

# THE Pulse

Issue Number 8  
July 2003

Norfolk and Norwich University Hospital **NHS**  
NHS Trust

## Safety first

A day in the life of the Health and Safety team



### Disaster area

Accident and Emergency staff in nuclear disaster exercise



### Cromer's new matron

The next big challenge for Sue Tuck

### Viewpoint

Are junior doctors a luxury we can no longer afford?



### All for research

The team behind the Bertram Diabetes Research Unit

# LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

## First for X-rays?

Your article about digital X-Rays (*The Pulse*, May) reminded me of a story I came across while researching the history of Cromer Hospital. It seems we were in the forefront of X-ray technology in



1895, just as we are today.

According to the report by Dr Dent, a Cromer doctor, a patient from Overstrand called Laurence Reynolds was

shot in the head in 1895 and taken to Cromer Hospital, where he lay unconscious for three weeks. He was taken to the Norfolk and Norwich Hospital to see Dr Johnson Taylor "the eminent eye specialist", who located the position of the bullet using X-Ray equipment "specially sent to him from Germany".

Dr Johnson Taylor subsequently presented a paper to the London Medical Society explaining details of the case.

Although the patient's vision was damaged, he apparently went on to make a good recovery and was still alive in 1932 at the age of 76.

Was this really "the first time X-rays were used in England"? I would be pleased to hear from anyone who can verify Dr Dent's claim.

*Brenda Stibbons  
Telephonist, Cromer Hospital*

## Motorbike madness

Parking is a sensitive issue for many car drivers at NNUH, but what about motorcyclists? The motorcycle bays are situated on the main access road to NNUH, near the Plaza, and it is extremely hazardous trying to manoeuvre in and out of these bays safely if you ride anything larger than a scooter. You either have to pull into the oncoming traffic and paddle backwards into a bay or, more dangerously, ride into a bay then paddle out into the oncoming traffic when going home.

If this was a car park we would not be expected to reverse out onto a road, so why should motorcyclists have to do it?

*Mark Fowler,  
Clinical Engineering*



## Smile please

Remember when you take that call,  
an answer is all they need  
It may not be what they want to  
hear, but hopefully you will succeed

Don't treat them like the enemy,  
they may just need a friend  
Give them all the help they need  
and hopefully that's the end

It does not cost you money and it  
doesn't take much time  
Just try to be calm, polite and friendly  
And don't forget to smile.

*Fran Fulton  
Patient Services*

## A year in Brittany

'YOU'RE CERTAINLY brave doing this at your time of life,' was a typical comment from friends when we 'retired' to France last year.

Having spotted our beautiful old house on the internet, it took just four months for us to complete the sale and move to the peaceful Brittany countryside.

Since then savoured the most beautiful crepes, eaten the best home-reared chicken I have ever tasted and learned how to cook fantastic French meals out of practically nothing. Our delightful neighbours keep us supplied with fresh eggs, potatoes, milk and lettuces and we return the favour by helping with the potato harvest.

We are known locally as 'Les Anglais', followed by a shrug of the

shoulders, which I suppose explains our rather strange behaviour of continually working in the garden or, in Steve's case, practically rebuilding the old house, parts of which have remained untouched since 1647.

Being greeted with hugs and kisses by all our new friends is something I rather enjoy. At a recent tea dance, one dear old lady told me I was just like the Queen - now I'm really worried!

If Monsieur or Madame Nasty do exist, we have not yet come across them. Each week we find a small present in our bag from our greengrocer - a fresh apricot, some prunes, a fresh garlic... When we



bought our electrical goods, we were even invited into the electrician's home for champagne... I'm still waiting for a similar response from Curry's!

We welcome holidaymakers and are planning to serve cream teas on the lawn this summer. So give us a call on 0033 296 215675 if you're heading this way (or email [stephen.sheppard@club-internet.fr](mailto:stephen.sheppard@club-internet.fr)).

*Carolyn Sheppard  
Former Switchboard Manager, NNUH*

## Our patients are what really count

**THE TRUST** has recently published its action plan following the review by the Commission for Health Improvements (CHI) of our Clinical Governance arrangements.

