

THE PULSE

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Our Vision

To provide every patient
with the care we want for
those we love the most

Norfolk and Norwich University Hospitals



NHS Foundation Trust



Ahead of the curve

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Anna Dugdale (seated) with some of the triathlon competitors from NNUH

Iron will of the NNUH athletes

STAFF FROM NNUH have clocked up hundreds of miles training for the gruelling Ironman challenge this summer. Not content with a traditional marathon or even a triathlon, thoracic registrar Jakub Kadlec (above right) and orthopaedic surgeon Ben Davis (bottom right) have each completed the full Ironman



Runaway success for NNUH teams

RELAY TEAMS from NNUH swept the board at this year's Norwich Triathlon, taking first, second and third places at Whitlingham country park on 3 July.

The winners were Dr Paddy Wilson's team, X-ray Specs from radiology; in second place were Splash, Flash and Dash from theatres, led by Sister Caroline Banson, and Dr Gill Turner's team, Flesh 'n' Blood from haematology, came third.

The course consisted of a 1500km swim, a 39km bike ride and an 11km run.

Jane Bond, a theatre sister at NNUH who trains the swimmers for the Trianglia club, commented: "Everyone who took part finished the course and for some this was a major personal achievement. Carole Winstanley, a specialist practitioner in theatres, completed the mile-long open-water swim for Winston's Winners after only recently learning to swim."

NNUH chief executive Anna Dugdale came first in her age group in the individual sprint event, completing the 750m swim 18km bike ride and 5km run in just over 1hr 36mins. She commented: "It was great

fun to be one of so many hospital staff taking part and I was most impressed by their teamwork! Our next challenge is the Cambridge to Norwich bike ride on 2 October, when we are hoping that hundreds of staff and their families will turn out to support the Norwich Cots for Tots appeal."



CHRIS BECK, a radiographer specialising in cancer treatment, took on some of the world's best athletes in the sprint event of the ITU World Triathlon Championships in Beijing in September, coming 13th in his age group and 80th overall. Having studied sport science before training as a radiographer, he takes

an "analytical approach" to his sport. "It can be hard to start training after a ten-hour day but I am very focused – in my work as well as my sport – so I just get on with it."

"I am 30 this year and I owe it to my girlfriend to cut down a bit. However, Beijing was a fantastic opportunity and I was determined to give it my all."



distance (2.4-mile swim, 112-mile bike ride and 26-mile run) in around 12 hours, while Alanna Forrester, (left) a staff nurse in Critical Care, was delighted to finish the half-Ironman

course in Somerset inside eight hours. She was one of only 27 women to finish the half-ironman distance out of field of 1,250, raising £1,400 for charity in the process.

Both Jakub, who competed in Zurich this year in support of the Oesophageal Patients Association, and Ben, who took part in the Bolton event, agree it is more about the personal challenge than winning the race.

"It's quite a solitary activity and you are really competing against yourself," says Ben.

Meanwhile orthopaedic surgeon and former Ironman Peter Chapman says he was happy to call it a day after completing the Zurich Ironman challenge in 2007. "The training is quite onerous and I am not 100 per cent convinced it is good for you!" he commented.



MRS PAMELA BIGGS, from Kent, is preparing for a family trip to New York after winning first prize in our Open Day raffle. The prize of a holiday for four was generously donated by Fujifilm. Mrs Biggs is pictured collecting her prize from Fujifilm's Mark van Rossum, together with her husband (left) and Trust chief executive Anna Dugdale. She attended the open day and fete while visiting her family in Norfolk.



CARERS' INFORMATION DAY

If you would like to hear about the services and support available for carers locally you are welcome to come along to the East Atrium on 14 December from 10am to 4pm. A number of charities and organisations will attend, including Age UK, the Norwich and District Carers' Forum, MIND, Parkinson's UK, the Alzheimer's Society, the National Autistic Society, Asperger's Association and Home Instead. For more information email catherine.sparkes@nnuh.nhs.uk

Carrie takes on new nurse consultant role

CARRIE WINGFIELD, a dermatology specialist nurse who started her NHS career as a nursing auxiliary, has been appointed the first nurse consultant at NNUH with full responsibility for seeing patients and carrying out procedures that were previously the preserve of doctors. She is thought to be the only dermatology nurse consultant in the NHS qualified to practise skin surgery at this level.

Carrie has risen through the ranks and studied in her spare time to develop her role as a specialist nurse. In 2005 she made history by becoming the trust's first nurse prescriber and she has since won several national innovation awards for introducing nurse-led clinics to improve patients' access to specialist treatment. She has twice been shortlisted for leadership awards in the NNUH Foundation Trust Staff Awards.

Carrie left school at 16 and worked in retail for ten years before becoming a nursing auxiliary at the West Norwich Hospital in 1990. She was trained at the James Paget Hospital and returned to the



West Norwich after qualifying in 1996.

