A&E consultant Keith Walters has acquired 'a sixth sense' when it comes to danger. His advice is to keep calm, avoid eye contact and always listen to what the patient has to say. "Serious incidents are pretty rare but once you've experienced one you're always on your guard," he says. "When we designed the new hospital I insisted on having two doors in one of our interview rooms to avoid any possibility of getting trapped.

"In A&E we get a lot of abuse from drunks, although we have fewer problems here than at the old site. I try to diffuse the situation with humour and call security as soon as possible if I sense trouble. We were one of the first hospitals in the country to adopt the red card system and our zero tolerance policy can act as a deterrent."

In the three months to August this year, 33 per cent of physical attacks on staff were carried out by confused patients,

compared to 23 per cent last year.

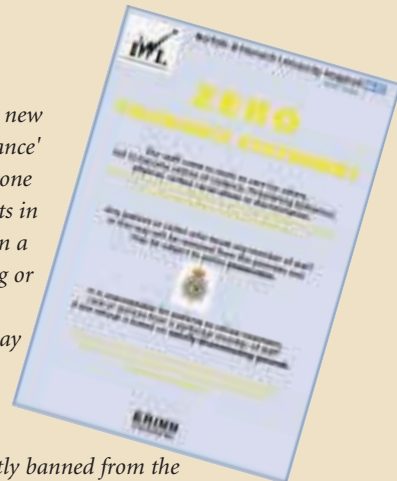
Health and Safety adviser Mark Hughes says: "We are looking at the incident reports in more detail to see if our current training procedures can be improved in any way." "For instance, patients sometimes react violently if they wake up to find a nurse leaning over their bed. Simply being aware of this can help staff to protect themselves.

"We are also working with Age Concern to find effective ways to cope with verbal and physical abuse from confused patients."

*NNUH Receptionists Janice Balls and Monica Weaver battle it out (above) during self-defence training. Right and below: the class learns techniques to disarm an attacker*

*Under our new 'zero tolerance' policy, anyone who persists in behaving in a threatening or abusive manner may be 'shown the red card' and*

*permanently banned from the trust. For guidelines on the new policy, contact Jennifer Canham in Human Resources, on ext. 2213.*



PICTURES BY SARAH PATCHETT



# POWER PLAY

**BELIEVE ME**, kicking a colleague while she lies 'helpless' on the ground can be a daunting experience. Under the watchful eye of our instructor, however, it was clear we would have to take turns to be the attacker if we were to put our newly acquired self-defence skills to the test.

"It's just so... alien," commented senior staff nurse Jenny Hale as she apologised once again for gripping my wrist so tightly. Luckily I was prepared and - yes! - managed to wriggle free with a deft twist of the hand. Hesitant at first, we were beginning to warm to the theme. By the time the knives came out (albeit of the bendy, plastic variety) we were grabbing, pushing and shouting with the best of them.

Thankfully most of the abuse suffered by our staff is verbal rather than physical. However, cases of violence are on the increase and self-defence training is available for those in the frontline. As instructor Paul Myers, of Best Defence Training Services, points out: "A situation can escalate into violence very quickly if we

**"We can often defuse a difficult situation if we take time to really listen"**

miss the warning signs. It's worth remembering that someone who is high on drugs may have two or three times their usual strength."

After 15 years in the prison service, Paul is acutely aware of the need to read body language correctly. "It's the first step in recognising that feelings are running high and we need to take appropriate action. We can often defuse a difficult situation if we take the time to talk to people and really listen to what they have to say."

Receptionist Janice Balls says the self-defence training gave her more confidence. "Patients and visitors can be frighteningly abusive - it's helpful to learn how to calm them down and get away if we need to."

According to Paul, presenting a confident front is essential. "But remember, security staff are there to help. They would rather be called out ten times without incident than for one member of staff to suffer an assault."

**SUE JONES**

## HOW TO DEAL WITH AGGRESSION

**IF YOU** are frightened by someone's behaviour:

- Avoid crossing your arms, placing your hands on hips or touching the other person. This will only increase the risk of physical attack.
- Keep your voice and body language calm and quiet. Do not take things personally.
- Breathe slowly and deeply. This will help you to stay calm.
- Try to get the other person talking but do not threaten or talk down to them.
- If possible, avoid shouting or

screaming to raise the alarm.

- If you go into another room, make sure the other person enters first and try to keep the exit clear. Try to ensure there is an object between you, such as a coffee table.
- Stay facing the aggressor. If you need to leave, move gradually backwards and do not run unless absolutely necessary.
- Be sure to report the incident to your head of department. If you are injured, it is a good idea to involve the police and keep a record for future reference.

