

THE Pulse

Issue Number 36
April 2008

Norfolk and Norwich University Hospital
NHS Trust



What a waste!
Are you ready for the recycling revolution?

Governors elected
Our first FT election results are announced



A family affair
The woman making history in Orthopaedics, p11



Suits you, Sir!
Why consultants are sporting a more 'casual' look, p4



NOW for action
Our mission to make mealtimes special, p6

DOWN MEMORY LANE

This photo was taken in 1938, when Queen Elizabeth, the Queen Mother, opened the old Russell Colman maternity unit at the old N&N. It's just one of many precious mementoes that have been treasured over the years by 83-year old Betty Lee, a former sister and a long standing member of the United Norwich Hospitals Nurses League. The League is planning an open day on Saturday 17 May to coincide with the 75th anniversary of the first Preliminary Training School for nurses in Norwich. Many photographs and documents will be on display in the East Atrium, tracing the history of nursing education in Norwich from the 1930s.

Training for nurses was established in Norwich as far back as 1875 but it wasn't until 1933 that the Preliminary Training School gave new recruits an opportunity to gain knowledge and experience before venturing on to the wards.



X-ray vision

AN INTERACTIVE website has been devised by two of our staff to help radiographers flag up abnormalities on X-rays.

The idea came from Heidi Gable, an A&E reporting radiographer who is qualified to diagnose fractures and other abnormalities from X-Rays. Her partner, consultant anaesthetist Dr David Nunn, used his skills in web design to make her dream a reality.

"Some complex fractures are difficult to spot and may be overlooked until they are routinely re-examined," said Heidi, one of only three radiographers who provide formal reports for the Trust.

The website includes 350 digital X-ray images, together with concise advice to explain what to look out for.

Heidi and David devoted many hours of their spare time to the project. Although intended to be a teaching resource, the website is already proving useful for specialist nurses and doctors in A&E.

"There's a self-test at the end which was tricky to set up but fun to do and staff seem to love it," said David. "The project has involved a lot of work but as far as we know it's the first of its kind to be designed for radiographers rather than doctors."

Serco men cook up a new lifestyle

TWO OF OUR hospital catering staff are enjoying a new lease of life, thanks to a Business in the Community scheme designed to help the homeless find work.

Glenn Mace, 41 (pictured, left) was a market trader in Lowestoft before alcohol problems and a marital break-up caused him to lose his way. He spent a year living on the streets until he resolved to kick the

drink and get his life back on track. He has now been 'dry' for over a year, living in a hostel in Wymondham and working for Serco as a kitchen porter.

Ward chef David Martin, 35 (right), lost both his job and his home in June last year and is now living in a YMCA hostel. "I was living with my brother's family but they were expecting a new baby and needed the room," he explained. "Looking back it was my own fault I lost my job – I can be a bit boisterous. But I've learned my lesson and I'm really happy now because I love this job. I'm on the council waiting list and hope to get my own flat soon."

Chris Paul, Serco's training manager, said: "These lads have turned their lives around after difficult times and for that they deserve our respect. They are both hard workers and it's great to have them as part of our team."



WELCOME

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

Dr Victor Inyang, consultant in emergency medicine; **Dr Michael Sidery**, anaesthetist; and **Dr William Keeble**, cardiologist.

FAREWELL

...to the following long-serving staff who have left the Trust since 1 February 2007:

Sandra Shearing, nursing assistant in Ophthalmology outpatients, after

33 years; **Rita Riordan**, clerical officer on Cringleford Ward, after 32 years;

Hortensia Hudson, junior sister on Cringleford Ward, and **Margaret Gladman**, radiographer, both with 30 years' service; **Kathleen Medlar**, assistant incident reporting manager in Clinical Governance, after 28 years;

Rosalyn Field, deputy sister in Anaesthetics, after 26 years;

Colleen Bee, community midwife, after 24 years; and **Angela Fisher**, nursing assistant on Kilverstone Ward, and **Jane Butcher**, staff nurse on Kilverstone Ward, both with 20 years' service.

First election results are announced

FIFTEEN LOCAL people and three members of staff have been elected to represent the views of patients, public and staff for the NNUH Trust. They will be part of a new Council of Governors which will oversee the provision of hospital services.

Trust Chairman David Prior said: "We are delighted to welcome our first Governors who will be the voice of local people and staff, helping us to decide the shape of our hospital services in the future."

The 15 public Governors (*see right*) were elected by up to 6,400 local people who have joined the Trust as members. Another four governors have been appointed to represent local partner organisations.

Elections for two more Staff Governors are still under way (*at the time of going to press*) and staff in Nursing and Midwifery and Clinical Support have until 15 April to cast their votes.

Meanwhile the Trust is forging ahead

with its bid to become a Foundation Trust and Monitor, the independent regulator, is due to announce its decision in May.

The Trust is still recruiting members and you can join online at www.nnuh.nhs.uk or call 0870 707 1628 for a membership form.