"My son was three years old when I decided to try nursing as a career," she recalled. "I did an Open University course to get me started and I've been studying, one way and another, ever since! My partner and family have been wonderfully supportive – I couldn't have done it without them.

"Most importantly, I've been extremely lucky to have a strong team around me, including dermatology consultants who encouraged me every step of the way."

Carrie has contributed research and articles to a number of professional journals and she is president-elect of the British Dermatological Nursing Group, a role she will take in July 2012 for the following three years.

Liver surgery comes under the spotlight

OUR MEDICINE for Members event in September focused on the future of liver surgery at NNUH and the proposal by the East of England Specialist Commissioning Group to centralise liver cancer surgery in one regional centre.

The liver service provided in Norwich has excellent clinical outcomes and the hospital Governors have voiced their support for ensuring that the service continues to be provided in Norwich.

About 50 per cent of patients with colon cancer go on to develop liver tumours and surgeons from NNUH described how they work closely together to provide a joined-up service for patients.

Alan Stephens, who leads the patient group Together Against Cancer, said: "I have benefited from the excellent care available at Norwich and would like to see this continue for other patients. It is essential that the two elements of the service - liver surgery and colorectal surgery - are offered together."

NNUH Chairman David Prior said: "The meeting demonstrated the very good outcomes for cancer patients requiring liver resection surgery at NNUH and the very close clinical association between liver surgery and colorectal surgery."

OUR NNUH TRUST AGM was held in September, when we celebrated the 10th anniversary of the move to the Colney Lane site. There was an exhibition of work showing how technology and treatments had changed and Dr Stuart Williams, consultant radiologist and clinical director, talked about the significant technological changes that have enabled faster and more accurate diagnoses for patients.

DATES FOR YOUR DIARY

The next Council of Governors meeting takes place at NNUH on 16 November at 10am. *If you wish to attend, please contact the Membership Office as space is limited.* Call 01603 287634 or e-mail membership@nnuh.nhs.uk

Early intervention helps RA patients

HEATHER HASTHORPE, a rheumatology nurse practitioner, has pioneered a nurse-led treatment programme for patients with potentially damaging rheumatoid arthritis (RA). She works closely with her consultant colleagues in Rheumatology to identify



patients who are suitable for the treatment. The patients are then fast-tracked to the Escalation Clinic where they start immediately on first-line drugs such as Methotrexate.

"Evidence shows that early, aggressive intervention can lead to clinical remission for some patients – often delaying the need for biologic drugs," says Heather. "It's vital that patients are closely monitored to ensure the disease is controlled and avoid the potential joint destruction that can lead to deformity and disability."

Patients are seen monthly during the escalation period and their drugs stepped up until they are stabilised or referred for biologic treatment.

More than 300 patients have been seen since the

programme started a year ago and a second weekly clinic is now being run by Heather's colleague, Pearl Claydon. Patients also have access to an advice line run by the rheumatology nurse practitioners.

The rheumatology team work closely with a local support group, the RiNG (Rheumatoid in Norfolk Group), and operate a "buddy" scheme to put newly diagnosed patients in touch with others for information and one-to-one support.

For more information about the group see www.thering.org.uk or call 0800 055 3637

Staff Awards 2011

THE SHORTLIST for this year's Staff Awards has now been drawn up and the winners will be announced during a ceremony at The Forum, Norwich, on 7 October, hosted by BBC Radio Norfolk presenter Chris



Goreham (left). Once again the judges had a difficult task to wittle down the 500 nominations we received before the deadline of 30 June. This year there are 13 categories including Team of the Year, Leadership and Unsung Hero (clinical and non-clinical) as well as five members of staff nominated by their colleagues for Lifetime Achievement. The winners will be featured in December's issue of *The Pulse*



Jack is apprentice of the year

JACK CLIFTON, a support worker in the chemical pathology laboratory at NNUH, has been named Apprentice of the Year by City College Norwich after impressing his assessors with his enthusiasm and hard work.

He was just 17 and studying for his A levels when he successfully applied for an advanced apprenticeship and became the youngest person to work in the laboratory.

He is now on track to complete his NVQ Level 3 in his first year and he has no regrets about leaving school.

"I knew this was what I wanted to do eventually and if I'd gone to university I'd be paying expensive fees and running up debts.



Doing it this way allows me to get useful work experience while I am qualifying."

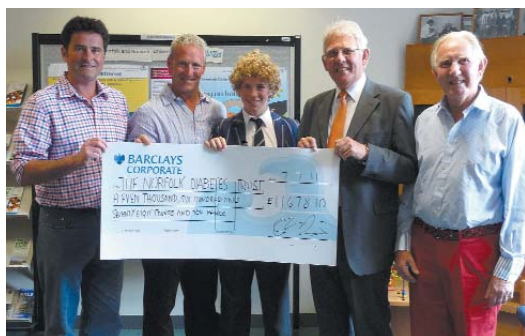
Jack moved from Downham Market to rented accommodation in Norwich to be nearer to the hospital and he is now a valued member of the specimen reception team.

