

THE **Pulse**

Issue Number 45
October 2009

Norfolk and Norwich University Hospitals
NHS Foundation Trust



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Norfolk and Norwich University Hospital

Colney Lane, Norwich,
Norfolk NR4 7UY

Tel: 01603 286286 www.nnuh.nhs.uk

Restaurant

West Atrium Level 1, open 7am-2.30am

Serco cafe bars

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

Deli food2go

Plaza (East), open

Mon-Fri 7am-7pm, weekends 11am-5pm

WRVS shop

East Atrium: open Mon-Fri

8am-8pm and weekends 10am-6pm

Amigo

convenience store, Plaza (West):

Mon-Fri 7am-8pm, weekends 9am-5pm

The Stock Shop

(ladies' fashions) open

Mon-Fri 9am-5.30pm and Saturdays 12-5pm

Serco helpdesk

(for housekeeping, porters,

catering and maintenance).

Call ext. 3333

IT helpdesk

Log a call using the computer

icon on the intranet home page

Security

Call ext. 5156 or 5656

Reception

East Atrium Level 1: ext. 5457 or 5458

West Atrium Level 1: ext. 5462 or 5463

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

Out-patients West Level 2: ext. 5472

Patient Advice and Liaison Service (PALS)

For confidential help and advice about our

service to patients. Tel.01603 289036 /

289035 or 289045.

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 transport

Bank

Cash dispenser in East Atrium Level 2

Chapel

Open to all. For details of services or

to contact the Chaplains, call ext. 3470

Sir Thomas Browne Library

Open

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

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

Cromer Hospital

Mill Road, Cromer NR27 0BQ

Tel: 01263 513571

OTHER TRUST DEPARTMENTS

• Cotman Centre

Colney Lane, Norwich

Cellular Pathology, Radiology Academy

• Francis Centre

(Health Records Library)

Bowthorpe Industrial Estate, Norwich

NR5 9JA, ext. 4652

• Norwich Community Hospital,

Bowthorpe Road, Norwich NR2 3TU,

Tel. 01603 776776: Breast Screening, Pain

Management, Microbiology, 01603 288588

• Aldwych House

Bethel Street, Norwich,

NR2 1NR: Occupational Health (ext. 3035):

HR Recruitment (ext. 3578), Out-patient

Appointments, Training, Choice team, Norfolk

Research Ethics Committee, some IT services

• Holland Court

The Close, Norwich NR1

4DY: HR, Clinical Effectiveness, Finance

• The Norwich Central Family Planning

Clinic, Grove Road, Norwich NR1 3RH.

Tel: 01603 287345.

Mentoring the mentors

TWO FORMER lecturers, Jane Fraser and Helen Shiach, are leading a new initiative to facilitate healthcare student placements at the NNUH and in the community. They are part of a six-strong multidisciplinary team of Practice Education Facilitators (PEFs) in Norfolk, appointed by the East of England Strategic Health Authority.

"There is plenty of support for students but not so much for their mentors," explains Jane Fraser, who was an adult nurse before becoming a healthcare lecturer. "We are here to identify placement opportunities and to provide support and guidance for the people who are assessing the healthcare workers of the future. For example, the Norfolk PEF team are creating a register of practice educators for occupational therapists across the county."

Published research has shown that rapid changes in a complex, fast-moving modern health service can affect the learning environment and experience of students. PEFs seek to support these changes while maintaining high standards of healthcare.

Helen Shiach, who was recently working clinically as a midwife and lecturer at UEA, says: "This new role is about building relationships with all our healthcare partners, whether in the hospital or the community, to ensure that student placements are working



well for employers as well as students. It is important that the mentors and practice educators feel supported."

• Jane can be contacted on 07507 891637 (email jane.fraser@eoe.nhs.uk and Helen on 07535 635732 (helen.shiach@eoe.nhs.uk))

• **A TEXTBOOK** used by cancer specialists has been updated with help from two of our consultant oncologists. Authors of the fourth edition of *Practical Radiotherapy Planning*, published by Hodder Arnold, include Ann Barrett, Professor Emeritus of Oncology at the University of East Anglia, and consultant Tom Roques, with illustrations by Jonathan Harrowven, lead treatment radiographer at NNUH.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

THE FUNDRAISING HABIT

It was the tragic loss of their colleague Dawn Orford at the age of 35 that set staff in Rheumatology on their fundraising course. Sister Caroline Ferrari ran five miles and auxiliary nurse Sue Burrows organised a raffle, raising £1,000 for the Norfolk Renal Fund before setting up a memorial fund in Dawn's name.

Spurred on by their success, staff in the department have since gone on to raise thousands of pounds for Quidenham Children's Hospice, Air Ambulance, Chernobyl Children and many other charities.