The Governors elected so far are:

PUBLIC GOVERNORS

Breckland Prof. Ken Hobbs, Fee Sharples and Mandy Timmins

Great Yarmouth and Waveney Ines Grote

Broadland Dr Trevor Plunkett, Margaret Gurney and Gill Webster

North Norfolk Dr Jayne Cooper and Philippa Allen

Norwich Annabel Kennan, Prof. Alan Camina and Tim Townshend

South Norfolk Nicholas Brighthouse and Trish Phillips

West Norfolk Stephanie Powell

APPOINTED GOVERNORS

Norfolk County Council Daniel Cox, council leader

NHS Norfolk Caroline Rivett, non-executive director

UEA Prof. Bill Macmillan, Vice Chancellor

District Councils Ann Steward (Breckland)

STAFF GOVERNORS

Medical Rob Harwood, anaesthetist

Admin and Clerical Margaret Somerville, clinical research manager in Rheumatology

Facilities Contractors and Volunteers Brian Matthews, volunteer

• Staff Governors for **Nursing and Midwifery** and **Clinical Support** will be announced after 15 April. Their elections were deferred because nursing auxiliaries were placed in the wrong voting group.



GIVE IT ON TIME

Receiving medication on time is crucial for Parkinson's patients to control their symptoms. Now an education pack and a battery-operated pill timer is available for ward staff to ensure these patients "get it on time". Neurology specialist nurse Rachael Rendell (pictured with Michelle Barrett, deputy sister on Dunston Ward) explained: "There can be many distractions on the wards so the pill timer is a very useful reminder for staff." The project is supported by the Parkinson's Society.

Consultants and secretaries join the digital revolution

CONSULTANTS AND

medical secretaries are rapidly joining the digital revolution as they adapt to a new system of electronic dictation for recording patient notes and letters.



Instead of using walkman-style tape recorders, they are starting to use a new hand-held device (*pictured*) that records their dictation on a memory card. Using a docking station, the files can then be transferred directly on to a computer.

So far 150 machines have been rolled out at NNUH and the aim is to roll out a further 208 by the end of the summer.

IT support engineer Martin Doddington (*right*) says the response to the new system has been very positive. "Most people are used to using a mobile phone and this device is quite similar," he said. "Secretaries love it because files can be organised and prioritised much more easily."



HEAD TEACHER REMEMBERED

CANCER PATIENTS and their relatives are benefiting from a £4,600 donation in memory of a Norfolk head teacher who died from the disease in 2005. The money has been spent on refurbishing a sitting room in the Colney Centre and on extra equipment for the centre.

Children from Scarning Primary School, where Linda Fudge was the head teacher, held a series of fundraising events and the rest of the money came from funeral donations.

Sarah Thirkettle, a sister in Oncology outpatients (*pictured below with Linda's*



husband, Simon, and specialist nurse Karen Noonan-Shearer), commented: "The room is used by people who may need somewhere private to digest bad news or to relax between appointments. We are extremely grateful to Simon and to everyone who contributed to the appeal."

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

SUITS YOU, SIR!

I AM TRYING HARD to get used to my new 'bare below the elbows' look following the latest infection control guidance from the Department of Health.

After initial resistance and dozens of comments from patients such as: "You are looking very casual today," I am doing my best to feel relaxed in my new short-sleeved shirts, although I now have a wardrobe full of redundant shirts, ties and suits. It's rumoured that Marks & Spencer is doing a roaring trade as doctors rush to stock up on replacements.

Do I still look like a consultant? I don't know. I still feel like one and, as Dr Nick Levell found out from his patient survey last year, the patients are not bothered about whether we wear a tie, only whether the doctor is any good.

I remain sceptical about the new policy as it seems to me a half-baked idea by the Government, rushed through without any real evidence to back it up. Surely what we need is plenty of soap and water and alcohol (for the hands, of course) and a hospital that smells of bleach?



Whatever my own personal views, however, the policy is there for a good reason and anything we can do to reduce the risk of infection has got to be worth a try.

*Simon Watkin,
consultant in Respiratory Medicine*

Winning ways

It is often said that having a good experience with the NHS is a lottery, in which case we have won the jackpot with NNUH. Over the years I have been unlucky enough to require the services of Dermatology, Plastic Surgery, Cardiology, A&E, ENT, Orthopaedics and Physiotherapy. On every occasion the treatment I received was helpful, thoughtful, considerate and patient.

In an organisation of this size there will be some mistakes made and some dissatisfied patients, but I cannot be unique in being happy with my treatment.

Anthony W. Lewis, East Harling

An alternative view

You announce many successes in *The Pulse*, quite rightly. However, my experience relating to the care of my mother is disappointing. While the

medical and nursing aspect has been good, occupational therapy, physiotherapy and all matters relating to rehabilitation have been marked by their absence. Reception staff are frequently away from their posts so that waiting to get into the ward can take anything from five to 20 minutes. The car parking arrangements are simply appalling, the minimum £2 charge being the same whether you stay for a little over 30 minutes or for three hours.

In my view, this lack of hospitality is a great sadness to the local people of Norwich and the siting of the hospital has caused pain and suffering to patients and visitors alike.

*Dr William Hughes FRCPsych,
Norwich*

Inspired by maternity team

I had my first child at NNUH in March last year and the treatment I received can only be described as excellent.