"It's incredibly busy here but everyone has been very friendly and helpful," he says "There is always something

new to learn – we process around 5,000 requests for blood tests every day and that can generate over 30,000 tests. I love the fact that our work can help with diagnosis and treatment."

Fundraisers come to the aid of patients

A GROUP OF walkers who trekked 108 miles in three days to raise money for the Norfolk Diabetes Trust handed over a cheque for nearly £11,700 at the Elsie Bertram Diabetes Centre in July. The walk was led by Ed Masters, a Norfolk estate agent whose son Jack, 13, has Type 1 diabetes.



Although 18 willing volunteers started the walk, including footballer Darren Huckerby who came along to offer support, only seven managed to finish the whole coastal route from the Lincolnshire border to Hopton near Lowestoft. Even Ed was struggling with foot problems which dogged him for several weeks afterwards.

"It was a difficult challenge and I am grateful to everyone who battled on with the walk," he said. "I just wanted to thank the hospital team for their superb care of Jack and to help other children and teenagers with diabetes."

Clinical director for diabetes Francesca Swords said the department was delighted to receive the money which would be invested in services for teenagers with diabetes.

THANKS ALSO

... for the many contributions to our Cots for Tots charity appeal for the Neonatal

Intensive Care Unit at NNUH. In recent weeks we have received £2,000 donated from wedding gifts, £200 from a summer craft auction and £600 from a vintage fashion show by the Aylsham and District Flower Club. To donate to Norwich Cots for Tots please go to www.justgiving.com/norwichnicu or send a cheque payable to NNUH NHS Foundation Trust and marked NICU Cot Fund F300.

□□□to Richard and Anne Mulley, who cycled 88 miles around Norfolk in memory of their daughter Tracey Spooner, raising £1,500 for the Norfolk Renal Fund. Tracey had been a dialysis patient at NNUH until her death in February at the age of 35.



STAFF FROM our Intensive Care Unit pulled together to organise a village fete in Hethersett, raising more than £4,000 to provide bedside entertainment for their critically ill patients. Among the attractions was a tug-of-war and a raffle that raised £2,000. Sister Lesley Little commented: "We wanted to provide patients with the little extras that are so vitally important in making their time with us more bearable."

Heart attack treatment better than average

TREATMENT FOR heart attack patients in Norfolk is better than the England average and more people than ever before are receiving the gold standard treatment of primary angioplasty.

The latest MINAP (Myocardial Ischaemia National Audit Project) audit shows 96 per cent of patients received primary angioplasty within 90 minutes of arriving in hospital last year compared to 90 per cent nationally. Also, more heart attack patients were seen by a cardiologist than the national average.

Dr Tim Gilbert, clinical director for Cardiology at NNUH, said tremendous progress had been made since NNUH became a heart attack centre for Norfolk and north Suffolk. "This success is the result of a considerable amount of hard work and dedication by the Cardiology team but it would not have been possible without the Balloons4Hearts charity appeal."

Primary angioplasty is the preferred treatment for heart attack but must be provided promptly to be effective.



NURSING and midwifery students at the University of East Anglia have been issued with new UEA branded uniforms for their NHS placements this year.

Julia Hubbard, director of pre-registration nursing at the university's School of Nursing Sciences, said: "The new uniforms are smart, comfortable and clearly identify our students 'on placement' which is helpful to both patients and our NHS colleagues. This coincides with all our courses becoming degree courses."

Pictured in the new uniforms are third-year students Mark Le Sage and Amber Johnson.

TEN YEARS ON, A VISION OF THE FUTURE

NEXT MONTH

(November) marks the tenth anniversary of our move from the city centre to a brand new hospital in Colney Lane. It seems only yesterday that we were planning the move,

making preparations to ensure that patient care would not suffer during the months of disruption that lay ahead.

Since then advances in technology and medical science have brought huge benefits for our patients that, even ten years ago, would have seemed like a pipe dream. But what of the next ten years? We are on the threshold of great change in the NHS and our services need to change radically if they are to survive.

Last year I was one of several chief executives of NHS hospitals invited by the Kings Fund to visit the Kaiser Permanente health system in the United States. There, the health community works together to avoid admitting patients to hospital, choosing instead to care for them in other ways. Indeed, hospital admission is seen as a failure of the system, which is designed only for patients who are acutely ill and for whom all other treatment has failed.

Other health systems in the UK – namely in Torbay and Cumbria – have taken up the challenge to "do things differently" and reduced the number of patients admitted to hospital as a result. We need to do something similar.

It is no use tinkering around the edges of our services. Change needs to be much more fundamental and radical if we are to have an NHS at all in ten years time.

