

# THE Pulse

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Norfolk and Norwich University Hospital  
NHS Trust



PHOTO BY MICHAEL SMITH

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# Advisers lead the way on World Diabetes Day

A **TELEPHONE** helpline for people with diabetes is proving to be a great success, thanks to our team of volunteer patient advisers. Led by patient champions Dave Rea and Martin Land from the diabetes network, our 13 patient advisers give up their spare time to listen to callers and provide information and advice.

The helpline, sponsored by the Central Norfolk Integrated Diabetes Management Group, was launched in 2005 and is now the busiest in the UK. So far, our patient advisers have taken more than 150 calls from members of the public.

"As health professionals, we can offer medical advice but we don't know what it's really like to live with diabetes – we are lucky to have such an enthusiastic group of volunteers who are willing to offer our



Diabetes network manager Angela Young with patient champions Dave Rea and Martin Land and (left) City Hall in Norwich was bathed in blue light to raise awareness of World Diabetes Day

patients a different perspective," says NNUH diabetes specialist Professor Mike Sampson.

"The calls can be anything from 'Can I use honey in place of sugar?' to a desperate plea for help from someone who is suffering a full-blown hypo attack," says diabetes patient champion Dave Rea, from Norwich. "We deal only with non-medical enquiries but there's fantastic back-up from the hospital if we need it. We work closely with diabetes network manager Angela Young and the rest of the diabetes team, and we each have a mentor in the health service that

we can rely on for help and support.

"Many of the calls come from parents of teenagers who refuse to be sensible about their diet and medication," explains Martin Land, from Wymondham. "Having brought up two sons with the condition, I can sympathise but I find it's much better to keep positive and explain the benefits of maintaining a healthy lifestyle rather than focusing on what will happen if you don't."

"It can be tiring but it's also very rewarding when you know you have helped someone."

## COOKING UP A HEALTHY LIFESTYLE

**PAM KAPUR** was a qualified dietitian in her native India before coming to the UK and retraining as a radiographer. Now a part-time sonographer at NNUH, married to colorectal surgeon Sandeep Kapur and a mother-of-two, she is keen to spread the word about the benefits of traditional Indian food. She would



like to raise funds for more research, pointing out that the incidence of bowel cancer is far less in India. "Real Indian cooking is

very healthy because we use very little butter and cream and we steam or pressure-cook the vegetables so that none of the nutrients are lost in the cooking," she explains. "But that's not the only reason for choosing this type of food. It's also really delicious!"

Pam is pictured with consultant anaesthetists Peter Phillips and Bruce Fleming during a postgraduate study day at NNUH. For cooking tips and more information, go to Pam's website: [www.rasoighar-norwich.co.uk](http://www.rasoighar-norwich.co.uk)

## Spotlight on infection control

AS PART of the Department of Health Saving Lives programme, staff throughout the Trust are being observed to ensure they are complying with our infection control guidelines, whether they are nurses, doctors or any other health professionals who come into contact with patients.

"The Saving Lives audit tools measure a whole range of clinical practices, from washing hands thoroughly to more complex procedures such as the insertion of urinary catheters and central lines, and the management of ventilation and dialysis equipment," says Rowan Slowther, surveillance nurse for Infection Control.

Lesley Little, a Sister in Critical Care, welcomed the audits as an opportunity to continually improve patient care. "The process helps us to ensure that all staff are fully aware of the procedures they should follow. We have a duty to our seriously ill patients to keep on raising our standards."

• For details of the Saving Lives campaign, go to the DOH website: [www.dh.gov.uk](http://www.dh.gov.uk)



A team from Virology won first prize for the second year running in a quiz to raise awareness of infection control issues in our hospitals. They are pictured with quizmaster Harry Mitchell and the infection control team at NNUH

## Young Manager runner-up

**NAYAB HAIDER** was runner-up in the national Young Manager of the Year Awards, organised by the Facilities Management



Association in conjunction with *Premises and Facilities* magazine. As Serco's Front of House Manager, Nayab is responsible for all catering and domestic services at NNUH.

Anna Dugdale, Director of Resources for the NNUH Trust, commented: "This achievement recognises the scale and importance of Nayab's role with both Serco and the Trust. We have all been consistently impressed by his commitment to improving the quality of services for our patients."