I was at home for most of my labour, receiving excellent telephone advice until we left for hospital. The birthing pool was ready on my arrival and the birth was relaxed – the midwife even gave my husband the opportunity to help with the delivery by lifting Elizabeth from the water and placing her onto me.

I have been so inspired by the team that I intend to train as a midwife myself. I would like to thank everyone on the maternity team for their help and support. Their skill, professionalism and dedication should be congratulated.

*Amanda Letch,
Norwich*

OBITUARY: GERRY BARBER

A SERVICE of remembrance was held at NNUH in memory of Serco's environmental manager Gerry Barber, who died in January.

Gerry started working for the NHS in 1974 as a lorry driver, in the days when hospitals had their own laundry services.

He moved into waste management at the old site N&N and his role in recent years also involved overseeing management of the hospital grounds, pest control and laundry services, taking a particular interest in recycling schemes.

Serco's training manager Chris Paul



writes: "Gerry was a kind and unassuming man who would always rather

help than hurt. He took a great pride in his work, seeing it as an honour and not just a job to protect the principles of 'his' NHS. He believed that the work we do has an impact on many people's lives and I feel privileged to have worked with him."

Gerry leaves a wife, Teresa, two children and two grandchildren.

JOINT EFFORT

More than 150 hip surgeons from Europe and the US gathered in Norwich in February for the annual meeting of the British Hip Society. Organiser Keith Tucker, Society president and an orthopaedic surgeon at NNUH, commented: "This was a great opportunity to debate the issues of the day and to celebrate Norwich's immense contribution to hip surgery over the years."

Staff awards give our unsung heroes an opportunity to shine

DO YOU have a colleague who you think deserves a medal? Well, now is your chance to put their names forward for our brand new Staff Awards.

“People working in the NHS rarely get the credit they deserve,” explained Trust chairman David Prior. “We are very proud of our Trust and these awards will give us an opportunity to highlight the excellent service our colleagues provide.”

All our hospital staff are being asked to nominate suitable colleagues and the winners will be chosen by a small panel including the Trust chairman and various



**Staff
Awards
2008**

staff representatives. A shortlist will be drawn up and the winners will be announced during a special awards ceremony at The Forum in Norwich on Friday 17 October.

Details of the awards are set out in the nomination form (for staff members) inside this magazine.

Please take the time to fill it in and give your colleagues a chance to shine.

We are also working with Archant to give patients a chance to vote for their own favourite ‘unsung heroes’. If you are a patient, look out for the nomination forms in your local paper.

DO TRY THIS AT HOME

A ‘flat’ full of high-tech gadgets and gizmos has been created at NNUH to help frail and vulnerable patients maintain their independence when they return home. Complete with a kitchen, bedroom and bathroom, the rooms have been kitted out by Norfolk County Council’s adult social services department with a range of alarms and sensors linked to a community control room. The patients are assessed by our occupational therapists before being encouraged to practise using the gadgets. The aim is to give them the confidence to use electronic aids such as the electronic alarm pendant (right) when at home.



LIGHT FANTASTIC

If the East Atrium is looking brighter than usual, it’s down to the effects of our new, energy-saving LED lights, installed recently as part of a routine maintenance exercise. The new fittings cost £22,000, with the majority of the cost met by Octagon and Serco, but could save as much as £1,600 a year in energy and maintenance costs.

The lights are expected to last up to 20 years, unlike conventional bulbs which need to be replaced every 18 months. Luckily the work was carried out by electricians with a head for heights, as the lights had to be accessed using a 16m-tall cherry picker.



A successful year... and now a chance to say thank-you

APRIL IS a time when we reflect on our progress and performance over the past financial year and once again we can feel proud of our achievements. We have continued to reduce waiting times and our queues for treatment have fallen to record lows.



MRSA infections have been reduced by 50 per cent in the past three years and we have also made considerable progress in tackling C-difficile. As with waiting lists, we must not become complacent and we are determined to continue to do whatever it takes to reduce the risks further.

Of course, achieving targets and reducing waiting times is not the whole story and we are involving our patients in localised surveys to discover how they rate our services. It is heartening to see the very positive responses recorded so far by our patients on the electronic ‘patient tracker’ system.

Indeed, I receive far more positive letters than letters of complaint from our patients and a recurring theme is their appreciation for staff at all levels who are consistently helpful, courteous and professional in their work.

It’s a sad fact that the ‘unsung’ heroes of the NHS rarely get the recognition they deserve, which is why I am delighted to announce the Trust’s first-ever Staff Awards (*see news item, this page*).

I hope you will take the time to nominate colleagues who you think are making a real difference, not just for our patients but for those who have the good fortune to work alongside them.

If you have been inspired by such a person or team, please give us a chance to say thank-you.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Are we doing enough to ensure that our patients get the nutrition they deserve? Matron Sian Watkins explains why protecting mealtimes while they are in hospital is crucial for their wellbeing and recovery



FOOD FOR THO

HOSPITAL FOOD and nutrition for patients has had a lot of attention over recent years, but there is still concern about malnutrition among hospital patients. Many of our patients are already frail and undernourished when they come into hospital, so it is clearly important that we do all we can to provide them with good food while they are here.

