

THE Pulse

Issue Number 41
February 2009

Norfolk and Norwich University Hospitals



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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

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

Deli food2go Plaza (East), open

Mon-Fri 7am-7pm, weekends 11am-5pm

WRVS shops East Atrium, open Mon-Fri 8am-8pm and weekends 10am-6pm.

Plaza (West) open Mon-Fri 7am-8pm, weekends 8am-6pm

The Stock Shop (ladies' fashions) open Mon-Fri 9am-5.30pm and Saturdays 12-5pm

Serco helpdesk (for housekeeping, porters, catering and maintenance). Call ext. 3333

IT helpdesk Log a call using the computer icon on the intranet home page

Security Call ext. 5156 or 5656

Reception

East Atrium Level 1: ext. 5457 or 5458

West Atrium Level 1: ext. 5462 or 5463

Out-patients East Level 2: ext. 5474 or 5475

Out-patients West Level 2: ext. 5472

Travel Office Ext. 3666

For car parking permits, ID badges, keys to cycle sheds, use of pool cars and Trust bicycle, information about buses and other transport

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

Cromer Hospital

Mill Road, Cromer NR27 0BQ

Tel: 01263 513571

Restaurant open 7.45am-6.45pm

OTHER TRUST DEPARTMENTS

• **Cotman Centre**, Colney Lane, Norwich

Cellular Pathology (Histopathology and Cytology), Radiology Academy

• **Francis Centre** (Health Records Library)

Bowthorpe Industrial Estate, Norwich NR5 9JA, ext.4652

• **Norwich Community Hospital**,

Bowthorpe Road, Norwich NR2 3TU, Tel. 01603 776776:

Breast Screening, Pain Management.,

Microbiology: Tel. 01603 288588

• **Aldwych House**, Bethel Street, Norwich,

NR2 1NR: Occupational Health (ext. 3035):

HR Recruitment (ext. 3578), Outpatient

Appointments, Training, Choice team, Norfolk

Research Ethics Committee, some IT services,

• **The Norwich Central Family Planning**

Clinic, Grove Road, Norwich NR1 3RH.

Tel: 01603 287345

Volunteers: a great investment

THE NNUH

Foundation Trust has again been awarded the Investing in Volunteers Quality Standard in recognition of the work we do with our volunteers.

The Trust was shown to excel in all aspects volunteer management, in particular the planning, recruitment, selection and matching of volunteers, and the support and retention of volunteers.

Each week, around 450 volunteers give a total of 1900 hours of their time, free of charge, to support our patients and staff. They range from students who help out in

their holidays to others in their eighties who have been working regularly at the hospital for many years.

"We owe a huge debt to all our volunteers as they provide a valuable service for both patients and staff," commented Trust chairman David Prior.

• *For more information go to www.investinginvolunteers.org.uk.*



Supporting roles: volunteer co-ordinators Charlotte Kippin, Sally Knights and Linda Hurley pictured with Trust chief executive Anna Dugdale, left

SNOW WHITE DROPS IN

Colourful characters from the Theatre Royal's pantomime *Snow White* paid a visit to Buxton Ward in January to help brighten up a dull winter's day for the children. Eleven-year-old leukaemia patient Elsa Minns was among those who welcomed cast members including *Neighbours* star Caitlin Stasey (right) who played Snow White.



THE FIRST NORFOLK AGAINST CANCER DAY was held in November by the Big C local cancer charity, working with the Norfolk and Waveney Cancer Patients and Carers Partnership Group. Attended by more than 100 people, the event was an opportunity for patients and carers to hear about the Cancer Reform Strategy (see page 6) and to have a say in the provision of cancer services. It highlighted the importance of good communication between patients, carers, clinicians and government, and showed that providing appropriate information is key to improving an individual's cancer journey.

WELCOME

...to the following consultants who have joined the Trust since 1 December 2008:

Dr Swe Myint, endocrinologist, **Dr Elved Roberts**, cardiologist, **Dr Sayed Nasir Shah**, dermatologist, **Mr Martin Cameron**, obstetrician specialising in fetal medicine, **Miss Medha Sule**, obstetrician, and **Dr Graham Briars**, paediatrician specialising in gastroenterology.

FAREWELL

...to the following long-serving staff who have left the Trust since 1 December 2008: **Christine Smith**, data quality manager, after 34 years; **Janet Gill**,

clinical coding officer, after 32 years; **Bruce Aitchison**, anaesthetics technician in theatres, and **Ellen Thorn**, nursing assistant in the fracture clinic, after 30 years; **Beverley Williams**, junior sister on Edgefield Ward, after 29 years; **Bernadette McGuire**, nursing assistant on Cley Ward, and **Jennifer Sayer**, nurse manager on Blakeney Ward, both with 28 years' service; **Susan Fletcher**, infection control support worker, and **Angela Hewitt**, community midwife, after 27 years; **Janet Curtis**, staff nurse in gynaecology out-patients, after 26 years, and **Jane Kemp**, staff nurse at Cromer, after 24 years.