# Brave move for breast patients

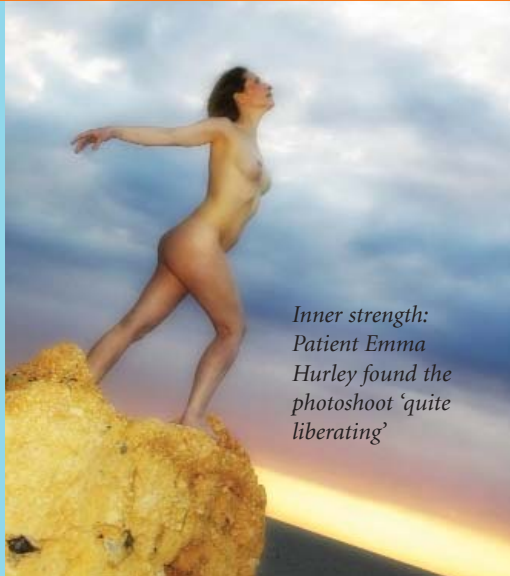
**THE TRANSFORMING** effects of breast reconstruction surgery are revealed in a remarkable new book featuring 23 of our cancer patients. With photographs by Andrea O'Hare, *The Boudica Within* (The Erskine Press, £14.99) is the work of NNUH plastic surgeon Elaine Sassoon, who paid tribute to her patients'



"fortitude, resilience and sense of humour".

"I observed their change from victims to extraordinary women who discovered inner strengths they never knew they possessed," said Miss Sassoon (pictured left). "I felt privileged to witness this transformation and wanted to celebrate it."

One of the patients whose story is told in the book is 35-year-old Emma Hurley, who says: "Baring all for the photoshoot is something I thought I would never do in a million years but I felt it was important to give a young woman's perspective. In fact I



*Inner strength: Patient Emma Hurley found the photoshoot 'quite liberating'*

found the experience quite liberating. Of course, breast reconstruction can't cure my illness but taking care of how I look and feel is half the battle."

Profits from the book are being split between breast cancer charities and the Blakeney Housing Trust. Free copies are being made available to hospitals in the UK and abroad with the help of funding from Mentor Medical Systems. If you would like to order a copy, go to [www.boudicawithin.com](http://www.boudicawithin.com).

• **A NEW** support group for breast reconstruction patients, appropriately called *Keeping Abreast*, has been set up at NNUH to give cancer patients a chance to discuss the options for surgery and compare the results. The group meets bi-monthly and the next meeting will be held on Tuesday 22 January in the Gooch lecture theatre at 7.30pm. For more information email specialist nurse Ruth Harcourt ([ruth.harcourt@nnuh.nhs.uk](mailto:ruth.harcourt@nnuh.nhs.uk))



## ARCHBISHOP PAYS A VISIT TO NICU

*The Archbishop of Canterbury took time out to visit NNUH in November to find out more about the valuable work of our hospital chaplains.*

*The Most Rev Dr Rowan Williams met parents and staff in the Neonatal Intensive Care Unit (NICU), where he was impressed by the care and understanding extended to the families of babies in their care.*

## NNUH gets top score for financial management

**A REPORT** by the Audit Commission has revealed that NNUH is delivering the best value for money and financial management of any acute NHS trust in the country. The Auditors Local Evaluation (ALE) rates NHS organisations on a range from one to four, with four being the highest possible score. NNUH was the only NHS acute trust in the country to receive a score of four and the Trust also features as a best-practice case study in the Audit Commission's newly published Review of the NHS financial year 2006/07.

Only five other organisations nationally achieved this score and they were all primary care trusts. The report can be viewed at [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk).

## Gill is our local hero

**SPECIALIST** cancer nurse Gill Pout has been named Employee of the Year in the Evening News Local Heroes Awards after being nominated by a grateful patient.

David Cooke, who was diagnosed with cancer in 2001, says he would not have lived to see his grandchildren without Gill's exceptional nursing care. Although now in remission, David returns for regular checkups and says: "She does a wonderful job. There must be thousands of people who have benefited from her calmness and friendliness."

Gill commented: "I was touched to be nominated but this is not just about me – it's a tribute to the whole team here in the Weybourne Day Unit."

In her spare time, mother-of-three Gill is a keen horsewoman and in November she took part in a trek through the Andes to raise money for the Teenage Cancer Trust. "I feel strongly that teenage cancer sufferers could do with some extra support," she explained. Gill (seated) is pictured with David Cooke and colleagues Isobel Gow, Amanda Hutchings, Liz McClagish and Jenny Wimperis.





## Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY

Tel: 01603 286286 [www.nnuh.nhs.uk](http://www.nnuh.nhs.uk)

### Restaurant

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

### Serco cafe bars

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

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

**WRVS shops** East Atrium, open 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** Log a call using the computer icon on the intranet home page

**Security** Call ext. 5156 or 5656

### Reception

East Atrium Level 1: ext. 5457 or 5458

West Atrium Level 1: ext. 5462 or 5463

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

Out-patients West Level 2: ext. 5472

East Atrium Level 2: ext. 5461

**Travel Office** Ext. 3666

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

### Bank

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

### Chapel

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

### Sir Thomas Browne Library

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

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

### Holiday Playscheme

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

Contact Christine McKenzie on ext. 2213

## Cromer Hospital

Mill Road, Cromer NR27 0BQ

Tel: 01263 513571

**Restaurant** open 7.45am-6.45pm

Other Trust departments are based at:

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

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

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

Also Microbiology: Tel. 01603 288588

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

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

# 3,600 join Foundation push

**SINCE THE** summer, more than 3,600 local people have opted to become members of the NNUH Trust as we progress with our application to achieve Foundation Trust status. This is in addition to the 5,500 staff members who are automatically 'opted in' as members, plus volunteers and contracted staff from Serco and NCS.

The number of public members is expected to climb to over 5,000 by the end of the year. The next phase of recruitment takes place this month (December), with letters being sent to thousands of patients living in Norfolk and Waveney. Parish councils and voluntary organisations have also been sent information to support the plans to recruit more members.

By joining as a

public member, people can have a bigger say in the future of the Trust. Membership can mean simply keeping in touch with developments through *The Pulse*, or getting more involved by attending events or giving views in surveys.

Both public and staff members will be eligible to vote in elections or stand for election as a Governor. The Trust could be

running elections in early 2008 if its application for foundation trust status gets approved by the Department of Health.

For more information on membership or becoming a Governor, please contact Membership Manager Janice Bradfield at membership@nnuh.nhs.uk or telephone 01603 287634 (ext 3634 if calling internally).

For more information on foundation trusts visit [www.nnuh.nhs.uk/Page/FT](http://www.nnuh.nhs.uk/Page/FT).



## LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

### OBITUARY: MARJORIE RANSON

**IT IS WITH** great regret that I note the death of retired theatre sister Marjorie Ranson at the age of 90.

Marjorie helped supervise operating lists at the old N&N, initially in the prefabricated theatres erected after the wartime destruction of the main hospital theatres and later in the state-of-the-art Frank Inch Theatres, opened in 1956, where she organised the staffing of four theatres and a recovery room.

She would often 'scrub up' or act as circulating nurse herself and she would even clean the floors with antiseptic to smooth a quick turnover between patients. She would often be seen opening windows to allow the "pure Norfolk air" to enter the theatres.

Should she still be working at midnight, she would organise a morale-boosting meal of bacon and eggs for the nurses, doctors and porters.

Her funeral took place on 14 November and donations were dedicated to the United Norwich Hospitals Nurses League, indicating her commitment to the hospital.

*Alan Green, retired consultant surgeon*

### 70 years of memories

**I WOULD** like to say a huge thank you for the telescope I received as a leaving present, which reflects the kindness and friendship shown to me over the years.

Nancy and I have completed over 70 years' service between us (in Pharmacy and Radiology) and although we are leaving early we feel we have done our bit and will now have time to relax.

However, I will be back on the wards to undertake teaching sessions with UEA students, so you may well see me around. All the best for the future and thanks to you all.

*Richard and Nancy Adams*

# Answers on the button

**PATIENTS** are taking part in a new type of survey to record their impressions of life as an in-patient at NNUH. Using a hand-held electronic device, they are able to answer five key questions about their patient experience at the push of a button. The answers are then downloaded overnight to a national database managed by the independent Dr Foster survey team.

Ten of the 'patient feedback' devices are available in wards and clinical areas and the aim is to repeat the survey each day to build up a balanced picture of the patient



experience.

"We are asking volunteers to explain the system to patients as we don't want to influence the answers in any way," says Carol Edwards, deputy director of nursing. "The Senior Nurses have designed the questions based on experience and feedback from patients," says Carol. "They are keen

to know what the majority of patients really think about our services.

"We are always striving to improve the patient experience and we are grateful to everyone who is taking part."

## The shocking truth about infection control

**THE DISASTROUS** failures at Maidstone and Tunbridge Wells NHS Trust, where up to 90 patients are thought to have died from C difficile, have highlighted the need for all of us to maintain scrupulous standards in the fight against infection.



C difficile (*Clostridium difficile*) is a virulent form of gastro-enteritis which is easily spread among vulnerable patients – in particular those who've been taking broad-spectrum antibiotics.

In this Trust we have robust policies and processes that should prevent the events of Maidstone and Tunbridge from happening here. We have extremely high standards of hygiene and our rates of infection are very favourable when compared with those of other Trusts. But we are complacent at our peril.

