THE Pulse

Issue Number 9
September 2003

Norfolk and Norwich University Hospital NHS
NHS Trust

Changing faces

Latest techniques for rebuilding damaged tissue

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Buxton Ward gets a sensational new look

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Room with a view
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A lesson from British Airways

STAFF IN Urology are taking a leaf from the airline industry in a new approach to risk management.

British Airways have successfully developed procedures to prevent minor mistakes fom escalating. Staff from St George's Hospital in London decided to see whether the same lessons could be applied in a clinical setting - and the results so far have been encouraging. Now the NNUH Trust is planning to introduce similar procedures in Urology.

"We all strive to reduce human error but the BA model accepts that human error is inevitable and attempts to build a system that flags up mistakes early," says NNUH consultant urologist Ralph Webb. "Decisions are checked at each step, which allows staff to question a decision or action in a non-threatening way.

"At St George's a pre-flight check has been introduced prior to an operation list involving the surgeon, anaesthetist, theatre and ward staff. While the number of minor reported errors has trebled, the potential for serious incidents is significantly reduced.

"Errors in feeding patients, medication errors, wrong equipment being prepared and even the wrong side for operations have all been avoided."

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Change for the better

I was deeply saddened to read Dr Nandu Thalange's Viewpoint in the July issue of *The Pulse* ("Can we still afford our junior doctors?")

I agree that a significant proportion of a modern SHO's workload does not exclusively require a medical degree. However, it is also true that much of it does. For the record, it is a rare SHO that does not value the work of his or her nursing colleagues.

Yes, most nurses earn less than SHOs, but this is because we often work nearly twice as many hours as nurses. No-one I have ever worked with as a doctor in a training post has done a routine 40-hour week. Indeed, it is not uncommon to work 100 hours a week.

In days gone by, doctors had an extremely high suicide, addiction and divorce rate (five times the average amongst women). The New Deal may be far from perfect, but would we really want to return to the working conditions of the past? It is unacceptable in this modern age that in order to be a 'good' doctor you must sacrifice your family life. The European Parliament agrees.

As well as task redistribution, the other blindingly simple answer to problems with implementation of the New Deal is to have more doctors. We are currently training doctors here at the NNUH. So what message is Dr Thalange giving to those medical students? "I don't think you're worth the money so why don't you all retrain as nurses and then you can do the same job, but be paid less?"

Yes, change is coming. Yes, there are lots of problems to be resolved. But those solutions require a solidarity and unity so clearly lacking in Dr Thalange's 'Viewpoint'.

Dr Giles Cheeseman
SHO in A&E

Great professionalism

I would like to express my thanks to all who were involved in my case at NNUH. The traumatic news that I had breast cancer was handled with kindness and great professionalism.

During my stay on Brundall Ward, the staff did their utmost to enhance the experience in a caring, positive way and I had absolutely no fault to find with the meals or service. In particular I would like to mention the electronic bed, which enabled me to maintain my independence and get comfortable without the need to ask for help.

Cynthia Phillips
Bungay, Suffolk

LYNETTE'S LATEST MISSION

Lynette Yaxley, who 'retired' from the Trust last year to take up voluntary service overseas, is settling down to a very different way of life in a remote area of western Kenya.

With no running water or sanitation, conditions are extremely primitive. Lynette, a former children's diabetes nurse, has introduced hand-washing facilities at the hospital but says there is still a need for basics such as sheets, pillows, stethoscopes, thermometers, and a delivery table.

"The poverty here is appalling," she writes. "Malaria, typhoid, Aids and TB are all endemic in the local population. But in spite of the hardship the people are surprisingly cheerful and very welcoming."

Jane Lythell, a sister in Children's Outpatients, held a barbecue in August to raise funds for the mission hospital. If you would like to contribute to Lynette's appeal, call Jane on ext 3054.

IN THE PINK

If you go down to Buxton Ward today, you could be in for a surprise. Thanks to a Lottery-funded arts project, the corridor has been transformed into a vibrant pink 'sensation' with overhead retro-style 'hairdryers', activated by sensors, emitting a variety of sounds and lights. Artist Robin Blackledge has drawn on the ideas of local schoolchildren to create the installation, with the help of the Inspire Science Centre and the Norwich School of Art and Design. The project also involves a series of Sci-Art shows for children.

Unlocking the past

JODIE BRIGHTEN, a ward clerk in EAU, is helping people with dementia by trying to unlock their memories of the past. She volunteers two hours each week for the Pabulum Dementia Task Force (the word *Pabulum* means 'mental nourishment' in Latin), a Norwich-based charity that aims to help sufferers in their own homes.