This is a very important document which commits the Trust to a significant programme of work, centred around ensuring that we deliver patient care consistently to the highest possible standards.

There is a great deal of good work already going on in the Trust in this area, as illustrated in this issue of by our health and safety team.



The key part of our action plan is that we intend to build on the good work already established and to ensure that the whole organisation can learn and benefit from it.

Firstly, therefore, we will give guidance to clinical directorates covering each of the seven 'pillars of governance' - Patient and Public Involvement, Clinical Audit, Clinical Effectiveness, Use of Information, Risk Management, Education and Training and Staff Management.

Secondly we will put in place reporting arrangements to ensure that we share good practice and lessons in one area to all other parts of the Trust.

Regular reports will go to the Trust Board on progress with a quarterly review by the Strategic Health Authority.

Finally, as an update on the Medical School I am pleased to report that the first major specialty-based teaching unit has been completed successfully.

The Locomotor unit involved around 80 medical students spending five weeks in Orthopaedics and Rheumatology. Many thanks to all who made this such a success and I look forward to continuing developments in this exciting new venture.

STEPHEN DAY  
Chief Executive, Norfolk and Norwich University Hospital NHS Trust



**AN EVERYDAY** story of life in A&E? Well not quite... this picture was taken as part of Exercise Dimming Sun, a major regional disaster exercise co-ordinated by the British and US military.

The A&E staff were put through their paces in a joint decontamination exercise with the East Anglian Ambulance NHS Trust. Wearing special protective suits, they were required to decontaminate and treat eight 'casualties'

(City College students) who had been exposed to nuclear material.

Another two 'casualties' presented themselves at the public entrance of A&E and were redirected by a security guard to the 'dirty' zone in the ambulance bay.

Military personnel observed the exercise along with the emergency planning lead for the ambulance trust, Dave Kerry, and our own emergency planner, Bob Atkinson.

## LETTERS (continued)

### No axe to grind?

We were incensed by Michael Ranson's Viewpoint (*The Pulse*, May). He claims he has "no axe to grind" but his article does not support this.

If, in the Improving Working Lives survey, staff commented negatively on working conditions such as the lack of natural light and staff restrooms, it



Michael Ranson

seems likely that these problems do exist and may not be fully appreciated by a volunteer who is presumably able to choose the number of hours he spends in the hospital.

Why have you considered it appropriate to publish Mr. Ranson's bigoted views? We found his comments on Americans, the obese and the "paid lackeys" of the Trust (we assume the latter refers to

Trust employees) totally unacceptable.

Gillian Arasteh and Joanne Keeble,  
Rheumatology

**Editor's note** The 'Viewpoint' column (see page 11 in this issue) is an opportunity to express a personal opinion and does not necessarily reflect the views of the Trust or its staff

### Why so negative?

Having worked for Laing for the whole of the NNUH construction period, I agree with Melissa Blakeley's Viewpoint (*The Pulse*, March) about the negative press coverage following the move.

Nowhere is there any mention of the early completion, the super new accommodation or the very positive reaction I hear locally from patients.

Would anyone like to return to the hotch-potch of buildings near the city centre? There seems to be some prejudice in the Press which forbids any celebration of this huge achievement by contractors and hospital staff together. Keep up the good work!

Keith R. Good  
Aylsham

## Norfolk and Norwich University Hospital

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

Website: www.nnuh.nhs.uk

### Restaurant

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

### Coffee bars

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

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

Saturday 10-4pm

### WRVS shops

East Atrium, open 8am-8pm Mon-Fri, 10am-6pm weekends; Plaza (West) open 7am-8pm Mon-Fri, 8am-6pm weekends

**The Stock Shop** (ladies' fashions): 9am-5.30pm Mon-Friday, 12-5.30pm Saturday

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

**McKesson** (for telephone / computer faults) Call #6464

**Security** Call ext. 5156 or 5656

### Reception areas

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

Enquiries/ complaints: 01603 620146

fec.norwich@firstgroup.com

### 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

Open to all. For details of services and to contact the Chaplains, call 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 ext. 2202

## Cromer Hospital

Mill Road, Cromer NR27 OBQ

Tel: 01263 513571

### Restaurant

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

### At Norwich Community Hospital,

Bowthorpe Road, Norwich NR2 3TU,

Tel: 01603 776776: Breast screening,

Health records library, Diabetes Research,

Pain Management

### At Aldwych House, Bethel Street, Norwich,

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

Outpatient Appointments, Clinical Governance,

Training and some of Nursing Practice

### • The Norwich Central Family Planning

Clinic is based at Grove Road, Norwich

NR1 3RH. Tel: 01603 287345.

