

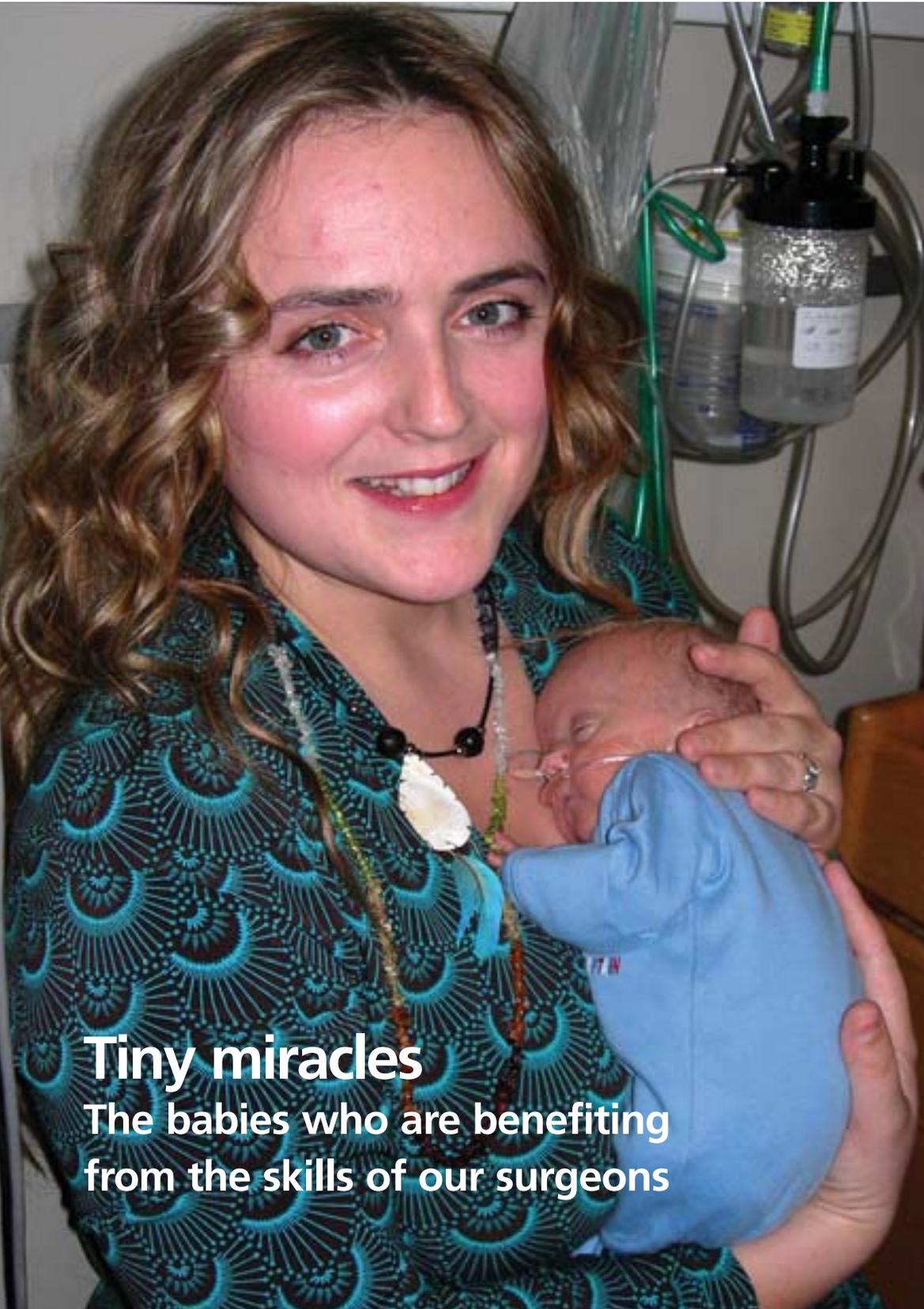
THE Pulse

Issue Number 28
December 2006

Norfolk and Norwich University Hospital



NHS Trust



Tiny miracles
The babies who are benefiting
from the skills of our surgeons



A cleaner sweep
Behind the scenes with
Serco's domestic team

Viewpoint
Is it time for
doctors to ditch
their ties?



Listen with 'mother'
Duke of Gloucester opens
the new School of Nursing



In with the new
Plans for a new Cromer
Hospital are moving ahead

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 the online call-logging facility on the intranet home page

Security Call ext. 5156 or 5656

Reception

East Atrium Level 1: ext. 5457 or 5458

West Atrium Level 1: ext. 5462 or 5463

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 Christine McKenzie on ext. 2213

Cromer Hospital

Mill Road, Cromer NR27 OBQ

Tel: 01263 513571

Restaurant 7.45am-6.45pm

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, 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. Tel: 01603 287345.



'Beckhams' triumph in NNUH quiz

THE FIRST Infection Control Quiz to be held at NNUH was a great success, with 11 teams testing their knowledge of infection issues over lunch in the staff canteen.