Meet some of our Governors and staff as you have never seen them before! Chairman David Prior is pictured on a visit to Anglia Crown, Colchester, where our patient food is prepared. Pictured with David are, from left: Annabel Kennan, Simon Wardale, Christine Baxter, Craig Wells, Nayab Haider, Alan Moore and Brian Matthews.

NOT JUST ANY HOSPITAL FOOD

A GROUP OF staff and Governors took up an invitation to visit Anglia Crown in Colchester to see how our patient food is prepared. Afterwards Chairman David Prior commented: "Take two identical pre-cooked plates of food and put a Marks and Spencer label on one and hospital food on the other. The former will be delicious, the latter disgusting, but they are both the same."

"Hospital food suffers from generations

of bad press. At Anglia Crown we found that huge care is taken over the food preparation, with input from chefs and dietitians. It is good food prepared by a company that supplies all the major supermarkets, including M&S.

"Some people I meet are horrified that it comes all the way from Colchester, as if Colchester were in another Galaxy. Yes, it is pre-prepared but then so is much of the food we eat, so give it a fair chance."

GOVERNORS' ACTIVITIES

Key issues discussed by the Council of Governors in December included:

- The latest Peer Review on cancer services, which showed that NNUH had the highest-quality cancer service in the region (see page 7).
- An update on our work with NHS Norfolk and Social Services to reduce the number of delayed discharges.
- 24 wards were using the Patient Experience Tracker and approximately 1,000 patients were being surveyed monthly to capture their views. The latest survey showed high satisfaction levels, with over 96 per cent of patients saying they would recommend the hospital to their family and friends.
- Staff had worked extremely hard to ensure that 90 per cent of patients are treated within 18 weeks.
- It was also reported that NNUH had the lowest MRSA rates in Norfolk and among the lowest in the region, despite being the busiest hospital in the region.
- The Healthcare Commission's ratings were: "good" for quality of services and "excellent" for use of resources.
- The Governors also approved the appointment of the new Chief Executive.

DATES FOR YOUR DIARY

23 March 2009, 10am-12 noon Brian Matthews, Staff Governor for volunteers and contractors, is holding an open session to meet members in Room 6, Education Centre. You can also email brian@bonaventure.free-online.co.uk
26 March, 6pm *Medicine for Members*. Find out more about diabetes, its prevention, detection and treatment.
27 June 2009 NNUH Open Day Your chance to go behind the scenes in our busy hospital, from 10am to 4pm.

CONTACT YOUR GOVERNOR

If you would like to ask your Governor a question or let them know your views, please send your comments or questions by email to: Governors@nnuh.nhs.uk or by post to: Membership Office, NNUH, FREEPOST Plus RRJT-ERAK-YEKZ, Colney Lane, Norwich, NR4 7UY (no stamp required).

• *We are holding a recruitment drive during February so if you have family or friends who would like to join our Foundation Trust, either go online at <http://www.nnuh.nhs.uk> or call 0870 707 1628 for a membership form.*

PROUD TO BE A GOVERNOR

Gill Webster reflects on the first nine months of our Foundation Trust



IN THE spring of 2008 I was elected Governor for the Broadland area – one of 19 members of the public to take on this role for the Trust (another six Governors were elected to represent hospital staff).

Over the last nine months we have become more involved in the functioning of our hospitals. We have attended three Governors' meetings and been responsible for approving the annual report, the appointment of a new Chief Executive and the remuneration of the Chairman and Non Executive Directors. And before readers suggest that these are just token approvals, I should like to add that in each case there were lengthy and sometimes heated discussions!

Governors can get as involved as they wish. I have joined three committees relating to infection control and visiting, membership, and the role of the hospital Friends.

We are trying to eliminate the risk of infection by encouraging all ward visitors (including hospital staff) to wash their hands every time they visit. Patients and visitors are also encouraged to stay away from the hospital if they have an infection, a policy that seems to be paying off as the rates of MRSA and *C difficile* have reduced dramatically. While imposing a temporary ban on visitors may cause distress, I believe it is important for those in hospital to recover as quickly as possible and the needs of the patient are paramount.

We want to encourage more people to join the Foundation Trust. Last year we had a special event for members on infection control and this year more are planned (see *dates for your diary*, left) including a hospital open day on 27 June. I hope to take part in both the Taverham Fayre and the Hellesdon Fete to inform more people about membership.

I really enjoy being a Governor and I am proud that our hospitals are among the best in the country, that we outperform many other trusts on infection control, and that our pioneering research in areas such as diabetes and colon cancer will have an impact across the country.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

WHAT'S IN A NAME?



THE NEWLY installed display boards listing consultants who worked at the old N&N are proving to be quite a draw in the Education Centre.