## Txt 2 remind U

The children's department is pioneering a scheme to remind patients of their appointments by text message. The three-month trial has been developed by the IT team in partnership with the Government's Office of the e-Envoy.

Last year, 30,000 patients failed to show up for outpatient appointments and 600 for in-patient treatment. Missed appointments cost the Trust around £1.5 million a year and mean that many others on the waiting lists are missing out.

Patients and their carers will be asked for their mobile phone numbers but there is no obligation to take part in the scheme and the numbers will not be passed on to anyone else.



## Stepping out for skin cancer



**HATS OFF** to the Dermatology staff who walked through the night to raise £2,500 for research into skin diseases. Consultant dermatologist Dr Nick Levell (pictured centre) who walked all the way from Cambridge to Norwich, said: "Skin cancer is sadly one of the fastest growing diseases in this country. More research is needed and we also want to raise the profile of skin conditions generally."

If you would like to contribute to this appeal, please make cheques payable to the British Skin Foundation and send them to Nick Levell in Dermatology.

## WELCOME

...to **Dr Silice Schelenz**, consultant microbiologist, who joined the Trust on 12 May 2003.

The Cancer Network has also announced two new appointments:

**Rebecca Driver** is the new lead manager and **Maggie Parsons** the lead nurse

## FAREWELL

...to the following staff who have left the Trust since 1 May 2003:

**Margaret Press**, a nursing auxiliary on Hethel Ward, after 28 years' service

**Wendy High**, Pharmacy assistant, after 24 years

**Christina Woodcock**, nursing auxiliary on Holt Ward, after 24 years

**Diane Evans**, Physiotherapy Assistant, after 23 years

## Natalie wins bursary

**EIGHTEEN** year old Natalie January has become the first UEA medical student to benefit from the £1,500 Lubbock Bursary awarded by the

Norwich Medico-Chirurgical Society.

Natalie, who wrote an essay in support of her application, now plans to give up her Saturday job

at Boots and spend more time on her studies.

The new bursary is named after Dr Richard Lubbock, one of the N&N's first physicians whose grandson, also named Richard, founded the Lubbock Medical Society in Norwich in 1858.





You may not recognise the old N&N but work on the site continues apace, as this aerial photograph by Mike Page shows. The new Persimmon Homes development will include 510 new homes, the first of which could be ready to move into before Christmas.

Next to be demolished (in July) will be the main ward block and the maternity block, although there will be no Big Bang demolition - instead the tower blocks will be 'nibbled down' bit by bit.

Windsor House, Brunswick House, Alexandra House, Leicester House and the clock tower will all be refurbished, as will parts of NANIME. The wings on either side of the clocktower will be rebuilt but the towers at each end will stay. The old chapel will become a community centre and the fish pond outside Leicester House will also remain where it is.

As part of the new development, Bignold School will get a new playing field and Wessex Street will become a cul de sac. A new health centre will also be built nearby.



## Sarah wins Gooch Prize for cancer work

**SARAH ADDISON**, a 30 year old research fellow in General Surgery, has won the prestigious Benjamin Gooch Prize for her investigations into bowel cancer.

In a collaborative project with the UEA's Gastrointestinal Research Laboratory and the department of Gastroenterology at the NNUH, Sarah has been using prostaglandin E2 to investigate how cells in the colon communicate. Significantly, cell-to-cell messages appear to be corrupted in tissue derived from patients at risk of colon cancer.

"At first we thought the results were a one-off but the same phenomenon appeared in the majority of cancer patients and sometimes in those with a family history of bowel cancer.

