

THE Pulse

Issue Number 12
March 2004

Norfolk and Norwich University Hospital



NHS Trust



A date with The Queen

Four pages of pictures from
the opening of NNUH

Patient power

What Choice will mean
for hospital services

The matchmaker

The kidney donors bringing
new hope for patients



Support for students

SARAH HARRISON, formerly a sister in the Critical Care Complex, has joined the Nursing Practice team as student support nurse. This new post is designed to help student nurses practise the clinical skills they will need once they are qualified.

Sarah will be working with clinical practice facilitator Sharon Crowle (pictured, right, with Sarah) to offer clinical support and guidance for students and their mentors. She will be drawing on eight years' experience in intensive care and high dependency units.

• Contact Sharon on ext. 2269 (bleep 0553) or Sarah on ext. 3409 (bleep 0851).

New research unit is planned

A PROPOSED NEW £2m development at NNUH will bring together research programmes and clinical trials from the Trust and the UEA, as well as Primary Care. It will include diabetes research, which will move from Bowthorpe Road to NNUH if the proposals are approved.

"This is very exciting as it means patients can be seen in a centrally located, purpose-built centre, away from service clinics," says the Trust's research co-ordinator Kath Jones.

"Ultimately this improve the quality of research in the Trust and help to take some

of the pressure off working clinics.

"We will also have the flexibility and capacity to carry out a wider range of clinical trials, including Phase I clinical trials, and this will attract research contracts from the pharmaceutical industry and other external funders."

The centre will be a fourth-floor extension of Outpatients East, with laboratories, consulting rooms and a ward area. A business plan has been prepared and will be considered by the medical school's Joint Venture Board this month (March).

FOUR YEARS of hard work by Denise Ramsbottom, a biomedical scientist in Pathology, were rewarded with the President's Prize from the Institute of Biomedical Science for outstanding achievement in her degree course. Denise started as a medical laboratory assistant and studied for the degree in her spare time, with support from the histopathology team at NNUH. She obtained a first class BSc degree and is pictured receiving the President's Prize from IBMS's Brian Warner.



Your winning suggestions

EXERCISE EQUIPMENT and a car sharing scheme are among the winning suggestions from staff following an appeal for ideas to improve our working lives.

The IWL team has a total of £5,000 to spend on these ideas and will now have to decide how best the money should be invested.

The winning suggestions are:

- **Car sharing scheme** Heiko Kausch, IT
- **A Webcam showing 'live' pictures** for staff in offices without windows: Richard Burton, Clinical Engineering

- **A quiet library area** for staff to read: Chris Cane, Theatres
- **An exercise room/equipment** for staff: Julie Kahler, Chemical Pathology, and Chris Cane, Theatres
- **Outside seating away from ward areas** Geoff Bluckert, Patient Services
- **Staff recognition scheme** Geoff Bluckert,

All those who made winning suggestions are now invited to form a steering group to develop these ideas – possibly with the help of extra sponsorship.



A NEW support group for patients with prostate problems is meeting for the first time at NNUH on 5 April. Consultant urologists Krishna Sethia and Robert Mills have teamed up with specialist nurses Sallie Jermy, Wendy Baxter and Claire Fullalove to organise this event. Please call ext. 5845 if you would like more information.

WELCOME

... to the following consultants, who have joined the Trust since 1 January: **Dr Vicky Bardsley** consultant in Histopathology, **Professor Duncan Bell** consultant in Gastroenterology, **Dr Stuart Brown** anaesthetist, **Miss Fran Harlow** consultant obstetrician, **Dr Katie Soden**, consultant in Palliative Care, **Mr Simon Wemyss-Holden** general surgeon with a special interest in gastro-intestinal surgery. .

FAREWELL

...to the following staff who have left the Trust since 1 January 2004: **Robert Langridge** scientific officer, after 34 years' service, **Joan Stearman** nurse on Denton Ward, after 28 years, **Rose Girdlestone** site practitioner, after 27 years, **Hilary Payne** Sister on Gateley Ward, after 25 years, **Linda Cuthbert** site practitioner, after 22 years.

SO WHAT ARE YOUR CORE VALUES?

The IWL (Improving Working Lives) group involved in producing a Staff Charter has now published its findings, and the proposals can be found in full on the Trust intranet.

We believe we should put patients at the centre of our work, that we should value the contribution of all staff and encourage continuous innovation and improvement.

Values are the cornerstone of any organisation's culture, and our proposed core values can be summed up as:

- Respect
- Innovation
- Pride
- Excellence
- Teamwork
- Integrity

If you have any comments on the Staff Charter, please contact Lynne Middlemiss, deputy head of Human Resources on ext. 2211.