A hospital is not defined by the building itself but by the patients who use it and the staff who care for them. Just as with the hospital move ten years ago, we need to see the bigger picture and plan a strategy that will see us through the turbulence ahead.

ANNA DUGDALE

*Chief Executive,
Norfolk and Norwich University Hospitals
NHS Foundation Trust*



LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

WHY MOVE LIVER SURGERY?

Having recently had liver resection surgery at NNUH, I am deeply indebted to the surgical and nursing team for their care.

Without the surgical skills of Mr Simon Wemyss-Holden, I would not have any hope for a future life.

I was therefore amazed and shocked to hear the team may have to be disbanded and liver surgery moved to Cambridge.

What is the point in moving such an excellent unit, with all this entails, just to centralise the service? Such action would be a great loss to the people of Norfolk and Suffolk, for no beneficial reason that I can see.

Angela Hallam, Saxmundham

DOCS FOR TOTS

We are a random group of doctors taking part in the Cambridge to Norwich Bike ride on 2 October in aid of the Norwich Cots for Tots appeal and we need your

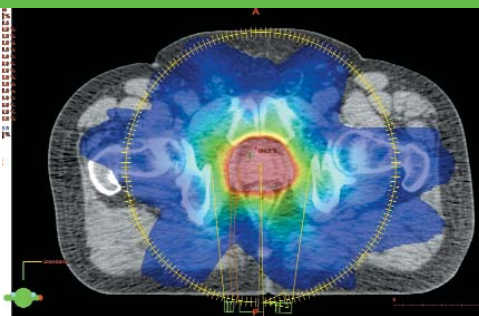
support. Our differing talents are reflected in our different preparation methods: Tim (Leary) cycled 100 miles a day in the Pyrenees this summer; Caimin (Hardiman) cycled on holiday in Cornwall and Jeremy (Turner) commutes to work on his bike, while I have mostly been watching Lance Armstrong DVDs. Mark (Andrews) is busy mapping out the cafes and pubs along the route and Matt (Lawes) has gone fishing.



From the comfortable bosom of Norfolk the idea of cycling 77 miles through two counties, is a daunting prospect. However the promise of being home again the same evening, with no need for travel documents, has reassured us all. We are ready for the challenge.

To support 'Docs for Tots' go to www.virginmoneygiving.com/docs4tots

*Hugh Wilson and the
'Docs for Tots' cycling team*



Great care is taken in planning and monitoring radiotherapy treatment for each individual patient. The CT scan above shows a typical RapidArc treatment plan for a prostate tumour. The area in pink is where the maximum dose is concentrated



YEAR OF RADIOT

In this year of radiotherapy, oncologist Dr Tom Roques (above left) explodes some of the myths around radiotherapy and explains how new techniques are putting NNUH at the forefront of cancer treatment in the UK

A RECENT survey by Cancer Research UK showed that many people are suspicious of radiotherapy and do not believe it to be as effective as cancer drugs. Yet radiotherapy helps to cure four in ten cancer patients – many more than chemotherapy – and the latest techniques are safer than ever.

“We welcome the Year of Radiotherapy as an opportunity to show what’s involved and to reassure cancer patients who may be worried about possible side effects,” says consultant oncologist Dr Tom Roques (see ‘Myths around radiotherapy’, opposite).

“We hear a lot about chemotherapy and less about radiotherapy, which actually has a better cure rate. The technology is now so advanced that the risks of being seriously harmed by radiotherapy are very small.”

One of the latest advances at NNUH is a treatment technique called RapidArc, which takes radiotherapy to the next level by delivering the radiotherapy treatment in continuous arcs around the patient. This means tumours can be targeted more precisely and treatment given in a much shorter time. Once the patient has been



THE FIRST patient to benefit from RapidArc treatment at NNUH is Michael Shrieve, from Great Yarmouth, who was diagnosed with prostate cancer in September. Mr Shrieve, who also suffers from Parkinson’s disease, underwent 37 daily sessions of radiotherapy and says the hardest part was the preparation beforehand. “The treatment itself was really quick and painless and everyone has been very kind – I have nothing but praise for the whole cancer team.”

most hardworking in the NHS, with an estimated 35,000 doses of radiotherapy being anticipated for

the coming year.

correctly positioned, the treatment itself only takes one minute – that’s up to ten times faster than the most complex current radiotherapy treatments.

“Whilst many tumours can be targeted by radiation, the doses we can give are limited by the proximity of other sensitive organs – for example the spinal cord in throat cancer and the rectum in prostate cancer,” says Dr Roques. “This system allows us to plan treatment around concave structures so a higher dose of radiation can be applied in a shorter time, with a lower risk of damaging the surrounding healthy tissue and organs.”

