

THE Pulse

Issue Number 22
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ed Norwich University Hospital



NHS Trust



Close encounters

Giving baby the very best start in life



It's good to talk

Doctors add their voice to the IT revolution



Open house

Drop-in clinic puts mouth cancer on the map

Stepping out

How cardiac rehabilitation is giving heart patients a new lease of life



From Cotman to Cromer

Kate Burditt prepares for a new challenge

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

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

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

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

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

Serco helpdesk (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

Travel Office Ext. 3666

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

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 Heather Clarke on ext. 2883

Cromer Hospital

Mill Road, Cromer NR27 OBQ

Tel: 01263 513571

Restaurant

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

Other departments are based at:

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

- **Norwich Community Hospital**,
Bowthorpe Road, Norwich NR2 3TU,
Tel: 01603 776776: Breast Screening,
Health Records Library, Diabetes Research,
Pain Management

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

- **The Norwich Central Family Planning
Clinic**, Grove Road, Norwich NR1 3RH.

CONGRATULATIONS to
Anthony McDonnell, an
Operating Department
Practitioner (ODP) at NNUH,
who raised £858 for Dereham
Cancer Care when he
completed a sponsored
parachute jump to celebrate his
40th birthday. Anthony is
pictured making the jump at
Old Buckenham.



Improving care for stroke patients

THE STROKE team, based on Gunthorpe
ward, is keen to hear from anyone who has
an opinion about stroke services at NNUH.

They are holding a series of workshops,
focus groups and surveys with staff, patients
and members of the public, to find out how
our services might be improved for patients
with stroke and Transient Ischaemic Attacks
(TIAs). The aim is to establish a centre of
excellence for stroke patients at NNUH.

In Norfolk, around 2000 people sustain a
first stroke every year and as many as
6,500 are living with severe disability resulting

from stroke. There is overwhelming evidence
that access to specialist services improves
recovery and reduces the need for long-term
care.

A workshop is planned for NNUH
staff on the afternoon of Wednesday
14 December. If you would like to take part,
contact julia.chapmanwright@nnuh.nhs.uk.

For other ways of contributing contact
Oliver Redmayne (bleep 0546), Niki Wyatt
(bleep 1097), Bob Fulcher (ext. 3653) or
Kneale Metcalf (ext. 5439).



PUPILS FROM Woodland View
Middle School were given a taste of
live broadcasting when they joined
Hospital Radio Norwich in
October. The project, sponsored by
Norfolk Exchange, allowed pupils
from all over Norfolk to use the
studios at Norwich Community
Hospital to practise broadcasting
techniques. Station engineer Mike
Sarre, who gives his time free of
charge for the benefit of patients at
NNUH, visited 10 schools to train
the children and help them present
their programme ideas.

Changes at the top for Serco team

WELCOME TO Martin Payne (pictured)
who has joined Serco as Operation Manager
for Soft Services (ie catering, domestics,
portering, security, linen and grounds
maintenance) after six years in healthcare
facilities management.

Martin, who previously worked in hotel
and contract catering, commented: "At
NNUH we already have a clean, well catered,
well equipped hospital – the challenge is to
maintain those high standards seven days a
week. We want to harness all the partners
whose stated desire is to work

collaboratively, to create a
true partnership both for
now and the future."

Martin will be working
closely with Nayab Haider,
formerly catering manager at NNUH, who
has now been appointed Front of House
Manager to oversee Serco's catering and
cleaning services. Frances Ling will continue
to be responsible for domestic services and
Hilary Woods will lead on Health, Safety,
Environmental and Quality issues for Serco's
700 employees.



So far so good for Agenda for Change

MORE THAN 97 per cent of Trust staff have now been through a process of job-matching under Agenda for Change (AfC) and pay rises so far have resulted in a 2.4 per cent increase across the whole Trust. However, Barry Walsh, management-side project lead for AfC, stresses that this is well in line with national projections.

"Fears have been expressed that AfC will be subject to our current financial constraints," said Barry. "The truth is that AfC is a national initiative and any pay rises are being funded separately."

Meanwhile, the number of staff who have asked for a review of their AfC banding has

risen to over 300. "We will be turning our attention to these cases as soon as we have completed the initial job matching exercise," says Barry. "One advantage of the new pay banding system is that there is more flexibility for staff to adapt their roles and we will use this opportunity to support service improvements across the whole Trust."

Adrian Howes, staff side project lead for AfC, added: "We will also continue to keep our job profiles under review as staff move on and new jobs are created."

The current national arrangements for unsocial hours will now continue until October 2006, when they will be reviewed.