Whether we are members of staff, patients or hospital visitors, we *all* have a duty to protect our most vulnerable patients. One of the simplest ways we can do this is to make sure we wash our hands thoroughly and that all those around us do the same. Hand-washing is known to be one of the best ways to prevent infection from spreading.

For staff, there are clear clinical guidelines for the control of infection (*you can find details on the desktop of any computer in the Trust*) and each of us is responsible for making sure these are followed.

For patients and visitors, we would ask that you help us by maintaining your own personal hygiene and by observing some basic rules about visiting. (*For more information go to our website: [nnuh.nhs.uk](http://nnuh.nhs.uk)*)

The lessons of Maidstone and Tunbridge show that infection control is far too important a matter to leave to other people – the shocking truth is that it's in our own hands.

**Paul Forden**

*Chief Executive, Norfolk and Norwich University Hospital NHS Trust*

## Hospital teams scoop top awards

**THE NNUH** communications team won two prestigious awards, for 'Best Media Handling and Crisis Management' and 'Best Campaign', in the Association of Healthcare Communicators (AHC) finals in October. The team, headed by Andrew Stronach, was commended for its response to the outbreak of PVL infection on the neonatal intensive care unit last Christmas and also for the launch of a new bowel cancer screening programme.

**TWO** photographers and a graphic designer from our Medical Illustration team have picked up a host of prizes in the Institute of Medical Illustrators Awards 2007.

Photographers Helen Rudd and Michael Smith were commended for their exceptional technique, understanding and interpretation of the subject matter, while graphic artist Ann Lush won awards for her work on our patient menus and a patient information poster. The work of our medical illustration

*Ann Lush's colourful menu design is a big hit with patients as well as the judges*



team includes portraiture and PR photography as well as clinical work, while the graphic design service produces hospital-related leaflets, posters and brochures. Medical photographers require a good knowledge of anatomy and physiology and they also need to take extreme care to respect the dignity of the patient, including being aware of differences in cultural and religious beliefs.

**OUR MEDICINES** management team has won a national award for promoting patient safety. The team was praised for its quarterly medication briefings which help to inform and educate clinical staff about high-risk drugs and medication issues.

### WELCOME

...to **Dr Richard Goodwin**, radiologist, who has recently joined the Trust.

### FAREWELL

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

**Marlene Loom**, healthcare assistant in main theatres, and **Angela Chamberlain**, radiographer in clinical oncology, after 35

years; **Richard Adams**, pharmacist, after 34 years; **Rebecca Abbs**, staff nurse at Cromer, after 33 years; **Sandra Leeder**, healthcare assistant in main theatres, after 31 years; **Paul Jenkins**, medical consultant, after 25 years; **Kathleen Goreham**, staff midwife, after 23 years; **Enid Gude**, telephonist at Cromer, after 22 years; **Susan Fox**, secretary in anaesthetics, after 21 years.





## "Learning can do wonders for a child's wellbeing"

**ALL THE** children on Buxton Ward have access to education provided by Norfolk Children's Services. Teachers visit the wards for at least two hours each weekday, not just to give formal tuition but to identify children who may need extra help when they return home after a prolonged spell of illness.



"You get a mixed response from the children but a one-to-one approach can do wonders for their morale and wellbeing," says Jo Pinnington (left), who works three afternoons on the ward. "As a teacher you have to be incredibly flexible because you are teaching children ranging in age from five to 16. Some just

don't want to know, while others get quite anxious about missing out on their school curriculum. I might start with simple crosswords, word searches and maths puzzles to get their brains working, then go on from there."

Arts and crafts specialist Kathy Rutland (top) arrives every Monday with a box full of 'goodies' to tempt the children.



"We've come a long way from messy powder paints that had to be mixed with water – now you can buy wonderful materials that create instant results," says Kathy. "It's amazing what you can do with a bit of foil, string and a Pringles box!"

On Tuesdays it's the turn of the charity Musical Keys (above) to give the children something to sing about. Volunteers turn up with a variety of instruments to get the children involved in group activities: "Even if they don't join in the children often like to watch from the sidelines," says play specialist Kathleen Doolan (pictured right with patient Nathan Downey).



# PLAY with a purpose

*Dolls that 'bleed' and a miniature MRI scanner are among the toys used by our play specialists to give children a happier time in hospital*



**FOR THE** past three years, five-year-old Finlay Brown has attended the Jenny Lind Outpatients department for weekly injections to treat juvenile arthritis. It's an unpleasant procedure for a painful condition but, with the help of our play specialists, the experience is quickly forgotten and he is soon busy playing with his little brother, Raff.