"The next stage is to look at which receptors switch on this response, then we can use drugs to try to block the receptors and restore the organised signal. Given more funding, in about five or ten years time we may well be talking about preventive treatment for cancer of the bowel."

Sarah says the breakthrough is down to scientists in the UEA's gastro-intestinal research team, headed by Dr Mark Williams, who have developed a unique method of isolating colonic 'crypts' from biopsy tissue samples.

Sarah joined NNUH three years ago as a senior SHO and took on the research work to help her on to the next stage of Spr rotation. "I was not very enthusiastic at first because I missed the patients. But this work is so exciting I can't stop talking about it!"

She is now moving on to take up a registrar's post in the West Midlands.

• *Runners up for the Benjamin Gooch Prize were Dr Joseph De Bono, Dr Giles Cheeseman and Dr Caroline Hing.*



## The truth about HRT

**A MENOPAUSE** Research Unit has been set up at NNUH to study the effects of hormone replacement therapy on women's quality of life, including sex.

The project is being led by consultant obstetrician and gynaecologist Edward Morris (*pictured above right*), with obstetrician and gynaecologist Richard Warren (*above left*) providing the clinical lead. It's part of a Europe-wide study to compare the effects of two well-established HRT drugs, Kliovance and Livial, on menopausal patients over the next two years.

At least 20 women who are already period-free and post-menopausal are needed to take part in the confidential and

randomised trial, which is sponsored by the pharmaceutical company NV Organon. For 12 months the volunteers will be asked to take one or other of the above HRT drugs.

They will have regular and thorough health checks and will be monitored every three months. In addition, they will be required to fill in questionnaires and keep a regular diary of their menopausal symptoms. Expenses will be paid for all those who take part and, once the study is completed, it will be published in a leading medical journal.

Anyone who is interested in taking part in this study should contact Mr Edward Morris at the NNUH.

*Looking for accidents waiting to happen is all part of the job for Lynne Ainge and her team of health and safety advisers. Here she describes a typical day in their working life*

# Safety FIRST

**8am** Our first call of the day is from theatres, where staff have requested an emergency training session on a new electric profiling bed. The beds have been a fantastic innovation - they've made a huge difference towards reducing the number of back injuries sustained by staff - but this one is a prototype so it's still under review. Luckily the manufacturers have listened to our concerns and they are making a number of design changes to comply with our requests. When the new models are delivered they will be much simpler to operate.

Another example of co-operation across different departments was the use of the small mechanised platform used by Serco's window cleaners and maintenance workers. There were safety risks involving the movement of the machine in a busy thoroughfare - we had to make sure there were guidelines in place to protect both patients and staff.

**8.30am** I join the Fire Safety Officer, Serco's Waste Manager and the Trust's Dangerous Goods Safety Adviser to carry out a routine inspection of Level 3, East Block. On our rounds we spot a broken fire door, a missing ceiling tile and an unlabelled sharps bin left on the floor of the waste hold room, these issues are reported to the relevant people at the time. Otherwise all seems reasonable.

**11am** Check on emails and phone



messages.... Most queries can be dealt with straight away but for some I'll need to refer to our extensive database. Thank goodness for new technology - before the internet I would have to search through more than 40 CDs to find the information I need!

**12.30** Catch up with the rest of the H&S team over lunch... After dealing with the bed problem, my colleague Janis Baugh has spent the morning organising the handling of a bariatric patient (weighing more than 25 stone). Staff can cope with most eventualities but we are often called in to advise on the correct equipment to use for these patients.

Steve Martin, our expert on inanimate object handling, has been advising staff on storing and lifting heavy objects. He tailors the training sessions according to individuals' needs - it's a great way to get

**"Hospitals possibly have more potential hazards than any other workplace. We advise about the risks and draw attention to the legislation designed to protect both staff and patients"**

them involved. Yes, his jokes are terrible, but they do help to lighten the atmosphere...

Mark Hughes, the fourth member of our team, can't be with us today as he's taking his NEBOSH Health & Safety Diploma examinations. He was feeling very nervous, so fingers crossed that all goes well.