A recent Med Chi lecture mentioned the contribution to medical science made by Professor Ringer, the pioneering physiologist and physician who discovered that cells contract in salt solution, paving the way for the development of intravenous fluids (Ringers solution).

It transpired that Prof. Ringer was born

and educated in Norwich and did his "work experience" with one B. Norgate at the Norfolk and Norwich Hospital prior to going to Medical School. Sure enough, a quick scan of the consultant boards revealed Norgate's name on the list.

I wonder how many other doctors have been inspired by their experience in our hospitals?

*Katharine Stanley,
(Consultant obstetrician and clinical tutor)*

MISSING MINORITIES?

Perhaps your correspondent Caroline Jones would not have been so "surprised" if she had had the opportunity to look at some back issues of *The Pulse* before writing to complain of a lack of representation of non-white people in the magazine (Letters, *The Pulse*, August 2008). Statistically the most recent and reliable population statistics (2001 Census) on ethnic minorities placed Norwich's non-white population at 3.1 per cent and the city is described as the most ethnically diverse community in Norfolk. It therefore seems more likely

that representation of non-whites in our magazine is quite the reverse of what Ms. Jones suggests – rather a disproportionate representation of non-white people in relation to our actual population, but nevertheless perhaps an accurate reflection of the large number of ethnic-minority health workers that we are fortunate enough to live and work alongside.

Personally, as a reader of seven years, I think *The Pulse* reflects our hospital, area and culture perfectly.

Gillian Cobb, Norwich

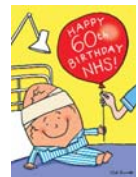
NOT JUST A NUMBER

As a member of your Foundation Trust, I am grateful for all the information you send to keep me in touch with all that is going on at NNUH.

It is a super hospital to be in, as I have personally experienced several times already. Such care and kindness – and one is treated as a person rather than a number.

*Sister Mary Teresa SSM
(Evelyn Hubbard)*

These are the hands



These lines were written by the poet and broadcaster Michael Rosen to celebrate 60 years of the NHS

<i>These are the hands</i>	<i>Mop the floor</i>
<i>That touch us first</i>	<i>Flick the switch</i>
<i>Feel your head</i>	<i>Soothe the sore</i>
<i>Find the pulse</i>	<i>Burn the swabs</i>
<i>And make your bed.</i>	<i>Give us a jab</i>
	<i>Throw out sharps</i>
<i>These are the hands</i>	<i>Design the lab.</i>
<i>That tap your back</i>	
<i>Test the skin</i>	<i>And these are the</i>
<i>Hold your arm</i>	<i>hands</i>
<i>Wheel the bin</i>	<i>That stop the leaks</i>
<i>Change the bulb</i>	<i>Empty the pan</i>
<i>Fix the drip</i>	<i>Wipe the pipes</i>
<i>Pour the jug</i>	<i>Carry the can</i>
<i>Replace your hip.</i>	<i>Clamp the veins</i>
	<i>Make the cast</i>
<i>These are the hands</i>	<i>Log the dose</i>
<i>That fill the bath</i>	<i>And touch us last.</i>

Film aims to allay patients' fears

A FILM MADE by Norfolk patients with learning difficulties was premiered at NNUH on 27 January. The 10-minute film has been backed by the local NHS and voluntary groups and aims to help people overcome their fears and concerns when coming to hospital. It is also a training aid for hospital staff to help them better understand people's needs.

The film is part of a three-year project at NNUH to make it easier for patients with learning difficulties to use hospital services.

Carol Edwards, Deputy Director of Nursing and Education, says: "We want to create a hospital for all people regardless of their abilities. Our learning difficulty



champions are always looking at ways to improve the service for patients. A good example would be using pictures instead of words on door signs to help people find their way around a ward or unit.

"We hope this film will reinforce all the learning that has taken place over the last three years and make a difference to patients who may be worried about coming into hospital."

New medical director for NNUH



CONSULTANT UROLOGIST Mr Krishna Sethia has taken over as medical director of the NNUH Foundation Trust, succeeding Dr Iain Brooksby who retires in March.

Educated at Eton and Oxford, Krishna developed his surgical career in Bristol, Oxford and Newcastle before becoming a consultant at the N&N in 1990.

In 1992 he carried out the first radical prostatectomy in the region and his special interest in andrology and cancer of the prostate, bladder and penis led to NNUH becoming the regional centre for the treatment of urological cancers.

He has initiated many clinical trials and research studies and his collaboration with scientists at the University of East Anglia has contributed to internationally published research into prostate cancer.

He commented: "I welcome this opportunity to influence the future direction of the Trust and I hope to involve other clinicians in networking and decision making. I come across many staff with good ideas and I would like to help bring these talented people together so that we can put their good ideas into practice."

A former treasurer of the British Association of Urological Surgeons, Krishna has been vice chairman of the Special Advisory Committee for Urology and an examiner for the Royal College of Surgeons.