Radio Broadland's Harry Mitchell acted as compere and presented the prizes, handing over vouchers and bottles of wine for the winning 'Beckhams' from Microbiology – so called after the David and Victoria (D&V) of the bug world. By strange coincidence the

prize for the lowest score was also won by a team from Microbiology, known appropriately as the 'Infectious Agents'.

The quiz was the brainchild of Infection Control nurse Ellie Ballantyne, who said: "It seemed a fun and lively way to disseminate serious infection control information in a lighthearted way. We were really pleased with the response and lots of people have asked us to make it a regular event!"

WELCOME

...to **Mr Darren Morrow**, general surgeon specialising in vascular surgery, who joined the Trust on 1 November and **Dr Tara Wallace**, consultant endocrinologist, who joins us on 1 December 2006.

FAREWELL

...to the following long-serving staff who have recently left the Trust: **Jean Thomson**, radiographer, and **Christine Shannon**, nursing assistant in Main Theatres, both with 28 years' service, and **Ann Hare**, service manager in the Medical Division, after 24 years.



Trust Chief Executive Paul Forden was among those who took part in a charity bed push around NNUH, raising £700 for the children's play area.

EQUALITY FOR THE DISABLED

Under the Disability Discrimination Act (2005) all NHS organisations have a legal duty to develop a Disability Equality Scheme showing how they will achieve equality for disabled people. The Trust is now seeking the views of disabled people about our services and you can give us feedback via a website questionnaire at www.nnuh.nhs.uk. Or contact the Communications team at NNUH on 01603 287200 for a copy.

The Trust's Director of Nursing Christine Baxter commented: "We are committed to improving health services and making them more accessible for everyone."

The 2001 census shows that in Norfolk just under one fifth of people (of all age ranges) have a long-term condition that limits daily activities and that 13 per cent of people of working age in the county have limiting long-term conditions.

Jack and Rodney: a winning team

JACK GRAY used to be a bit unsure of himself at work. But he is now thriving as a building assistant at NNUH, thanks to the patience and understanding of his mentor, Rodney Kidd.

This is no ordinary working relationship, however, as Jack has Asperger's syndrome, a form of autism where sufferers can find it difficult to communicate and form social relationships. Despite the challenges, the two have formed an excellent partnership and Rodney, 62, has now been nominated for a Serco Chairman's Recognition Award for his caring approach.

"Jack is lot more confident and outgoing now," says Rodney "We have learned to understand each other and, over time, I have developed an understanding of the way he ticks. I think a lot of him and the feeling is mutual – we are mates."

In a letter to the local Asperger's society Jack's mum Verena described Rodney as "a local hero," adding: "We are eternally grateful to Rodney for helping Jack become a valued member of the Maintenance Team.



Clinical champions

TWO CONSULTANTS from NNUH have been chosen as clinical champions to help modernise diagnostic services in the NHS. ENT consultant Mr Paul Montgomery will be advising on audiology services and consultant urologist Mr Ralph Webb on uro-dynamics in the national Physiological Measurement Project. Both will continue to work as a consultants at NNUH.

In with the new

AFTER YEARS of uncertainty about the future of Cromer Hospital, I am delighted to report that our plans are now moving ahead and – with your support – we could see an exciting new 'health campus' emerging on the Mill Road site over the next two years. (See page 12 for details of the proposals.)



The option to develop the existing site is by far the most sensible, as it means we could go ahead without delay, using the major part of Sagle Bernstein's generous £12 million legacy to fund the project.

Our plans have been well received so far and we are hopeful that the consultation exercise will reflect this strong local support.

I want to stress that we do not regard the 'new' Cromer as a separate entity but as an integral part of our hospital family. We live in a fast-changing world and the NHS is changing too. If we are going to be able to meet the demands of the 21st century, we will need to make full use of Cromer's potential for the benefit of *all* our patients.

Of course, this is great news for patients living in North Norfolk, but it could also benefit those from elsewhere in the county who may be offered appointments in Cromer for diagnosis or treatment. The plans will also give us the flexibility to work with the local Primary Care Trust and GPs to introduce new services and create a fully integrated health campus.

Our new dialysis unit at Cromer has demonstrated that patients can benefit from a more local service. With extra capacity for day surgery, the new hospital will give many more patients the opportunity to have treatment closer to their own homes.

Finally, 2006 has been a challenging and eventful year for us all. Undoubtedly there will be more challenges ahead but in the mean time I wish you a Happy Christmas and a peaceful New Year.

Paul Forden

Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Helping to put new ideas on the map

THE ROLE OF Health Enterprise East, which supports innovations in healthcare in the east of England, came under the spotlight recently in a battle over intellectual property rights at NNUH.

Neurology specialist nurse Bronnie Roper was at first pleased when a drug company took up her idea to produce a pocket-sized health record for MS (multiple sclerosis) patients, to help them keep a close watch on their blood test results.