"We look at old photos together and try to build a scrap book full of mementoes," says Jodie. "It provides a visual record of their past lives. And it's very satisfying for us because they so enjoy our visits."

More volunteers are needed - if you would like to help, contact the Pabulum Dementia Task Force on 01603 424100.

WELCOME

...to **Dr Roger Hall** consultant cardiologist, **Dr Daniel Epurescu** consultant oncologist, **Mr Milind Kulkarni** paediatric surgeon, **Mr Jim Wimhurst**, consultant orthopaedic surgeon and **Dr Helen Yarraton** consultant haematologist, who have joined the Trust this summer.

FAREWELL

...to the following staff who have left the Trust since 1 July 2003:
David Martin, scientific officer in Chemical Pathology, after 39 years' service, **Margaret Press**, nurse on Hethel Ward, after 28 years, **Christine Woodcock**, nurse on Holt Ward, after 24 years and **Wendy High**, assistant technical officer in Pharmacy, after 24 years.

Success at 53 for Linda

NURSING AUXILIARY Linda Congdon, has been awarded 'Adult Learner of the year' by City College after completing a BTEC National Certificate in Health Studies at the age of 53.

Linda went back to school to re-learn how to read and write so she could study for the NVQ Level 3 in Care. She went on to do the BTEC course on the suggestion of the sister on Edgefield Ward, Linda Page.

"It took me 11 hours to type out my first 2000-word essay because I'd never used a computer before," she recalled. "But I had a lot of support and the work was really interesting. For instance, we looked at discrimination issues and how we can show prejudice without being aware of it. I even received distinctions for some of my essays!"

Senior healthcare co-ordinator Julia Watling is delighted that Linda can now join the growing number of Senior Health Care

Linda Congdon (right) with Julia Watling

Assistants who have qualified with the Trust. "The training programme is a great innovation because it means staff from many different disciplines can gain the theory they need to carry out more demanding tasks and climb the career ladder," she explained.

• *If you would like to know more about becoming a Senior Healthcare Assistant, contact Julia Watling on ext. 5807.*

PEOPLE POWER

Disability comes under the spotlight on September 19 when a special event, called *Empowering Disabled People*, takes place in the East Atrium. The aim is to raise awareness among staff with a series of quizzes and competitions.

Clinical governance is a priority for us all

AS I WRITE this column we are at the peak of a sweltering (if you are working) or glorious (if you are not) August heat wave. Whatever the discomforts, I suspect it will not be long before autumn sets in and we start to remember the sunshine and heat with nostalgia.

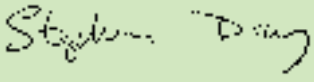
Some parts of the new hospital have been uncomfortably hot this summer (including the management offices) and we will do our best before next year to see what more we can do to help.

Since the last issue of *The Pulse,* the much-debated star ratings have been published and the Trust has again been awarded two stars. There is no disgrace and much to be proud of in this achievement. The fact that we so narrowly missed regaining the third star, due to the CHI Clinical Governance Review, only serves to remind us of the importance of the quality agenda. It is essential that we have systems for ensuring that our clinical services are demonstrably of high quality.

In search of scapegoats in the wake of the star rating announcement, some pointed fingers at our small and dedicated Clinical Governance team. This is unfair. Clinical governance and quality must be a priority for all of us - every single member of staff has a contribution to make.

To this end the Clinical Governance Committee has started on a programme of work to become more effective and to support the Trust better. The committee is being reshaped and refocused with new terms of reference and will give clearer guidance and support to the directorates.

Human Resources is a critical part of good clinical governance and I am delighted to welcome Mark Sinclair, who recently joined the team as Director of Human Resources.



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

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 Saturday and Sunday

Serco (for housekeeping, 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
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

• The following departments are based at **Norwich Community Hospital,** Bowthorpe Road, Norwich NR2 3TU, Tel: 01603 776776: Breast screening, Health records library, Diabetes Research, Pain Management

• The following departments are based 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.

Clinical Services:

A new management team for Clinical Services was announced in July, following a review of the Trust's management structure. The Directorates are now grouped into four Divisions, each headed by a clinical director and a divisional general manager.

Leading Clinical Services as a whole is Anne Osborn, formerly Director of Corporate Management. She has two deputies: Gary Walker, responsible for Service Planning and Improvement, and Carl Dodd, who is responsible for Operations as well as being Divisional General Manager for Medical Services.