CUTTING THE RISK OF LUNG DISEASE

Do you get breathless, wheezy, or have a persistent cough? If so, it may be wise to ask your GP for a lung function test as you may be suffering from COPD (chronic obstructive pulmonary disease).

During World COPD Day at NNUH, respiratory nurses Sandra Olive and Paula Browne (pictured with members of the Norwich Breathe Easy group)



commented: "Early detection using a simple spirometry test, stopping smoking and staying as active as possible can make

all the difference."

• For details of the local Breathe Easy support group, call the respiratory team on 01603 289779.

How clean is clean?

To tackle this important question, Serco is teaming up with the British Institute of Cleaning Science (BICSc) to develop a training programme for the 250-plus cleaning staff at NNUH.

To qualify for the Cleaning Operators Proficiency Certificate, all cleaning staff must undergo training in chemical competence, storage of equipment, methods of mopping and use of machinery. They are then individually assessed to ensure that they reach the standards set nationally by the BICSc.

"Cleaning audits show that standards are improved as a result of this scheme," says Martin Payne, Serco's soft services manager (see left). "Staff feel more motivated due to the national recognition that this award provides."

WELCOME

...to the following consultants who have joined the Trust:

Dr John Harrad and **Dr Akesh Dhrampal**, anaesthetists, **Dr Mahzuz Karim**, nephrologist, and **Miss Katalin Zechmeister**, general surgeon.

FAREWELL

...to the following staff who have left the Trust since 1 October 2005:

Sara Smith, staff nurse on Cley ward, after 33 years, and **Wendy King**, receptionist, after 20 years.

A RECORD 43% (2,474) of staff at NNUH have had a flu vaccine so far this year – 34% of doctors, 37% of nurses, 79% of allied health Professionals, 49% of A&C staff and 52% of other staff.

Seeing the bigger picture

FOCUSING ON the news of the day, it is all too easy to get a jaundiced view of the NHS. True, these are difficult times financially and we are facing further change with the imminent reorganisation of our local Primary Care Trusts.



But history shows that such pressures and challenges are nothing new. It is far more encouraging to look at the bigger picture and to consider the rapid strides we have made in recent years. For instance, we are now seeing significantly more patients than we did three years ago and our waiting lists have been reduced from a peak of 14,000 in 2002 to below 10,000 today, with 80 per cent of patients waiting less than three months for treatment.

Some of the greatest improvements have been the result of teams working together across all disciplines to improve patient care. Our teamwork has also been commended by the IWL assessment panel who awarded us Practice Plus status for Improving Working Lives. Of course, there is always room for improvement but we are determined to carry on the work of our IWL project teams to ensure that we are an employer of choice.

At the same time, with Agenda for Change (AfC) we are facing the biggest shake-up of pay and conditions in the history of the health service. There are bound to be some teething troubles associated with such a project but, as a Trust, we are determined to deal with them sensibly and professionally.

I am delighted that several staff have been singled out for recognition in a series of national awards (see page 5). While I applaud these achievements, I am also aware that there are many more unsung heroes among our 5,700 employees who deserve our praise and recognition.

I wish you all a happy Christmas and a peaceful New Year.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Thanks to our fundraisers

MATTHEW HUNT, from Harleston, admits he wasn't wearing a seatbelt when he lost control of his car on a country lane and badly dislocated his spine. Five months later, he walked back into NNUH to say a personal thank-you to the surgical team and staff who cared for him. His family have now raised a total of £1,200, to be split between ITU (Intensive Therapy Unit) and Gateley Ward.

"We want to spend the money on a special 'scoop' stretcher that is designed to keep spinal patients in a safe position while they are being moved from place to place," says staff nurse Rebecca Ollett, pictured right with Matthew.



ALEXANDRA BARCLAY, 12, was determined to help victims of liver disease when her grandfather, Eric Brooks, died from oesophageal cancer which had spread to his liver. She presented a cheque for £80 to the Norfolk and Norwich Liver Group after setting up a cake and bric-a-brac stall outside her aunt's home in Martham. "We were amazed to learn that there are over 100 different types of liver disease and we just wanted to do something to help," Alexandra explained.

BARRY SAULL never forgot the kindness of staff during the two-and-a-half years he spent on dialysis in the Jack Pryor Unit at NNUH. After a successful kidney transplant at Addenbrooke's Hospital, Cambridge, he returned to dialysis unit to present cheques totalling £900



towards refurbishing the staff tea room. Among those who welcomed him back was transplant co-ordinator Mandy Wilkinson (pictured right with Mr Saull and Judy Butcher, senior nurse on the Jack Pryor Renal Unit) whose role is to assess patients' fitness for a transplant and also

the suitability of family members who put themselves forward as donors.