"Unfortunately the drug company began to take over the project and it was clear that they saw it as an advertising opportunity – which as specialist nurses we could not support.

Eventually we sought the advice of the Research and Development team at NNUH and they helpfully put us in touch with Health Enterprise East (HEE), who acted as our advocate in future meetings.

The HEE were excellent and we are very



grateful for their support.

"In hindsight we should have involved the R&D department from the beginning. I was surprised to find there was so much help available for people with

new ideas," said Bronnie.

The booklet has now been printed and was launched at a national MS conference in November.

• *HEE is funded by the Department of Health, Department of Trade and Industry and the East of England Development Agency. For more information go to www.hee.org.uk*

HAVING THEIR CAKE...

Staff at the Cotman Centre came up with a tasty way to raise funds for Macmillan Cancer Support when they took part in the national Giant Coffee Morning. Their cake stall raised a total of £500.

Performance to be proud of

NNUH is one of the top performing hospital trusts in the country, according to the 2005/2006 Healthcare Commission's annual healthcheck.

The new performance ratings look at quality of care, achievements against NHS targets and financial management. NNUH was judged a good performer for both quality of care and financial management, and also met all the current NHS targets and core standards. This confirms the findings of the 2005 Dr Foster Hospital Guide which rated the NNUH as the top hospital in the region and one of the top three nationally.

DUKE OPENS NEW SCHOOL OF NURSING

THE DUKE of Gloucester took a special interest in the skills lab when he officially opened the UEA's School of Nursing and Midwifery in October. His tour of the Edith Cavell building, near to the Colney Lane roundabout at NNUH, took in the latest high tech teaching aids and he even listened to the 'foetal heart' of an animatronic model (pictured).

The Duke, who has a keen interest in architecture, commented: "You have chosen a splendid site. It is going to be an iconic building and sits as a bridge between the hospital and the university."



LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

MY WEEK ON THE SHOP FLOOR



I recently spent a week working on the shop floor with catering and domestic staff, to see for myself how recent changes at

Serco have been received.

It is very hard to cater for all tastes, especially on such a large scale, but overall I received a large number of positive and constructive comments about our patient food. It was very satisfying to see that the small things we do for patients are appreciated and have such an impact on their mood.

The rest of the week was spent working as a Domestic (cleaner) in the public areas, wards and outpatients departments and I can honestly say I learned more in three days as a cleaner than in a whole year as a manager.

In particular I felt that our cleaners deserve more recognition as they do so much to improve the patient environment. I was amazed at the difference in response when I was wearing a Domestic uniform as opposed to a suit. People didn't seem to notice

me! I would like to change these attitudes and to encourage staff at all levels to value our cleaners and give them the recognition they deserve.

Nayab Haider,

Serco's front of house manager

•Turn to page 8 for a feature on the work of our domestic staff at NNUH.

MIRACLES DO HAPPEN



Soon after my initial diagnosis of breast cancer, I had a bone scan at the N&N and then received a letter asking me to see the oncologist.

Convinced the recall was due to some technical hitch with the scan, I declined a lift from my husband and called at the hospital straight from work as a professional badminton coach.

Well, the news wasn't good – apparently there were 'hot spots' in my bones. Throughout the consultation, I felt no reaction whatsoever – apart from my brain going off at a tangent about having seen this sort of thing on television or films and thinking I was supposed to react in some way.

I walked out of that consulting room and into the corridor and it was only then that the reality hit me and the thoughts came flooding in. What on earth was I going to tell my family?

In truth I am not afraid of dying but I desperately needed someone to meet me in that corridor, to support me and help me to sort out my thoughts before driving home on my own. But nothing of the sort was available.

All this happened over ten years ago and, fortunately, it need never happen to anybody again – because we now have a marvellous Big C Centre where patients and carers, family and friends can go for help and advice, a nice cup of tea, or simply to talk things over. I know from experience how very much that is needed.

I now organise a support group for breast and gynaecological cancer patients and through this I have learned that it is the carers, as much as the patients, who need this very valuable resource. The Big C Centre is truly an answer to a prayer.

Incidentally, my secondary bone cancer was treated with chemotherapy and, quite truthfully, disappeared. My oncologist told me that if I hadn't had chemotherapy he would be calling it a miracle. So I guess miracles do happen!

Coral Warren, Wymondham,



PICTURE: JAMES BASS, ARCHANT

Paediatric surgeons meet at NNUH

DELEGATES from Europe, Africa and North America gathered at NNUH for the British Association of Paediatric Endoscopic Surgeons annual conference in November.

Topics under discussion included the latest advances in robotic and keyhole surgery, and a retired British Airways captain asked whether training for air crews could be relevant for surgeons.

Delegates took part in a simulated skills workshop (pictured) and were later invited



to watch a demonstration of laparoscopic procedures.

• For more about the paediatric surgery team at NNUH, turn to pages 6 and 7.