Best advice for babies

A NEW book that aims to dispel some of the myths around feeding babies has been compiled by specialists from the Trust. *A Guide to Feeding Infants* tackles a range of common

problems, from colic and constipation to breastfeeding difficulties and the special requirements of premature babies.

The authors are neonatal nursery nurse Jocelyn Baynes-Clarke, consultant neonatologist Dr Julian Eason, senior paediatric dietitian Jennifer Livingstone and

consultant paediatrician Dr Mary-Anne Morris, who drew on a wide range of evidence for the book. "We receive many calls from health care professionals in the community relating to feeding problems," says Dr Eason. "We hope to remove some of the confusing and often inconsistent information that parents are given."

Funded by the NANIME Charitable Trust, the guide is being distributed to midwives, paediatric nurses and doctors, health visitors and GP surgeries across Norfolk. If you would like a copy, contact Emma on ext. 3174.



The Queen's visit was well worth waiting for

HER MAJESTY

The Queen's visit to the Trust on Thursday 5 February to conduct the official opening of the new hospital was a



very special occasion. She took the trouble to meet and speak to many staff and patients, showing a real interest in all of them.

It was a privilege to be able to show The Queen around our new hospital, and to demonstrate the benefits of modern technology and facilities which we have available to us in serving our patients.

She was hugely impressed and appreciative of the modern high quality health care we are now able to deliver.

Having visited a number of older hospitals myself recently, the official opening was a pertinent reminder that we have so much to celebrate.

When the challenges of delivering the access targets seem great and the pressure from receiving emergency admissions overwhelming, we would do well to remember that we are managing these pressures in a purpose built and new environment. Or recently new – of course, the hospital has been treating patients for more than two years. However, it was worth the wait.

Behind every successful occasion is a great deal of planning and preparation. The official opening was no exception and I would like to record my thanks to Bob Atkinson, Andrew Stronach and Hayley Gerrard for all their hard work behind the scenes.

Stephen Day

STEPHEN DAY

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

New lab test wins prize

IAN THIRKETTLE, a senior biomedical scientist in Haematology, has been awarded first prize for a short paper on transfusion science at the Institute of Biomedical Sciences Congress in Birmingham.

Ian is developing a new test using flow-cytometry to estimate the level of fetal cells in the maternal circulation during pregnancy and delivery. This is particularly relevant in cases where a mother is Rhesus-negative, to determine whether drugs are required to prevent Rhesus disease, and is also important in assessing any evidence of bleed following abdominal trauma. The next step is to run a comparison study with existing methods.



REPRESENTATIVES from Trusts all over the region gathered at NNUH in February to compare work done by Essence of Care Benchmarking groups.

The topic was food and nutrition, and key speakers for the day were John Badham, programme director for Essence of Care (pictured, right), and Sandra Betterton, head of nursing for the Strategic Health Authority (third from right), who commended the achievements already made towards improving the patient experience.

The aim of the meeting was to compare and share experiences in an effort to push standards higher still. The meeting is the first of its kind and will be followed by similar initiatives targeting benchmarks from the DoH Essence of Care document.



Room at the top for theatres

BUILDERS WILL be busy at NNUH over the next few weeks as a series of planned improvements gets under way.

Staff rest facilities in Main Theatres will be extended when an entire 64 sq.m room is lowered by crane into the internal courtyard above the Day Procedure Unit (DPU). A temporary theatre extension is also to be installed on the grassed area outside DPU.

Director of Facilities David Walsh explains: "Theatre activity has been going up

by 3-5 per cent a year and day procedures are also increasing. In the longer term, we are developing plans to build a two-storey extension to Main Theatres to cope with this extra demand."

Other plans include the creation of cubicles for a new minor injuries unit within the A&E department. And the Trust Board is considering a proposal to build a travel office and PALS centre on a new mezzanine floor in the East Atrium.

• **SPECIALIST NURSE** Nikki Morris says patients have given the professionals a new perspective since they began collaborating in the Cancer Network's Patient Partnership Group two and a half years ago. "Patients need more than just treatment for the disease. They need support to deal with the financial, emotional and spiritual aspects as well," she explains.

Penny Vicary, who runs Pandora's Box, a support group for Gynaecology cancer patients, agrees: "You can achieve so much more when you work together. It's reassuring to see how much the staff care about their patients."

Collaborative projects by the Patient Partnership Group have resulted in a directory of local support for cancer patients, and improved facilities for those who have wigs fitted while undergoing chemotherapy. The role of volunteers has also been highlighted as a benefit to both patients and visitors.



Partners in care: Nikki Morris with Penny Vicary

stayed here can tell us what they think.

"In the longer term, we are hoping to make some structural improvements but this will depend on funding being available."