Patients support their efforts by donating gifts of money and prizes for tombolas, raffles and sponsorship. Anyone wishing to contribute to this year's events should contact Sue Burrows

or Caroline Ferrari on Norwich 287818 or 286743.

Karly Graham, Rheumatology

JUGGLING ACT

My husband Martin suffered a serious leg injury in a work-related accident in April and his care has involved many staff in orthopaedics, plastic surgery, vascular surgery, Coltishall Ward, the plastics dressing clinic, orthotics, plaster room and physiotherapy.

As Martin cannot drive himself, it has been difficult to juggle hospital stays and out-patient appointments but everyone has been very helpful in finding appointments that allow me to continue to fulfil my work obligations.

A big thank-you to all.

Valerie Breeze, Keswick

Drug trial offers new hope for MS sufferers

FIVE PATIENTS from Norfolk are among the first in the country to trial an exciting new drug for multiple sclerosis (MS).

NNUH is one of only four centres in the country taking part in the study but the results so far are extremely promising.

“All the patients involved in the study have the relapsing-remitting form of the disease and all were suffering relapses at least once a year before they started the clinical trial two years ago,” says neurology research nurse Donna Clements. “Since then their rate of relapse has reduced significantly and some patients have not had any relapses at all.”

Mother-of-two Amanda Cook, a deputy sister on EAU (emergency assessment unit) was diagnosed with MS in 2004 after suffering numbness on her left side. “It was very frightening because you associate MS with being in a wheelchair and you think your life will never be the same again. In fact I’ve been very lucky because I recovered quite well and I’ve been able to carry on pretty much as before.

“Being on the trial is great because it’s a small group of patients and there’s a lot of support, not just from Donna and the research team but from the patients themselves. I have not had a serious relapse



Neurology research nurse Donna Clements with Amanda Cook, who is taking part in the Fingolimod drug trial at NNUH

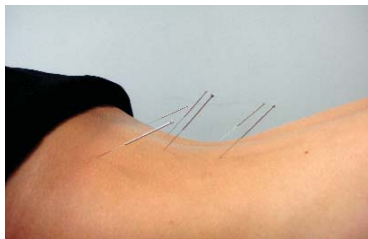
since I started taking the drug so I am very hopeful – although not complacent. I just hope the research will benefit younger patients and halt their symptoms at an early stage.”

Leading the study at NNUH is consultant neurologist Dr Martin Lee, who is launching a similar study this autumn for patients with primary-progressive MS, the most aggressive form of the disease.

“At the moment there are no drugs available for this progressive form of the disease so it’s marvellous to be able to offer some hope to these patients – although we don’t know at this stage whether it will work for them,” says Donna.

Lower back pain: a fresh approach

AROUND EIGHT out of ten people suffer from lower back pain at some time in their lives. Most find it goes away in a few days or weeks but for some the pain lasts a long time and may be severe.



NICE (the National Institute for Clinical Excellence) has published new guidelines recommending manipulation, acupuncture and physical exercises as a first line of treatment. All three of these treatments are offered at NNUH for patients who meet the criteria.

“Members of the physiotherapy team at

NNUH are trained to provide manipulation and acupuncture, as well as recommending exercises that can help,” says clinical physiotherapy specialist Carol

Payne. “If you suffer from lower back pain it’s important to keep active. We can suggest exercises that can be practised safely at home, as well as classes in stretch-and-tone and pilates.”

For a referral to the physiotherapy team contact your GP, or if you are a member of NNUH Trust staff call Occupational Health.

GOING WITH THE FLOW

NOW THAT autumn is here I can look back on what to me seemed like a pretty good summer.

The flu pandemic that threatened to swamp our hospital services proved to be far less severe than expected, although we are not complacent and we have plans in place should the virus escalate over the winter months.

This issue of *The Pulse* contains an insight into our “Walkrounds” (see page 7), which are really discussion groups designed to give clinical teams the opportunity to share their ideas on how we can work together to improve the safety of our patients. I have found these sessions very constructive so far and I am sure that we will identify many areas of good practice and opportunities for improvement over the coming weeks.

Our preparations for winter are well underway and the efficiencies achieved through our “patient flow” project – which looked at the patient’s journey from admission to discharge – should help to relieve pressure on our services during a traditionally difficult time.

Changes within the hospital, including the enhanced Same Day Admissions Unit and the relocation of the Clinical Investigation Unit to Cringleford Ward, will create an extra 20 permanent beds and allow us to take another important step to improving the quality of care we provide.

On page 10 you can read about the work of our transplant co-ordinator, Marie Garside, who is here to help us identify donors and facilitate transplants for the many patients whose lives depend on them.