"I tried doing the injections at home but it was just too difficult for me to manage on my own," says his mother, Dee. "Coming to

the hospital every week from Mulbarton isn't easy but it's much better for Finlay because there are so many toys and distractions – and the play specialists are absolutely brilliant with him."

As if to confirm this, Finlay pauses to wave to play specialist Judy Holland before turning his full attention to the toys.

"Children like Finlay have a right to be upset and to show how they feel," says Judy. "We prepare them for the procedures they will have to face, suggesting relaxation techniques appropriate to their age and providing distractions to help them cope. Many young children are so involved with the toys that they are unaware the procedure has been carried out."

Judy has had more than 30 years' experience of working with children in hospital, the last eight as a qualified play specialist. She is one of three qualified play specialists based in the children's department.

"During pre-assessment sessions with families in the playroom, I can tell from their body language and behaviour which



# TIME



of the children (and adults) are feeling anxious," she says. "I will show them a video and talk them through the whole experience, then take them round the ward so the children know what to expect when they come here as an in-patient. It's surprising how much more relaxed they are after seeing where they'll be going and talking about their fears."

Judy gives an example of patients who develop phobias around needles and other clinical procedures. "If the muscles are tense it's going to be much more uncomfortable – and that leads to problems the next time they need an injection. We can arrange one-to-one session to teach relaxation and visualisation techniques that will help them overcome their fears."

"With younger children the phobia may be passed down from parents who themselves have had a bad experience in hospital. The problem is that children are very impressionable and their fear of hospitals can last a lifetime. On the other hand, a positive experience can help the child to recover more quickly and it's far less traumatic for all concerned."

"It can be very rewarding to feel that you've helped a child get through a difficult or painful experience. But most staff around the hospital have no idea what we do – they think we just play all day, which would be nice if it was true. In fact it's quite stressful because you don't want any of the children to go home with bad memories of their stay."



*Brothers Finlay and Raff with their mother, Dee Brown, and (above left) play specialist Judy Holland with six-year-old Joe Johns and (left) with ten year-old Tia-Louise Ocloo*

## Making it better

**HOSPITAL** would be a much more scary place for children without toys and aids designed to cheer them up. This bubbling lightbox (below left) was purchased recently with a £1,000 donation from the Norwich Lions Club and is a great help when youngsters need to be distracted from pain or discomfort.

The wooden scanner (pictured below) was designed by NNUH radiographer Agnes Davy to give children an idea of what to expect from a diagnostic scan. "It can be very frightening for a child to have an MRI scan for the first time," explains play specialist Sarah Godfrey (pictured left with 10-year-old Sapphire Warner). "Seeing what happens when a Playmobile figure goes into the scanner can help them to visualise what it will be like for them."

Other toys include a doll (top left) from which 'blood' can be extracted using a tiny syringe. Some of the dolls have been specially adapted to take a canula or Hickman line, to help children with cancer work through their treatment.







# SCIENCE

**WITH MORE** than seven million tests carried out each year at NNUH, the new computer-driven Accelerator machine (above) takes much of the drudgery out of the early stages of blood testing. Blood samples are processed as they travel along an automated production line.

**RACHEL WARD** (right) carried out research into anti-CCP testing as part of her degree in Biomedical Sciences. "Recent research has shown that anti-CCP can be detected in the blood in the very early stages of rheumatoid arthritis and I wanted to see whether this new analyser could be used for that purpose," she explained. "My research showed that anti-CCP testing using this analyser could help us to monitor the progress and treatment of the disease."



**AMONG THE** latest acquisitions in Haematology is this flow cytometry machine (right) one of only two in the NHS. Biomedical Scientist Faye Goff says the new technology has simplified the process of testing for leukaemia and means the effects of new treatments can be measured more closely for individual patients: "We are lucky to have such sophisticated technology – it's used a lot in research laboratories but not so much in hospitals because it's so new."

**ONE OF OUR** longest serving Haematology staff is Chief Biomedical Scientist Andrew Mace (left), who has seen many changes during his career. "There is a lot more attention paid to standards and safety these days, which has to be a good thing," he commented. "When I started at the N&N 35 years ago it was not unusual to see scientists at work with a cup of coffee and a cigarette in their hands!"





# E on the move



*The 'wall' has finally come down in our Clinical Biochemistry and Haematology laboratories, revealing a brave new world of computer driven technology. Service manager **Dianne Gibson** explains how robots are helping staff to keep pace with the demand for diagnostic tests*

**WALK ALONG** the hospital 'street' on Level One and you may catch a glimpse of white-coated staff hard at work in our hospital laboratories. This window on their world has been opened up as part of a £6 million project to redesign and expand our Pathology services.