• **TRUST STAFF** have teamed up with the UEA to produce a video about students learning from patients. Called Making a Difference, it features patients and students in a variety of settings including GP surgeries, hospitals and in people's homes. It helps patients to understand their value to students, while showing tutors and learners what the public expect when they get involved in training. If a member of staff would like a copy of the video, contact the PALS team on ext. 5035/ 5036 /5045.

THE PATIENT Advice and Liaison Service (PALS) has received nearly 1,000 enquiries since April 2003 – more than double the total for the previous year.

"By listening to patients we've been able to influence change in a number of areas," says PALS Manager Mike Lee. "Patients and their relatives appreciate the chance to work with the PALS team to address their concerns. As we are not directly involved in their clinical care, they often feel greater freedom to express their views and that can help us to resolve their problems.

"The lessons learned through PALS are also being put to good use in the development of a new customer care training initiative – part of a national pilot project linked to the Commission for Health Improvement and the NHS University."

• **CHILDREN'S MATRON** Alirae Bunkle says the views of parents and children are vital for the development of services at NNUH. "We know from their comments there is room for improvement in the children's ward and we are taking their suggestions seriously.

"In March we are starting to hold a series of patient focus groups so children who have

How you can help

If you are a member of staff:

- Listen to patients and their relatives and take their comments seriously. If appropriate, involve the PALS team (ext. 5035/ 5036/ 5045) to resolve any issues and ensure their suggestions are taken on board
- Remember that a procedure familiar to you may not be familiar to the patient
- See yourself as part of the whole healthcare team
- Take part in any projects, surveys or trials designed to benefit patients.

(See Lyn Taylor's comments, right)

If you are a patient or visitor:

- Don't be afraid to ask questions about your treatment and care
- Attend public meetings and make your views known to the PPI Forums. (Recruitment is ongoing – contact Tina Walton on 01603 774319 for details)
- Apply to join the NNUH Patient Panel (Call Mike Lee on 01603 289045)
- If you have any concerns about your hospital care, contact the PALS team on 01603 289036 (email pals@nnuh.nhs.uk)

Patient POW

IN APRIL, for the first time, patients in Norfolk will be given a choice of hospitals for some routine operations. As it develops, patient 'Choice' will have a major impact on the way health care is delivered (see Viewpoint on page 6). But for now, the aim is to find out what people really want from their national health service.

It's all part of PPI (Patient and Public Involvement), an initiative designed to bring patients on board in the planning and

"This is a chance to move out of the structured box and do things differently"

development of health care.

As Margaret Coomber, the Trust's Director of Nursing and Education, explains: "We want to make patients partners in their own care. That means

What do 'Choice', PALS and PPIFs have in common?

The answer is that they are all designed to give patients a stronger voice in health matters. The Pulse explains what this means for both staff and patients

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keeping them fully informed about their treatment and actively seeking their views about our services.

"Judging by the letters and comments we have received, patients are generally very impressed by the dedication and professionalism of our staff. However, the NHS has traditionally been designed around the day-to-day needs of the organisation, rather than the patient, and the plan is to change the culture in a more fundamental way. For instance, information about a patient's hospital treatment has traditionally been sent only to their GP. Soon all patients will be entitled to receive a copy too. Like patient 'Choice', this represents a significant shift in our relationship with patients.

"Of course, there are already many good examples of patient involvement within the Trust. These new initiatives provide an opportunity to move out of the 'structured box' and do things differently."

INTRODUCING THE NNUH FORUM

The PPIF (Patients Forum) for the NNUH Trust had its first meeting in December. The chair, Jane Casswell, a patient and former personnel manager for Norfolk Health Authority, points out that the seven-strong group represents carers and community workers as well as patients. "Our role is voluntary and independent, with more wide-ranging powers than the old community health councils. We have much to learn, but this is an exciting opportunity to find out what people in Norfolk think about their hospitals."



Patient surveys in A&E highlighted the need for more comfortable seating and a TV screen

Just ask the patients...

EVERY YEAR, as part of the NHS patient survey programme, at least 850 patients are asked to complete an eight-page questionnaire about their experience as a patient. The results help to determine the star rating of NHS Trusts.

Lyn Taylor, head of quality and clinical audit for NNUH (right), says: "So far we have received more than 500 responses to the national surveys, which cover issues such as waiting, quality of care, information, relationships, environment and overall impression.



"Directorates wishing to canvass patients' views can base their local surveys around these main themes and benchmark their results against the Trust-wide findings.

"My advice is to focus on one issue at a time and to keep your survey short and simple - you can get a good range of opinions with a well focussed questionnaire."

• If you would like help to conduct a patient survey, contact Lyn Taylor on ext. 5949.

What is PPI?