Currently 65 dialysis patients locally

who are waiting for a transplant. So far this year, 21 patients from NNUH have undergone transplants at Addenbrooke's, including four who have undergone kidney and pancreas

transplants. Two of the kidney donors were living family members and two were partners of the recipients.

Mr Saull, 72, received his kidney from a deceased donor. His wife, Cynthia, had offered her own kidney but tests revealed that she was not a suitable donor.

A COUNTRY DANCE organised by asthma sufferer Roger Rose, from Mundesley, raised £735 for the equipment fund in Respiratory Medicine. In the last six years Mr Rose has raised more than £8,700 for respiratory and diabetes equipment at NNHH and Cromer as a thank-you for the treatment he has received.



PICTURE COURTESY OF ARCHANT

TWO FAMILY celebrations resulted in a £562 gift for NNUH after guests were asked for donations in lieu of presents. Dennis Savory and his wife, Patricia, split the proceeds from their Golden Wedding anniversary and their daughter's wedding between the Oncology department and the Norfolk Air Ambulance Service. Mr Savory has been a patient at NNUH since suffering from cancer of the jaw five years ago.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Are you fighting liver disease?

We want to reach out to the many patients locally who are affected by liver disease. Whether you are a transplant patient, a carer or a long-term sufferer, you are welcome to come along to an open meeting in Room 12 (Education Centre) at NNUH on Thursday 9 February from 6-8pm.

This will be a chance to get information and support about your condition and to meet other sufferers. Our support group has links with Addenbrooke's, the British Liver Trust and the Addenbrooke's Liver Transplant Association and we hold regular meetings locally. For more information, please call the chairman, Ken Rowe, on Norwich 456567.

Mike Fitch,
Norfolk and Norwich Liver Group

A 'labour of joy'

DOCTORS AT the Jenny Lind children's unit have collaborated to write a new handy-sized textbook for medical students. The *Pocket Essentials of Paediatrics* covers everything a medical student needs to know about child health and paediatrics, along with exam questions and revision notes.

"This has been a labour of joy," says consultant paediatrician Nandu

Thalange, who edited the book along with Tim Kinnaird, Richard Beach and Paul Holmes. "Many paediatric textbooks are unwieldy and often slanted towards hospital paediatrics. Our book is pleasingly compact, yet comprehensive and, for a medical textbook, cheap!"

"The book is written specially for problem-based learning, which is the type of approach favoured at the UEA and many other medical schools. It's the sort of textbook I would love to have had myself as a student."

The book will be published on 12 December, and there will be a launch in the East Atrium at NNUH on 14 December.



Building on the success of



A PANEL of independent NHS assessors has commended the Trust for its efforts to improve working lives.

Areas of good practice identified by the IWL team include communications – in particular the ‘Have your Say’ discussion board on the Trust intranet, the ‘unplugged’ sessions with the Chief Executive and the information plasma screen in the staff restaurant.

Other areas singled out for praise include our Occupational Health service, Staff Charter, the role of advisor for KSF (Knowledge and Skills Framework), Hospital Playscheme, foundation degree course for healthcare assistants and training initiatives for contracted-out staff.

The assessors suggested a number of further improvements, including a staff recognition scheme, a mediation scheme for dealing with bullying and harassment, protected study time, better facilities for staff in some areas, and to build on the good partnership with trade unions in all aspects of Trust business.

Non-executive director Sue Whitaker, the IWL lead for the Trust Board (*pictured*) commented: “The award of Practice Plus is a tribute to the determination of staff to work

together to bring about significant improvements, and to ensure that all our staff are treated equally and fairly, whatever their role in the organisation.

“We are determined to be an employer of choice. This award is recognition that we’re well on the way to realising our ambition.”
HR deputy director Lynne Middlemiss



added: “We’re delighted to be awarded Practice Plus and would like to thank everyone who took the time to take part in our focus groups, fill out questionnaires and support the work of the IWL team.

“We are now keen to build on the progress that has been achieved over the last four years and to start working on the suggestions of the IWL assessors. It is important that we maintain and improve on our current practice for the benefit of all our staff and the services we provide.”

210 opt for oral checks

Over 200 people took advantage of free oral health checks offered by specialists at NNUH on 17 November. The one-off drop-in clinic was designed to raise awareness of mouth cancer, which leads to more than 1,500 deaths per year in the UK.