I know from my family experience what a precious gift a donated organ can be and I hope you will support our efforts to increase the number of organ donors, if only to add your name to the national register.

ANNA DUGDALE

*Chief Executive,
Norfolk and Norwich University Hospitals
NHS Foundation Trust*



Learning more about diabetes

OUR MEDICINE for Members event about Type 2 Diabetes was a sell-out, with around 400 people attending two sessions in March and June.

Members learned that more than 27,000 people aged over 17 in the central and west Norfolk areas have diabetes and around 15 per cent of our hospital beds are taken up by patients with diabetes at any one time. It is the most common cause of renal failure and dialysis in younger adults.

Diabetic retinopathy is the most common cause of blindness amongst people aged between 30 and 65 and our

mobile screening service, set up in 1990, now screens 155,000 people over the age of 65 every year.

Other topics covered during the evening included the impact of diet and exercise on diabetes. The IFG (Impaired Fasting Glucose) research study, run by the UEA and NNUH, is looking at whether lifestyle changes can prevent the onset of Type 2 diabetes in susceptible people, while a charity funded scheme called DAFNE (Dose Adjustment For Normal Eating) aims to bring about improvements in the quality of life for patients with Type 1 diabetes.

ARE YOU A MEMBER YET?

We are currently recruiting new members for the NNUH Foundation Trust. Membership is free and open to anyone aged over 12 years living in Norfolk or Waveney. Members can receive information about our hospitals and have the option to get more involved by attending events or completing surveys about our services.

To join, either call 01603 287634 or go online at www.nnuh.nhs.uk/Page/FT

ELECTION FOR STAFF GOVERNOR

An election will be held during December for a new staff Governor to represent volunteers and contractor staff based at NNUH and Cromer Hospital. This is because volunteer Brian Matthews has decided to stand down as a Governor for personal reasons.

Chairman David Prior expressed thanks to Brian for all his work on the Council of Governors and wished him well for the future.

If you are interested in representing our volunteers and contract staff as a Governor, contact the Membership Office for more information on 01603 287634 or e-mail membership@nnuh.nhs.uk

EVENT FOR MEMBERS

The next Medicine for Members event is about stroke services and takes place from 6pm to 8pm on Thursday 12 November. Speakers will be consultant physician Dr Kneale Metcalf and Amy McKimm, integrated stroke services manager, who will talk about the new life-

saving thrombolysis (clot-busting) service launched earlier this year, plus the new £8 million stroke rehabilitation unit at Norwich Community Hospital which is due to open in January 2010.

NATIONAL PATHOLOGY WEEK

NNUH is running two events for national Pathology Week. A schools event takes place on Monday 2 November where students will be able to find out more about the anatomy and functioning of the heart. On Saturday 7 November, the public can hear from a series of hospital experts about how the body's circulatory system works, what can go wrong and how it can be treated. For more information, go to <http://www.norwichpathology.org>

COUNCIL OF GOVERNOR MEETINGS

The Council of Governors meets several times a year to discuss issues which affect the Trust and represent the interests of members. The dates of next year's meetings are shown below. All the meetings are held in the Board Room at the Norfolk and Norwich University Hospital, except the Annual General Meeting which takes place in the Benjamin Gooch lecture theatre.

10am on 24 March 2010

5pm on 27 May 2010

5pm on 29 July 2010

1pm on 23 September 2010

3pm on 23 September 2010: AGM

10am on 24th November 2010.

• Please call the Membership Office if you wish to attend on 01603 287634.

Learning from Tristan

TRISTAN Johnson has been appointed acute liaison nurse for adults with learning difficulties at NNUH, a role created to ensure that patients with learning difficulties are prepared for their hospital treatment and that staff are trained to understand their needs.

"Research shows that a little bit of help can go a long way to reduce patients' anxiety and this saves valuable time in the longer term," says Tristan. "A MENCAP

report, *Death by Indifference*, showed that we ignore their needs at our peril."

Having previously worked in primary care, Tristan aims to forge links with the community teams who can offer extra support. "At the moment we have no idea what proportion of our patients have learning difficulties – I am appealing to staff to make me aware of all such patients so we can ensure their needs are met."

Tristan's role is one of a series of measures designed to integrate people with learning difficulties into our hospital services. We are leading the way nationally and the Department of Health is keen to use our projects as an examples of best practice.

• *Tristan can be contacted on 07917 164198 or bleep 0753. The next study day on Learning Difficulties is planned for 20 November.*



THE CARDIAC rehabilitation programme offered to heart patients at NNUH is setting an example for other teams around the country. The

programme takes place at Norwich Community Hospital, providing lifestyle advice and supervised exercise sessions to help patients recovering from a heart attack. The multi-professional team has now been commended

by the Department of Health for innovation after introducing an "options" week, giving patients a chance to choose one-to-one advice on diet, medication, fitness, life support or relaxation, depending on their needs.