OBITUARIES

CANON LESLIE WARD



CANON LESLIE WARD,

who was Chaplain at the N&N from 1983 to 2001, died peacefully on 14 October at the age of 68. Leslie was ordained in 1962 and went on to minister in Earlham, Yarmouth and Belton before becoming a hospital chaplain. He suffered the loss of his own wife, Pat, but carried on supporting others. He continued his work as Chaplain even when affected by Parkinson's disease, which eventually forced his retirement. In his prime, Leslie was a talented soccer player and became known as "the holy man with the unholy tackle".

KEN GARNER



MR KEN GARNER, the former hospital secretary who served the Friends of Norwich Hospitals for more than 50 years, has died at the age of 86.

Ken started working in the general office at the N&N in 1950 and became the transport and appliance officer. After a short spell at St Andrew's Hospital, he returned to the N&N and worked his way up to become sector administrator, a post he held from 1974 until his retirement in 1985. He was an active trade unionist with NALGO and was also chairman of the hospital sports and social club.

MS patients take part in cannabis trials

NNUH IS taking part in a national study to test whether cannabis extract taken in pill form can help slow the progress of multiple sclerosis (MS). The trial will involve 20 patients aged between 18 and 65 who will be closely monitored over a three-and-a-half-year period. Two-thirds will receive the drug, while the remaining third will be given a placebo.

"This new study is aimed at patients with progressive symptoms of the disease," said

NNUH neurology consultant Dr Martin Lee. Known as the CUPID Study, the trial will involve 500 patients in at least 20 health centres across the UK. Patients will attend NNUH every six months and will undergo clinical assessment and MRI scans to check on the progress of their disease.

"We are keeping an open mind and it will be very interesting to see how the trial goes over the next three and a half years," said Dr Lee.

Gastro team's success

THE GASTROENTEROLOGY team at NNUH was a finalist in the recent Hospital Doctor Awards, announced at the end of November. The team, which in September launched a new bowel cancer screening service, was one of only three to be shortlisted nationally for the Gastroenterology Team of the Year award.

The department is one of the most progressive in the country, carrying out nearly 12,000 clinical procedures a year. Consultant gastroenterologist Dr Hugh Kennedy said the team's success was down to hard work and a multiprofessional approach.

HEALTH RECORDS ON THE MOVE

The Health Records Library, which is currently based in the old laundry building at the Norwich Community Hospital (formerly West Norwich Hospital) is moving to new premises at Francis Way, on the Bowthorpe Industrial Estate, next spring. The move is designed to provide improved facilities for storing confidential patient notes.

Praise for NICU nurses

THE NEONATAL team at NNUH has been recognised by BLISS, the premature baby charity, for the success of its nurse-led service – the first of its kind in the country.

NICU was shortlisted for three out of five awards and was specially commended for innovation.

Carol Gubby, Neonatal Outreach Sister,



commented: "It is great to receive this recognition, especially as there was a very high standard of competition from much larger specialist units than ourselves."

Nurse-led care on NICU developed from the unit's outreach service, which was set up in 2000 to help prepare families for going home with premature babies.

Through the

Hundreds of babies and children have undergone keyhole surgery at NNUH in the last few years, with remarkable results. Here paediatric surgeon Milind Kulkarni explains how laparoscopic techniques are being adapted for the tiniest babies and the most complex surgical procedures

KEYHOLE SURGERY has long been established as a safe alternative to more traditional surgery, but for babies and children the approach has understandably been more cautious.

“Certainly there is a learning curve with this type of surgery and you need advanced skills to apply such techniques to the tiniest of newborn babies,”

explains paediatric surgeon Mr Milind Kulkarni, who is also clinical director for children’s services at NNUH. “Our initial hurdle was to demonstrate that this is of benefit to children.

“As a team we are advancing all the time and our experience has demonstrated that the children recover from major surgery

much more quickly, with less pain and scarring, with a laparoscopic approach. The patients need less intensive post-operative management and are discharged home early.

“We always give the parents and carers a choice and we monitor the results very carefully to enable us to

make a realistic comparison with traditional methods. The results are very encouraging. Awareness has increased and some parents now request keyhole

surgery over traditional surgery for their children.

“It is extremely rewarding and satisfying to see the children recover so quickly from even the most complex procedures. In fact,



we often have to point out to parents that the children have undergone major surgery, even though you can’t see the scars, and should be restrained from running around too much in the early days after their operation.”

Confidence in the advanced skills of our paediatric surgical team was demonstrated recently when the team hosted an international conference on paediatric surgery at the hospital. Delegates from around the world gathered to discuss the latest techniques and to try out laparoscopic procedures in a simulated workshop.

The Specialist Training Authority for the Royal College of Surgeons recently approved a position for specialist training based on experience in laparoscopic techniques at NNUH, and is now considering offering another post-CCST (Certificate of Completion of Specialist Training) position in paediatric laparoscopic surgery.