When it was launched in May 2001, the Better Hospital Food Programme focused attention on this issue. The TV presenter Loyd Grossman introduced special “chef dishes” in a bid to tempt patients to eat their meals. However, it soon became apparent that some of our patients preferred “comfort food” which is easy to eat and more familiar to them. Timing was also important, with most patients opting to have their main meal of the day at lunchtime.

Enabling patients to eat these well-presented meals proved to be more complex as some require assistance to eat, while others need only be helped into the right position so they can help themselves.

Also, mealtimes were often interrupted by activities such as cleaning and ward rounds – or patients were required to leave the ward for tests and investigations just as the meal was about to be served.

One way to counteract this was to introduce protected mealtimes. As long ago as 1859, Florence Nightingale recommended that “nothing shall be done in the ward while patients are having their

meals”. However, there are many distractions in a busy hospital environment and mealtimes can easily slip down the list of priorities.

I believe passionately that protected mealtimes are crucial – not least for the dignity and respect they afford patients. After all, mealtimes should be social occasions and we owe it to our patients to provide them with good food and nutrition.

Since 2003 we have encouraged nurses on the wards to change their routines and

attend to patients who need help with their meals. This means helping them to sit up in bed or in a chair, ensuring that bed tables are cleared and that other patients are not using the commode in the same room. It also means there are no distractions from visitors, ward rounds or staff from other departments for one hour each mealtime.

Signs on the doors and leaflets explain to patients and visitors why this is necessary.

Last year our NOW group (see right), carried out an audit to see if wards were



‘Role-play helped me to understand the difficulties’

CAROL TURNER is among the first of our hospital volunteers to be formally trained to feed malnourished patients. With an extended family of five children and 17 grandchildren and having cared for her own elderly relatives, she has plenty of practical experience under her belt. Even so, she has found the training with speech and language

therapist Amy McKimm very enlightening. “One of the most useful exercises we did was to practise feeding each other, taking turns to role-play being the

patient,” she explains. “It’s surprisingly difficult, especially when you consider that patients often struggle to communicate and have trouble chewing and swallowing. You have to take your time.”

Sarah Turner, deputy sister on Holt Ward,

TV presenter Loyd Grossman’s mouthwatering recipes helped to publicise nutrition for patients (top) but many prefer the familiarity of ‘comfort food’. Above: Speech and language therapist Amy McKimm discusses the suitability of a new purée recipe with ward chef Amy Wood

THOUGHT

following guidelines to ensure that patients are being properly fed. This audit gave us further food for thought and we have now set up an action plan to address some of the issues we identified. For instance, on some wards there are times when there are more patients who need help with feeding than there are nurses on duty. To this end, we are now working with our volunteers to assist with this important task.

Please help by observing the signs and giving patients a chance to eat their meals in peace.



agrees: "Feeding the patients can be very time consuming but it's also very important, which is why it's brilliant for us to have this extra help at mealtimes."

Carol (pictured above, with patient Richard Griggs) says she is "determined to make a difference" but adds: "We are not taking the place of nurses, we just want to help them out at busy times and to give patients a bit of extra encouragement to eat their food."

• If you are interested in becoming a hospital volunteer, please contact our volunteer co-ordinators on 01603 286060.

NOW for action

Patient representative Sandie Johnston describes how a team approach has brought a new perspective to mealtimes on our wards

WHAT IS 'NOW'? I am not referring to a celebrity magazine or a popular radio show but to our own Nutrition on the Wards group at NNUH.

This group brings together dietitians, speech and language therapists, nurses and representatives from our caterers, Serco, along with facilities managers, a clinical governance manager and two patient representatives. Our aim is continually to seek ways to improve nutrition for patients on our wards.

Of course, we all have differing perspectives which is why the opportunity to exchange views is so important. For example, when patients have swallowing difficulties it is important to seek the views of speech and language therapists.

Amy McKimm, a speech and language therapist who leads on dysphagia (swallowing difficulties) has been helping to train our hospital volunteers to feed patients who cannot feed themselves (see left). This training is essential, not just to explain feeding techniques but to help our volunteers recognise when feeding is best left to the nursing staff.

Matron Sian Watkins is a passionate exponent of protected mealtimes (see her article, left) and she has also helped us to roll out initiatives such as the red tray project, whereby especially vulnerable patients are identified using a distinctive red tray. The aim is to ensure such patients get special attention at mealtimes – the tray cannot be removed until the patient has been encouraged to eat or their refusal to eat has been noted.

Of course, we have to make sure that all our ideas and initiatives meet

the nutritional requirements of patients, which is where our dietitians, led by Clare Peters, come in. The involvement of our nursing staff is also essential for us to achieve our aim.

Of course, we can only implement improvements with the help of our catering staff and Serco's Debbie Jones, Diet Support Manager, and

Anna Jobbins, Patient Services, are both valued members of the NOW team.

As members of the Patient and Public Involvement Forum (PPIF) Morag and I joined the group following the nationwide Food Watch campaign in 2005. We

have always been keen to try to make sure that our patients are satisfied with the food they are offered. We have therefore been delighted to be able to attend these meetings and to follow up feedback from patients.