Director of Clinical Services and Deputy Chief Executive

Anne Osborn

With 19 years' experience in the NHS, Anne Osborn started her career in management training with the Mersey Regional Health Authority. She joined the Trust nine years ago from the Royal Liverpool University Hospital, where she was general manager for surgery.

As Director of Corporate Management, Anne played a pivotal role in negotiating the move to our new hospital. The focus now is on working with our partners in Primary Care to deliver and improve health services.

"The changes in my role reflect the fact that we are an evolving organisation," she says. "The new structure is an exciting opportunity to enable departments to work more closely together and to involve clinicians much more in the management of the Trust."

At home in South Norfolk, Anne spends 'many a happy hour' cycling the lanes or visiting the steam trains at Bressingham with her husband and three-year old son.

Deputy Director of Clinical Services (Service Planning and Improvement)

Gary Walker

Before joining the Trust in 2002, Gary Walker was head of performance at the former DOH eastern regional office, having worked in a number of acute hospitals in London. Aged 33, he has been acting assistant director of surgery since April.

His new role embraces service improvement, planning and performance. "I'm particularly keen to support staff who are passionate about improving services," he says. "If you need help to progress your projects, please give me a call on ext. 5905."

Gary is a keen sailor - he has just returned from two weeks in Iceland - and is currently doing an Open University research project on engaging clinicians.

Deputy Director of Clinical Services (Operations)

Carl Dodd

Previously deputy director of nursing and assistant director for medicine, Carl Dodd has worked in the NHS for 30 years in a variety of nursing and managerial roles.

He trained as a nurse in Liverpool and Manchester and gained experience in psychiatry and acute dialysis before becoming a senior nurse in intensive care. He joined the Trust in 1995 as general manager for Theatres.

Married with four children, Carl enjoys going to the cinema and theatre - when he is not on family chauffeuring duties.

DIVISION ONE

(Medical - including emergency services)

Divisional Clinical Director

Paul Jenkins

Paul Jenkins has been the lead clinician for emergency services since 1995. Trained in Cambridge and London, he came to Norwich from Oxford, where he was Senior Registrar in General and Respiratory Medicine and Intensive

the management team

The new divisional management team, from left: Melissa Blakeley, Cherry West, Carl Dodd and Gary Walker

Care. His has held a variety of teaching posts, including Clinical Tutor, Associate Dean to the Cambridge Clinical School and, more recently, Regional Adviser to the Royal College of Physicians.

He firmly believes the new management structure will bring a corporate approach to tackling the conflicting demands of elective and emergency services within the Trust.

Among his achievements, Paul lists his 'success at breeding scrum-halfs' (ie two rugby-playing sons).

Divisional General Manager
Carl Dodd (se left)

DIVISION TWO

(Surgical - including Theatres, Critical Care and the Day Procedure Unit)

Divisional Clinical Director
Krishna Sethia

Trained in Oxford and Newcastle, Krishna Sethia, 49, has been a consultant urologist with the Trust since 1990. A former Clinical Director for Urology, he is currently a member of the Specialty Advisory Committee (SAC) in urology, an examiner for the Royal College of Surgeons and a member of the Intercollegiate Board. He is responsible for manpower planning nationally on behalf of the British Association of Urological Surgeons.

He welcomes this new role as an opportunity for clinicials to be more closely involved in planning hospital activity and maintaining quality.

A father of four, Krishna lists flying and playing golf among his interests. He also finds time to run a wine business with the help of two other partners.

Divisional General Manager
Cherry West

With a clinical background, Cherry West moved into general management seven years ago, undertaking various research and operational management posts before joining the Trust two years ago.

She says: "Combining surgical specialties with theatres, DPU and anaesthetics in a single management structure will enable us to manage the whole patient pathway more efficiently - which in turn will also improve the working lives of our staff."

Having uprooted her family from London to a farmhouse in South Norfolk, Cherry enjoys the country life and in her spare time juggles DIY projects with being 'social secretary to three children.'

DIVISION THREE

(Women and Children's services, Family Planning and Genito-urinary Medicine)

Divisional Clinical Director
Ric Warren

The clinical director for Obstetrics and Gynaecology since 2001, Ric Warren trained at King's College Hospital in London, where he undertook research into fetal medicine.

He was a junior doctor at the N&N before being appointed a consultant obstetrician and gynaecologist in 1987. He now practises as a generalist with special interests in fetal medicine, the menopause and premenstrual syndrome.