Patient and Public Involvement (PPI) is at the heart of plans to modernise the NHS. A number of initiatives, both local and national, are under way to involve patients in the future of health care. They include:

PATIENT FORUMS (PPIF)

Independent groups of volunteers with the power to influence and change local health services. Replacing, in part, the disbanded Community Health Councils, patient forums have their functions laid down by law, giving them real power to make a difference.

There are seven patient forums in Norfolk, covering ambulance and mental health Trusts as well as Primary Care and hospital services. The forums are appointed and supported by the Commission for Patient and Public Involvement in Health.

PATIENT PANEL

The Trust is recruiting its own Patient Panel to advise on proposed changes and improvements in patient care. Advertisements will shortly be placed in the local press to find up to 20 patients who would be willing to get involved.

PALS (Patient Advice and Liaison Service)

Since April 2002, patients and public have been encouraged to contact PALS if they have comments, queries or suggestions about Trust services. This is a valuable resource for obtaining feedback about our services and providing a positive means of resolving problems or concerns quickly and informally. If patients wish to make a formal complaint, they may do so through the Complaints Procedure, which is strengthened by the introduction of the Independent Complaints Advocacy Service.

OVERVIEW AND SCRUTINY COMMITTEE

This new committee of Norfolk County Council will scrutinise NHS Trusts and must be consulted on all major decisions involving change.

A question of **CHOICE**

IF YOU WERE offered the choice of several NHS hospitals for a long-awaited operation, what would you do?

This will be the burning question over the coming months as 'Choice' becomes a reality for our patients and staff. The aim is not only to reduce waiting times but to give patients the chance to make their own decisions about their treatment and care.

At first, the options will be limited to patients waiting more than six months for certain types of elective surgery (see Countdown to Choice, below). But from December 2005, Choice will be extended to give all elective patients a choice of four or five hospitals at the time they are referred for a hospital appointment.

Eventually, the aim is to widen Choice to maternity services, long-term conditions and mental health.

Anne Osborn, the Trust's Director of Clinical Services, says: "Since May last year, when we started offering alternatives to patients in cases where our capacity is not able to meet demand, around 400 orthopaedic patients have opted to have surgery elsewhere – some 28 per cent of those who were eligible. Experience in pilot projects carried out in London is that around two-thirds of patients took up Choice, but so far the figures are much lower in rural areas where the distances patients have to travel are much greater.

"From the patients' perspective, Choice opens up a potentially confusing and complex set of decisions and they and their families will need to be fully informed and supported throughout this process.

"The Primary Care Trusts, who are leading this initiative locally, are recruiting two Patient Choice Co-ordinators to

Patients will be offered the chance to have their hospital treatment elsewhere under a new initiative starting in April. Anne Osborn explains how 'Choice' will revolutionise the traditional doctor-patient relationship



identify and support those patients who are eligible for Choice. We will be writing to these patients and the co-ordinators will explain the different options available to them."

"A key factor in Choice is that the hospital providing the treatment will receive the funding, under a new system called Financial Flows. So hospitals will want to attract patients who can be treated within six months, rather than sending them away.

"Choice will have a huge impact on the NHS and our organisation"

"We believe that we provide excellent quality of care and we do want to provide a local service, but there is a limit to our capacity. To some extent we are the victims of our own success – we attract patients with the quality and range of services we are able to offer.

"As waiting times come down, some of the pressure on our services is likely to ease.

So in time, Choice should ensure that we provide excellent care *and* shorter waiting times."

The introduction of Choice at the point of referral involves some significant changes in our booking systems. With the advent of e-booking, GPs will be responsible for offering suitable treatment 'slots'. Some patients will need time to consider the choices available, and the longer-term aim is to use booking services such as NHS Direct to deal with the expected high volume of calls.

Anne says: "Choice will have a huge impact on the NHS and our organisation. But we have handled major change before, with the move to NNUH and the introduction of digital X-rays, so I am confident that with the right training and technical support, this can be achieved.

"We already have a precedent in the central booking arrangements which are working really well, thanks to the central booking team at Aldwych House, who have done a fantastic job.

"We are now working with the PCTs to deliver a process which utilises our current expertise and staff. In the long term, boundaries between the Trust and Primary Care will undoubtedly change, but we are all working for the same NHS and, ultimately, we all have the same goals.

"In the mean time, we will need to be especially careful to track patients' case notes and ensure that those who choose to remain on our waiting lists receive treatment within the nine-month target."

COUNTDOWN TO CHOICE

April 2004 Patients waiting more than six months will be offered a choice of two hospitals for elective surgery (with the exception of General Surgery and Orthopaedics).

July 2004 Choice is extended to General Surgery

September 2004 Orthopaedics

patients waiting more than six months will be given the choice of the West Suffolk Hospital or the Royal National Orthopaedic Hospital in Middlesex

December 2005 All elective patients will be offered a choice of at least four hospitals at the point of referral.