Oral maxillofacial surgeon Richard James (*right*) commented: “Mouth cancer is not a high profile cancer but it is a killer. We want people to understand more about how they can prevent the disease and spot



the signs early.” Of the 210 patients who were checked over at NNUH, three were referred for a biopsy and four were invited to return for further investigation.

Qualified to care

A RECORD number of staff at NNUH have achieved NVQ Care qualifications with support from the Trust. A total of 32 nursing auxiliaries were awarded NVQs at Level 2 or 3 after studying in their spare time and gaining experience in different clinical areas.

Presenting them with their City and Guilds

certificates, Carol Edwards, deputy director of nursing, congratulated the students and thanked their assessors, colleagues, relatives and friends for supporting their efforts.

“We are very proud of their achievements,” she said. “Some are progressing to the Foundation Degree to enhance their careers but, most importantly, all are now able to use their new skills to benefit patients.”

Staff commended in national awards

STAFF AT NNUH have won national recognition in a number of prestigious awards.

- The Thoracic surgery team was highly commended and the Oncology team was awarded a merit in the Hospital Doctor 2005 awards
- Medical Illustration’s Simon Dove was named Healthcare Scientist of the Year for Innovation in Service Development, for his work in providing speedier access to clinical images

- NNUH Midwives Judi Roper and Sara Eades were awarded the Royal College of Midwives Award for Service to Members in recognition of their work in developing the involvement and activity of the RCM at local level
- The Communications and IT web teams have been highly commended for their work in developing the Trust’s website: (www.nnuh.nhs.uk) in the Communicating Healthcare Awards 2005

DID YOU KNOW?

The Sir Thomas Browne Library at NNUH offers a wide range of services for staff including:

- Help and advice from skilled staff
- Journal and book collections (electronic and paper)
- Study space and internet access
- Training courses and current awareness services
- Search services and document delivery.



In November, library staff celebrated Health Libraries Week with a quiz and a display in the West Atrium and a total of £36.25 collected in library fines were donated to BBC Children in Need appeal.

• For more information about our library services, contact the library staff or email library@nnuh.nhs.uk



*A growing number of consultants at NNUH are adopting voice-recognition software to speed up the process of reporting their findings, as IT engineer **Bob Ownsworth** explains*

TALKING IT

NNUH IS LEADING the way in developing integrated voice recognition software for preparing diagnostic reports on patients.

Reports can now be authorised and delivered to clinicians or GPs in a single process, without the need to touch the keyboard or mouse. Previously they would have been recorded to tape, typed by a secretary, then checked and authorised at a later date by the reporting doctor.

Around half the consultant radiologists at NNUH have switched to the new system and the Trust's newly opened Radiology Academy, based at the Cotman Centre, is the first in the country to incorporate voice recognition as part of its specialist training programme.

Consultants in histopathology – where tissue samples are analysed for diagnostic purposes – are also beginning to use an adapted version of the system for their laboratory reports.

Originally developed to provide a hand-free command system for fighter pilots, speech recognition software was first trialled by the IT team at NNUH four years ago. Radiology took up the idea with enthusiasm and a Milton Keynes-based company, GHG Software Developments, was chosen to develop a system that would meet their needs.

Radiologist Graham Hurst says the system has improved efficiency and significantly reduces the time it takes to produce patient reports. "With some 200,000 radiology reports being generated every year from CT and MRI scans, it made sense to speed up the process of reporting our findings," he explained.

The latest software, called 'Talking Point', incorporates a specialist vocabulary for Radiology and is fully



TIM BARKER (above) is one of three consultants in Histopathology who have been using 'Talking Point' since April. "I am very impressed with the system so far," he says. "It saves on secretarial time and could potentially make a big difference for seriously ill patients because clinicians can access our reports and adjust their treatment accordingly.

"Of course, it takes a little time for the system to 'learn' your voice and specialised vocabulary, and the developers are working on refinements for Pathology, but I see no reason why the technology cannot be more widely adopted in the hospital."

integrated with both PACS – our Picture, Archive and Communication System, which displays X-ray images and scans – and the Radiology IWEB reporting system.

Much of the mundane report typing is now unnecessary and secretaries are able to perform more of a PA role to consultants.