He is on the Council of the Royal College of Obstetricians and Gynaecologists and has served as a specialty tutor and regional adviser. Of his new role, he says: "I welcome the increasing involvement of clinicians in management - I am convinced that the challenges we face, both as a Trust and in the NHS as a whole, are better tackled by such a combined team."

Married with two teenage children, Ric lives in Norwich.

Divisional General Manager -
Neal Barker
(Newly appointed from Hinchingbrooke Hospital - due to join NNUH in November)

DIVISION FOUR

(Clinical support services)

Divisional Clinical Director
Erika Denton

A consultant radiologist with a special interest in Breast Imaging, Erika Denton is head of Radiology training in Norwich, where she has played a pivotal role in establishing an independent radiology training scheme. In addition to a number of external teaching roles, she has an active interest in research projects shared with the UEA, Addenbrooke's and other institutions.

She says: "I hope to build on the many strengths of the Clinical Support Division, achieving a balance between service delivery and the needs of staff at all levels. I also aim to facilitate excellent lines of communication between the management and clinical staff."

With three children under ten, Erika finds little time for outside interests but 'given time I will always gravitate to the garden and cooking'.

Divisional General Manager
Melissa Blakeley

As deputy director for the Norwich 2 project team, Melissa Blakeley played a key role in managing the move to NNUH in 2001. At 37, she has worked in the NHS for 14 years and was general manager for medical and elderly services in Halifax before coming to Norwich in 1998.

She is looking forward to the challenge of delivering local and national initiatives and to forging good working relationships throughout NNUH and in Cromer.

Married to a barrister, she has two young daughters 'through whom I have taken up ballet, violin, Brownies and cake-baking'.

CHANGING

Roger Rees, a leading maxillofacial surgeon at NNUH, talks to **Sue Jones** *about some of the latest techniques for rebuilding damaged facial tissue*

A MODELLING technique pioneered in the car industry is helping surgeons to rebuild the jaws of patients following cancer treatment.

The acrylic models are produced from CT scans to provide an accurate replica of the patient's skeleton. Using a special 'Meccano set' of titanium plates, bolts and screws, the surgeon can then construct accurate plates on the acrylic skull prior to tackling the real thing in the operating theatre.

"This technique is not new but it's still quite rare because the models and equipment we use are so expensive," explains maxillofacial surgeon Roger Rees. "For instance, each acrylic model has to be specially commissioned at a cost of up to £1,000, and the titanium plates cost between £200 and £300.

"The good thing is that we can experiment and bend the titanium plates to create the required shape for each individual patient. This means we know what to expect before we start surgery and there is less risk to the patient because the operation itself is so much shorter."

One of the first patients to benefit from this technique at NNUH is Graham Butler,

"We are using the skills of a whole team of talented people, plus a range of technologies from diverse places, all married together to treat one patient"

an IT consultant whose jaw bone became infected following treatment for a cancerous tumour. A team of four surgeons, including plastic surgeons, maxillofacial and ENT specialists worked together in theatre to remove a 10cm section of bone from his lower leg and transplant this, together with related blood vessels, to the lower jaw.

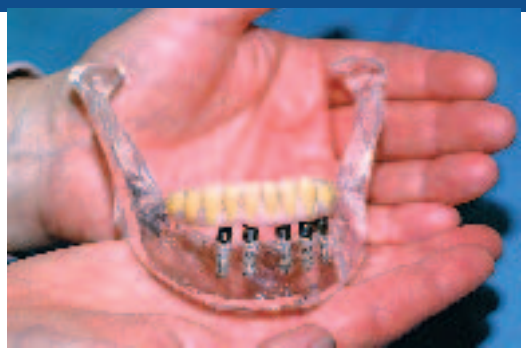
The damaged tissue was removed from the jaw and sections of new bone grafted on using the specially prepared plate and screws. Arteries and veins were also transplanted along with the bone and plumbed into the vessels of the neck to keep the bone viable.

So far Mr Butler has undergone surgery to restore his damaged lower jaw. The next step is to put implants into the newly grafted bone to support teeth, in a technique that has been practised at the Norfolk and Norwich for about ten years.