His own department has doubled in size since he joined the Trust and there are now nine specialist nurse practitioners supporting the work of six urology consultants.

"The development of the PSA blood test

in the 1980s led to a huge surge of interest in the treatment of prostate cancer and men are now far more willing to seek treatment for their urology problems," he said.

"Around 40 per cent of prostate cancer patients choose to have surgery, but for urology in general better drugs mean that only 10 per cent of patients need surgery compared to 90 per cent in the 1990s."

Married with four children, Krishna lives in Hedenham and his interests outside work include a passion for collecting good wine. Together with a business partner, he has run a mail-order business for a number of years and recently opened a wine shop in Bungay.

Seeing is believing for transplant recipient

SARAH SEWARD'S life changed dramatically when her eye was damaged by a speck of dust becoming lodged beneath a contact lens. For months she was unable to see clearly enough to drive or even pour a drink without spilling the contents. In September she underwent a cornea transplant at NNUH and her eyesight is already much better. When the stitches are finally removed this summer, her vision promises to be as good as ever.

"It's fantastic that people are prepared to

donate their corneas after death so that people like me can benefit," she says. "I know relatives are sometimes reluctant to donate anything to do with the eyes, but I am living proof that a transplant can literally help others to see again."

More than 25 patients received cornea transplants at NNUH last year. The hospital recently won a bid to become one of ten centres nationally for the retrieval of



corneas, which are then stored at a central eye bank in Bristol. The service is funded by the NHS blood and transplant service.

Consultant ophthalmologist Chris Illingworth commented: "In recent years it has become harder to get people to consider donating organs. We would like to stress to people that, in the event of losing a loved one, donating an organ for transplantation has a huge and positive impact on others."

Ask the specialists

CANCER PATIENTS and their carers are being invited to take part in a rolling programme of events at the Big C Centre, with themes ranging from diet and exercise to anxiety management and cancer drugs.

Each Monday afternoon session will focus on a different subject, beginning with advice on healthy eating from a professional dietitian. Other health professionals taking part will include a doctor, a Macmillan nurse, pharmacist, occupational therapist and physiotherapist.

"The idea for this six-week pilot programme developed from the many enquiries we receive," says Jill Chapman, manager of the Big C Centre. "Patients and



carers will be able to dip in and out of the programme and book only for the sessions that they are interested in. There will be a chance for people to ask questions in the knowledge that they are getting good advice from professionals in their field.

"Practical help could include anything

NNUH health professionals taking part in the Big C programme, pictured with Centre manager Jill Chapman (far left)

from simple exercises from the physio to recipes from the dietitian. There will be gems of information in all the sessions that make a difference to people.

"Initially we are running two pilot programmes, the first beginning on 2 February and the second on 16 March. If successful, we are hoping to continue with funding from the Big C cancer charity."

• For more information or to book a session, call the Big C Centre on 01603 286112

IT IS JUST OVER a year since the Government announced the Cancer Reform Strategy, which is intended to build on the progress made in cancer care since the original NHS Cancer Plan was published in 2000.

Since then we have seen many positive changes in the way we deliver cancer care to our

patients. Tailoring the patient pathway to suit each individual's needs is central to delivering world class cancer care and this can only occur through close co-operation between healthcare professionals across many clinical specialties. Our multidisciplinary teams have already achieved a great deal towards this vision.

This year we are developing a more streamlined approach to data collection, which means we will have a plethora of clinical information at our fingertips for research and evaluation.

Our practice will become increasingly evidence-based and cancer care should benefit as a result.



Multidisciplinary team meetings at NNUH (left) allow health professionals from across Norfolk to share their expertise and discuss individual cancer cases using audio-visual equipment



What next for **CANCER CARE?**

THE CANCER Reform Strategy recognises the key challenges and opportunities for improving the outcome for all cancer patients. It shows that the NHS can deliver the best care in the world and gives us a clear direction to aim for over the next five years.

The Strategy highlights six key areas for action for all NHS Trusts. They are:

Prevention

Campaigns to raise cancer awareness include "Safe in the sun" to highlight the risks of skin cancer and a community-wide stop-smoking campaign.

Early diagnosis

The NNUH is leading the field in bowel screening and cervical screening.

The national bowel screening programme for the over 60s was launched at NNUH in 2006 and is now available to all 60-74 year olds living locally. The programme will be extended to the rest of the country in 2010.

We are pioneering a two-week turnaround for cervical screening (see opposite page).

An additional breast screening unit will be incorporated in the Cromer Hospital redevelopment. We are also working closely with GPs to ensure that all patients with suspected cancer are referred appropriately.

Ensuring better treatment

Since the introduction of Government targets, at least 95 per cent of our patients have regularly been treated within the recommended maximum waiting times. The clinical and admin teams have worked

A recent peer review found NNUH offered the highest quality care in the region for cancer patients. But what does the future hold for cancer services? Jo Segasby, divisional manager for cancer services, explains how our teams are rising to the challenge of improving outcomes for all cancer patients

very hard to ensure that we have effective clinical pathways for all types of cancer.