Taking centre stage in the spacious new laboratories is a new, 17 metre-long 'production line' for the routine Biochemistry testing of blood samples. Once loaded up with samples, the machine takes over the job of processing the samples, transporting vials of blood to an analyser and carrying out the required series of tests. Automated 'robots' even remove and replace the lids, as required, along the way.

"The Accelerator is a fascinating piece of equipment which takes much of the drudgery and repetition out of testing the samples, leaving our qualified scientists to do the more important job of validating and interpreting the results," says Laboratory Medicine Service Manager Dianne Gibson.

The new production line is the icing on the cake for our laboratory staff who battled for months to

keep pace with their usual workload while construction work continued behind closed doors.

"A fire-retardant wall was built in the centre of the department to shield us from the dust and noise of the building work," explained Dianne. "It meant we were working in even more cramped conditions and we had to employ extra staff to transport samples from one area to another, avoiding the building site in-between."

"I have to say the staff were absolutely brilliant," says Garry John, Clinical Director of Laboratory Medicine. "They never complained about the noise and just got on with the job. In fact I doubt whether the rest of the hospital was aware of the difficulties we faced because we managed to hit our targets without any significant delays."

Clinical Biochemistry and Haematology originally shared space with Cellular Pathology, but soon after the new hospital opened it became apparent that more room was needed to deal with the ever-increasing demand for diagnostic tests. Around seven million tests are carried out by our laboratory staff and requests continue to rise by an average nine per cent each year.

As a result of a collaborative project with the James Paget Hospital, the Cellular Pathology teams moved out to new state-of-the-art laboratories at the Cotman Centre in June 2006, leaving room for a much bigger and better Clinical Biochemistry and Haematology department at NNUH.

"We are one of the three biggest Pathology departments in the country and we now have some of the most up-to-date testing equipment available anywhere in the NHS," said Dr John. "We also have a highly motivated and experienced team who are more than happy to pass on their skills to the trainees following in their footsteps."

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*Around 11,000 blood samples from all over Norfolk are prepared each day for testing in the clinical biochemistry and haematology laboratories at NNUH.*



## How the Mental Capacity Act protects patients

**THE MENTAL** Capacity Act 2005 provides guidance to protect the interests of people over 16 who, for whatever reason, do not have the mental capacity to make decisions for themselves. It formalises principles that have been common law for some time and applies both in hospitals and in the wider community. The main changes affecting such patients are:

- A new device, known as the Lasting Power of Attorney, allows people to nominate a person to make health and welfare decisions on their behalf if and when this becomes necessary.
- In cases where there is no family or friends willing and able to get involved, all NHS trusts now have a duty to engage an Independent Mental Capacity Advocate (IMCA) to represent the patient.
- As a last resort, a new Court of Protection has the power to make important decisions for patients who lack mental capacity.
- New regulations apply to 'Living wills' which are now called 'Advance Decisions'. These are now recognised as binding, provided they are in writing, signed and witnessed. NHS trusts are required to abide by the wishes of patients who subsequently lack the mental capacity to make decisions for themselves.
- There is a new criminal offence of ill treatment or wilful neglect of a person who lacks mental capacity.

• *A guide to the Mental Capacity Act is available at [www.dca.gov.uk](http://www.dca.gov.uk)*

## WHY DOCTORS NEED TO KEEP UP WITH THE LAW

"IT'S A BIT like the offside rule," says John Paul Garside with his customary twinkle. "If you don't know how it works, how are you going to avoid breaking it?"

He is speaking of *Law for Doctors*, the title of his award-winning new book and a subject very close to his heart. As a qualified barrister, solicitor and now head of legal services at NNUH, he is only too aware of the need to keep abreast of the law.

The book was judged the best medico-legal book in the Medical Book Awards 2007 and is

described by one critic as "a gem which should be read by doctors everywhere." John Paul modestly points out that it's an update of an earlier edition but he admits that its 94 pages contain important new information gleaned from many years of practical experience.

"Our healthcare systems are subject to ever closer scrutiny, both by the media and regulators," he says. "It has never been more important for doctors to be acquainted with the legal context to clinical practice."

The NNUH Trust has an experienced

# A law for PATIENTS



*Under the new Mental Capacity Act, there is a new source of advice for clinicians when making decisions on behalf of their patients. Dr Peter Whitlam explains how the new law works in practice*

**EMILY IS** 84 years old and has mild dementia. Following a viral infection, she is admitted to hospital, where her mental condition rapidly deteriorates. When she is diagnosed with kidney failure, the medical team are faced with a choice: should they authorise renal dialysis or allow nature to take its course?