In the last few months, Serco's patient comment cards have highlighted a growing level of satisfaction.

Meeting with the hospital staff has also allowed us to participate in discussions about new menus and initiatives such as the Red tray scheme.

Other changes initiated by the NOW group include:

- Improving the presentation and taste of puréed meals for patients with swallowing difficulties
- Developing a purée snack list to improve the nutritional intake of people with swallowing difficulties
- Developing a picture menu for patients with communication difficulties
- A plate wastage audit to monitor the amount of food patients are eating and identify any trends in food waste.

"The red tray scheme helps to identify vulnerable patients and ensure they get special attention"

Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY

Tel: 01603 286286 www.nnuh.nhs.uk

Restaurant

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

Serco cafe bars

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

WRVS coffee shop Plaza (East), open Mon-Fri 7am-7pm, weekends 11am-5pm

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

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

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

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

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

Security Call ext. 5156 or 5656

Reception

East Atrium Level 1: ext. 5457 or 5458

West Atrium Level 1: ext. 5462 or 5463

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

Out-patients West Level 2: ext. 5472

East Atrium Level 2: ext. 5461

Travel Office Ext. 3666

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

Bank

Cash dispensers in East Atrium Level 2 and in WRVS shop (west)

Chapel

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

Sir Thomas Browne Library

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

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

Holiday Playscheme

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

Contact Christine McKenzie on ext. 2213

Cromer Hospital

Mill Road, Cromer NR27 0BQ

Tel: 01263 513571

Restaurant open 7.45am-6.45pm

Other Trust departments are based at:

- **Cotman Centre**, Colney Lane, Norwich Cellular Pathology, Histopathology and Cytology), Radiology Academy

- **Francis Centre** (Health Records Library) Bowthorpe Industrial Estate, Norwich NR5 9JA. Tel: 01603 288652

- **Norwich Community Hospital**, Bowthorpe Road, Norwich NR2 3TU, Tel. 01603 776776: Breast Screening, Pain Management.

Also Microbiology: Tel. 01603 288588

- **Aldwych House**, Bethel Street, Norwich, NR2 1NR: Occupational Health (ext. 3035): HR Recruitment (ext 3578), Outpatient Appointments, Training, Choice team, Norfolk Research Ethics Committee, some IT services.

- **The Norwich Central Family Planning Clinic**, Grove Road, Norwich NR1 3RH. Tel: 01603 287345

WASTE



*Into the unknown:
Fire safety officer
Mark Farley and
health and safety
adviser Mark
Hughes: "Around
48 per cent of
clinical waste is
not 'clinical' at all*

Test your waste knowledge

WHEN IT comes to watching our waste-lines, it seems there is no substitute for knowing the rules. After all, they're designed for our own protection. So try our quiz and see how much you know. Answers below.

1. Where should you dispose of (unsoiled) blue paper towels used on trolleys and beds?

a. Sharps bin b. Clinical waste bag c. Domestic waste bag d. Recycling bag

2. Where should you dispose of used batteries?

a. Sharps bin b. Clinical waste bag c. Domestic waste bag d. Call Serco: ext 3333

3. Where should you dispose of empty (clean) medicine bottles?

a. Sharps bin b. Clinical waste bag c. Domestic waste bag d. Recycling bag

4. Where should you dispose of broken electrical goods?

a. Sharps bin b. Clinical waste bag c. Domestic waste bag d. Call Serco: ext 3333

Answers: 1c, 2d, 3b, 4d

watchers

Are you ready for a recycling revolution? Mark Hughes takes a look at our clinical waste and explains why it's time to change our throwaway habits

NEXT TIME you toss something nasty into the bin, spare a thought for our health and safety team – they recently spent two weeks combing through hundreds of clinical and domestic waste bags to discover what sort of debris was lurking inside.

"It's a filthy job but someone had to do it," explained health and safety adviser Mark Hughes. "How else were we to find out whether our waste management arrangements are working as well as they should be?"

So are we doing enough to watch our waste-lines? The answer, it seems, is a resounding "No!"

"It's not that people are deliberately flouting the rules, more that it's easier to adopt the 'one bin fits all' approach," says Mark. "What many of our staff fail to realise is that carelessness can be costly – and not just in terms of the money we could save by reducing our clinical waste. Injuries caused by discarded needles, for instance, can be extremely serious and regulations for the safe disposal of batteries and other

dangerous products are in place for our own protection.

"Having said that, we estimate that over 200 tonnes of waste is mistakenly classed as 'clinical' and could safely be diverted to other waste streams, saving thousands of pounds in disposal costs and cutting down our carbon emissions at the same time.

"Our audit wards and clinical areas revealed that around 48 per cent of clinical waste was not 'clinical' at all. In some cases, domestic waste bags had been stuffed inside clinical waste bags and we even found a Coke can inside a sharps bin.

"Talking to many of the staff it was clear that more education is needed to help them decide what kind of waste should go in which bag. We can also help by making sure that bins are sited in the right place and that there are enough domestic waste bags available in clinical areas.

"The response has been brilliant"

MARIE CUMMINS (pictured, with Mark Hughes) is among the first of our 'champions' to join the recycling revolution.