RapidArc is supplied by Varian as part of a PFI (private finance) agreement to keep NNUH at the cutting-edge of radiotherapy technology. The linear accelerators installed at NNUH by Varian in 2001 are among the

“We are seeing an increase in demand of 5-10 per cent year on year so we welcome any new technology that can help speed up treatment and make it more effective,” says Dr Roques. “This method is also a more comfortable experience for patients – especially those who are claustrophobic – as it reduces the time they need to spend lying perfectly still during treatment.”

While RapidArc will initially be used for suitable patients with prostate or throat cancers, there are plans to extend its use to other tumour types. “Some can be targeted just as successfully with simpler techniques, but as we become better at understanding the capabilities of the software and hardware that make up RapidArc we hope to use it to benefit more and more patients.”



Myths around radiotherapy

Will my hair fall out?

Unlike chemotherapy, radiotherapy uses beams directly focused on the targeted area so hair loss is only likely when treatment involves the head.

Does it hurt?

Most radiotherapy patients say they feel nothing other than a slight tingling during delivery and maybe a little itching and soreness afterwards. If sensitive regions of the body such as the throat receive radiation it can be painful, but there are treatments to minimise pain and discomfort.

Does it burn the skin?

There's a possibility of very slight "sunburn" but usually nothing more.

Are there unpleasant side effects?

Very few, thanks to more precise treatment techniques. Debilitating side effects are far more common with chemotherapy.

Will I have to stay in hospital?

Unlike surgery, radiotherapy is non-invasive and doesn't require a hospital stay.

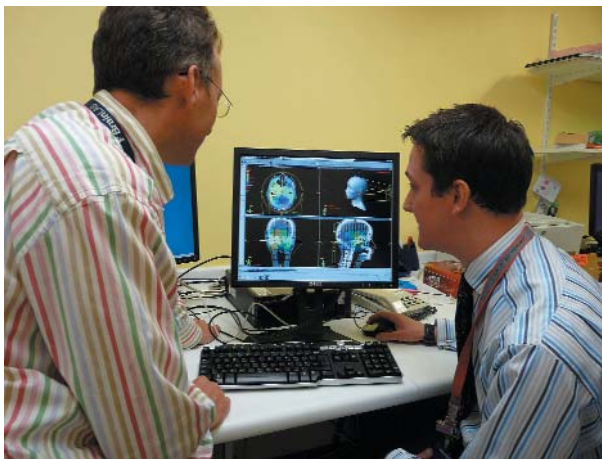
Will it make me radioactive?

No. The beams are switched on and off like a light-bulb. There is no residual radiation when the beam is turned off.

THERAPY

SAFETY FIRST

Preparation is key to the success of RapidArc technology and the cancer team includes experienced physicists who are responsible for testing the equipment.



"More complex systems require more complex quality assurance procedures and the testing equipment for RapidArc has 1,386 detectors for us to check before we are satisfied that the treatment is safe," explains principal clinical scientist Andrew Williams.

Once the system is up and running there is still a long process of treatment planning for each individual patient, based on the location and size of the tumour, using CT and sometimes MRI images to guide the direction of the beam.

Our radiographers work closely with the oncologists to ensure the treatment is safe and effective for each patient.



Andrew Williams and physicists Will Holmes-Smith and Sarah McDermott make the final checks on the accuracy of the RapidArc technology with the help of a 'phantom' patient

Ahead of the **CUR**



Scoliosis often affects teenagers at a time in their lives when they are feeling most vulnerable. Here we explain how our orthopaedic experts are working together to help patients overcome this mysterious condition

SIXTEEN-year-old Christie Hainsby often thought she looked a bit lop-sided in photographs but she put it down to standing awkwardly. It was only when she tried on a backless dress for the school prom that her mum first noticed the curve in her spine.

"I feel a bit guilty because I'd never noticed it before," said Annamarie Hainsby, from Attleborough. "Perhaps if I'd been more aware I could have done

something about it, such as making sure she was sleeping on a good mattress?"

Volunteer Ann Chandler was quick to reassure her. "The condition can develop quite quickly in puberty so it's possible it wasn't noticeable before. We know teenage girls are more susceptible to scoliosis but we

don't know why – and no, the mattress would not have made any difference."

Like many patients diagnosed with scoliosis, Christie has decided that surgery is not for her.

"Most children and teenagers manage to lead perfectly normal lives without an operation and we can recommend exercises that will help with any discomfort," says physiotherapist Veronica Van Ree, who specialises in scoliosis. "Some are concerned by the X-rays and may have been advised

initially to stop all forms of physical exercise. But that's not necessary. The best advice is to carry on with their normal activities."

While most patients, like Christie, are relatively unaffected by scoliosis, others have severe deformities that can benefit from complex spinal surgery.

Each case is discussed by the whole multidisciplinary team, to plan the best course of action and support patients through their treatment. Headed by spinal surgeons Bob Crawford, Am Rai and Lennel Lutchman, the scoliosis team includes specialist paediatric anaesthetists, physiotherapists, orthotics experts and radiologists, as well as experienced clinical physiologists.