Normally her doctor would discuss this with the family. But what if she lives alone and has no family or friends who are willing and able to be involved? The Mental Capacity Act 2005 – which was partially introduced in April and fully implemented in October – provides a new source of advice to help the clinical team to reach a decision.

If a patient is over 16 and lacks the mental capacity to make important decisions about their medical treatment – and there are no friends or family to support them – NHS trusts are now obliged to call in an independent advocate to act on the patient's behalf.

Since April this year, around 85 people in Norfolk have required the services of an Independent Mental Capacity Advocate (IMCA) and the number could rise as doctors, nurses and social workers become more familiar with the requirements of the Act.

"We are not here to slow things down or get in the way – if anything the opposite is true," says Dr Peter Whitlam, one of three approved

independent advocates appointed to represent patients in Norfolk. "In most cases there is general agreement about what would be in the patient's best interests and an appropriate family member is involved. However if there is no family or if the family are unwilling, unable, estranged, or if there are doubts about whether they have the patient's best interests at heart, then the law requires the engagement of an IMCA

"Since I started doing this job in April, I have dealt with about 65 cases. I have found that medical teams are usually pleased to have our involvement as it helps to clarify the issues and expedite a decision. For instance, if someone is unfit to return home from hospital after treatment and the patient is not supported by the family, I may become involved and identify that their best interests would be served by finding them a residential home.

"In that sort of case the decision is straightforward – there is no way that a patient who is fit for discharge should remain in hospital. Other cases may be more complex. If a decision involves stopping treatment, for instance, it is often a question of weighing the suffering and doing the best we can for the patient in that particular situation."

A retired psychologist, Dr Whitlam, 58, ran





in-house legal team to support staff in resolving difficult cases.

"Clinical staff are encouraged to seek the advice of senior colleagues or the ethics team

(see Viewpoint, right), but if there is any doubt about the legal position or the law we are available to help," says John Paul. "I would far rather staff are assisted to make an appropriate decision at the time than see them suffer the demoralising effects of litigation."

• *Law for Doctors: Principles and Practicalities* is available online at [www.rsmppress.co.uk](http://www.rsmppress.co.uk)

# ENTS

his own practice for many years and has written extensively on the subject of communication skills.

"The role of the IMCA is a bit like a detective, trying to discover more about the person," he says. "With some referrals I may go to their home and speak to neighbours or friends to seek their views. The Act also gives us access to relevant medical, nursing and social work records, as well as allowing us to request a second opinion if we are unsure.

"Not all of our cases involve decisions about end-of-life care. We might help to decide, for instance, whether a learning disabled woman needs a hysterectomy. We would also expect to be asked to get involved when there are suspicions of abuse, irrespective of family involvement.

"It is important to stress that it is not up to us to decide whether the patient has mental capacity or whether friends or family are able to offer support, although we are happy to discuss this. Nor do we make the final decision ourselves. Our role is to follow a process that ensures that the patient stays at the centre of the decision-making process. If our views are disregarded, we have legal options available to us, although we hope this never becomes necessary.

"Many of the cases we deal with are very difficult but this legislation is primarily about protecting the most vulnerable in our society. The way a society does this is a mark of its development."

• *The IMCA service is funded by the DOH and commissioned by Norfolk County Council. To refer a patient or to find out more, call 01603 485028 or email: [imcanorfolk@rethink.org](mailto:imcanorfolk@rethink.org)*

## A QUESTION OF ETHICS

*When it comes to difficult decisions, does doctor always know best? Consultant paediatrician Dr Richard Beach suggests that a team approach to ethical issues can help to lighten the load*

**ETHICAL DILEMMAS** are part of everyday life for doctors and most of us manage to make these decisions without too many sleepless nights. But what if the issue is contentious or if there is no obvious answer to the problem?

That's where Clinical Ethics Group can be of help. Formed three years ago, our group is made up of experienced consultants, nurses and interested individuals including a chaplain, a non-executive director and the Trust's chief legal adviser.

We don't profess to have all the answers but we can stand alongside teams as they struggle with difficult clinical issues. We can advise them on the law as it stands. We can suggest a suitable framework for ethical decision-making and use the expertise and experience of the ethics group in these matters. For very testing cases we can seek national advice from the UK clinical ethics network. (<http://www.ethics-network.org.uk>).

Clinicians often find the outcome supports their own professional judgement. Traditionally doctors have carried the burden of decision-making on their own, but sharing information with colleagues, patients, families and carers can be of tremendous help. When you open up to the wisdom of the team, the ethical questions often dissolve away.