“We are still a fairly small team but we have the expertise to carry out extremely complex procedures. We also have a well equipped skills lab in the postgraduate

‘You become amazingly protective of these very tiny babies’

Facts about keyhole surgery for children

- A wide variety of laparoscopic procedures are carried out on babies and children at NNUH, ranging from diagnostic procedures to advanced resections and reconstructive procedures – some performed on babies weighing less than 2 kg
- Even with the most complex procedures, the patients can usually return home within 48 hours as they do not require major pain relief and there is no need for high-dependency care.
- Mr Thomas Tsang (pictured far right) was first to introduce keyhole surgery

for appendectomies and gastro-intestinal procedures at NNUH around ten years ago. He was joined in 2003 by Mr Milind



Kulkarni (above left) an enthusiastic proponent of laparoscopic surgery, who trained at children’s hospitals in Birmingham and New Zealand. The other paediatric surgeons at NNUH, Mr Azad Mathur (centre) and Mr Ashish Minocha, are also keen laparoscopists.

KEYHOLE



Hand-eye co-ordination: Paediatric surgeon Milind Kulkarni monitors progress on TV screens as he operates



LITTLE ZEBEDEE Garnet-Man was just five weeks old and weighed only 700 gms when he underwent his first operation to correct a duodenal atresia. “He looked so tiny on the operating table, barely the size of the anaesthetist’s hand,” recalled his mother, Clarissa Bromelle, from Fornsett St Peter. “It didn’t

‘He was barely the size of the anaesthetist’s hand. . . ’

seem possible that he could survive such a major operation.”

Having had four previous miscarriages,

Clarissa was philosophical about Zebedee’s chances of survival when she went into labour at 23 weeks. She describes his recovery as “miraculous” and the paediatric surgical team at NNUH as “just amazing – you can hardly see the scar.”

Zebedee has since had laser eye treatment at Addenbrooke’s for retinopathy of prematurity, a common problem with extremely premature babies, and after weeks of uncertainty is now doing well.

“It was horrible to watch him go through all the procedures that are necessary for a baby of that size to survive, but the nurses in the Neonatal Intensive Care Unit are incredible,” says Clarissa. “Some go way beyond the call of duty to help the babies in their care.”

centre, where doctors can practise their skills using sophisticated devices,” says Mr Kulkarni.

One procedure that has put Norwich firmly on the map for keyhole surgery in children is retroperitoneoscopic pyeloplasty, an operation to remove an obstruction to the kidneys, as it requires such a high level of expertise. “I have performed this on more than a dozen patients with excellent results,” says Mr Kulkarni.

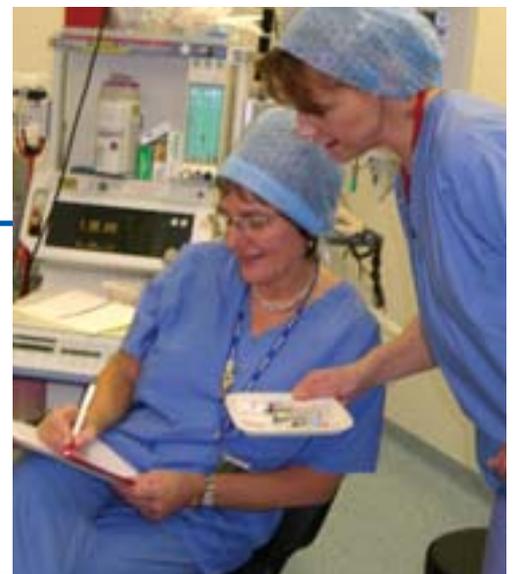
The next advance in this field is likely to be robotic surgery, whereby the surgeon manipulates the instruments by remote control. The advantage of this is that the instruments can perform intricate manoeuvres in areas that would otherwise be inaccessible.

“Robotic surgery was one of the themes

of our international conference and this has certainly kindled our interest in this field,” says Mr Kulkarni. “But only time will tell how it progresses since the new technology required is always more expensive.”

PAEDIATRIC anaesthetic nurse

Caroline Banson (pictured far right with anaesthetist Gwen Porter) says: “It’s a traumatic time for the parents and I really feel for them, especially when the surgery goes on for many hours. In theatre we all pull together as a team. It’s amazing how protective you feel about these very tiny babies.”



*As our cleaning staff get to grips with a new chemical-free cleaning system at NNUH, **The Pulse** takes a look behind the scenes to see how they tackle the never-ending task of keeping dirt and germs at bay*

THE END of the working day is just the beginning for many of our 263 domestic staff at NNUH. For some, the flexible shift patterns fit in with their lifestyle, allowing them to share childcare with a partner or attend classes during the day. Most stress that there is a great deal of satisfaction in seeing a job well done, knowing that they are contributing to the wellbeing of patients by making sure that the areas they are responsible for are spotlessly clean.

Sofia and Jerzy Kowalczyk came to Norwich from Poland two years ago when a business venture failed. Both 57, they work together in the Emergency Assessment Unit and have managed to clear their debts in Poland from the money they have earned.