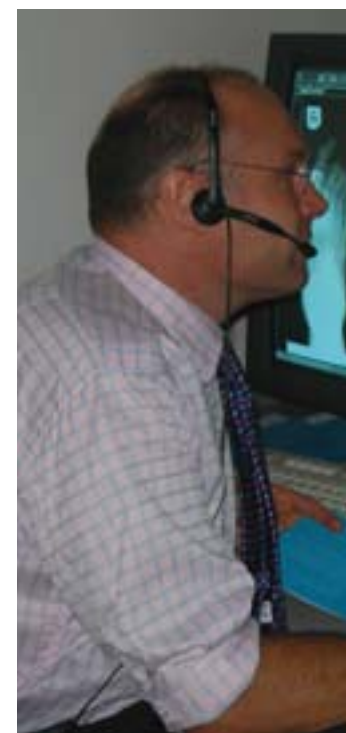
Malcolm Grant, director of GHG Software Developments says: "We're delighted that our system has been such a

success at NNUH. Research shows that speech recognition saves money and also improves patient care. It cuts reporting times because text files can be sent electronically to GPs and other clinicians."

Bob Ownsworth, IT engineer at the Norfolk and Norwich University Hospital, has been closely involved in the development process, providing network facilities to store the individual speech files



RADIOLOGIST Graham Hurst (above) says the potential of speech recognition is huge. "I can produce reports at the same time as I can produce a written report straight away, while the secretaries and GPs are linked electronically so the reports are available immediately."





(above) was one of the first consultants at NNUH to spot
 “I find the great advantage of voice-recognition is that I
 as examining the images on screen, then check the
 my memory of the diagnosis is still fresh,” he says. “Many
 text report can be sent to them in a matter of seconds.”



that are generated for each consultant. This means consultants can gain access to their speech files from any of the computers in their department.

“It’s exciting to be involved in this project,” says Bob. “Talking Point’ seems very versatile and there is considerable scope for deploying this technology in other areas of the hospital, based on the success achieved in Radiology and Pathology.”

REMEMBER, WE’RE A FRIEND IN NEED

The Home from Hospital service provides a vital link for patients settling back into their homes. So why not take advantage of the service we offer, asks Nanette Harvey

AS I REFLECT on my first year with the Home from Hospital service, I am proud to be part of a voluntary organisation – the British Red Cross – that provides such wonderful care for patients at NNUH.

Like many people, I knew that the Red Cross was highly regarded for providing emergency aid on an

“It concerns me that some patients are missing out when we could do so much to help them”

international scale – but until I joined the organisation, I had no idea it provided local services too.

In fact the British Red Cross is extremely active in our local community. The Home from Hospital service has a volunteer workforce that commits around 1800 hours a year to providing practical and emotional care and support to vulnerable people when they return home from hospital.

Some of these patients do not fit the criteria for help from social services, or they may decline such support. But many will welcome a visit from a friendly volunteer who can reassure them that there is help available if they are struggling to look after themselves.

Assistance can be offered for up to six weeks after discharge and the service is completely free. Our volunteers will meet a patient at home and settle them in safely, perhaps preparing a cup of tea, making the bed and helping them to unpack.

They will organise essential shopping trips on discharge, assist with eyedrops and make sure clients are clear about the medicines they need to take.

The volunteers are a useful link

between patients and their families, as well as other voluntary or statutory agencies who might be able to offer further support.

Their input helps clients to regain their confidence and independence and encourages self-care.

Locally, the success or failure of this service depends, to a large extent, on



having a consistent number of referrals from the multidisciplinary discharge teams working within NNUH and in the community.

One of our hardest tasks is to keep the service at the forefront of people’s minds when they are in the process of discharging patients. We do have a core of clinical staff and social workers who make use of our service.

However, it concerns me that some patients are missing out when we could help them to make that difficult transition from hospital to home.

Of course, we also need to have volunteers who would be willing to help us provide this very worthwhile service.

• *If you would like to know more about the Home from Hospital service or discuss how to become a volunteer, call Nanette or Michael on ext 4320.*

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.

Even the smallest mistakes in data recording can lead to skewed statistics and delays for our patients. But there are simple ways to avoid the pitfalls, as Deputy data quality manager Irene Adlington explains



Ward clerks and other key staff meet regularly with Irene Adlington (third from right) to discuss data quality issues

A question of **STATISTICS**

HAVE YOU ever wondered where the statistics come from when comparisons are made between different Trusts? Thanks to the wonders of information technology, the details entered every day on PAS (Patient Administration System) are collected centrally and electronically analysed to build a picture of patient care throughout the NHS.

But what if vital information is missing or the patient details are wrong? Clearly this can have wide-ranging consequences – and not just for our star ratings.

“Our staff do a brilliant job,” says deputy data quality manager Irene Adlington. “However, when the pressure is on and you are keying in lots of information, it’s easy to make small mistakes.

“We want everyone to understand the importance of the information they are entering into the system and to make sure the details are checked at every stage of the patient’s ‘journey’.