# THE TAO OF NNUH

*What can Taoism teach us about running a good hospital? The answer is quite a lot, according to David Prior. He talks to Sue Jones about his decision to quit a career in business and politics to become chairman of the NNUH Trust*

**IF DAVID PRIOR** has a philosophy on life, it can be summed up in the Chinese tale of the stonemason, recounted in Benjamin Hoff's book *The Tao of Pooh* (see extract below). Briefly, it is the story of a stonemason who dreams of wealth and power, only to discover that both are an illusion.

"I instinctively dislike hierarchies and committees," he says. "The best companies tend to have a very flat organisation and push responsibility down to the lowest possible level."

Transferring this philosophy from the world of business to the health service could prove something of a challenge, but David is undeterred. "There are obstacles in every job, you have to fight to get over them. But I'm determined to make a difference. If people need to ask in four years' time what I've managed to achieve I will be very disappointed.

"I agree wholeheartedly with the Government's desire to switch the emphasis

from the needs of the organisation to the needs of the patient. It's not just about having brilliant consultants - although we are lucky to have outstanding clinicians in this trust. Rather, it is about creating an organisation where everyone feels equally valued, from the most junior trainee to the most eminent consultant. That is really what the story of the stonemason is all about.

"I am an optimist about human nature and want to encourage people to take risks and make decisions without the fear of being blamed when things go wrong.

"You know immediately you go in to an organisation whether it's a happy place to work - and that's what counts for patients, too. The key is not to become a creature of the system. You can fill in all the right forms, tick all the right boxes and meet all the right targets, yet still not provide excellent quality of care.

"Equally, it's easy to believe that managers are paid a lot of money just to run around and get in the way of the people who do the



real work. Good management is hugely important to any organisation, especially one as highly complex and pressurised as a hospital. After all, we are all part of the same team."

David's own experience of being in hospital is confined to an episode when he was accidentally shot during a shooting party when he was 17. He suffered facial injuries and was lucky not to lose his sight. Since then he has been blessed with remarkably good health.

The son of Lord (Jim) Prior, the former Tory MP for Waveney who served in both

Ted Heath and Margaret Thatcher's Governments, he read law at Pembroke College, Cambridge, and qualified as a barrister before joining a merchant bank in New York. He was later seconded to British Steel and became managing director of one of its operating companies before being appointed commercial director.

Always fascinated by politics, his ambition to become an MP was realised when he won the North Norfolk seat for the Conservatives in 1997. He later became the party's deputy chairman and chief executive.

"Basically I was in the wrong party at the wrong time," he says. "I was hugely frustrated by the political system but I was also extremely disappointed to lose my seat. The fortunate thing is that the role I have now at the hospital is exactly what I want to do - I am incredibly lucky and privileged to be here."

Now 47, David lives in Swannington with his wife Caroline and 13-year-old twins, Helena and Nicholas. He is passionate about

**"I want everyone who works here to feel they are part of something really special"**

the countryside and joined the recent countryside march in London. "When I was growing up near Beccles the countryside was so much more vibrant and it was a much safer place. These days I wouldn't let my children ride their bicycles around our country lanes - there are too many lorries.

Despite his nostalgia for a 'lost' way of life, David is impatient for progress and change. "I want this to be a flagship hospital, operating to the best medical and quality standards in the world. I want everyone who works here to feel part of something really special."

His informal approach extends to his own relationship with staff. "I would much prefer to be called David than 'Chairman'. I intend to be very visible around the hospital and I sincerely hope that people will feel free to come and talk to me.

"Since I've been working here I've met some really terrific people, and it's the people who are the real key to making things better. It's up to us to listen and act on their suggestions for change."

# TRAINING WITH A HUMAN TOUCH

*A sea-change is taking place in medical education and Norwich is helping to lead the way, says Sam Leinster, Dean of the new Medical School at the UEA*

**THE GENERAL** Medical Council says the human touch must be put back into medicine and this philosophy is at the heart of our curriculum at the new Medical School.

After all, illness affects the whole person, not just part of their anatomy, and it affects their family too. One of our goals is to take a genuinely holistic approach that places the patient at the heart of the treatment.

Rather than studying a succession of subjects such as anatomy, physiology, medicine and surgery, our students will concentrate on a variety of



case studies over the course of five years. The aim is to produce a doctor who not only has an excellent grasp of the science of medicine but who is also able to relate to people and understand their worries and concerns.

We regard people skills as a core part of the training of a doctor. Some traditional medical schools have offered communication skills as an optional or add-on module but here at the UEA a medical student could fail their course if they don't pass the communication skills part of their training.

The Medical School is a 'Joint Venture' by the University of East Anglia, the chief executives of the local NHS trusts and other NHS partners, including Primary Care. Consultants and GPs have a teaching contract with the Joint Venture to ensure they play an effective part in the design and delivery of the curriculum.

Right from the beginning, the students spend one day a week attached to Primary

Care practices. Every effort is being made to ensure that the routine work of the hospital will not be disrupted when they arrive at NNUH for the first time in December. New medical and support staff have already been appointed, funded by the DOH, and their number will be increased over the next five years.