"With 20 beds for critically ill patients and around 120 staff (many of whom are part-time) we produce a great deal of waste in the Critical Care Complex which until recently was automatically classed as clinical," said Marie, who leads on clinical nurse education for the unit.

"In fact, with Mark's help we discovered

that much of this waste can be recycled."

Marie was inspired by a colleague, staff nurse Lucy Steel, to take up the challenge and persuade other colleagues on the unit to change their habits.

"It's really just a matter of having the right bags available and thinking before you throw away," she said. "I suppose the traditional view is that if you are in a clinical area then the waste has the potential to be

DON'T MISS
our Waste Awareness event
at NNUH on 22 May.
For more information on
recycling and the correct disposal
of waste, go to the Health and
Safety department pages on the
NNUH website or call the team
on ext. 5406

"We want to spread the word throughout the Trust and encourage more recycling. After all, we are getting used to recycling our waste at home so there is no reason why we should not do the same at work.

"We are working closely with our partners, Serco and Norfolk County Services, to set up recycling schemes throughout the Trust. If you would like to get involved, call the Health and Safety team on ext.5406."



contaminated. The reality is that in intensive care we get through a lot of plastic containers, bottles and packaging which are ripped open and immediately discarded.

"I've been delighted by the enthusiastic response from our staff. They've been absolutely brilliant and we've been filling around 25 bags a day which would normally go into the clinical waste stream."

She may be a trailblazer in a profession dominated by men, but Rachael Hutchinson takes it all in her stride. She tells Sue Jones how family life helps her to keep her feet on the ground

WHEN HER daughter Lucy was born with a dislocated hip, Rachael Hutchinson knew exactly what to expect. As an orthopaedic surgeon she had come across many children with this condition – it affects about one in 200 babies – and she knew that, with the right treatment, Lucy would make a complete recovery. Even so, she was upset at the thought that the little girl would need to wear a special harness, day and night, for the first three months of her life.

“In some ways the experience has helped me to communicate better as a doctor. I know how it feels to be a worried parent – my son, Charlie, was admitted to neonatal intensive care when he was born – and I can understand where parents are coming from when they get wound up and anxious.

“When I see babies with hip problems like Lucy I am able to reassure the parents that my own daughter is now three years old and she’s absolutely fine.”

At 37, Rachael is the first woman to join the eminent ranks of orthopaedic consultants at NNUH – an historic appointment, even more remarkable for the fact that she was 28 weeks pregnant when she was offered the job.

“It was certainly forward thinking of the Trust to appoint me at that time, but it seems my specialist experience in paediatric orthopaedics and in foot and ankle surgery was just what they were looking for.”

If her appointment was a milestone for the Trust, it was also a big decision for Rachael and her family to uproot from Sheffield and take the road south to Norwich – husband Stephen recently followed in her footsteps to take up a post as a consultant anaesthetist at NNUH.

“We met in Leeds where we both trained and we have lived in Sheffield for more than