Health and Safety team scoops top award

THE HEALTH and safety team at NNUH has won two top awards from RoSPA (the Royal Society for the Prevention of Accidents), reflecting the high standard of health and safety management right across the Trust.

Besides winning the overall Healthcare Sector award for the second time in three years, the team also scooped a Platinum Award in RoSPA's quality safety audit.

The number of serious injuries in our hospitals was 40 per cent lower than the healthcare industry average (358 incidents per 100,000 employees compared to the national average of 585 incidents).

In the last few months there have been a number of changes within the Trust Health and Safety (H&S) team. David Nurse, who



joined the Trust from Serco last year, has now returned to Serco, the company responsible for our housekeeping, cleaning, portering and maintenance services, continuing the close working relationship between our two organisations on health

and safety matters. The Trust H&S team covers fire safety, manual handling and waste as well as H&S issues, including training, inspections, assisting with risk assessments, investigating incidents and responding to requests and queries.

The team now consists of (*clockwise from bottom left*): Lynne Ainge, Lead H&S Advisor and Fire Safety Manager; Mark Farley, fire safety advisor; Chris Price, assistant H&S advisor; Graham Deakins, manual handling co-ordinator / trainer; Marion Hall, H&S co-ordinator; Janis Baugh, H&S advisor / trainer; and Laurence Wickens (*not pictured*), H&S advisor.

A SHORTLIST OF nominations for our Staff Awards has now been drawn up ready for the winners to be announced at a special ceremony at The Forum on 23 October. You can find the full list of nominations, together with the shortlist, on our website: www.nnuh.nhs.uk and read all about the winners in the next issue of The Pulse. We thank everyone who took the trouble to nominate our staff for their exceptional efforts on behalf of patients and colleagues.



Taking the Longview

PATIENTS AT NNUH are among the first in the country to benefit from an improved imaging system which can take an X-ray of the whole spine or leg rather than two overlapping sections. Developed by Fuji and known as the Longview system, it means a diagnostic X-ray image can be captured with a single dose of radiation, which is particularly beneficial for children with scoliosis or leg length discrepancies that need to be monitored regularly over a number of years. The new system has been welcomed by orthopaedic surgeons who can now view the whole of the spine or leg on screen to measure any abnormality. It also saves time for radiographers who would previously need to take two separate X-rays and "stitch" them together.

Last year, approximately 75,000 patients were X-rayed in the main Radiology department, including 7,000 children under 16.



• **NNUH** hosted our first practical skills course for obstetrics and gynaecology trainees in June, attended by junior doctors from as far as Carlisle and Yeovil. The three-day, nationally recognised course was developed by specialist staff from NNUH, led by consultant obstetrician Miss Katharine Stanley, with financial assistance from the Trust and NANIME (the Norfolk and Norwich Institute of Medical Education). It covered surgical and obstetric skills and gynaecological procedures using models imaginatively created by NANIME's technical skills laboratory manager, Stuart Malone.

Any suggestions?

A NEW STAFF suggestion scheme was launched in September and we are already acting on some of the ideas put forward during a training programme called *What you can do to improve services for Patients and the Trust?* They include:

- Improved communication between NNUH and GP Surgeries
- Telephone and email guidance
- More information for new staff
- Better communication between departments.



Representatives from each Division attend a monthly steering group to consider the suggestions and take them forward.

If you are a member of staff, look out for a leaflet or check out the *Ask the Staff* page on the Trust intranet to see how you can get your ideas and suggestions recognised.



Consultant anaesthetist Dr Deborah Browne is helping to lead a campaign to push patient safety and quality of care to the top of our Trust agenda. Here she explains why an open, no-blame culture is essential if we are to achieve the highest standards of patient care

IT GOES without saying that those of us who work in the NHS do so because we want to do the very best for our patients.

Sadly the reality is that unintended harm does occur, despite all our hard work and effort, because we work in an extremely complex environment. Accepting this fact is an inevitable part of our working lives. However, “normalising the abnormal” is not acceptable when our united desire is to do the best we can for every single one of our patients.

That’s why I am delighted that this Trust is devoting time and resources to the whole issue of patient safety and quality of care.

At NNUH we have some of the most fantastic healthcare professionals in the world and I feel very privileged to work with many of them. They have chosen to work here because of the NNUH reputation as a centre of excellence, and because this is a great part of the country in which to live.