Funding for these complex operations are currently limited to patients with tumours or facial deformities, or those who have lost

tissue due to severe trauma. However, the acrylic modelling technique - known as stereo lithiasis - may eventually be extended to help other patients. For instance, it could be used to make models of compound fracture of other parts of the skeleton such as the pelvis. This would allow operations to be planned in more detail so that plates and screws can be constructed to the exact

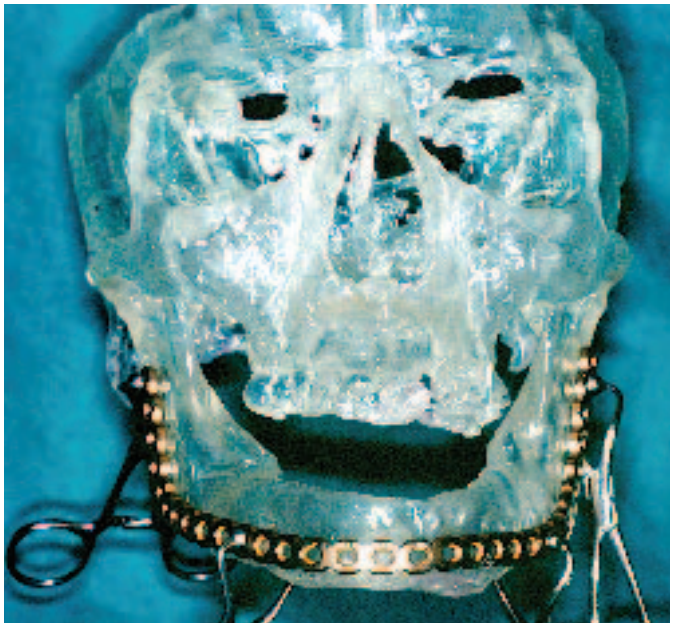
FACES



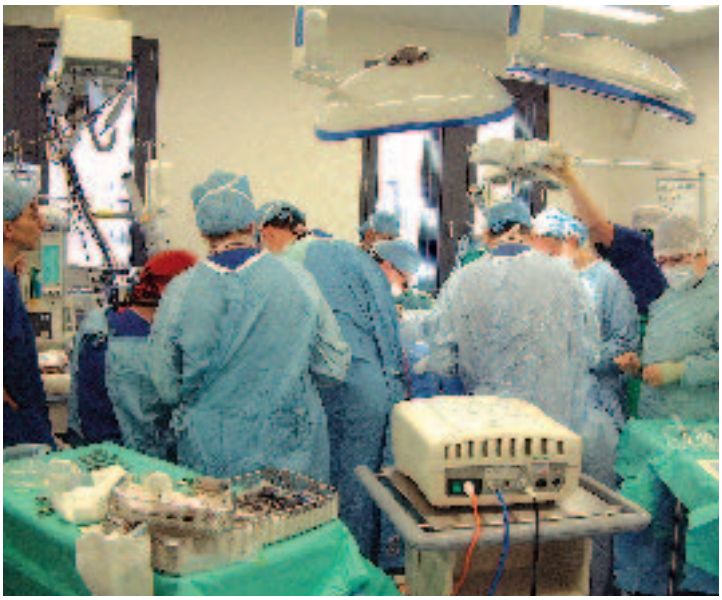
shape required before surgery.

"The great thing is that we are using the skills of a whole team of talented people, combined with a range of technologies from diverse places, all married together to treat one patient," says Mr Rees. There's a real sense of achievement when the operation goes well and the patient's quality of life is significantly improved."

THIS ACRYLIC *model was created from CT scans of 64-year-old cancer patient Graham Butler, in a technique developed to make prototypes for the car industry.*
Mr Butler himself declined to be photographed just yet as he is awaiting more cosmetic surgery. However, he paid tribute to the work of the surgeons who 'rebuilt' his face and is looking forward to the next stage of his treatment - the construction of implants to support permanent teeth (see example, above right). When shown the acrylic model of his own skull he admits he found it 'scary but very impressive' . "I hope the lessons learned from my operation will help others who face similar surgery," he says.



TECHNICIAN ROBIN HOARE *(pictured left with maxillofacial surgeon Roger Rees) is one of a team of maxillofacial prostethic and orthodontic technicians who are used to creating all kinds of prostheses, from eyes and teeth to false nipples. "Each case is different, and that's what makes the job so interesting," says Robin, who was responsible for bending the titanium bar prior to Mr Butler's surgery. Although rarely used, acrylic models are an extremely helpful aid to planning this type of surgery as it allows for the internal structure of the skull to become visible.*



Left: *the scene in theatre as three teams of surgeons work simultaneously on Mr Butler*

The last few months have seen the arrival of some new faces in the Norfolk and Waveney Cancer Network. **Rebecca Driver** *explains the aims of the Network and the role of its core management team*

NETWO

SET UP in 1999, the Norfolk and Waveney Cancer Network is one of 34 networks created to deliver the cancer agenda set out in the NHS Cancer Plan.