“For instance, it’s very important to date-stamp and enter referrals as soon as they arrive, as any delay could mean patients wait longer for their appointment, or they are missed from a waiting list until it’s too late to meet our targets. This would be very unfortunate for the patients concerned and would also mean that the Trust fails to meet Government targets for waiting times, which could have a knock-on effect for our star rating.”

The Trust’s ‘Access Policy’ (available on the intranet) contains guidelines for staff

who regularly use PAS and there are regular IT training sessions for newcomers.

“Our internal audits show that our data quality is of a very high standard,” says Irene. “The problems we do have usually arise when regular staff are on holiday and there are temporary staff in their place who have not been aware of reasons for updating PAS correctly. The message is that we should *all* take responsibility for ensuring that updates to PAS are done correctly. Small mistakes may seem insignificant on their own, but they can lead to statistical problems later on – not least in the way we plan our services for the future.”

HOW YOU CAN HELP

IF YOU ARE responsible for updating PAS (our Patient Administration System):

- Ask open questions when talking to patients, rather than confirming details that are already recorded, as patients who are under stress may confirm details without thinking clearly
- Make sure all new referral letters are recorded on PAS within 24 hours
- Ensure that you double-check all the details before moving on to your next task
- Make sure all admissions and discharges are dated correctly
- Ensure that any updates to PAS are correct and match the details in the patients’ case-notes.

What can go wrong?

Name change Since 2002 all babies born at NNUH have been issued with an NHS number that stays with them for life. Before that, babies were registered with their surname only – and this name could change at a later date. A thorough search ensures that these patients are not registered twice under different names.

Details missing Relatives of the same name and address may be registered as

one person, creating problems later on when their clinical details need to be ‘unravelling’.

Wrong information Even a small spelling mistake in a surname can lead to duplication and confusion. In such cases, records will need to be ‘merged’ to ensure that all relevant details are available to clinicians next time the patient comes into hospital.

We can work it out

A new video, filmed by Medical Illustration and available on Patientline, shows how our six-week cardiac rehabilitation programme gives patients a head start in their fight back to fitness after a heart attack

WHEN ASHLEY Howard (pictured right) had a heart attack, he was pulled up with a short, sharp shock. Fit and strong, he led an extremely busy life and never imagined it could happen to him.

"You go along thinking you're infallible, then something like this happens and you realise how much stress you've been under," says the 60-year-old upholsterer from Norwich.

Ashley is one of around 50 per cent of NNUH patients who take up a cardiac rehabilitation programme following a heart attack. "The programme has literally changed my life," he says. "I run my own business and before this happened I could never switch off. But reading the heart manual and coming to the classes has given me the confidence to say no. The relaxation exercises have been especially helpful and I make sure I do them every day."

Following an initial assessment, patients who sign up for the six week programme



return each week for advice on drugs, diet, relaxation and stopping smoking, together with a carefully supervised gym workout.

Retired taxi driver Terry Hewitson, from Attleborough (below right) has bought his

own mini-trampoline to help him continue the exercises at home. "I've learned so much by coming here," he said. "I never bothered to exercise before, but I'm feeling so much better now that I'm determined to keep myself fit."

Patients wear heart rate monitors throughout the workout and a defibrillator is on hand in case of an emergency.

"As a team, we keep a close eye on the patients and this gives them the confidence to push themselves that little bit further," says senior physiotherapist Janice Nash. "Many people are surprised by how much they can do after just a few sessions."



FACTS AND FIGURES

- Approximately 500 patients were admitted to NNUH with heart attacks in the year up to April
- In the last 12 months, nearly 700 cardiac patients have been referred to Papworth Hospital for angioplasty and stenting

HOW TO LOOK AFTER YOUR HEART

- If you are a smoker, give up cigarettes
- Avoid eating foods with a high fat content and make sure you have at least five portions of fruit and vegetables a day, plus plenty of oily fish or an Omega 3 supplement
- Exercise for at least half an hour, five times a week (enough to make you breathe harder, but make sure you warm up first)
- Follow a relaxation programme such as meditation or listen to a relaxation tape

A giant step for angioplasty patients

SOME OF THE biggest risk factors associated with heart problems involve lifestyle factors such as smoking, a high-fat diet and inactivity. So it can be a real wake-up call for patients when they are told they need cardiac angioplasty and stenting (a procedure to improve blood flow to the heart).

"Many patients are frightened by the diagnosis and worry about how much activity is safe for them," says cardiac specialist nurse Jenny Williams. "We aim to demonstrate how much better they will feel if they take some simple steps to change their lifestyle."