In a busy hospital environment it’s easy to imagine that time spent mulling over clinical incidents is time wasted and that we should just acknowledge the mistakes and move on. In fact, research shows that when lessons are learned and systems put in place to prevent a recurrence, we can make a significant improvement in the quality, safety and care of our patients.

The USA has been tackling this issue for over 10 years now. Their Institute of

Healthcare Improvement highlighted that the number of clinical errors was grossly underestimated and underreported. Interestingly, the safest hospitals were found to be those with the highest number of reported clinical incidents, where there was a healthy incident reporting ethos and an open, blame-free culture.

At NNUH more than 10,500 clinical incidents were reported last year, of which 8,321 involved patients and seven were



SAFE IN

Serious Untoward Incidents (SUI). Figures from the national Patient Safety Agency show that for an acute hospital treating more than 600,000 patients a year, this is an average reporting rate. However, we can only learn from incidents if we are aware that they are happening and if there is appropriate feedback to ensure that issues are identified and communicated to staff.

I am passionate about this issue because our patients put their trust in us and we have a responsibility to keep them safe.

Our vision is to provide the quality of

“The safest hospitals were found to be those with the highest number of reported incidents”

care we would want for our loved ones 24 hours a day, seven days a week. We want staff to help by reporting incidents online through the new electronic incident system, by telling us their views during our ward visits (*above right*) and by co-operating with any follow-ups and training aimed at preventing similar errors. This applies to all healthcare professionals alike.

The Trust is committed to a no-blame culture and I believe this is a fantastic opportunity to focus attention on how and why clinical incidents happen, and wherever possible to stop them happening again.

I hope staff will take time out to report incidents and I promise we will do our best to provide feedback and “close the loop”.

My own view is that a little effort in helping to identify and collect this data is a small price to pay to ensure that our patients are truly safe in our hands.

Incident reporting at your fingertips

UNTIL NOW our incident reporting system was paper-based. However, a much simpler version is now available via a new icon on the desktop of every computer in the Trust.

One of the aims is to encourage staff at all levels to report clinical incidents, however trivial, in the knowledge that issues will be addressed and lessons learned for the future. The new system is

much easier and quicker to use – for instance, incidents are categorised according to a simple description rather than a specific code – and copies are sent simultaneously to the managers who need to act on the information.

“This electronic audit trail will ensure that every incident is followed up and investigated, that staff receive appropriate feedback and that the loop is closed.”



Chief executive Anna Dugdale listens to staff during the first Walkround on Edgefield Ward

WALKROUNDS – not to be confused with ward rounds – offer staff a chance to sit down with chief executive Anna Dugdale, medical director Krishna Sethia, director of resources Julie Cave and patient safety director Debbie Browne to discuss their concerns and encourage them to report incidents using the new online system.

“The idea is to have a constructive discussion and brainstorm ideas without fear of blame or recriminations,” says Debbie Browne. “Our first Walkround took place in September on Edgefield Ward and I believe it was immensely valuable to all. The fantastic communication and honesty from everyone involved was really rewarding. I felt that our journey to improvement had begun...”

OUR HANDS

THE NNUH BOARD is committed to pushing patient safety and quality of care to the top of the Trust agenda, regardless of targets and bed pressures.

Dr Deborah Browne has been appointed patient safety director and chairs monthly meetings with staff who have put themselves forward as “patient safety champions” for their particular areas.

The group looks at a range of issues from clinical incidents and reporting to mortality rates, medication errors and infection control, including concerns raised during Walkrounds (above). Their findings are reported to the Clinical Governance Committee and any recommendations are made to the Trust Board.

Deborah, who continues to work as a consultant anaesthetist, will be assisted by Kerrie Self, who takes up her new role as quality and patient safety manager in November, and secretary Tracey Brown.

With considerable nursing experience, Kerrie worked in diabetes research for 13 years before becoming a senior



Patient Safety manager Kerrie Self: “It’s only human to make mistakes”

nurse/matron within the medical division at NNUH. She sees some parallels with her new role.

“A fundamental part of clinical research involves collection of patient safety data to detect a possible causal link between the drug involved in the clinical trial and any adverse event,” she explains.

“It’s only human to make mistakes but it’s important to promote a culture where we are actively encouraged to report incidents



THE CLINICAL incident reporting team (left) processed more than 10,500 incident forms last year, logging incidents on to a dedicated software programme and checking that each one is correctly coded and investigated, a task that often involved chasing lengthy paper trails.

With the new electronic reporting system in place (see box, opposite), the team, led by risk manager

Lyn Taylor, will be able to focus on ensuring that incidents are followed up appropriately and in a timely fashion.

The new electronic system is designed to facilitate efficient and timely feedback to all staff involved in reported incidents.