A warm welcome, Ma'am

History was made at NNUH on 5 February when The Queen officially opened the hospital. Here, The Pulse presents four pages of pictures and memories from this very special occasion

BARELY A WEEK after we'd been battling through blizzards and snowdrifts, it was good to see The Queen bring her own brand of sunshine to NNUH when she officially opened the hospital on 5 February.

Even the most casual bystanders were impressed by the warmth of the occasion, as patients, staff and visitors filled corridors and walkways to catch a glimpse of the royal visitor.

For those organising the visit, it was a revelation. "There had been so much preparation, so much to think about... I was expecting it to be much more formal," admitted Bob Atkinson, the Trust's operational support manager. "In the event, it was really enjoyable. The Queen was so friendly and keen to talk to people... you could sense the excitement everywhere.

I was a steward when Princess Diana visited the old N&N in 1988, but this visit was

continued on page 8



Senior radiographer Charlotte Smith demonstrates the speed of digital X-rays and (above) chatting to Pearl Bailey, aged 101, and her daughters Valerie and Adrienne

continued from page 7

definitely the highlight of my 21-year career."

On her way from the East Atrium to Radiology and on to Holt Ward, The Queen stopped to talk to dozens of staff, volunteers and patients before unveiling a plaque to mark the official opening and signing her portrait. Both the plaque and the portrait will be displayed in the East Atrium.

Chairman David Prior paid tribute to those who had had the vision and determination to build the hospital. "Their dream is now alive," he said. "But more than that, I want to thank those who work here and those who support us in what we do. The best patient facilities in the world are worthless without the dedication, commitment and care of those to whom they are entrusted."

Senior Radiographer Charlotte Smith had volunteered to demonstrate the digital X-ray facilities in Radiology: "The Queen asked lots of questions and put us all at ease. She seemed really interested in our X-ray facilities."

On Holt Ward, the excitement was palpable. "It was lovely for the patients but great for the staff too," said Sister Josie Royall. "I was pleased she talked to so many of the ward staff because I'm really proud of our multidisciplinary team."

More than 250 schoolchildren cheer The Queen's arrival outside East Outpatients (right); Bob Atkinson talks to well-wishers (below right); Rosie Korn, daughter of Melissa Blakeley who played a key role in the move as deputy director of the N2 project team, presents a posie to The Queen



PICTURE BY CATHERINE JORDAN

QUEEN'S VISIT



Among those who chatted to The Queen during her tour of NNUH were, from top: patients Christopher Muff, Jordan Goffin and Catherine Aldred with members of the NNUH Scouts and Guides groups; NNUH architects Bahman Tavacoli and Ken Schwartz with Rob Smith and Richard Jewson; long serving staff Rose Girdlestone, Joan Oldman, Andrew Fiddy and Ann Stimpson. Pictures by Lin Wymer



QUEEN'S VISIT



A DAY TO REMEMBER, clockwise from top left: Stephen Day with 'the paparazzi'; jostling for a better view on the walkways; watching X-rays being processed in Radiology; relief all round as The Queen borrows a pen to sign her portrait; chatting to the modern matrons; unveiling the plaque; and walking through the East Atrium with NNUH chairman David Prior and Stephen Day



LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Support for the whole family

I would like to thank the team in Endocrinology for their clinical excellence and tremendous support during difficult times.

In particular, I would like to thank Sister Sondra Gorick for her compassion, sensitivity and patience, and for her ability to treat patient and family as a complete unit. Please keep up the good work.

Mr and Mrs K.M. Smith

Dinner date

The first official dinner to be held at NNUH took place in the Education Centre last November.

Hosted by NANIME, the Annual Tripartite Dinner was a welcome opportunity for Serco's catering team to show what it could do. Paul Brasnett, the chef responsible for NANIME functions, produced an excellent menu with a first class level of service. And judging by the kind letters we received, the guests are eagerly looking forward to the next on-site function!

The Tripartite consists of doctors from three groups: the local branch of the BMA, the Norwich Medical Surgical Society and the Postgraduate Centre (NANIME). The theme for 2003 was 'Medicine and the Media', with an after-dinner speech by the humorous writer and broadcaster Phil Hammond.

Madeleine Kent, NANIME Manager

New members welcome

The National Health Service Retirement Fellowship was started in 1975 to enable retired staff to keep in contact with colleagues and friends.

The Norwich branch now meets on the third Thursday of every month at Chapel Field Methodist Church at 10am. Tea and coffee is served and we have an interesting programme of speakers.

New members are always welcome so please contact me on 01603 413254 if you would like more information.

*Mrs J.M. Wright, Secretary,
Norwich & District Branch, NHSRF*

Trapped in the snow

I was one of those trapped by the heavy snowfall in Norwich on 28 January, when all roads out of the hospital were gridlocked. All the staff were helpful and polite, and the restaurant was quick, efficient and excellent value – with free drinks all round!