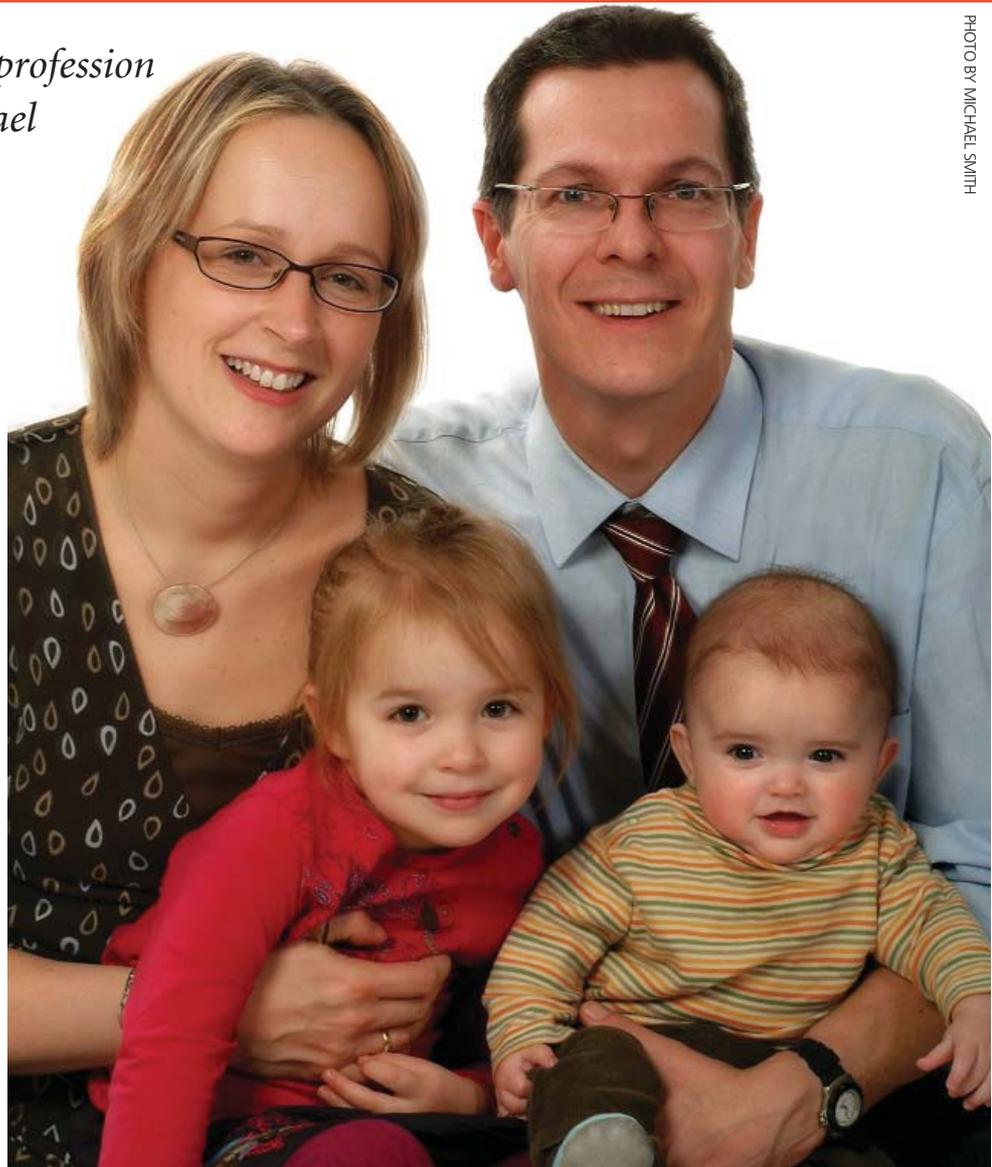


PHOTO BY MICHAEL SMITH

A FAMILY at

ten years, so it was quite an upheaval for us to move to Norwich.

“However, my parents live in Sprowston and I was thrilled to join the team in Norwich. The department has an impressive national reputation and it’s exciting to be part of a new teaching hospital that offers so much in terms of innovation and research.

“My new colleagues have been incredibly helpful and welcoming, especially the theatre teams. I’m impressed by the enthusiasm and energy of the staff in this hospital at a time when morale elsewhere in the NHS seems to be suffering badly.”

A former pupil of Sprowston High

School, Rachael wanted to be a doctor from an early age – “I loved all the medical programmes on TV” – but insists it was never her plan to get to be a trailblazer in a male-dominated profession.

“It’s true there were only 20 women specialising in orthopaedics when I started my training 14 years ago, but things have changed a lot since then. It’s a myth that you need to be big and strong to do my job, although it’s probably more physical than other types of surgery and you do need to have stamina as the operations are often quite long.

“It was never a primary aim for me to

Orthopaedic surgeon Rachael Hutchinson with husband Stephen and children Lucy and Charlie: "It's a myth that you need to be big and strong to do my job, although it's probably more physical than other types of surgery and you do need to have stamina"

rush to become a consultant. I just loved orthopaedics and I've been lucky to have the opportunity to keep on learning and moving forward throughout my career. The goal for me has always been to work with the team to get a better deal for patients."

Rachael's appointment coincides with the NHS strategy to create a more specialised service for children undergoing surgery. "NHS hospitals tend to work independently but that may not be the best thing for patients," she explains. "We want to establish a regional service so that children with more complex orthopaedic needs have access to the specialist skills they require."

"I will be working at least one day a week in King's Lynn and I am very keen to build good working relationships with other hospitals in the region and with the paediatric team here at NNUH."

"We have appointed a paediatric specialist nurse, Jan Wilkins, to provide help and advice for parents of children with orthopaedic problems."

"As part of her training, Rachael spent a year in Melbourne working with cerebral

palsy patients and she is keen to continue her interest in this field. "Patients with this condition need a lot of support so if I can help

orthopaedically to improve or maintain their function and independence into adult life, this can benefit the whole family. I find it a very rewarding area of work."

Besides the competing demands of family and work, Rachael makes time for another great love in her life: music. She played viola in the Norfolk Youth Orchestra and she is also an accomplished pianist.

"I love dinghy sailing too, though it's not so easy with a young family," she reflects. "Stephen is more into kite surfing – in fact the attractions of the North Norfolk coast were a major influence on his decision to come here!"

LIFE ON THE OCEAN WAVE

Cardiologist Dr Liam Hughes knew it would be hard when he joined a 14-man crew to challenge the transatlantic rowing record at the age of 54. But he quickly discovered that pitting your strength against the elements is a losing battle. Here he describes how he came close to 'metabolic meltdown' in pursuit of his dream



WHEN THE klaxon sounded in Gran Canaria harbour, my attempt at the transatlantic rowing record was suddenly gut wrenchingly real. Ahead lay 3,000 miles of ocean with nothing but our oars to power *La Mondiale* towards her destination, Barbados.

The existing record had been set 15 years previously, in the same boat, by a

Orca during that time.

The storm put us three days behind schedule and I was struggling badly with sea sickness. A pattern soon emerged: row for 90 minutes, vomit over the side, finish your shift (because puking makes you feel better and the "cult of the macho" was ever-present), crawl into the cabin, don't eat (why bother when you know it's



French crew who defied 70 further attempts to lower the time. To this day this group of friends meets once a month at the same Parisian bistro. Would our more disparate group of Scots, Irish and English bond to that degree?