• Details of our new patient safety arrangements and a timetable for the Walkrounds are available on the Trust intranet

SHARON McCABE has just been delving into a child's notes and is planning her next move when a midwife enters the room clutching a "Safeguarding Children Concerns" form. A young girl who has just given birth in the delivery suite is apparently homeless and may even be an illegal immigrant. Until now she's been sleeping on a friend's floor.

The child whose notes Sharon is reading is not the main subject of the file on her desk – that relates to a pregnant woman who has told her midwife she's a victim of domestic violence.

Both cases will involve a lot of digging. For the illegal immigrant she will start with the Red Cross and go on from there. For the pregnant woman she is anxious to check whether any other children in the family are at risk. As she explains: "Domestic violence can have an effect on the whole family – psychological, emotional as well as physical. I like to look at the children's notes to see if I can spot any clues that could have a bearing on the case. I may also liaise with other health professionals to see if they have any concerns."

Sharon is our child protection nurse adviser at NNUH. Together with Dr Richard Beach, the lead doctor, and Jenny Fraser, the lead nurse / midwife, it is her job to ensure

Life after

The tragic death of Baby Peter and the Climbié inquiry highlighted the need to flag up any concerns about children in our care. Sue Jones asked the child protection team at NNUH how they go about safeguarding our young patients

that any concerns are followed up as quickly as possible to ensure that children at risk are identified and steps are taken to protect them from harm.

A raft of new recommendations have flowed from the Baby P case, most of which stress the need for professionals to communicate with each other and ensure that any concerns are cross-referenced between all the agencies involved.

"Safeguarding children is everybody's business and we should all be aware of the signs to look out for," says Jenny Fraser.

"It is impossible to be complacent that a tragedy such as Baby P could not happen

here. However, as a trust we are committed to safeguarding children and we regularly review and update our arrangements.

"Some people may be fearful of involving the child protection team because they assume that our job is to snatch children from their families. In fact, only in extreme circumstances would a child be removed from the family and then only after a process of assessment and discussion involving a multi-agency approach and the courts.

"Of course it can be contentious for the families but we are always open and honest about what we are doing – we may, for instance, explain to the parents that we are

keeping their child in hospital for observation. Often the families themselves recognise that they are unable to cope and in some cases children's services may be able to provide a home care team as well as support from health visitors and a social worker."

Only rarely does an investigation end with a couple of phone calls. More often it will involve liaising with a range of professionals, from social workers and health visitors to police, drug and alcohol teams and mental health professionals.

"It's like putting the pieces of a jigsaw together," says Sharon. "Our aim is always to find a solution that is good for the child. It may be messy and difficult and take months to resolve, but that's why we are here."

Would you know what to do?

THE NSPCC estimates that between 55 and 80 children in the UK die each year as a result of abuse or neglect.

One of the main outcomes of Baby P enquiry is that all hospital staff who have dealings with children (from unborn babies to teenagers aged up to 18) should be trained to recognise signs of abuse and know what to do.

The Care Quality Commission states that all staff should have child protection training. At NNUH this is provided in three levels by our child protection team via the training department.

In A&E a "tick-list" in the patient's notes prompts staff to consider child protection as an integral part of the assessment process. Paediatric teams use pre-printed booklets whenever abuse or neglect is suspected to ensure that all unexplained injuries or marks are fully documented and flagged up on the patient's notes.

Up to 50 per cent of children are treated outside the paediatric department so our child protection guidelines apply to staff right across the Trust.

"We urge all staff to take a holistic approach," says Dr Beach. "For instance, if a child comes in for a scan and you notice something unusual – perhaps unexplained bruises or marks, or you sense worrying tensions within the family – it is worth giving us a call."

- If you are a member of staff and have concerns about a child – or indeed an adult who has responsibility for children – contact the child protection team on ext. 6759. Out-of-hours, you should contact the on-call paediatrician through switchboard and/or the emergency duty social work team on 0344 800 8014.
- If you deal with patients and have not yet had mandatory training in Safeguarding Children, contact the training dept on ext. 5736.

BABY

P

Safeguarding children in our hospitals: the facts



Lord Laming's report following the death of baby Peter called for child protection to get a much higher priority. It contains a raft of new recommendations for professionals working with children

FOR CAROL HAYNES, manager of Norfolk County Council's children's social work team at NNUH (pictured above with Sharon McCabe), the key to safeguarding children involves clear and effective communication between professionals and clarity with children and families about any intervention planned.

"Among the many benefits of having a social work team on site is the ability to walk along a corridor and speak to health colleagues whose opinion you value and with whom you can share knowledge and experience," says Carol. "Not all hospitals are so fortunate."