**1pm** Lunch is abandoned when my bleep goes off and I discover there's been a fire in a waste bin in one of the public toilets. The blaze is extinguished by one of the fire safety team, but the bin has melted and there's a puddle on the floor in the corridor. I make sure it's cleared away before patients are allowed back in - we don't want a broken leg to add to the fire!

**2pm** Pick up a sandwich to take back to the office where I work on my report for the next H&S committee. Mark has sent me



## Reported incidents

**LAST YEAR** the most common reported incidents involving staff came under the following categories:

- Accidents with needles and sharps **194**
- Physical or aggressive attacks **146**
- Struck against something **109**
- Slips, trips and falls **105**
- Patient lifting **104** (down from 119 in 2001)
- Struck by moving object **55**
- Lifting objects **50**
- Cut with sharp material **47**
- Exposure to potentially dangerous substance **10**

A programme of staff training and waste awareness days have done a great deal to raise the profile of Health and Safety issues in the Trust.

If you have any concerns you would like to bring to the team's attention, contact Lynne Ainge on ext. 5407.



details of all reportable incidents over the last two months and I check on what's new from the HSE and Medical Devices Agency websites.

**3pm** Off to Eye Screening, where office staff have concerns about lighting and ventilation. My light meter shows a low reading over the desks so I will recommend extra task lighting and ask Serco to investigate the ventilation problem. The Trust may be able to provide an electric fan.

**4pm** Make a note for Mark to go out with the community midwives to see if their lone working arrangements are satisfactory.

As a team, we are constantly trying to improve our standards and fortunately this has been recognised with our recent Gold Award in the RoSPA Occupational Health and Safety Awards, 2003.

Hospitals possibly have more potential hazards than any other workplace. We advise people with regard to risks and draw attention to the legislation designed to protect both staff and patients

**5.15pm** After finishing my report, I head home. It's an occupational hazard that everywhere I go I see accidents waiting to happen... luckily I have a good sense of humour and manage to 'switch off' when I step outside the hospital grounds. Otherwise I'd never get any sleep!

---

*Raising awareness of health and safety issues is an important part of the job for Lynne Ainge (pictured right and top right) and the rest of the H&S team, including Janis Baugh (opposite page) Steve Martin (above), and Mark Hughes (above right)*



# Looking into

*The Bertram Diabetes Research Unit is contributing to a number of research projects, including studies into genetic factors in diabetes and the links between diabetes and coronary heart disease. Sister Kerrie Self and consultant physician Mike Sampson explain the role of the Unit*

**SINCE 1995**, a total of 63 research studies have been carried out into diabetes in Norwich - most of them involving patients with Type 2 diabetes, the kind that develops later in life.

About half these studies have been undertaken in collaboration with colleagues in academic institutions across the UK; the rest are clinical trials involving new therapies for diabetes and its complications.

The team is currently working with the UEA's School of Biological Sciences to find out how diabetes might increase the risk of coronary artery disease, causing a heart attack, and with colleagues at the Institute of Food Research (IFR) in Norwich to see how immune cells involved in the development of circulatory disease behave in people with diabetes.

This collaborative work with UEA and the IFR has been supported recently with £300,000 funding from the Norwich and Norfolk Diabetes Trust and by the commitment of Core Strategic Funding by IFR to diabetes and cardiovascular disease research. It is complemented by collaboration across the UK in this area.

Other studies are clinical trials involving new insulins and insulin delivery systems, new oral therapies for Type 2 diabetes, treatments to reduce the cardiovascular complications of diabetes, and treatments to reduce the risk of retinal and renal complications of diabetes.

The research unit is also one of only five centres in the UK involved in a research project to try to identify the genes responsible for diabetes. Willing patients

and their families - along with healthy volunteers - are invited to take part in these studies to help create one of the largest collections of DNA samples in the world.

Although the blood samples are sent away for further analysis and patients do not directly benefit from these research studies, it is hoped the work being done worldwide will lead to better knowledge of the disease and, eventually perhaps, a cure.

Local research into diabetes and pregnancy is also a growing area. Diabetes consultant Dr Rosemary Temple runs one of the largest clinical diabetes and pregnancy services in the UK, along with Miss Katharine Stanley, and has been undertaking clinical research into the outcomes and the development of complications in pregnancy among women with diabetes.