"Our spinal service has improved significantly over the last ten years, helped by the excellent teamwork between surgeons in Norwich, Ipswich and Cambridge," says Mr Rai. "All complex cases are discussed among the group and in some cases we will canvas opinion from specialists around the world."

Many patients who benefit from scoliosis surgery are children with cerebral palsy and other syndromes. Advances in medical science mean they are living longer and healthier lives because of the excellent care they receive from the whole paediatric team.

Spinal surgery has also been made a lot safer for patients with the help of state-of-the-art equipment for monitoring the function of the spinal cord (*see box, left*).

"We'd love to find a magic bullet for scoliosis but for severe cases the only option is invasive surgery to fuse the vertebrae and straighten the spine," says Mr Lutchman.

"For some young patients we are able to



HELEN GROVER (below right) is one of four neurophysiology technicians at NNUH who specialise in spinal cord monitoring to help reduce the risk of neurological damage during surgery. They use some of the most advanced equipment in the UK to measure the electrical signals up and down the patient's spine and alert the surgeons to any potential dangers.

"Before spinal cord monitoring was available the surgeon would have to wake the patients after their surgical correction was complete to see if they could move their limbs," says Helen.

"The equipment has evolved over the years and is now extremely sophisticated, allowing us to monitor the function of the spinal cord via electrodes placed over different areas of the patient's body."



RVE



"Young people recover remarkably well from the surgery"

ANN CHANDLER,

a former physiotherapist, began volunteering at NNUH after her daughter, Laura, underwent surgery for a severe form of scoliosis 12 years ago. She now sees young people and families who are undergoing similar procedures and provides a telephone service to answer their questions and talk through their concerns. "Laura wore a brace for 18 months prior to her surgery but this failed to control the curve in her spine, which continued to develop and eventually reached 80 degrees," Ann recalls. "The operation took 12 hours but she was delighted with the result and has enjoyed an active life ever since.



insert titanium 'growing rods' which can be adjusted, in a day procedure, as the child grows. Or patients may be fitted with a brace to help slow down the curves and hopefully prevent the need for surgery later on.

"Society has changed in that more young people are likely to ask for a referral because they want to improve the way they look. However, if their condition is not severe they will usually decide to live with it rather than opting for an operation."

"My role as a volunteer is not to offer advice but to ensure that families have access to information from reliable sources. I can also put them in touch with patients who have recently undergone surgery and who are willing to talk about their experience.

"Despite their long and invasive surgery, young patients recover well and are able to leave hospital in about a week to 10 days. Most are back at school in around six weeks, but are advised to avoid contact sports for a year."

Laura, now 29, is a director in the family business, Hi Breeds International, which recently won the Queen's Award for Export.

FOURTEEN-year-old Verity Martin from Norwich, (pictured above with orthotist Gordon Lindsay) has been fitted with a back brace to help slow down the progression of the curves in her spine and hopefully reduce the need for surgery later on.

"It can be tough for young teenagers who must wear the brace 18 hours a day for up to two years," says Gordon. "They can get very angry, as teenagers do, but on the plus side it's very satisfying to be able to help them and to see their progress over time. Some patients find it helpful to keep a diary and vent their frustrations on the written page.

"The families get an excellent service here because the whole multi-professional team works together to achieve the best results for each patient."

Anaesthetist Rita Chotai talks to Sue Jones about her family's remarkable flight from Uganda and the philosophy that has shaped her enduring love of the NHS



NEXT MONTH (November) around 250 teenagers will descend on our operating theatres to get a taste of the work that goes on behind closed doors. There to greet them will be Rita Chotai, an anaesthetist whose enthusiasm for her work has inspired countless schoolchildren to follow in her footsteps.

For the past eight years, she has cheerfully taken responsibility for National Anaesthesia Day, inviting schools and persuading colleagues to take part. Until recently she even provided refreshments for the visitors at her own expense.

So successful has this "careers day" become that it has now been extended to include other specialties and already there is a waiting list for next year. Meanwhile, feedback from our recent open day showed that the theatre tours, led by Rita, were the most popular activity of the whole day.

owned food packaging company before the military took power.

"At first, my father was promised that nothing would change. But Idi Amin's murderous intentions became all too clear when he invited my father and other dignitaries – including the British and American ambassadors – to lunch, under armed guard, and proceeded to unveil a man's head on a platter. After that we had no choice but to leave the country.

"Compared to many of our neighbours we were lucky – my father obtained official papers and used the excuse that my grandfather in India was gravely ill. But the journey to the airport was nerve wracking; we were stopped at several points along the way and witnessed people being shot dead.

"I will never forget saying goodbye to my father at Entebbe airport, knowing we might never see him again, and my mother's quiet

'Always teach your children

So what drives her to put so much of her own time and energy into these tours? It is, she says, the least she can do to express her appreciation and gratitude for "such an amazing hospital".