Thanks to funding from the Big Lottery, with the backing of Primary Care and the British Heart Foundation, NNUH can now offer specialist advice and information for

these patients both before and after their angioplasty procedure.

Christine Little, a former occupational therapist at NNUH who prepared the bid as part of the Anglia Cardiac Network, is delighted that funding has been secured for the next two-and-a-half years. "Research shows that the outcomes are much better for patients who are encouraged to stop smoking and take up regular exercise."

The Angioplasty Programme offers patients an information pack and initial assessment with a cardiac specialist nurse, followed up by phone calls and another chance to see the specialist nurse after the procedure has been carried out.

"It's surprising how much people gain in confidence with a bit of praise and encouragement," says Jenny Williams.

YES, BREAST

Breastfeeding can have benefits for mothers as well as their babies. Rosie Jackson, Midwifery and Project Coordinator, and Eileen Herbert, Breastfeeding Training Coordinator at NNUH, look at the evidence in favour of human breastmilk and explain how new mothers can increase their chances of successful feeding

MANUFACTURERS of formula baby milk spend millions of pounds advertising their products. In contrast, we rarely get an opportunity to advertise how amazing our milk is for our babies.

Often, the manufacturers' stance is to make claims about how close their product is to human breastmilk. Why would they make these claims if it were not desirable to be giving a baby human breastmilk?

During our practice as a midwife we come across many prospective parents who do not realise that artificial formula milk is actually derived from cows' milk. Mammals produce species-specific milk and evolution has enabled each animal to produce milk designed to protect and nurture their own offspring. So breastfed babies receive the correct amounts of fats, sugars, proteins, minerals, vitamins and hormones to optimise health and growth for human babies.

Formula-fed babies are receiving milk designed for calves, which have totally different needs. The salts in cows' milk have to be altered to produce a formula that is not actually toxic to humans.

There is more to breastmilk than formula

can ever provide. For a start, it contains antibodies to infections the mother has had in the past and may currently be fighting. It contains live white blood cells that target bugs and gobble them up before they do any harm to the baby.

Breast milk has many other defensive and offensive properties which are not present in artificial formula feed. For instance, lactoferrin is a protein in breastmilk that stops certain bugs getting hold of the iron they need to grow and multiply. Breast milk also contains about 10 times more sugars that target and block different bugs. And the natural acidity of the stools of breastfed

babies offers protection against bugs that formula feeding does not provide.

Indeed, there is a multitude of protective factors giving breast milk anti-viral, anti-parasitic, anti-bacterial and anti-inflammatory benefits. It is therefore no surprise that babies who are fed cows' milk formula, rather than breastmilk, statistically succumb to many more infections and are more likely to be admitted to hospital with infections than healthier, breastfed babies.

The incidence of childhood allergies, asthma, coeliac disease, Crohn's disease, diabetes and obesity is reduced in those who were breastfed. There are fewer cot

ABIGAIL WARD from Mattishall (pictured with Eileen Herbert and Rosemary Jackson), is full of praise for the midwives and nursery nurses who supported her efforts to breastfeed her daughter, Eleanor. "It was hard to get comfortable after my caesarian but the staff were wonderful," she said. "Even though it was the middle of the night they took time to show me how to position the baby under my arm, supported by a pillow. After that, it was easy."



Are we a Baby-Friendly hospital?

- Just over 5,000 babies are delivered annually at NNUH and last year 73.9 per cent of mothers chose to breastfeed. (The national average is 71 per cent)
- Nationally, breastfeeding rates have not increased for the last 20 years. However, the Baby-Friendly Hospital Initiative – launched in 1991 by UNICEF and the World health Organisation – has succeeded in increasing breastfeeding rates in accredited hospitals through structured approach to training and support.
- In March 2005, the NNUH Trust registered its intention to implement the Baby Friendly best practice standards and to achieve Baby Friendly accreditation. However, mothers and babies already receive excellent care and support from all our maternity staff, and we are committed to providing informed choice and support to women.

IS BEST

BABY OSCAR Palmer, from Newmarket, was in intensive care for eight weeks after he was born prematurely at NNUH. Here, his mum Dawn demonstrates the benefits of skin-to-skin contact even before he was able to breastfeed. "At the time the photo was taken I was expressing milk for Oscar because, at just 2lb 6oz, he was too tiny to feed naturally," she said. "He has now doubled his weight and is coming on really well."

deaths among breastfed babies. And breastfed babies never get constipated!

There are health benefits for mothers too: research studies show that there is reduced incidence of breast cancer, ovarian cancer and osteoporosis in mothers who have breastfed.