Although we were unable to leave before 9.30pm, we felt the experience was pleasant. So a much-needed pat on the back to the NNUH and the NHS.

However, I suppose our experience only highlights the need for another relief road from the hospital.

Ian McNamara



Thank you

.. to all those who contributed to our recent Poppy Appeal. Due to your efforts, we collected nearly £900.

R. Seaman, local organiser, Poppy Appeal

... for the reception and £200 in gift vouchers I received to mark my 25 years' service with the Trust. The photograph taken on the day will be a nice reminder of the occasion.

Mary Kelly, staff nurse

... to colleagues and friends who made my retirement such a memorable, if emotional, occasion. Friends are so special and I feel so grateful that I have so many. Keep smiling.

Maureen (Mo) Cressey, Medical Staffing

...to doctors and nursing staff for their care, kindness and attention during my stay on Holt Ward... and to the cleaning staff who keep the wards spotlessly clean.

Kathy Leman, patient

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

IT helpdesk (for tel./ computer faults): Refer to Intranet homepage or call ext. 5555

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: 08456 020121
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



HOUS

DOOG

A place for everything and everything in its place... that's the aim of our team of highly organised housekeepers. Here they explain why they find the role so satisfying

WHENEVER Linda Cooper is in doubt about who to call in a crisis, she refers to her little black book. As housekeeper on Heydon Ward, she has scores of phone numbers at her fingertips gleaned from reliable contacts all over the hospital.

Linda is an important link in the chain for staff on the ward. She makes sure that stores of linen and equipment are kept clean, topped up and ready to use.

"Having been trained in catering, I treat the ward like a hotel," she explains. "It gives me a buzz to know there's a place for everything and everything's in its place. And if there's a problem, I may not be able to solve it myself but I'll definitely know a man (or woman) who can!"

Linda is not alone in taking a pride in her

Happy housekeepers: Tony Winhall, Suzy Tomlin, Lynette Bacon, Jayne Basford, Margo Blackmore, Linda Cooper and Jo Ladbrooke; Left: Karl Rich and (far right) Jane Scarff



EKEEPING



housekeeping. Our modern matrons all agree that housekeepers – the role was created as a result of the NHS Plan – are a great asset to the Trust. Children's matron Alirae Bunkle explains: "They complement the nursing role beautifully,

doing many tasks that would otherwise take nurses away from the bedside, such as returning equipment to the equipment library and fetching and carrying items from the ward. They make our job easier because we can rely on them to keep the wards tidy and well organised."

Jayne Basford, a housekeeper on Elsing Ward, comments: "Some people think we just flit about with a fluffy duster, but there's much more to it than that. If supplies of dressings, feeding equipment and oxygen are not readily available when they are needed, there can be serious consequences for both patients and staff."

Tony Winhall spent 22 years in the RAF before becoming a nursing auxiliary at the West Norwich Hospital. As one of the first housekeepers to be officially appointed by the Trust, he finds the five-day working week particularly beneficial. "It gives a sense of continuity because so many staff on the ward are working different shifts."

A former dental nurse, Jane Scarff was at home with two young children before applying to become the first housekeeper in

Dermatology Outpatients. Now she is treasured by her colleagues in the department, where the clinical workload has tripled in the last five years. "It can be really manic here on clinic days – I'll often start work an hour early just so I can tidy up and get ready for the day. But I love being part of a team and feeling that my colleagues rely on me. I can honestly say that I enjoy every minute of my work."

Like many other housekeepers, Karl Rich started out as a nursing auxiliary before taking on the job in EAU (the Emergency Assessment Unit). Having previously been a car mechanic, he finds the role suits him perfectly.

"I absolutely love this job," he says. "I'm dyslexic so I've designed a storage system that works well for me and for other staff on the ward. But if I ever need help I will ask for it – there's a great sense of teamwork and my colleagues are tremendously supportive."

Like Tony, Karl has no problem with the term 'housekeeper', though the ladies admit they are often referred to as 'mum' by their colleagues. "I think of the staff as my extended family and try to sort out any needs they might have," says Margo Blackmore, a housekeeper on Docking Ward. "The big difference, I suppose, is that we get paid for it!"



THE MATCH

TWO OR THREE TIMES a week, without fail, 246 patients undergo some form of dialysis at NNUH because their own organs are unable to cope. Of those, 190 need to be wired up to a life-saving machine for up to four hours at a time while their blood is artificially cleansed and returned to their veins.

Last year, Helen Price was one of the 'regulars'. She suffered renal failure in 2001 as a result of septicaemia following a miscarriage and spent five months in intensive care. When her mother stepped in to donate one of her own healthy kidneys, she was at first unwilling to accept.