Improving outcomes

The Government believes that creating specialised teams in designated centres offers the best possible care for cancer patients.

NNUH has already been chosen as the regional centre for the treatment of head and neck cancers and for anal cancers. We aim to speed up access to specialist cancer teams for children and young people and for patients with brain cancer and sarcoma.

In Radiotherapy there is a major investment to increase the working day to meet the recommendations of the National Radiotherapy Advisory Group and enable more patients to be treated within set targets.

Living with and beyond cancer

The Big C Centre provides a welcome resource for cancer patients at NNUH,

NEW CANCER TARGETS

- The existing target for all patients to be treated within 31 days of a cancer diagnosis has been extended to cover subsequent treatments and recurring cancers.
- All cancer patients can now expect to be treated within 62 days of referral.



supported by the Big C Charity.

Communicating effectively with patients and their families is crucial and we support the Anglia Cancer Network in providing advanced communication skills training courses for all staff, including clinicians.

NNUH is leading the way in providing clear and detailed information for patients at every stage of their cancer journey.

Reducing cancer inequalities

We are working closely with Primary Care Trusts to ensure that outcomes are improved for all cancer patients. Care pathways have been agreed across the whole of the Anglia Cancer Network to ensure that all patients are treated within set targets.

Delivering care in the most appropriate setting

Norwich is a trial site for a Government initiative designed to enable more cancer patients to be supported at home, reducing unnecessary hospital admissions.



MORE THAN a thousand cervical smear samples are analysed every week by our cytology staff at the Cotman Centre and the turnaround time has reduced dramatically in recent months, thanks to detailed reviewing of work practices with the help of an NHS Improvement Team. By December 2010, local women can expect to receive the results of their smear tests within 14 days, compared to an average of 32 days in June 2008.

"The changes we have made have been quite subtle but together they make a huge difference for patients," says screening lead Carol Taylor. "We have looked at every aspect of the way we work – not just in the lab but in GP practices and in the centre where results are issued. The challenge is to improve efficiency without compromising on quality."

NEW EQUIPMENT funded by the Big C charity is helping to revolutionise the treatment of certain types of skin cancer at NNUH, thanks to close co-operation between our clinicians and histopathology staff based at the Cotman Centre.

The Mohs surgery technique has the highest reported cure rate of all the available treatments for skin cancer. It involves the removal and analysis of skin, layer by layer, until all trace of the tumour has been removed. Skin samples are prepared and analysed in the laboratory while the patient is waiting and the wound is repaired once the cancer has been removed.

One of the first patients to benefit from the Mohs technique is Michael Parry, 83, from Norwich, who had a tumour removed from his nose.

He commented: "My skin cancer is a direct result of being exposed to too much sun when I was growing up in Zimbabwe. I've had lots of skin tumours removed over the last 50 years and I can honestly say that this is the best experience I

have had. It's a great relief to know the tumour has been completely removed."

Dermatologist Jennifer Garioch says the new way of working has involved close teamwork with plastic surgeons, eye surgeons and laboratory staff, all of whom have responded "brilliantly".

Laboratory manager Julia Burton commented: "This is great for the laboratory staff as we have direct contact with clinicians and we can see that our work has an immediate and positive effect on patient care."



Michael Parry has skin removed by Dr Jennifer Garioch (top) and a sample is prepared using the new Mohs equipment

THE CANCER Peer Review for the Anglia Cancer Network, published in November, reveals that NNUH had the best multidisciplinary teams (MDTs) in the region across a range of cancer services. Their work was reviewed by cancer specialists and patients from other hospitals who looked at how the teams operate, their policies and even the quality of their patient information. Here are some of the comments:

Pancreatic The team is "highly innovative, motivated and inspirational. The results

HIGH PRAISE FOR OUR CANCER TEAMS

for liver resection are above nationally recognised standards and are the best in the region." The reviewers were also impressed by the written information provided for patients.

Colorectal "The team showed a creative and innovative style with their adoption of the enhanced recovery programme, developments in laparoscopic surgery and straight-to-test practices." The review team was also very impressed by a video and

DVD produced for patients. **Head and neck** "A happy and cohesive team who clearly value the importance of keeping the patient at the centre of their work".

Thyroid "a dynamic, proactive unit covering NNUH and James Paget hospitals".

Chemotherapy The review team was impressed by the pharmacy team's systems and processes for clinical procedures and the IT-based prescription chart was said to be an example of good practice.



Developing ROLES

Assistant practitioners, from left: Michael Bailiss in the Nelson Day Unit; Karen Bailey and Donna Dyke at Cromer Hospital; Jane Lake with patient Dorothy Waterman on Holt Ward; Linda Thomson in Breast Imaging; Pam Eggett and Lynne Jones with senior nurse Chris Parfitt and deputy sister Joy Brookes in Respiratory Medicine



Eight years after the role was created, our assistant practitioners are going from strength to strength. AP co-ordinator Julie Boyd (left) explains why they are such a valuable asset to the Trust

THE PICTURE on the right tells its own story. Proudly clutching their foundation degree certificates, the five new graduates are delighted to show that their hard work has finally paid off.