"I never thought Jerzy would be a cleaner – he never cleans at home – but I have to say he's very good!" says Sofia. Although they miss their two sons and four grandchildren, the couple are very happy with their new life in England and are respected as a hardworking team. "This hospital is much better than anything we have at home," says Jerzy, who trained as an economist in Poland. "People have been very kind to us and the patients are lovely."

Yan Gui, a 23-year-old economics student from China, works a 5-9pm shift in the Colney Centre to help fund his studies at the UEA. "I don't just clean for the money – I like to feel I am helping people," he said. "There are lots of other students here and some of my best friends are cleaners too."

Among the Filipinos working at NNUH is Garry Alibusa, who came to Norwich five years ago when his wife, Maria, was offered a job as a nurse at NNUH. He is now a valued member of the 'clinical clean' team and cares for the couple's two-year old son, Elijah, on his days off. "Most of my family are working on ships but this is much better because I see more of my wife and son," he said.

Craig Wells, one of two Patient Service



A CLEANER



Managers at Serco, says the hospital benefits from a diverse mix of cultures and backgrounds. "When we first moved to Colney a lot of the older cleaners left and for a time we had trouble recruiting new staff," he admits. "We now have a lot of foreign students and people from EC countries who are happy to do the work. They are very cheerful and their enthusiasm is infectious.

"At Serco we try to be flexible. We offer English lessons and advice for staff if they need it. This works both ways because we have a loyal cleaning team who will always step in if there's an emergency such as an

outbreak of infection on a ward.

"Everyone is police-checked and fully trained, regardless of their experience, so we can be sure that standards are maintained throughout the hospital. The method is to start with the cleanest surfaces first and work towards the dirtiest, to ensure that germs are not spread from one area to another.

"We work closely with the hospital's Infection Control team, Health and Safety officers and Trust managers. Cleaning is a top priority for us all and we strive to offer a first-class service. That's why we have



What is Microfibre?



MICROFIBRE is a synthetic material which has been specially designed for cleaning without the need for chemicals. Evidence in other hospitals shows that cloths and floor pads made from Microfibre pick up dust and bacteria more effectively than the traditional mop and bucket. Fresh cloths are used for each new area and these are washed in special machines using an ozone sterilising system which kills harmful germs and bacteria.

Cleaning facts

- 3000 Microfibre cloths are used and washed each day, along with 1,800 mops
- 741 toilets are cleaned each day.
- 987 beds are cleaned .
- 3,100 curtains are maintained and changed, along with 1700 blinds.
- 12,000 clinical and non-clinical bins are emptied and cleaned
- 14,000 vents are cleaned
- 2,000 dispensers are filled and cleaned.
- The hospital is divided into zones with a total of 26 Patient Service Supervisors on call 24-7 to deal with any problems or emergencies.
- High risk clinical areas such as theatres and Sterile Services are routinely wall-washed twice a year by a specially trained 'clinical clean team'. Working with the Estates Department, the team can also be mustered at short notice to wash down areas where there has been an outbreak of infection.
- Each ward has a dedicated daytime cleaner who works between 7am and 3pm each weekday. Other shifts patterns range from 7am to midnight and there is overnight workforce of 30.

SWEEP



WORKING towards a cleaner hospital, clockwise from above left: Gary Alibusa tackles a 'clinical clean', Trevor Smith and Sue Smith with new Microfibre cleaning products, Sylvia Lilburn in the washroom, student Yan Gui, and husband and wife team Sofia and Jerzy Kowalczyk

switched to Microfibre (see box, right) as the evidence in other hospitals is that the system is more effective for removing and destroying germs.

"One of the biggest fears that the public have is about MRSA but there is a lot of ignorance about how the infection is spread. Many people do not realise that visitors and patients bring MRSA into the hospital with them. Up to a third of the general population are carrying the bacteria without any symptoms or signs of infection.

Trevor Smith worked in a shoe factory for 32 years before joining the cleaning team at the old N& 12 years ago. Known as 'Mr 100 per cent', he says cleaning standards have improved with the new Microfibre system. "I must admit I was sceptical about the

system at first as I'm rather old-fashioned. But I decided to give it a go and I must say I've been very impressed."

Sue Smith (no relation) was recently nominated for a 'domestic champion' award by colleagues on Cley Ward and she too has been pleasantly surprised. "I never thought I would say this but the Microfibre system is a big improvement on how we used to do things," she said.

The cleaning operation at NNUH is closely managed to ensure there is no area, or 'zone' that escapes attention. A total of 26 Patient Service Supervisors are on call 24-7 to deal with any problems or emergencies and a computer auditing system called C4C (Credits for Cleaning) helps managers to keep track of the cleaning schedule.

"It's easy to underestimate how many square feet there is to clean in this hospital," said Craig. "There are lots of 'hidden' areas that the public don't see but which still need to be cleaned regularly.