"My mother was 68 and a transplant involves four hours of major surgery," Helen explained. "It wasn't until the day of the operation that I realised she was determined to go through with it. Of course, I was tremendously grateful but I was also apprehensive and didn't dare to raise my hopes."

Eight months after the transplant, Helen's new kidney is doing well and she has much to be thankful for. Others are not so lucky. No matter how much a close friend or relative may wish to donate a kidney, there

The gift of a kidney may seem like a dream come true for patients with renal failure. But finding the right match can be a long and involved process, says renal transplant co-ordinator Gill Simpson

can be medical reasons for not continuing with a transplant.

Gill Simpson, the renal transplant co-ordinator for Norfolk, supports patients and their families through this difficult time. Last year a record six kidney transplants from living donors were referred from NNUH, but this is only a fraction of the 68 renal patients who are waiting for a donor.

Having established that a friend or relative is willing to donate, Gill arranges a series of tests to be sure of a 'suitable match'

for the recipient.

"There are around 29 different tests to complete, from blood and tissue matching to heart scans, Ultrasound and X-rays," says Gill. "Even when a suitable match is found, we have to be sure that both the patient and donor are fit and healthy enough to go ahead with the operation."

With such emotive issues at stake, Gill has to keep a cool head. "I point out that a transplant is not a complete cure, just another form of treatment. Anti-rejection drugs can have unpleasant side-effects and there are risks attached to any major surgery. I've known kidneys to be functioning well after 25 years, but the average life of a donated kidney is more like ten years."

"Even so, it's marvellous to see patients after their operation... No more fluid or diet restrictions, no more dialysis... they can even go abroad for a holiday without making special arrangements. Some have been waiting years for a life free of dialysis."

In recent weeks, transplant stories have provided a rich seam of drama in TV soaps such as *East Enders* and *Casualty*. But these can be misleading. "In all transplant cases we follow strict ethical guidelines - it can take months to complete all the necessary tests for a living donor," says Gill. "This gives everyone time to consider the options and change their minds. I never try to persuade people. I just tell them the facts and support them in their decision."

"Of course, when an organ becomes available from a deceased donor, events move very quickly. One day a patient is having routine dialysis, the next they are whisked off to Addenbrooke's for a transplant. It's an



*Gift of life:
Helen Price is
doing well after
receiving a
kidney donated
by her mother*



Kidney transplants: the facts

- The first successful kidney transplant was carried out in Boston, USA, in 1954. In the UK, the first living donor transplant took place in Edinburgh in 1960
- In this region, all renal transplants are carried out at Addenbrooke's Hospital in Cambridge - around 70 per year.
- In Norfolk, 232 patients are currently on dialysis but only 68 are on the 'active' waiting list. Another 29 are undergoing tests to see if they are suitable.
- Of the 13 living donor kidney transplants at Addenbrooke's last year, six were referred from NNUH. They included three husbands and wives, two from mothers to sons and one from mother to daughter.
- In this country (unlike America) ethical guidelines insist that living donors must have a close relationship with the recipient, although they don't have to be family members
- One year after a transplant, 95 per cent of kidneys from live donors are functioning well compared to 86 per cent from deceased donors.
- Anyone who would like to donate organs after their death should ensure they join the national transplant register. (Call 0845 60 60 400 or register online: www.uktransplant.org.uk)

AKER



Gill Simpson stops for a chat with Julian Buck, who is back on dialysis after having a kidney transplant ten years ago. "I suffered renal failure as a result of diabetes and was lucky to be offered a transplant," says Julian. "Unfortunately the kidney failed after six years so I'm back to having dialysis three times a week. I'd love another transplant but I'm prepared for a long wait."

emotional rollercoaster for the patients."

Helen Price has vivid memories of that time. "Gill was wonderfully calm and understanding throughout," she recalls. "As a mother herself [Gill has three young children] she could empathise with what I was going through and I found that really helpful."

It is of little comfort to those on the waiting list that the number of deceased donors is going down all the time, thanks to greater awareness of road safety and earlier diagnosis of life threatening conditions due to CT and MRI scans.

However, the number of living donors is increasing too, as more people come forward to offer a healthy kidney. For the recipients, this is one gift they will never forget.

• Gill Simpson can be contacted on 01603 289909 (Pager No. 07693303574)

TAKING A LEAF FROM INDUSTRY

Operations planning manager Tim Hankey argues for a radical re-think in the way we deliver our hospital services

WHAT DO supermarkets, airlines and acute hospitals all have in common? The answer, of course, is that they are all firmly positioned in the service sector. All employ massive resources, in terms of manpower and equipment, just waiting for the first customer (or patient) to come through the door.