All have managed to complete their studies while working as support workers. The new qualification means they can develop their multiprofessional roles, providing extra support for registered colleagues while taking their own career progression to a new level.

As Chris Parfitt, senior nurse in Respiratory Medicine, explains: "Our assistant practitioners are a real asset to the department because they combine their caring skills with a deeper understanding of their clinical roles. They are qualified to do far more for the patients, which means we can take a more holistic approach to patient care."

The assistant practitioner (AP) programme was initially introduced in 2000 in partnership with City College Norwich, with the aim of empowering staff and enabling them to move beyond traditional professional boundaries.

APs work independently and support the delivery of patient care through enhanced clinical skills such as the second-checking of

blood products and IV fluids, operating complex technical equipment and helping to manage patient case loads.

"It's extremely satisfying to see the APs grow in confidence over the course of the two-year programme," says AP co-ordinator Julie Boyd. "They really deserve our respect because it's very difficult to successfully combine academic study with a full-time job and other commitments."

"We now have APs working in a number of disciplines, from occupational therapy and physiotherapy to radiography and nursing. What they all have in common is

"It really changed me as a person"

MICHAEL BAILISS spent 25 years in the motor trade and ran a pub in Bristol before becoming a nursing auxiliary at the age of 43. He is now one of two APs working in the Nelson Day Unit, having developed his role to become a skilled and knowledgeable member of the team.

"Looking back I had wanted to be a nurse for a very long time but with two young children I couldn't afford to take time out to do nurse training. It was only when the pub ran into financial trouble that the opportunity



New graduates from the foundation degree programme, from left: Hayley Phillips, Lynn Jones, Cherry Skillings, Pamela Everitt and Jane Lake. Hayley has gone on to do nurse training while her colleagues are all using their enhanced skills in various departments around the Trust

that they are extremely versatile and they are now able to take on a range of tasks that would previously have been denied to them.

"It's a win-win situation because the patients benefit from their enhanced skills and in turn we are able to create roles that are tailored to our service needs. I have seen staff take on a new lease of life as they gain new-found confidence in themselves."

arose for me to change my career."

Michael completed the BTEC in health and social care – forerunner to the foundation degree – after studying for an NVQ Level 3 at Cromer. He now operates technical equipment to carry out a range of ophthalmic tests and looks after the operating lists for patients who come into the unit for eye surgery.

"The course gave me the background knowledge to be able to answer patients' questions with confidence. It really changed me as a person," he says.

JANE LAKE works alongside occupational therapists but as an AP she is now able to carry out assessments and work much more independently with patients.

"I hadn't done any formal studying for 30 years before starting the AP programme so it was quite challenging but also very interesting. I was able to have work placements in different areas of healthcare such as physiotherapy, speech and language therapy and the ambulance service, which gave me a much better understanding of the patient journey and other professional roles.

"Completing the degree programme gave me a lot of personal satisfaction, as well as increasing my job satisfaction."

LINDA THOMSON was a national trailblazer for APs when the Government launched a pilot programme in Breast Imaging eight years ago. She is one of four APs who are qualified to carry out screening mammograms for the NHS breast screening

programme, dividing her time between the Norwich Community Hospital and three mobile breast screening units. She also performs a range of duties at NNUH, including chaperoning ladies undergoing various radiological examinations.

"The course gave me a huge confidence boost and I would encourage others to become APs in breast screening as it's a very satisfying and worthwhile role," she says.

KAREN BAILEY fulfils a vital service for out-patients at Cromer, managing the clinic lists and doing anything from ECG tests to fitting 24-hour heart monitors.

She started making the tea for patients at Cromer Hospital in 1990 when the youngest of her three children was a baby. She went on to become an auxiliary nurse and studied for an NVQ before embarking on the BTEC course: "It was worth all the hard work because I learned so much in those two years. It gave me lots of background knowledge that I now find very useful in my work."

DONNA DYKE took a similar route to becoming an AP a year after her colleague Karen Bailey (see above). "The course helped me to realise the full extent of our responsibility to patients and staff," says Donna. "Having been a student myself I am also more aware that there's a lot we can do to help our students feel welcome and valued during hospital placements."

AP TRAINING: THE FACTS

- Classed as Band 4 under Agenda for Change, the role of assistant practitioner (AP) is multiprofessional and designed around patient and service needs.
- Candidates complete a two-year foundation degree in health studies in conjunction with City College Norwich, completing placements in a range of disciplines as well as clinical skill competencies.
- APs may go on to complete professional training in nursing or other allied health professions, or to undertake further academic study such as a BA (Hons) in professional studies.
- For more information about the AP programme, contact Julie Boyd on ext. 2269 or see the Practice Development pages on the Trust intranet.