Next to us on the start line was the sleek high-tech hull of *Orca*, an American four-man boat with an impressive hull speed and power/weight ratio. We should have realised the real opposition was not *Orca* but the elemental forces of nature that inhabit the great oceans. Within 72 hours we were to find out just how powerless we were.

At first we noticed a growing swell coming from starboard beam, followed by the telltale sound of the wind generator going from bass to treble to scream. We were moving away from our target at the rate of 4mph and there was no alternative but to deploy the sea anchor.

The next 18 hours were brutal. Despite rowing all eight seats, we made zero progress towards our target but crucially we did not lose ground. We subsequently learned that we had gained 100 miles on

"The cult of the macho was a powerful force on the boat"

coming back?), drink a little (desalinated water at 23C from a plastic cup - mmm!) Repeat this rota for 72 hours and you spiral quickly into trouble. Fortunately, I was persuaded to drop a shift and it is almost impossible to describe the mixed emotions I felt as I was helped back into the cabin. Foremost was guilt that I had failed the team and anger that the anti-emetic regime hadn't worked.

I was also relieved because, according to my calculations, I had expended about 21,000 calories in three days and probably absorbed only 1,000. Worse, I was at least six litres down and hadn't passed urine for 36 hours.

In retrospect I probably came quite close to metabolic melt-down because when I eventually did start peeing I produced copious amounts of very dilute stuff, which can be a sign of kidney failure. All this and there was still 2,500 miles to go... but that's another story.

• *The all-British crew of La Mondiale succeeded in shaving two days off the record for rowing the Atlantic. Liam is currently writing a book about his experience.*

My life as a matron

Sue Tuck describes her role as a modern-day matron

HEARSAY has it that past matrons of Cromer Hospital were colourful characters with a no-nonsense attitude to patient care. The old *Carry On* films starring Hattie Jacques have also had a memorable effect on how the public view the matron's role.

So what exactly does a modern matron do? Well, I hope I am not seen as a Hattie Jacques-type figure, but the image of matron pursuing the best-possible care for our patients is very much part of my ethos.

Adding an element of diversity to my role, I not only work at Cromer and District Hospital, but also at the main trust site in Norwich where I am the matron for the Diagnostic and Clinical Services Division. During the course of my working day I meet many people at what can be an anxious time for them and their loved ones.

Besides working with patients, my role is to work closely with other professionals, in Pharmacy, Oncology and Dietetics, to name but a few, providing a central point of

reference and ensuring the smooth and efficient delivery of services. My portfolio at Cromer means that I work alongside Helen Lloyd, Service Manager for Cromer Hospital, supporting her in providing the best nursing care at the hospital and liaising between the nursing teams and all of the ancillary services that the hospital provides.

Public involvement is integral to healthcare and in my role as matron we initiated a series of focus groups at Cromer to learn from patients who have used our facilities. The patients were invited to share their experiences, offer suggestions, ask questions and help develop opportunities for further improvement. Some very positive changes have resulted from these meetings and it was a great boost to staff morale to hear first hand from the patients that we are doing a good job. Further opportunities to hold focus group meetings will take place as the redevelopment of Cromer Hospital is underway.



Infection control is a significant part of my role and it is my aim to ensure that all of our staff are well informed and that our practice is up to date. Working closely with the infection control team, we are following the Department of Health's auditing programme to ensure that our staff comply with all the latest guidelines.

I also work closely with our facilities department. We have a real team spirit with our partners at Norfolk County Services (NCS) and they are constantly striving to ensure that our working environment is clean and hygienic. Just as with the main hospital site in Norwich, we have regular inspections by the Patient Environment Action Teams and we are proud that Cromer achieves excellent results.

Finally, I also fulfil specific roles for the division, including being the lead on Health and Safety and the Essence of Care benchmarking programme, in addition to my work with Infection Control and Patient and Public Involvement.

Kidney patients take a break from routine

CROMER DIALYSIS patients and their carers were treated to a Warners weekend at Corton in Suffolk in February, after a local fundraising campaign raised £3,000 for the trip. The patients took full advantage of the change of scene, playing bowls, pool and darts, strolling along the prom, swimming, dancing and enjoying good food in great company.

"It was great to see the patients relaxed and enjoying themselves away from the hospital setting," said Janet Dickenson, senior sister on the unit, who now hopes to make the weekend an annual fixture.

"A few of the patients had not been away from home for over 15 years so it was a very special time for them. Some had assumed that holidays were no longer an option once they started dialysis, but they are now feeling so confident they have booked to go again independently, which is fantastic.

"I'd like to thank sister Angie Webster and renal Technician Mark Kingswell and also our brilliant volunteers, Sue and Bob



Woods and Judith Hippsey, and of course Tom (my husband, who took this photo) for going the extra mile to ensure that everyone was well cared for."

The weekend break was financed from raffles, Christmas hampers, a sponsored walk and individual donations, as well as generous support from North Walsham Lions Club, Norwich North Alpha Lions Club, and the Norfolk Renal Fund.

There was even £700 left in the kitty to help fund another trip next year.

THE PULSE

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