"We are so lucky to have the NHS and I believe this hospital is special because of its ethos," she says. "Each and every single person who works here wants to do the best for their patients – they may have the odd gripe but their hearts are in the right place."

Rita's optimism has its roots in a remarkable childhood that was turned upside down when she was nine years old. Growing up in Uganda, in a loving and wealthy Indian family, she led a privileged life until the military coup of 1971 led to the brutal expulsion and murder of many thousands of Ugandan Asians under Idi Amin's crazy dictatorship.

Her father was business manager of *The People*, a national newspaper in Kampala, and her mother ran a successful family-

determination to stay strong for my brother and me.

"To our relief, my father engineered an escape three months later, having dodged guards by driving through the night without lights. When we met him at Bombay airport, he was carrying our pet parrot in a cage! Seeing my father safe and having all of us together was the happiest day of my life."

The following months and years, spent in India and Canada, where the family eventually settled, says much for their determination to overcome adversity. "From being an accountant in Uganda, running a factory with hundreds of workers, my mother was working on an assembly line, while my father found work as a clerk for a thoroughbred racing newspaper in Toronto. They arrived with just 20 dollars between them, relying on loans from our relatives, but within months they had paid back everything they owed and by the time he retired my father was vice-president of the

entire company.

"It was tough to begin with because racism was rife – Canada had whites-only immigration policy until 1967 – and the winters were incredibly harsh, with so much snow! My parents could have been torn apart by their experiences but instead they grew stronger. I will always be grateful for their courage and wisdom – 'Always teach your kids poverty'... 'Never be disheartened by failure'... They believed strongly in education and helped me fulfil my own dreams."

Rita went on to study biochemistry at Toronto University and trained as a clinical perfusionist (a clinical technician) before pursuing her ambition to study medicine in Britain.

"As a medical student in Leicester, I was drawn to anaesthetics because it encompassed so many disciplines – medicine, surgery, pharmacology – and I loved the fact that my training was so wide

"When summoned to meet Idi Amin, my father was assured that nothing would change, but the dictator's murderous intentions became all too clear when he proceeded to unveil a man's head on a platter"

ranging. I even learned how to deliver babies!"

In 1995, Rita came to Norwich as a locum anaesthetist and was impressed by the friendly welcome she received.

n poverty'

"It was like being part of a big family, the social life was fantastic and my colleagues went out of their way to be kind. Coupled with working in such a beautiful city, I was totally hooked."

At 50, she is happy to be an associate specialist anaesthetist and to encourage a new generation of visitors to discover the "huge variety of careers" available in our hospitals. Away from work, she enjoys the company of friends and "simple pleasures", such as walking the dog and reading.

"Looking back, I have so much to be thankful for... It's pure luck that we managed to get away from Uganda when so many others did not, that we were reunited with my father and that I am here now, with our NHS and wonderful, busy hospital. I never take freedom for granted because to me freedom is being able to walk down the street without fear and being able to do what you love. Everything else is a bonus."

BETWEEN THE LINES



With more than 350 years' service between them, our out-of-hours health records team provide essential clerical support for hospital staff overnight and at weekends – including all bank holidays

WHEN you close your office door at the end of the day, spare a thought for the out-of-hours health records team. Up to 96,000 sets of patient notes may be circulating in the local health system at any one time and if any of these are needed in an emergency, it is up to the team to track them down... fast.

"Our biggest headache is when notes are not tracked accurately on PAS, the hospital's Patient Administration System," says Health Records manager Sarah Egleton. "We urge all staff to be vigilant and ensure that case notes are tracked to reflect their every movement."

Using a set of master keys, the team have access to almost every location in the Trust and no stone is left unturned to find missing notes. A good deal of detective work – or educated guesswork – may be required and that's where their collective experience helps. Most of the 28 part-time staff started when their children were small and the part-time flexible hours fitted in with their families. Some are now grandmothers and the team even includes a mother and daughter.

It says something for their commitment that it was business as usual during the "big freeze" last winter, despite having to make frequent trips to the Health Records

Library at Bowthorpe in ice and snow. When necessary the Team will drive the Trust's lease car to other NHS locations across the city, including Norwich Community Hospital, Priscilla Bacon Lodge and Hellesdon Park, to name a few.

As team member Sharon Measures commented: "You might be setting off in a blizzard or searching endlessly through piles of paperwork, but you know it could be a member of your own family whose life is on the line and that spurs you on. It's very satisfying to know that we are doing something really useful and worthwhile – even if most people are unaware of our existence!"

DID YOU KNOW?