LYNNE JONES was thrilled to qualify as an AP this summer after completing the foundation degree. "It was incredibly hard work but I am so pleased I did it. I am much more confident and I am so grateful to the Trust and all my colleagues for giving me the support to see it through."

A hairdresser for 26 years, Lynne was a healthcare assistant before embarking on the AP programme. She has now developed enhanced skills including catheterisation, venepuncture and tracheostomy care, which means she is able to work in all areas of respiratory medicine.

"I've been here seven years now and I love my job. Who knows, if I'd started when I was young I might have been a sister by now!"

As Director of Resources Anna Dugdale managed a budget of £330 million. Now she is in charge of the whole Foundation Trust. She talks to Sue Jones about the joys and pressures of being the first woman to lead the Trust

Moving on up

SHE MAY BE the boss at work but at home Anna Dugdale is known as the “Chief Etcetera”, a title unwittingly coined by her nine-year-old son when he asked, “So what does a Chief Etcetera do, mummy?”

“Etcetera is about right actually,” laughs the former Director of Resources who was appointed Chief Executive of the NNUH Foundation Trust in December. “It’s wonderfully grounding to have a child’s perspective when things start to get too serious.”

Of course, taking the helm of a busy acute trust at a time when bed pressures and Government targets are jostling for attention is a serious business and Anna takes the role extremely seriously. She loves a challenge – “the bigger and hairier the better” – and this one is as big as it gets.

“When I became acting Chief Executive in July I couldn’t have taken over at a more difficult time. However, I am confident that we can make improvements if we have the right systems and plans in place.

“The traditional management style in the NHS is heroic – coping brilliantly in a crisis – but that can’t be sustained in the long term. Heroism is admirable but it’s a lot more powerful when it’s layered on top of a strong systematic approach.

“I don’t believe we need more beds because the more beds you build the more you fill. It’s more about ensuring that acutely ill people get access to the right acute beds. We are working on a ‘patient flow’ project and other measures to ease the pressure. It’s a complex problem because it involves the whole health community and because patients are not just numbers but individuals with complex needs.

“I couldn’t do my job if I did not care

passionately about the people who work in our hospitals and the patients who go through hugely life-changing experiences while they are here. I think we are incredibly lucky to have staff who take such a pride in their work and a fantastic hospital environment.”

Anna first joined the N&N 15 years ago as deputy finance director, becoming Director of Resources two years before the move to a brand new PFI (Private Finance Initiative) hospital. Stepping up to the top job – the first woman to lead the Trust – was “tremendously exciting, a fantastic opportunity,” and she is touched by the support she has received from her colleagues.

“I am fortunate to have a strong senior team and I feel hugely supported by my colleagues. I love the fact that I know so many people here – I can’t imagine what it would be like to be shipped in at the top of an organisation and have to build those relationships from scratch.

“Whatever I do I am always ready to learn how I could do it better. I want to create a culture where it’s OK to try and fail – with due regard to the risks and consequences – because if you don’t try you don’t learn. We have so many bright, innovative people in our hospitals, I see my role as encouraging and supporting them to put their good ideas into practice.

“I’d like to move the focus from numbers to quality of care. Independent patient surveys show that we are good but we can be great. In recent months we have put a lot of investment into improving the quality of our services, for example in obstetrics, where we have recruited more midwives, and in cardiology where we are now in a

strong position to be one of the proposed heart attack centres for the East of England. Technology is changing fast and there are more opportunities for innovation than ever before.

“I want to develop our reputation as a teaching hospital, to encourage more research and development and collaborative projects with our colleagues at the University of East Anglia.”

Growing up in Jersey as part of a large extended family, Anna was “a free spirit” until at 17 her world changed abruptly when her father, a banker, suffered a massive heart attack while on holiday in France.

“He was a tower of strength and a huge influence on me so it was a terrible shock to see him lying helpless in hospital,” she recalled. Although he recovered after major surgery, followed by a heart transplant, he continued to have health problems until he died of cancer two years ago. “His illness taught me that you have to live your life to the full and do your best at everything you do because you may not be here tomorrow.”

Anna went on to train as a chartered accountant and built a successful career in the private sector, based in London, before marrying Chris, a fellow accountant, and settling in Norfolk.

“Chris had been offered a new job in Norwich so we decided to pool our resources and go travelling for three months. It really was a precious time and we had some unforgettable experiences, including being marched from a truck at gunpoint and watching the most amazing thunderstorms among the Mayan ruins in Guatemala.”

Back in Norfolk, she started looking for a new challenge and found it at the old N&N

where, as deputy finance director, “I was instantly hooked. Here was something that was really meaningful – it was not just about helping clients to make more money, it was about saving lives.”