When I qualified as a doctor in 1974 it was assumed that 'doctor knows best' and our clinical decisions usually went unquestioned. Now, patients and their families are much better informed and, quite rightly, they have higher expectations of the medical profession.

Some years ago I remember agonising over the care of a boy with a

rapidly progressing neurological condition. How should he be managed as feeding became difficult? Was it right to keep him alive to suffer a long, slow neurological deterioration?

Discussion with colleagues was helpful but an authoritative ethics group at that time would have saved me much soul searching and anxiety.

Our Clinical Ethics Group meets once a month to discuss both real and hypothetical issues and we are available on request to visit departments and



**"Doctors have traditionally carried the burden of decision-making on their own"**

offer training and advice. We can also convene at short notice if people need support for dealing with a particularly difficult case. Real issues we have tackled so far include:

- Should child volunteers (whether healthy children or patients) be examined by students in their medical school exams?
- What should a doctor do when asked by the family to seek overseas euthanasia?
- To what extent should social concerns impact on clinical decisions? (eg reversal of sterilisation, or complex treatments where there are fears that the family may not be able to cope).

Ethical practice is, of course, underpinned by professional guidance from the GMC and the Royal Colleges.

• *If you need support with an ethical issue, or if you would like to talk in confidence to a member of the team, please call Dr Beach (ext. 2350) or Susan March (ext. 2054) to arrange a meeting.*

## Why we welcome this opportunity for Cromer



**AT LAST** we can see light at the end of the tunnel! After many years of plans and disappointments, the appointment of Balfour Beatty as our Procure 21 partners shows the clear commitment of the NNUH Trust to support and develop services at Cromer Hospital.

The planning in earnest has now begun. Kate Burditt, the Cromer Hospital redevelopment project manager, has made a welcome return from maternity leave just in time to lead the first drive to finalise the

detailed accommodation scheduling and design work. The rest of us will continue to work on our wish-list of clinical services to be provided at the new hospital. With the national drive towards providing patient care closer to home and the limited clinical space available at NNUH, there has never been a better time to consider our options.

It will be business as usual at Cromer until we transfer to the new building, which should be open by late spring, 2010.

Ahead of us are many months of planning meetings, a muddy building site, signage issues and possible 'organised chaos'. However, I get the feeling that our staff, patients and the wider community won't really mind. As long as the long-awaited development appears, it will all be worthwhile.

**Helen Lloyd,**  
Service manager,  
Cromer and District Hospital

## Contractors chosen for new hospital

*The architect of Norwich's Big C Centre has been chosen to design the new hospital at Cromer*



**BALFOUR BEATTY** has been appointed by the NNUH Trust to build our new £12 million hospital on the existing Mill Road site in Cromer.

The architect chosen for the project is the award-winning David Bissonnet, of the Norwich-based firm Purcell Miller Tritton, who designed the Big C Cancer Centre at NNUH and the Rocket House lifeboat

museum and restaurant in Cromer.

Funded by the £12 million Sagle Bernstein legacy, the new hospital will replace the original Mill Road hospital which first opened in 1932. It will be a centre for day case operations, out-patient clinics, diagnostics, dialysis and minor injuries care, and will be completed in 2010.

The Trust's design brief is for a modern flexible hospital, environmentally-friendly and sustainable, sympathetic to local surroundings and using local materials where possible.

As a result of the procurement process, Mansell, a major operating company within Balfour Beatty plc, will carry out the construction work. Based in Swaffham, the Mansell team, including architects Purcell Miller Tritton, is now looking at the functional needs of the building and developing design options in consultation with staff and patient representatives.

Trust chairman David Prior said: "We are delighted to have appointed the Mansell team to undertake what is a significant investment in acute NHS services in North

*Two recent projects from the award-winning local architect David Bissonnet: the Big C Centre in the grounds of NNUH and the Rocket House lifeboat museum and restaurant in Cromer*

Norfolk. We are determined to provide people with the very best hospital facilities and to make them environmentally sustainable."

Mansell has considerable experience in the health sector as well as in affordable housing, education, defence, airports, commercial and interiors, culture and heritage.

Keith Hayes, Balfour Beatty ProCure21 Lead, said: "We are very proud to be involved in the project and we look forward to working collaboratively with the Trust and all the other members of the project team."

Plans for the new Cromer hospital were put on hold earlier this year following a last-minute attempt to get the original hospital listed. English Heritage rejected the proposal on the grounds the current hospital is of little architectural interest.

### THE PULSE

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Please send your contributions for the February issue to Sue Jones (Communications) by 9 January 2007. •

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