"Our role is not to just to clean up after other people – that's everyone's responsibility, not just the cleaners' – but to prepare the hospital for each new day. There is a lot of satisfaction in knowing that an area is clean and bacteria-free, ready for the patients to arrive."

Neil Stanley spent 25 years studying sleep before becoming manager of the Clinical Research and Trials Unit Research Unit at NNUH this summer. Here he explains his vision to create a 'can-do' culture for clinical research in Norwich

THESE DAYS it's hard to imagine a 16-year-old being recruited to conduct research into the effects of sleep deprivation – still less for the 'researcher' to subject himself to an uncomfortable series of trials designed to test his own endurance to the limit.

But that was the life that Neil Stanley embraced after giving up on his A levels.

"Living in Farnborough I was lucky to have the RAF Institute of Aviation Medicine right on my doorstep," he explained. "I was interested in science and hated being a sixth-former, so when a job came up for a scientific officer I jumped at the chance.

As the world's leading centre for research into the effects of jet travel and long-haul flights on pilots, the Institute – now privatised – was unique. Neil's role was to monitor sleep patterns and record the response of volunteers to a variety of different stimuli, including testing drugs that could help to regulate the pilots' sleeping routine during long-haul journeys.

Neil took part in many of the trials himself, including sitting in a cold bath for hours until hypothermia set in, and making a fast ascent of some of the highest mountains in Pakistan with a group of medics to test a new drug regime for altitude sickness. He came close to dying on the expedition after developing acute mountain sickness on the way up and severe gastro-intestinal problems on the way down, and was ill for months afterwards.

"There was no such thing as personal safeguards or informed consent in those days, you accepted the risks and hoped for the best. But in a way it was the purest form of research – you shouldn't ask anyone to take part in a trial when you are not prepared to do it yourself."

Far from putting him off, the work stimulated an interest in sleep that has

Life after **SLEEP**

stayed with him for life. Over 25 years in sleep research he has amassed a library of 300 books on the subject, including some rare Victorian editions, and conducted some of the largest sleep trials ever performed.

In 1991 he joined the burgeoning Human Psychopharmacology Research Unit at Surrey University, and two years ago was awarded a PhD, despite never having completed an A level, on the basis of scientific work published over the previous 25 years.

He is widely regarded as a sleep expert and is frequently quoted in the media. "There is such a lot of rubbish in

"Doctors are good at diagnosing problems and scientists are good at solving them. Get them round the table and who knows what they could achieve?"

newspapers and magazines about sleep that it's good to put the record straight," he says. "If there's one thing I have learned it's that sleep is widely undervalued. There is really no substitute for a good night's sleep. It's just as important as diet and exercise and highly enjoyable, too!"

Neil loves to talk about the importance of sleep to a wide range of audiences, from schoolchildren to GPs.

So why did he take the decision to move to Norfolk and branch out into other areas of research?

"Well, at 40 I was ready for a new challenge and the CRTU (clinical research and trials unit) is exciting because it's embryonic – there is so much potential here

and who knows how it will develop in the future?"

As well as the CRTU, another large clinical research facility is currently under construction at the UEA and is due to be completed next summer.

"One of the attractions of Norwich is that we have excellent clinical expertise in the hospital, combined with scientific expertise in the UEA. My ambition is to bring these together to generate new ideas and stimulate interest in their work.

"Traditionally, doctors are good at diagnosing problems and scientists are good at solving them, but they are not so good at communicating with each other. Get them round a table and who knows what they could achieve?"

"Also, hospitals are not usually very outward-looking when it comes to commercial interest; hopefully that's an area we can explore in the future.

"Many research units in hospitals are based around a single therapeutic area, but the CRTU will provide facilities for research in many different fields. I relish the challenge of putting NNUH on the map as one of the leading clinical trials units in the UK."

Away from work, Neil is fascinated by Tudor history and Flemish art and describes himself as a "beer connoisseur". As a lifetime member of the Campaign for Real Ale, his ambition is "to try every beer brewed in Belgium."

At 6ft 5in, he was happy to swap his low-beamed cottage in Surrey for a "sensible" house in King's Lynn, which he shares with his wife Sam, a holistic therapist, and four cats. He is anxious to point out that although he lives close to the QE hospital he did not "get the wrong hospital" when buying in Lynn.

"It may seem a long way from Norwich



PICTURE: ARCHANT

WHO NEEDS A TIE?

Is it time for doctors to throw away their old ties and adopt an American-style dress code? Dermatology consultant Nick Levell finds out what patients think about the idea

but I find the journey therapeutic," he says. "West Norfolk is a lovely place to live. What better way to spend a Sunday morning than to walk on Hunstanton beach? And there is always another medieval church to discover or historic site to visit. Also, we just happen to have the best off-licence in Britain, Beers of Europe, just down the road. We just need to find a good local Indian restaurant and then it would be perfect!"