Daughter Emma was born in 1997 and by the time she was appointed Director of Resources two years later she was already pregnant with son Ben. She continued to work throughout the pregnancy, despite suffering a pulmonary embolism at 31 weeks.

“It was a scary time – I had to self-inject heparin, an anticoagulant, for the rest of the pregnancy. Thankfully Ben was a healthy 9lb when he was born and all was well.”

As if it wasn’t enough to plan the financial strategy for the new PFI hospital, Anna set about reviewing service arrangements with our two main contractors, McKesson for IT services and Serco for housekeeping and maintenance.

“Yes they were huge projects and they needed a great deal of energy and focus. But I don’t like things to be easy – I like stretching and wrapping myself around a problem and working with others to find a way to solve it.”

Many staff will remember Anna rolling up her sleeves to clean the public toilets for “Think Clean” day in 2005. “For me this was a way to demonstrate how much we value our domestic staff and the work they do.”

Far from being a one-day wonder, her commitment to working with Serco was a relentless campaign over a number of years. She regularly visited all areas of the hospital to ensure that every ward and department had an effective cleaning regime.

“I felt it was important to work closely with our Serco colleagues, to develop a new service agreement and support their

“I want to create a culture where it’s ok to try out new ideas even if they fail, because if you don’t try you don’t learn”

efforts to bring about improvements in a systematic way.”

More recently she has poured her considerable energies into leading the drive to achieve Foundation Trust status. “A lot of blood, sweat and tears went into the application and we were delighted when it was accepted. I was passionate about becoming a Foundation Trust because it demonstrates our commitment to quality, as well as offering more financial freedoms

and community involvement.”

Besides being selected for the East of England’s high potential executive programme, Anna was invited to join a mentoring scheme originally designed to help more women prepare for jobs at board level in some of Britain’s most successful companies. The scheme matches individuals with FTSE 100 chairmen; her mentor is the chairman of Shell UK, James Smith.

“It was a marvellous opportunity and I’ve learned so much from James. He’s very insightful and genuinely interested in what I do.”

Anna’s family life is “incredibly precious” and she makes the most of every moment she spends at home in Norwich or at the family’s weekend cottage in North Norfolk.

“I’m aware that I’m running an organisation that never closes and my mobile phone is never switched off.

However, I try to be home in time to read to the children and the time we spend together is quality time. We have to be very organised as a family but Chris and I have always shared things and he’s wonderfully supportive – I couldn’t do it without him.”

Renowned for her boundless energy, Anna recharges her batteries by baking her own bread, reading, and sailing and cycling with the family: “Sailing out beyond Blakeney Point with the seals for company is one of the best ways I know to unwind.”



Anna Dugdale: “I don’t like things to be easy – I like stretching and wrapping myself around a problem and working with others to find a way to solve it.”

PHOTO BY TONY BUCKINGHAM

Here comes the sun

Solar panels and underground heat pumps are among measures designed to keep costs down at the new Cromer Hospital

VISITORS TO the new Cromer Hospital will be able to walk through the original stone archway bearing the name of the old hospital when they enter the new building. The structure will be preserved and displayed inside the foyer of the main entrance, providing a link from the past into the future.

Pride of place will also be given to eight paintings by Sagle Bernstein, whose generous £14 million legacy has made the redevelopment possible.

The £26 million hospital project is subject to planning permission and a decision on the plans is expected in April.

Meanwhile architects Purcell Miller Tritton are working on more detailed designs for materials and colour schemes that will make the hospital a welcoming place for both staff and visitors.

Careful attention is being paid to



The main entrance of the new hospital and (below left) the existing stone archway which will be preserved and displayed inside the building. Below: solar panels similar to the ones that will be installed on the south-facing roof



environmental factors and the aim is that 10 per cent of the energy used in the new building will be from sustainable sources. Around 20 solar panels will be installed on the roof at the rear of the building to provide hot water, while underfloor heating will be supplied from underground heat pumps.

Architect David Bissonnet, of Purcell Miller Tritton, explained: "The solar panels are using well-tried technology to provide a reliable method of heating water for the hospital.

"We also intend to drill boreholes deep into the ground to make use of natural underground heat sources. The energy will be converted and used to supply a network of underfloor pipes."

A similar system is used at the Big C Centre in the grounds of NNUH – also

designed by David Bissonnet – but at Cromer deep boreholes are needed to meet the demands of a much larger building.

"We are working closely with the energy consultants, Mott MacDonald, to maximise the space available and make the interiors as pleasant as possible for staff and visitors," said David. "Underfloor heating will remove the need for radiators, helping with room planning and infection control.

"The elongated design makes it possible for most of the rooms to have windows and there will be landscaping and supplementary tree planting.

"One of the biggest challenges is to ensure that the hospital can continue to operate throughout the construction process, and the contractors are working hard to create a schedule that will keep disruption to a minimum."

Staff and visitors are being asked to complete a travel questionnaire to help plan car parking and transport arrangements at the new hospital.

THE PULSE

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