Approximately 20 referrals are passed to the social work team each month, from both within the hospital and community-based services. Social workers have statutory responsibility to respond to referrals from various professionals and voluntary organisations such as paediatricians, health visitors, midwives, drug and alcohol services and the police.

"Lessons from cases such as Baby P are crucial to the development and improvement of services responsible for keeping children safe," says Carol. "It's a shame that you rarely hear media reports about cases where the outcomes are good. In fact we strive to keep families together, working closely with our colleagues and in partnership with other agencies to keep children safe and happy."

USEFUL LINKS

NNUH child protection team: ext. 6759

NSPCC helpline: 0808 800 5000 (www.nspcc.org.uk)

Norfolk Children's Services referral line: 0344 800 8014

Norfolk Police (family issues): 0845 4564567

Leeway women's aid helpline: 0845 2412171 (www.leewayssupport.org)



The NNUH child protection team, from top: Sharon McCabe, Jenny Fraser and Dr Richard Beach

"Safeguarding children is everybody's business and we should all be aware of the signs to look out for"

- The majority of referrals to the NNUH child protection team are about unborn babies: in the year to July 2009 there were 389 referrals from community midwives, the top three reasons for concern being substance misuse, domestic violence and mental health issues
- Queries about children range from babies with unexplained bruising to young people who self-harm. The team deals with around 100 such cases a year.
- All referrals are followed up by the child protection team. Some will be dealt with by securing extra support from other health agencies or perhaps voluntary services such as Leeway (Norwich Women's Aid). Some will be referred to children's social services.
- The children's social services team may call a strategy meeting within 48 hours of referral. This involves healthcare staff, social workers and any other relevant agencies, including the police. The professionals at the meeting will share information and debate the case before deciding if there needs to be a child protection conference, where members of the family will be invited to meet with professionals and help develop a range of measures to safeguard the child.
- If the professionals at the conference believe the child is at risk of significant harm, a child protection plan will be drawn up with a list of actions that the family and professionals must take to ensure the child is safe. Regular meetings are held to monitor and support the child's wellbeing.

The donors who turn tragedy into triumph

THERE ARE currently more than 8,000 patients in need of organ transplants in the UK and sadly around 400 die each year before a suitable match can be found.

Step in transplant co-ordinator Marie Garside (née Cherry), who is based at the NNUH and employed by the NHS Blood and Transplant service.

“Obviously it’s a very harrowing time for the patient’s relatives and the situation needs to be handled with sensitivity and compassion,” says Marie who works closely with Dr Simon Fletcher, the clinical lead for organ donations at NNUH.

“Patients need to be on a ventilator before death for their organs to be suitable for transplant, so the most appropriate will be those for whom every effort has been made to save their lives but there is absolutely no hope of recovery.

“There is no age limit to organ donation and the only absolute medical contra-indication is CJD, so almost all of us could potentially be a donor.

“We are not asking staff to approach the families themselves but to contact a donor co-ordinator if they think a patient might be a suitable donor. We then work with the clinical staff and talk to the relatives, giving them all the information they need to help them make a decision.

“We explain that one donor could change the lives of several people since the kidneys,

heart, liver and lungs could all potentially be used, as well as their corneas, skin, heart valves and bone. The liver can even be divided allowing one donor to make two liver transplants possible.

“We never use persuasion or rush families into a decision. If they agree to organ donation we do all we can to help them say



“It was a comfort to know this was mum’s wish”



LYNNE COUSINS, from Oulton Broad, was heartbroken when her mother contracted pneumonia and lost consciousness within a few days of falling ill last October. “We had discussed the issue before so I knew Mum would want her organs to be used if possible,” says Lynne. “In view of her age and condition I was pleased to learn that both of her kidneys had been successfully transplanted into men in their sixties. At mum’s funeral lots of people expressed an interest in organ donation so I organised an event with Marie Garside (above) to help them find out more about donation as well as meet someone who received a kidney 14 years ago.”

goodbye to their loved ones, including making hand prints, taking locks of hair and making sure the patient is treated with dignity and respect at all times.”

Having previously worked as an emergency nurse practitioner, Marie says her new role is “unique”. “We do not carry out transplants here at NNUH so my role includes co-ordinating specialist surgical teams from Addenbrooke’s and Papworth who come and retrieve the organs, often at very short notice and at all hours of the day and night. It can be exhausting but it is also

a great privilege, particularly when you read the thank-you letters and you realise that the organs we retrieved have either saved their lives or changed them beyond recognition.”