Working in collaboration with partners in the Norfolk and Norwich and James Paget Trusts, six Primary Care Trusts (PCTs), social services and the voluntary sector, the Network's core management team has an important role in developing cancer services throughout the Norfolk and Waveney area.

This requires networking with clinicians in primary care, secondary care and community and palliative care, together with user representatives.

All decisions in the Network are approved through the Network Management Board, which has senior representation from Trusts and PCTs at Chief Executive level. This is vital because the work of the network involves changing services and securing investment, both of which are essential to delivering the national cancer agenda.

Key to the process are the Site Specific or 'body site' groups, each led by a consultant with extensive experience in cancer services. There are 11 consultant leads covering all the cancers from lung to breast, colorectal to dermatology, and these head multidisciplinary groups which work to develop and improve the way patients receive their cancer care.

Also key to the Network are the six PCT cancer leads who ensure a focus in primary and community care. Recently they have worked closely with the Networks' Patient Partnership Group to address communication issues between primary and secondary care, and this is an area we will be focusing on in the coming months.

As a team we are committed to supporting all our partners in achieving the cancer targets. We will work with patients, carers and staff to change the way we deliver services, and this in turn will help to secure the investment we need for cancer care.

Achievements so far

SO FAR, the Norfolk and Waveney Cancer network has brought about:

- Sustainable improvements in services to reduce waiting times for patients
- A central referral system for urgent suspected cancers, providing better access to treatment, booking and choice
- More patients involved in clinical trials and other cancer studies
- Investment for additional clinical posts
- The development of training in communication skills for medical and nursing staff, as part of a national pilot

David Ellis - Lead Clinician

David Ellis has been Network's lead clinician since October 2002. A former chairman of the Eastern Region cancer task force, he is the lung cancer lead at the James Paget Healthcare Trust where he has been a consultant physician for 20 years. He has been closely involved with the development of the cancer network since 1997.

Rebecca Driver - Lead Manager

Rebecca joined *the network in May from Cardiff and Vale NHS Trust, where she was Directorate Manager for Neurosciences. She was previously Service Manager for General Surgery, Urology and Paediatric Surgery at Addenbrooke's Hospital. With 13 years' experience in the NHS, she is responsible for leading, developing and maintaining high quality cancer services*

THE CANCER ORK

Key challenges for the future

- To improve communication across the Network
- To audit the two-week wait across all the cancer body sites
- To support the delivery of the promised 62-day target from referral to treatment for urgent cancer cases by December 2005
- To develop services in line with guidance from NICE (the National Institute for Clinical Excellence), particularly in upper gastrointestinal and urological cancers
- To implement planned investment in palliative care across the network
- To improve patient and carer involvement in planning and developing cancer services
- To work with clinical teams to redesign services and secure the investment we need to sustain improvements
- To prepare for assessment against national standards

across the network in accordance with national standards for cancer care, with a particular focus on investment in cancer and delivering the Local Development Plan.

Maggie Parsons - Lead Nurse

Maggie took up her post in August, having worked in cancer care for 14 years in a range of clinical and managerial roles, both in the NHS and the voluntary sector. She has specialised in providing information and support for people affected by cancer. Maggie is the professional nursing lead for the Network, with a focus on palliative care, workforce development and patient partnership.

Jo Bohan - Service Improvement Lead

Jo joined the Network earlier this year from Greater Manchester and Cheshire Cancer Network, where she was programme manager. She has a wealth of experience in modernisation and service redesign with a strong clinical and managerial background, having attained a Masters Degree in Health Services Management. She began her career as an auxiliary nurse 25 years ago and progressed to Nursing Diploma level in Anaesthetics, Recovery and ITU/HDU. Jo is responsible for leading the implementation of sustainable redesign in cancer services across the Network.

Margaret Brandish - IT and Audit Manager

Margaret has 23 years' experience in the NHS locally, with a background in management services, clinical audit and cancer registry. She has led service improvement initiatives in the redesign of outpatient clinics for cancer and is a member of regional groups for cancer information. Margaret is leading the implementation of a local plan to meet information and audit requirements in cancer services across the Network.

Jane Beety - Cancer Research Network Manager

Jane took up this post in 2001 following the launch of the National Cancer Research Network. She was previously the Oncology clinical trials co-ordinator at the N&N, having joined the Trust in 1995 with a PhD in Nutritional Biochemistry. She leads a dynamic and committed research team who support the recruitment and management of patients on clinical studies in cancer.