- Our Health Records Library, based at the Francis Centre, Bowthorpe, is home to 940,000 patients' case notes stored on 16 miles of shelving.
- Also stored are approximately 150,000 deceased patients' case notes and 350,000 microfilmed case notes.
- Each day around 2,000 case notes are dispatched and received by the library.
- The out-of-hours team can be contacted from 4pm - 7.30am every day of the year on Bleep 0742

Norfolk and Norwich University Hospital

Colney Lane, Norwich,
Norfolk NR4 7UY

Tel: 01603 286286 www.nnuh.nhs.uk

Restaurant

West Atrium Level 1, open 7am-8pm

Serco cafe bars

Out-patients West and Out-patients East;

Cafe Pure (inside WH Smith, Plaza West)
open Mon-Fri, 9am-5pm

Deli food2go Plaza (East), open

Mon-Fri, 7am-1am, weekends 11am-1am

WRVS shop East Atrium: open Mon-Fri
8am-8pm and weekends 10am-6pm

WH Smith, Plaza (West) including Cafe Pure:
open Mon-Fri 7am-8pm, weekends 9am-5pm

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

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

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

Security ext. 5156 or 5656

Lost property 01603 287468 or ext 3468

Reception desks

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

Patient Advice and Liaison Service (PALS)

For confidential help and advice about our
service to patients call 01603 289036 /
289035 or 289045

Travel Office for car parking permits, ID
badges, keys to cycle sheds, use of pool cars
and Trust bicycle, information about buses
and transport: ext. 3666

Bank Cash dispenser in East Atrium
Level 2 and in WH Smith, Plaza (West)

Chapel Open to all. For details of services or
to contact the Chaplains, call ext. 3470

Sir Thomas Browne Library open Mon-
Thurs: 8.30am-5.30pm, Fri: 8.30am-5pm

Cromer Hospital

Mill Road, Cromer NR27 0BQ

Tel: 01263 513571

OTHER TRUST DEPARTMENTS

• **Cotman Centre**, Norwich Research Park:

Cellular Pathology, Radiology Academy

• **Innovation Centre**, Norwich Research
Park: Microbiology

• **Francis Centre**, Bowthorpe Industrial

Estate, Norwich NR5 9JA, ext. 4652:

Health Records Library

• **Norwich Community Hospital**,

Bowthorpe Road, Norwich NR2 3TU,

Breast Screening, Pain Management

• **20 Rouen Road**, Norwich, NR1 1QQ,

ext. 6954: HR, IT services, Recruitment,
Payroll, Training, Finance, Health and
Wellbeing, Out-patient appointments, Cancer
management, Procurement, Cromer
redevelopment project, Clinical Effectiveness,
Commissioning team and Information
services.

• **The Norwich Contraception and**

Sexual Health Clinic, Grove Road, Norwich
NR1 3RH. Tel: 01603 287345

So happy to greet you...

CROMER HOSPITAL

is changing fast. The old
hospital is systematically
being demolished as the
new building takes shape,
with a topping out
ceremony planned for
6 October.

Our meet and greet
volunteers have a
valuable role to play at
this time, helping to
ensure the smooth
running of the hospital
and prevent patients ending up, quite
literally, on a building site.

They include 14 new volunteers who came
forward after a highly successful recruitment
campaign last year, led by the Trust's
voluntary services manager, Sally Knights,
with support from hospital matron Anita
Martin and administration manager
Sue Hayward.

"The roles of our volunteers are ever
expanding and they help us with a variety of
tasks in addition to meeting and greeting
patients, from basic admin duties to
gathering feedback from patients about their
hospital experience, booking taxis, making
tea and coffee for patients and helping us to
de-clutter areas in preparation for the move
to the new hospital next year," says Sue
Hayward. "Their help is invaluable and they



have enabled the hospital to run as smoothly
as possible during a very difficult period.

When the new hospital building opens
next year there will only be the one entrance
for patients at the front, with a lift to the first
floor. We intend to have a volunteer outside
the lift on both the ground and first floor,
to meet and greet patients and direct them
to the right place. They will also collect
feedback from patients and assist with the
new self check-in machines.

"We are still receiving applications and
will be recruiting more volunteers in the
future," says Sally. "We are delighted with the
success of our volunteer service in Cromer
– we are blessed with some wonderful people
who are willing to give up some of their free
time to assist us. They really are a great asset
to the hospital."

WELCOME

...to the following consultants who have
recently joined the Trust: **Dr Brian
Ramrattan**, consultant in emergency
medicine, and **Dr Sarah Gough**,
consultant in palliative medicine.

FAREWELL

...to the following staff who have left the
Trust after more than 20 years service:
David Lawrence, specialist medical
physics technician, after
36 years' service, **Patricia Kinge**,
outpatient bookings manager, after 32
years, **Viola Nunn**, cardiology assistant,
and **Vanessa Cooper-Hemsley**, A&E
receptionist, both with 29 years' service,

Peter Preston, consultant radiologist,
after 25 years, and **Greta Pamment**,
clinical physiologist, after 21 years.

THE PULSE

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