Merely giving this information to prospective parents should not be construed as putting undue pressure on women to breastfeed. If couples do not know this information, how can they make an informed decision about an issue that has serious health implications for both mothers and children?

• *The Viewpoint column is written from a personal perspective and does not necessarily reflect the views of the Trust*

SUPPORT FOR NEW MOTHERS

- *Breastfeeding Support Centre, West Pottergate Health Centre, Norwich, Thursday 12.45 - 2.45*
- *Wymondham Baby Café, Towngreen Centre, Methodist Church, Wymondham, Monday 10 - 12*
- *Breastfeeding Support Group, Lawson Road Health Centre, Norwich, Monday 11.30-1pm*
- *Breastfed Babies Support Centre, Thorpe Marriott Community Church, Thorpe Marriott, Norwich, Tuesday 12.30-2.30*
- *Breastfeeding Support Centre, Sure Start Drop in Centre, Bowthorpe, Norwich, Thursday 1.30-3.30*
- *The national Breastfeeding Network Supporterline (0870 900 8787) puts callers through to a trained breastfeeding counsellor in their area.*



Benefits of skin-to-skin contact

BABIES ARE most alert immediately following birth and remain active for the first one to two hours. Their instinct to seek the breast (rooting) is acute at this time and skin-to-skin contact enables them to start suckling when they are ready.

The baby should be allowed to stay in skin-to-skin contact with its mother as long as she wishes.

Immediately after birth, skin-to-skin contact will:

- Influence a positive early mother-baby relationship
- Keep the baby warm

- Calm both baby and mother
- Regulate the baby's heartbeat and breathing
- Stimulate the baby in pre-feeding behaviour such as salivating, rooting, searching and crawling to the breast, thus enabling a successful first breastfeed.

These early feeds will help the mother's uterus to contract by stimulating the release of a hormone called oxytocin, thus controlling post-delivery blood loss.

The benefits of skin-to-skin contact continue throughout the child's infancy.



An artist's impression of how the new Cromer hospital could look, by architects Murphy Philipps

Cancellations are halved

NEW PRE-ASSESSMENT procedures at Cromer Hospital have halved the number of operations cancelled due to patients being too unfit – from five per cent in 2002 to just 2.46 per cent.

David Wilson Nunn, the lead consultant anaesthetist for Cromer Hospital, explains: "It's distressing and highly inconvenient for patients to be told that their operations are being cancelled at the last moment because they are not fit enough to undergo surgery. However, being a remote site, it's important that we restrict our operating lists at Cromer to those with only mild co-existing medical problems.

"Thanks to the help and co-operation of our pre-assessment nurses, we have now tightened up our guidelines, removing ambiguities and focusing on the sort of medical conditions that often lead to cancellations.

"Where there is a doubt about the patients' fitness for surgery, we will discuss each case individually and, if necessary, refer the patient to NNUH for their surgery."

The Cromer challenge

Project manager Kate Burditt talks to Sue Jones about the professional journey that led her to Cromer Hospital

KATE BURDITT barely had time to draw breath from putting the finishing touches to the Cotman Centre when she was appointed Project Manager for the new hospital at Cromer.

The new centre, in the former IFR (Institute of Food Research) building just down the road from NNUH, is the first phase in the £7m Cellular Pathology Project. The second phase involves the redevelopment of the Biochemistry and Haematology laboratories on site at NNUH.

With new facilities for Histopathology and Cytology, plus a brand new Radiology

Academy upstairs, the Cotman Centre has been well received and Kate is pleased that the comments so far have been extremely positive. "Balancing priorities within the time and budget constraints available is never easy and my job is to facilitate that process to the best of my ability," she says.

"I am really excited to be involved in such an innovative project as the new hospital at Cromer. It represents a new approach to healthcare, bringing teams of professionals together under one roof."

After completing an MSc in environmental technology at Imperial College London, Kate took her first steps into project management with a series of regeneration projects in London and Plymouth. "I realised this was what I wanted to do – it was so rewarding to see rundown areas improved and building projects come to life," she recalled.

More recently she worked for the Millennium Commission on a variety of lottery-funded projects, ranging from museums and galleries to visitor centres.

With two young children, she made the



Kate Burditt: 'excited to be involved in such an innovative project'

decision to move out of London two years ago: "It was pure luck that I found a job in Norfolk that made full use of my skills and experience." Outside work, when there is time, Kate is busy refurbishing the family home in Norwich – as well as "being mummy" to Elisha, six, and four-year-old Louis.

THE PULSE

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Please send your contributions for the February issue by 9 January 2005.