Jemma Sharp - Network Administrator

Jemma joined the Network in July 2002 after six years as a medical secretary and PA at the N&N. She provides administrative support to the Network, in particular to the Lead Clinician and Lead Manager. She is also responsible for coordinating all the site specific group forums.

Contact the Network

The Cancer Network management team is based at the Norwich Community Hospital in Bowthorpe Road. Contact Jemma Sharp on ext. 4864 or go to www.cancernw.com if you would like more information.

Children's CHAMPION

Dr Rosalyn Proops has been fighting for the rights of abused children for more than 20 years. She talks to **Sue Jones** *about her latest campaign to give them the justice they deserve*

THE RECENT case of Sally Clark, the mother who was wrongly convicted of murdering her two baby sons, raised important questions about expert witnesses giving evidence in court. For community paediatrician Rosalyn Proops, head of Norwich's child protection team, this was not before time. She believes the whole judicial process is ripe for reform.

"I've been taken to pieces by defence lawyers on many occasions," she says. "But it's the children at the heart of these cases who are really suffering. Too many are being forced to go through the ordeal of being questioned in open court, even though video evidence is supposed to be sufficient, and the judicial process is being prolonged unnecessarily. Meanwhile the children themselves are simply not being heard."

Now Rosalyn has used her considerable knowledge of child protection, working with the judiciary and others, to put together a new guide aimed at both health professionals and lawyers. Called *The Use of Expert Evidence in Public Law Child Protection*, the 32-page booklet explains in layman's terms the role of different health professionals and social workers, and provides a simple checklist to help lawyers find the right expert to call. The next step is to compile a local database of suitable experts.

"As professionals we tend to use jargon and to assume that others know what we are talking about. But there can be a lot of confusion. For instance, what is the difference between a psychiatrist and a psychologist? And how does a County Court differ from the High Court? We felt a simple explanation was required."

The guide has been highly praised by the president of the Family Division, Dame Elizabeth Butler-Sloss, who is currently looking at the whole issue of expert witnesses in court.

"At the moment there is no quality assurance for experts called to give evidence," says Rosalyn. "How do you distinguish between one expert and another? And who decides which expert to call? It seems to me that the medical colleges should have a role in this."

Rosalyn's determination to champion the rights of children go back to the early days of her career as a paediatrician in Birmingham. After gaining experience in the US as Associate Professor of Genetics at the University of Hawaii, she took up a post as lecturer in community paediatrics in Edinburgh in 1985 and it was there that her interest in child protection was rekindled.

"The whole issue of child abuse is sensationalised in the media... yet the children themselves are still not being heard"

"In those days doctors were slow to acknowledge child abuse - I was also up against a strong Scottish hierarchy where being English and a woman was a real disadvantage! Eventually I managed to set up a joint clinic with a local social worker, and together we saw large numbers of children from the estates outside Edinburgh.

"Since then there has been a sea-change in attitudes but there is still ambivalence about child protection. On the one hand the whole issue has been sensationalised in the national press, but at the same time the children themselves are not being heard. Children give out messages in their own way - this should not be disregarded as evidence simply because they are too young.

Child abuse - the facts

- In the Norwich area there are three community paediatricians on call 24 hours a day to provide a second opinion in cases where child abuse is suspected.
- Each week an average of five children are referred to the child protection team - excluding those who are admitted to hospital. Around a quarter are babies.
- Of the 70-80 admissions to the Jenny Lind children's department each week, around three are thought to result from incidents of physical abuse.
- In Norfolk there are 180,000 under 18s, of whom around 800 are in local authority care. This is slightly more than the national average.
- Another 350 are on the child protection register, although the number of children who are referred to Social Services is at least four times that figure.
- An average of 60 children are adopted in Norfolk each year, most of whom have a history of abuse.

I look forward to the day when the rights of the child are equal to those of the defendant."

Rosalyn points out that the vast majority of people who harm children do not do so intentionally - most simply do not have the necessary skills to take care of children properly. "It's a problem for society and we need to address this in the community by providing more support for the families. At the moment the support in this area is patchy - it's improving but there is still a long way to go."

So what of the children who slip through the labyrinthine court process and continue to be abused? "I'd like to say that after 20 years I am more able to accept the ups and downs of the job. But I suspect my husband would disagree. I keep reminding myself that I'm not here to save all the children!