PICTURES BY LIN WYMER

# diabetes

**PROJECT CO-ORDINATOR** *Kerrie Self (pictured left), who manages the Bertram Diabetes Research Unit, is grateful to the many patients and volunteers who take part in the studies. "We rely on their co-operation and on the funding we receive from sources such as the Norwich and Norfolk Diabetes Trust and various academic institutions," she says.*

*"There is still a surprising amount of ignorance about diabetes. For instance, it is not generally known that a healthy lifestyle can help delay the onset of Type 2 diabetes. Through our studies with families we often find that relatives and patients already show signs of diabetes complications and we can help them to get prompt treatment."*

## A CENTRE FOR EXCELLENCE

Based on the site of the former West Norwich Hospital (now the Norwich Community Hospital), the Bertram Diabetes Research Unit was opened in 1996 by a local benefactor, Mrs Elsie Bertram, with the help of a £50,000 donation from the Norwich and Norfolk Diabetes Trust. Previously all diabetes research had been undertaken in one room at the West Norwich Hospital.

The purpose-built 10 room / 8 bed research unit is now supported by four part-time senior nurses, two clinical research doctors, two full-time post-doctoral workers at the UEA and IFR, and by the consultant diabetologists. Experienced staff are on call 24 hours a day to offer advice and support for those taking part in clinical trials.

## THE NEED FOR KNOWLEDGE

Locally, there are nearly 14,000 people with diabetes and about 1000 new patients are diagnosed each year. Diabetes accounts for 20-25 per cent of all bed days in the NNUH Trust as the disease is a major contributor to cardiovascular disease, loss of vision, kidney failure and amputations, as well as increasing the risk of complicated pregnancies and foetal malformation. Many of these problems should be preventable, and there is a need for more research into these areas.

**"Many people do not realise that an active lifestyle and a good diet can help delay the onset of Type 2 diabetes"**



## THE TRUTH BEHIND THE HEADLINES

**IF MOANING** about the National Health Service was an Olympic sport, the British would be at the top of the Gold medal table. Reading the newspapers you might think we spend our working day trying to dream up new ways of wasting the taxpayer's money and making life as difficult as possible for our patients.

The truth is rather different. The quality of care in our hospitals is exceptional and recognised every year by literally hundreds of thousands of people.



Patients may be sick of politicians, they may be worried about the NHS and wish more resources were available to us, but they have nothing but praise for our staff.

Recently we've been seeing some 1,200 inpatients each week. At the same time the number of emergency admissions has been rising by around 27 per cent. As I pointed out at the Trust Board in June, we are seeing more patients than ever before and we are one of the most productive trusts in the country, yet we are still breaching targets. Therein lies the paradox: you can be a well-managed hospital which is doing really well and succeeding for patients, yet you may not meet external targets.

Unquestionably we do face some short-term difficulties. However, the Board is confident that together we can resolve those issues and we will leave no stone unturned to do so.

We do have one priceless asset, however: the people who work here. And that is what gives me so much hope for the future. With you, nothing is impossible. Our two hospitals, Cromer and NNUH, can provide the best acute healthcare in the world.

*David Prior  
Chairman, Norfolk and Norwich  
University Hospital NHS Trust*

**IT IS NOW** two and a half years since the IWL (Improving Working Lives) initiative was launched nationwide. In the first of a series of twice-yearly updates, deputy head of Human Resources **Lynne Middlemiss** reports on plans to keep the IWL flag flying and create a better working environment for all our staff



**THE STERLING** work of our IWL (Improving Working Lives) teams was recognised when we were awarded 'Practice' status, following an accreditation visit in February. Now we are keen to keep up the momentum as we aim for 'Practice Plus'.

Progress has been made in a number of key areas. In response to our IWL staff survey in September 2001, the IWL Accommodation Working Group has been looking at issues involving lighting, ventilation and door handles. These concerns are now being followed up by the Trust's Director of Facilities, David Walsh.

All rest rooms will be equipped with a minimum standard of furniture and equipment - starting this autumn - and other facilities are now being considered, including the need for more outside seating at NNUH.