Of course, the students will be talking to and examining patients (with their

**"Illness affects the whole person. One of our goals is to take a genuinely holistic approach that places the patient at the heart of their treatment"**

permission). But much of the intensive training will take place at a new Clinical Skills Resource Centre being built at NNUH. This should reduce the impact on wards and clinics.

One of the attractions of the UEA was its strength on the research side. As well as the Health Policy and Practice side of the Medical School, there is exciting work going on at the Research Park and other UEA Schools such as Social Work, Environmental Science and Education. It has been great fun trying to pull all these strands of scientific research together.

When the UEA was set up, the intention was for all the different Schools to work together. I'm delighted to continue that tradition.

*• Do you have a viewpoint on a subject you feel strongly about? Send your contribution to Sue Jones, Editor, Communications dept., West Block, NNUH*

# RINGING THE CHANGES

**WHEN I STARTED** working at Cromer 18 years ago as a microfilm clerk there were no computers; all clinic lists were written out by hand and stored in ledgers. In those days, the hospital had its own filing room for patient records. Today our notes are stored at the former West Norwich Hospital and delivered twice a day by shuttle.

The Outpatient department used to consist of two rooms and a physiotherapy suite. Now we have three clinic areas and eight consulting rooms in addition to our examination rooms. Ophthalmology has changed out of all recognition. When I first came here, clinics were held only twice a week - now there are clinics at least twice a day and we have a thriving day procedure unit.

*Besides being multiskilled, the reception staff at Cromer Hospital are the main point of contact for patients, says Patient Services Manager Sally Tipple*



Last year we saw a total of 23,000 outpatients. We also run clinics for patients who need hearing aids, orthotics, podiatry and family planning.

My current job is to manage the day-to-day running of this busy office with a staff of one full-time and nine part-time receptionists. Our receptionists have to be multi-skilled. Working in pairs, they cover at least eight different specialties. They receive all referral letters, enter new referrals on screen, book appointments, send out the letters, organise the clinics and deal with all

patient queries. We also handle all transport requests and travel claims.

Over the years we have graduated through three different computer systems and witnessed the arrival of the fax machine, answering machine, email and digital X-rays. Soon all patient notes will be available electronically.

The Government has introduced stricter guidelines on how long patients should wait for an appointment, and aims to give them more choice as to when their appointment should be. This has put pressure on our department.

Despite all the changes, there is one thing that has stayed the same and that is the satisfaction we get from helping patients. We are lucky to be a smaller unit, which means we get to know a lot of our patients very well - they appreciate seeing the same faces each time they attend.

## LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

### Thank you

It has been a privilege and pleasure to have been your chairman for the past four years. I leave with many happy memories and so much admiration for you all. Thank you for the generous gifts - I will treasure them always.

*Tony Holden, Chairman, NNUH Trust*

### Smoked out

I couldn't agree more with Simon Watkin's Viewpoint ('No Smoke without Tears', *The Pulse*, Sept). Even if staff smoke only one cigarette a day, their uniforms still stink. I know because I pass them in the corridor. I recently paid a visit to Vancouver where the lack of cigarette smoke was noticeable, even in the main shopping streets. However, there is one disadvantage of imposing a complete ban on smoking in public places... the number of patients needing our services would decrease. We might even find ourselves out of a job!

*Louise Reid, Senior Radiographer*

### A ban is not enough

Dr Watkin says we should direct our energy and resources to helping smokers to stop. However, he offers no real solution to the problem. Perhaps

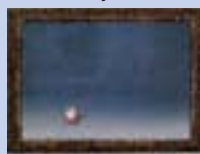
he could suggest an approach that *would* work.

*(Name withheld)*

*(If you would like help to stop smoking, why not try the free support and advice service offered in Norfolk? Call 0800 0854 113 for details.)*

### Free to a good home?

'Arnold' (the painting in the East Atrium) certainly gives new meaning to the phrase 'free to a good home'. Personally, I'd like to recycle both the



picture and its fake fur frame a long way from NNUH.

On the other hand, perhaps it was

chosen to give a ray of hope to those of us who work in airless, windowless offices. Like Arnold, tucked away in the depths of his egg, struggling with that heavy brass telescope, we are reminded that even the lowliest of us can aspire to look at the stars.

*Sue Downie, GP Administrator*

Yes, 'Arnold' did stop me in my tracks, but on closer inspection I think it's a waste of space. It's a conversation piece but that's about all

*Liz Read, Purchasing Supervisor*

## Cromer in focus



**A NEW** Digital Fundus Camera has been installed at Cromer Hospital to assist with the monitoring of long term eye conditions such as glaucoma and diabetic retinopathy. A test called a Fundus Fluorescein Angiogram can also help with diagnosis and treatment of certain retinal conditions such as age-related macular degeneration. The new equipment means Cromer patients no longer have to travel to Norwich to undergo retinal photography.