"It helps that I have people to talk to - we are a close-knit working team including Dr Sue Zeitlin and Dr Richard Reading - and that I have two children of my own, now in their twenties, who keep me grounded and grateful for what I've got. I'm also part of a long-running medical partnership - my husband (Peter Forster) is a physician at the James Paget Hospital so he understands what I go through.

"On the plus side I enjoy working with children and families and I try to make it fun for them too. If they go out smiling then I feel I've done my job well."

• For a copy of 'The Use of Expert Evidence in Public Law Child Protection' or to contact the child protection team, call 01603 508931 (email sue.buffin@norwich-pct.nhs.uk)

VIEWPOINT

DO WE REALLY NEED MORE CAR PARKING?

Director of Facilities **David Walsh** *calls for a more creative approach to transport issues at NNUH*

NOW THAT the dust has settled on the new hospital, attention has once again turned to the thorny issue of transport.

Yes, the move has caused a lot of inconvenience for those who live in the city. Yes, the car park, though big, is not big enough to accommodate all who would like to use it. And yes, there have been some ups and downs with bus services.

I fully acknowledge that the situation is not ideal. However, is it really so much worse than that faced by other hospitals? And what can we as a Trust do about it?

I come across many people who believe the simple solution is to provide more parking spaces. But is this realistic in view of planning constraints and maintenance costs?

We have already issued 4,000 permits - enough for four permits for every five members of staff - and there are 1,300 spaces for staff use. We have approval to build another 460 spaces, but unless we review our permit arrangements this is unlikely to do more than relieve some of the pressure on the existing staff car park.

As an employer we have a duty under NHS legislation to provide a safe work space, and this extends to car parking. We have also been asked to prepare a travel plan that shows we are encouraging other modes of transport.

In some ways, the move offered the ideal opportunity to encourage more people to get out of their cars and use public transport. Clearly this would be beneficial for the whole community, including those of us who need more exercise.

Around 16 per cent of our staff currently come to work by bus, including park & ride users, while up to 150 staff arrive by bike. But are we doing enough to encourage these means of transport? I think we have made a good start but could do better. I would like to see improved bus stops and more information available to bus users. I would like more secure cycle parks and changing facilities.

We could offer incentives for car sharing and provide pool cars for groups of 'regular' users. We could even provide free loans for bikes and mopeds. Hospitals such as Addenbrooke's have successfully introduced an access department to deal with such issues.

"The move offered an ideal opportunity to encourage more people to get out of their cars and use public transport"

Should the cash-strapped NHS pay for these measures? Perhaps the answer is to increase the cost of parking for staff who are entitled to permits. Who knows - it may even persuade more of us to leave the car at home and catch the bus? And with more people using public transport, companies would be competing for the privilege of providing us with a regular, reliable bus service.

• 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.

Room with a view

Cromer's Endoscopy Unit now has state-of-the art equipment, thanks to Sagle Bernstein's generous legacy. The Pulse *went behind the scenes to talk to staff and patients*

Into the unknown: Sue Castleton jokes with staff before her colonoscopy and (right) sister Anita Martins prepares for the next patient

SUE CASTLETON is one of a growing number of patients who are benefiting from Cromer's new state-of-the-art endoscopy facilities. Her procedure, known as a flexible sigmoidoscopy, was carried out with the help of £269,000 worth of new equipment bought with money left to the hospital by a former patient, Sagle Bernstein.

"Luckily the procedure was only a precaution because I'd had some bleeding from haemorroids," says Sue. "The doctor wanted to make sure that nothing else was causing the bleeding, so he arranged for me to have an internal examination at Cromer.

"A tiny camera was passed through my bowel and the pictures were displayed on a screen. It was uncomfortable at times - though I could have had a sedative - but also fascinating to see the inside of my bowel! I was reassured to learn that everything looked quite normal and there was nothing more sinister to worry about than my haemorroids. The whole procedure took only about 20 minutes and the staff were really welcoming and kind."

Last year a total 1750 investigative procedures were carried out in the Endoscopy Unit and the number is likely to rise when screening for bowel cancer is introduced nationally, as expected.

All investigations are carried out by doctors, including a local GP who is trained in this specialised work. Training is a high priority for the Trust - NNUH was recently chosen to be a centre for endoscopy training by the Royal College of Surgeons.

The six-strong Endoscopy team at Cromer includes two nurses who have been with the Unit since it opened in January 1998. "We take a pride in our work and always try to make our patients feel at ease," says the sister, Anita Martins.

In a recent audit, the staff scored 100 per cent for their efficiency in processing and tracking endoscopy equipment.

THE PULSE

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