But in one quite critical sense there is a difference. For while supermarkets and airlines spend massive sums predicting and forecasting future demand, the NHS is currently estimated to spend over two billion

pounds a year telling us where we were six months ago.

Further examination reveals that supermarkets and airlines use a

management structure focused on delivering to the customer. If acute hospitals really wanted to do the same, why do we have medical and surgical directorates that mean nothing to the patient? Why not have separate directorates for emergencies and elective work? At least this would go some way to align patients' needs with what the organisation can deliver.

For instance, a patient rushed in to hospital after a major car accident requires a vastly different service from one who is here for a minor knee operation – yet both are grouped under the title of Trauma and Orthopaedics.

Having said that, ours is the first acute NHS hospital to attempt to forecast the future. As operations planning manager, my role is to analyse recent trends and predict how this will affect our services in the days and weeks to come. But while the actual process of forecasting is reasonably easy, it is much harder to

answer the question: if we know what is going to happen tomorrow, what are we going to do about it?

Strangely, few hospitals have a Director of Operations or indeed an operational structure. Within the operational structure lives the forecaster and it is the operational structure that ultimately delivers a complex service to the customer or patient.

On 5 January 2004, the supermarkets were fully stocked and the airlines were fully operational, yet every hospital in



"A patient rushed into hospital after a major car accident requires a vastly different service from one who is there for a minor knee operation"

our region was at an escalation state of 'very red' as they coped with brisk demand in the post-Christmas period. The forecaster would say that we knew this was coming months ago. The question is: what did we do to about it?

Interestingly, with all the current (and costly) modernisation agenda there is no training in operational management; just how do you operationally manage an acute Trust?

All this, of course, is a personal view but maybe – just maybe – we should look over our shoulders at the supermarket, the airline or even Little Chef to see how they do it. We might just surprise ourselves.

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.

Flight of a lifetime

Theatre nurse Dawn Romanos took a week's holiday to pass on her skills to nurses in the Philippines. She explains why she wouldn't hesitate to do it all again

THE WALLS OF the Allies Day Procedure Unit at Cromer Hospital are papered with notes and cards from grateful patients whose sight has been improved following a simple cataract operation. Imagine, then, the joy of patients who are suddenly able to see after being blind for many years.

Dawn Romanos, an ophthalmic theatre nurse in Cromer's Allies Unit, was able to witness their joy at first hand when she flew out to the Philippines to spend a week as a medical volunteer with the ORBIS Flying Eye Hospital.

She explained: "Our patients here in Cromer are lucky to get treatment before their cataracts get too advanced, but in the Philippines there are simply not enough skilled people or resources to go around. ORBIS is geared towards teaching the local doctors and nurses the skills they need to carry out this type of surgery themselves.

"The Flying Eye Hospital is equipped with an operating theatre and an auditorium where the audience can watch live pictures and ask questions while the procedure is being carried out.

"It was heartbreaking to have to turn patients away but we consoled ourselves with the thought that their turn would come. The great thing about ORBIS is that the local teams are now able to carry on

where we left off. Most of the procedures I assisted with were cataract operations, but we also did a simple squint correction for a young girl. She was overjoyed because she would now be able to marry – even though she was very pretty, she was rejected because of her squint."

Dawn first heard about ORBIS at a conference three years ago. "It seemed a great way to get personally involved in a charity," she recalled. "She has no regrets about giving up a week's holiday to join the Flying Eye Hospital team. "It was hard work but a fantastic experience and I'd love to do it again."



Dawn with hopeful patients in the Philippines



SITE FOR NEW HOSPITAL?

Consultation into the siting of Cromer's proposed new hospital has revealed that the public's favourite option is on Holt Road, next door to the district council head office, where there is good road access from the whole of North Norfolk.

The site is one of several put forward for the new £17 million development.

The Strategic Outline Case for the new hospital is due to be considered by the Strategic Health Authority in May - allowing time for further local discussions to take place.

A PUBLIC CONSULTATION exercise is under way to decide whether the Minor Injuries Unit at Cromer should close during the night, between 10pm and 8am. Some 12,000 leaflets have been distributed and the Trust has received 76 replies. On average, fewer than one person per night uses the service between these times.

If you would like to make your views known on this issue, write to Rebecca Champion, North Norfolk PCT, Kelling Hospital, Old Cromer Road, High Kelling, Norfolk NR25 6QA.

Bernstein legacy helps ring the changes



THE OLD pathology laboratory at Cromer has been transformed and corridors throughout the hospital have a bright new look, thanks to the generous legacy of Sagle Bernstein.

The improvements mean that local patients can now benefit from specialised hearing tests in a fully soundproof room. Wheelchair access is also improved in the newly renovated the phlebotomy (blood tests) department, *pictured*. "The improvements are a great boost to morale for both staff and patients," says matron Sue Tuck.

THE PULSE

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