How to get a good night's sleep

- Stay physically and/or mentally awake during the day
- Have a bed time routine that allows time to unwind before sleep. A warm bath half an hour before bed will help you relax and sleep well
- Avoid eating large meals late at night
- Keep a pen and paper beside the bed to write down any worries so you don't have to lie awake thinking about them.
- If you wake up for more than 15 minutes, do something else (eg read) rather than tossing and turning all night trying to get back to sleep.
- Buy the biggest and best bed you can afford - you spend 25 years of your life in bed, so why not be comfortable?
- Make sleep a pleasure - it is just as vital to your wellbeing as exercise but can be much more fun.

HABITS OF dress are based mainly on what society considers acceptable and are only partially influenced by comfort.

Within hospitals, for instance, patient safety and infection control are of great importance. Imagine the reaction in theatre if a surgeon tried to operate on a patient wearing a suit and tie.

So should infection and safety concerns take precedence over fashion and slightly old-fashioned ideas of looking 'smart'?

Ties are an important accessory to some who choose to sport them. Regrettably, some doctors' ties are quite evidently rarely washed and tend to dangle on to patients on ward rounds and during clinics. This makes them a potential infection hazard.

Possible solutions include wearing a waistcoat (uncomfortable and hot), using a tiepin (potentially lethal), wearing a bow tie (sartorially slightly dodgy) or leaving the tie off altogether.

When I left the tie off for a week at the NNUH to assess reactions, only one colleague (a nurse) noticed and no patients commented. Our Chief Executive, Paul Forden, suggested a survey to "see what patients think". So we produced a questionnaire for patients with two questions: "Do you think male doctors should wear ties?" and "Would you have more confidence in a male doctor who was wearing a tie – or not wearing a tie?"

We had 20 replies. And the results? 15 patients answered "Don't mind" to both questions. Three patients said "Yes" to ties (two specifying that they had to be clean). Two said "No" to ties, with one of these answering that the issue would not affect their

confidence in the doctor. Many patients who answered "Don't mind" added comments such as: "We only need confidence in their skill", "Professional attitude is more important", "As long as the individual is not scruffy" and "As long as the doctor is competent, I don't think clothing should matter too much".

So it would seem from that most patients don't care whether doctors retain their ties or not. But is doctors'

"Regrettably, some ties are rarely washed and tend to dangle on to patients during ward rounds and clinics"



clothing really an issue in these times of great and difficult change in the NHS? Certainly hospital infection is a great concern, so perhaps the time has come for all who work closely with patients to wear freshly laundered American-style "scrubs"? If this reduced infection rates it would soon pay for itself.

So is it time for doctors to change? Should neck ties and suits be relegated to the ranks of bow ties, fit only for meetings, formal dinners and 'Carry-On' films?

• *What do you think? If you have an opinion on whether doctors should wear ties, write to the editor at the address below.*

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 (sue.jones@nnuh.nhs.uk)

A hospital fit for the future

Plans to rebuild Cromer Hospital on the existing Mill Road site are gathering pace. The Trust Board is in favour of the idea. . . now we want your views on the new proposals

A NEW CROMER

Hospital, to be built on the existing Mill Road site using the generous Sagle Bernstein legacy, could become a reality in two years' time if new proposals are approved in the coming months.



The existing ward area will be demolished to make way for the first phase of the project

A consultation document setting out our plans for the hospital is now available and the views of local residents are currently being sought. The proposals are also subject to planning consent.

The new hospital would provide acute day procedures, diagnostic, out-patient, renal and minor injury services on the existing site. This would involve demolishing some of the old hospital buildings (the area currently occupied by the Davison, Endoscopy and Barclay units) while the new modular units for renal dialysis and radiology (MRI/ X-ray and ultrasound) would stay where they are.

The existing Allies eye department would be refurbished rather than rebuilt. Once the

new hospital is built, the rest of the Mill Road site could be cleared to create room for new facilities in the future.

The plans do not include moving the Cromer GP surgery as part of the initial building project. However, there would be room on the site if the GP practice decided they wanted to move at some future date, subject to planning approval.

The generous Sagle Bernstein legacy would be used to fund the £10 million project and the expected timescale would be two years



from the appointment of contractors.

Trust Chief executive Paul Forden commented: "The ageing Cromer Hospital buildings have done a sterling job but are no longer suited to delivering modern NHS patient care.

"We now want to make changes to the hospital to ensure it has the best possible future delivering healthcare to people in North Norfolk, and we would like your views on these proposals."

• *If you would like to comment on these proposals or find out more, go to www.nnuh.nhs.uk or call 01603 287200 for a copy of the consultation document.*

Patients benefit from MRI closer to home

NEW FACILITIES for ultrasound and MRI scanning were opened to patients for the first time in December, marking a new chapter in the life of Cromer Hospital.

The modular unit, which was installed last summer along with the new dialysis centre, will remain where it is on the Mill Road hospital site when the new development is complete.



THE PULSE

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Please send your contributions for the February issue to Sue Jones (Trust Management) by 9 January 2006.

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