Travel issues have received a lot of attention and additional car parking spaces

have now been approved, although we still have a waiting list and there will continue to be pressure on the staff car park.

A review of ward staffing took place in May and the recruitment and retention group are continuing to monitor the situation. Our nurse vacancies are currently the lowest for some years.

The Trust's new Communications Action Plan has taken into account the recommendations of the IWL Communications Group, to encourage more face-to-face contact between senior managers and staff and better use of the internet.

A childcare co-ordinator has been appointed (a joint initiative with other Norwich health trusts) and we hope to be able to offer childcare vouchers to staff from this autumn. We are also working with new providers to plan an on-site nursery. In addition, funding is being provided for

## Progress on the IWL Action Plan

The following progress has been made:

- A summary of our Human Resources Strategy is available to all staff.
- Recruitment and retention work will now focus on other groups of staff besides nursing.
- The Disability Advisory Group is undertaking an access audit.
- We are planning new strategies for dealing with bullying and harassment
- A Staff Charter is being prepared.
- A separate IWL group now meets regularly at Cromer Hospital.
- A draft career-break policy has been agreed as part of a revised special leave policy - to be issued this summer.
- Targets are being introduced to reduce violent incidents and accidents to staff.
- A special project group is assessing ways of meeting New Deal requirements for junior doctors.
- An action plan is being prepared with the JSCC (Joint Staff Consultative Committee) on the annual Staff Attitude Survey.



**BALANCING HOME** and family life came under the spotlight when the Trust held a 'family day' to celebrate National Childcare Week. Staff were able to get advice about tax credits for working families and learn about the proposed nursery at NNUH, the holiday play scheme and family friendly Trust policies

an extra CAB (Citizens Advice Bureau) session for staff at NNUH.

All work on IWL is now fully integrated into the Trust's mainstream service planning. However, the IWL identity and logo will continue, as it is recognised across the NHS as a focus for delivering a better working environment for staff.

Our plans for Practice Plus (timescale 2005/6) will be based on the draft national standards and specific Trust issues. This work will help to ensure that:

- All business plans are checked against IWL standards
- Greater focus is given to recruitment and retention through new divisional teams
- Our strategy for dealing with bullying and harassment becomes more effective
- We continue to extend training opportunities to all professional and support staff
- We strive hard to introduce more effective and consistent staff involvement across the Trust and monitor our success through

## Can you help?

The current IWL team has 21 members who meet every two or three months. We need new members to ensure we are representing all groups of staff - in particular medical and clerical staff - including those based at the Norwich Community Hospital or Aldwych House. If you would like to help please contact Lynne Middlemiss by email on Ext. 2211.

# CAN WE STILL AFFORD OUR JUNIOR DOCTORS?

*Consultant paediatrician Nandu Thalange looks at the impact of new working arrangements for SHOs*

**THE NEW DEAL** was designed to protect hard-pressed junior doctors from working excessively long hours and to improve their working conditions.

Fine, in theory. But thanks to overtime 'penalty' payments, some SHOs (junior doctors) are now earning more than some of the consultants



who take responsibility for their work! Even experienced nurses can achieve only a fraction of this through a combination of additional qualifications and exceptional clinical expertise.

The New Deal is a bad deal for taxpayers, for the cash-strapped NHS, for patients and for the junior doctors who ironically stand to gain so much cash from it.

Of course, it doesn't follow that all the time I spent in training (about 19,000 hours) was quality time. But junior doctors will now spend only around 7,000 hours in training and, because of their shift patterns, much of this will be outside the regular working week when most good training opportunities arise.

A recent survey of medical registrars conducted by the Royal College of Physicians found that the new working arrangements were grossly detrimental to training, continuity of care and home lives, and an overwhelming majority preferred some modification of the old 'on-call' system.

Patients now experience care from a multitude of different doctors, rarely seeing the same one twice, unless it happens to be the consultant. Failing to follow patients

through their illness is grossly detrimental and takes away personal responsibility - 'If I don't do it, someone else will...'

So what is the alternative? It has long been recognised that nurses,

**"With appropriate training, nurses can do many of the functions of a junior doctor and indeed, do them rather better"**

appropriately trained, can do many of the functions of a junior doctor and indeed, do them rather better. It is now common practice for nurses to conduct pre-operative assessments and a wide range of day-case investigations. Even front-line roles such as infant resuscitation and neonatal intensive care are now routinely undertaken by nurse practitioners in our own Trust.

So in future, rotas will be populated by nurse practitioners and career-grade doctors who are not in training and therefore do not qualify for these extra payments. SHOs will be employed for training purposes only, for a maximum 40 hours per week. Continuity of care will be greatly enhanced.

Consultants will no doubt continue to work well over the New Deal's stipulated maximum hours. They may be comforted to know that one day they will earn as much as their registrars.

But that's another story...

• *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.*

# Sue is on her way

*After 24 years of nursing in Norwich, Sue Tuck is preparing to take on the very traditional role of matron at Cromer Hospital. Here she explains why the appointment is 'a dream come true'*

**THE FIRST** thing Sue Tuck is planning to do when she arrives at Cromer is to move the matron's office from the spacious, bay-fronted room on the first floor to the ground-floor 'hub' of the hospital.

"I think it's important to be seen by the staff and patients and to be approachable," she explains. "The reason I love management is that I'm a people person first and foremost. I love nurturing teams and watching them develop. Hopefully I can use my experience to help staff through the inevitable changes that lie ahead."

Sue is referring, of course, to the plans for a new hospital at Cromer which are about to be considered by the Strategic Health Authority. If approved, they will bring together a whole range of health services - including mental health and primary care - on a brand new site in North Norfolk.

Despite spending her entire nursing career in Norwich, Sue is no stranger to change, having been Oncology Nurse Manager throughout the recent move to the Colney Centre. "It was a challenge to be involved in split-site working and the merging of two wards into one," she says. "Haematology and Oncology are very different and there was naturally some

## HAVE FUN AT THE FETE

Staff and Friends of Cromer Hospital are holding a summer fete in the hospital grounds on Sunday 3 August, from 2-4pm. Local groups, including guides, scouts, schools and charities, have been invited to organise stalls or games for their own fundraising, making this a real community effort.



*Sue Tuck: "The best things in life are worth waiting for"*

resistance to merging the two wards. But with patience, communication and a sense of humour you can manage most situations."

Her rise through the ranks started in the seventies when she trained as an enrolled nurse at the Norfolk and Norwich Hospital. She had spent her summer holidays working as a cleaner on Lakenham Ward, "which gave me a good insight into what to expect from hospital life."

After moving to intensive care, she completed a two-year conversion course to become a registered general nurse, she went on to become a sister in ITU (Intensive Therapy Unit).

She has since gained a degree in nursing practice and is about to begin studying for an MBA this October.

"I can honestly say I've loved every job I've had," she says with her characteristic broad smile. "But this job is ideal for me because I live in West Runton and I feel I know the area and its people very well. My husband's grandparents are even buried in the local graveyard!"

She is confident that plans for the new hospital will eventually be approved, "but it could take five or even ten years. The Bernstein legacy demonstrates the strength of support there is locally for Cromer

Hospital so it's important that the money is spent wisely for the benefit of the community. Yes, it's frustrating for both staff and patients but the best things in life are worth waiting for."

In the mean time, Sue is looking forward to getting to know the staff and patients at Cromer - and to enjoying an early morning run along the clifftop before setting off for work.

Both she and her husband Robert, a marketing consultant, are keen scuba divers and travel all over the world in pursuit of their hobby. "I love all kinds of sport but I draw the line at scuba diving off Cromer!"

## THE PULSE

### Head of Communications

Andrew Stronach: ext.3200

**Editor** Sue Jones: ext.5944

**Pictures** Lin Wymer, Simon Dove  
(Medical Illustration): ext. 3245

### Communications Assistant

Hayley Gerrard: ext. 5821

**Design Consultant** Steve Kirkendall  
(www.kirkendalldesign.co.uk)

Please send your contributions for the September issue by 10 August.

- The Pulse is funded from donations and not from NHS funds.