• Marie is happy to address groups about organ donation. She can be contacted via pager 08448 222888 (quote code DC04 - prefix your message with Marie). For referral of any potential donors call her pager or ring Addenbrooke’s switchboard on 01223 245151

• To sign up to the NHS Organ Donor Register, call free 0300 123 23 23 (24 hours), or visit www.organdonation.nhs.uk.

What can the NHS Constitution do for you?

THE NHS Constitution brings together, for the first time, the principles, values, rights and responsibilities that underpin the NHS. The document:

- Sets out what staff, patients and taxpayers can expect from the NHS.
- Forms the basis of a new relationship between staff and patients, where everyone knows what they can expect from the NHS and what is expected of them.
- Describes everyone’s responsibilities and

makes it clear what staff, patients and the public can do to make the best use of NHS resources.

- Confirms that access to NHS services is based on clinical need, not an individual’s ability to pay.
- Details all existing rights for staff, patients and the public and explains what to do if you feel your rights have not been upheld. The Constitution also explains where the NHS pledges to improve services and working environments.

- Sets out for the first time new rights for patients, for example, the right to make choices about their care and the right to receive the vaccinations that the national advisory body recommends they should receive under the NHS.
- Sets out principles and values to show how the NHS should act and make decisions.

For more information about the NHS Constitution visit www.dh.gov.uk/nhsconstitution

Research links are recognised

THE UNIVERSITY of East Anglia's Faculty of Health has awarded honorary professorships to two of our senior staff, orthopaedic surgeon Mr Simon Donell and clinical biochemistry consultant Dr Garry John, in recognition of their strong research links with the university.

Prof. Donell (pictured right) commented:

"Research is important for innovation and improving outcomes for our patients. Our intention now is to build on research into musculoskeletal disorders, injuries and accidents, in line with government initiatives. I am also keen to help others develop their own interest areas, notably in the surgical sciences."



Prof. John (left) said: "I am extremely proud to receive this appointment, which recognises the research work carried out in Clinical Biochemistry and our collaboration with many research institutes around the world."



DIAMOND DAY

A couple from Swardeston presented £1,000 to Neurology after asking for contributions instead of gifts for their diamond wedding anniversary. Mr Arthur (Sonny) Thomas spent many months in hospital during 1989 recovering from a paralysing illness called Guillian Barre syndrome and says he wanted to "give back just a fraction of what the N&N gave me". Pictured with Mr and Mrs Thomas are neurology consultants Dr David Dick and Dr Jeff Cochius.

WHERE PRIVACY AND DIGNITY ARE IN SHORT SUPPLY

In this country patients have a fundamental right to privacy, dignity and respect. So it was shocking to witness the indignities suffered by maternity patients in Sudan, as our maternity clinical governance lead, Jenny Fraser, explains

MY VISIT TO Sudan as part of our Links programme was memorable on many levels. On the one hand we were treated to the most incredible hospitality wherever we went. On the other it was distressing to see so many malnourished children and to witness the crowded conditions on the wards.

The labour ward highlighted the contrast between our two cultures. The antenatal ward was filled with relatives, including men, and there was at least one woman to each bed, sometimes two or three. The women lay on bare mattresses.

We were shown around by the hospital director who led us into a room where a woman was just about to give birth. He was followed by a whole entourage of doctors, leaving the door open so anyone could walk in – the woman had no power whatsoever over her surroundings.

At one point I heard a woman shout in the overcrowded first stage room and I was concerned she would give birth in view of everyone. She clutched at a midwife's dress and the midwife shook her off before turning her on her back, lifting up her clothes and forcibly examining her. I asked the doctor if he would be happy for his wife to be treated this way. He answered, "Of course not." So why was it all right for this poor woman?

Only the previous day I had spoken to his colleagues about the need to respect women, to explain what is happening, to gain consent, and treat all patients with

privacy and dignity. To me these are fundamental rights. I was informed that a charter had been signed the week before to try to address these issues, so it is pleasing that the Sudanese are making steps towards a better service.

Later I was taken to the children's hospital where there were dirty dishes on the floor and cats roaming everywhere. I



"I asked the doctor if he would be happy for his wife to be treated this way. He answered, 'Of course not'"

learned that the parents pay for their children's hospital stay and supply all their bed linen and food.

The scenes I witnessed made me realise how much we take for granted in this country when it comes to basic human rights. This was underlined for me later that evening when we took a stroll along the Nile at sunset. Twice we were stopped by armed guards, apparently because we were taking photos in a classified area. Only after the intervention of one of our Arabic-speaking doctors were we allowed to return – with some relief – to the safety of our hotel.

• For more information about the Sudan Links programme go to our website: www.nnuh.nhs.uk, or call Trisha Drewery on 01603 286630.

Is there a subject you would like to write about in our Viewpoint column? Please send your contribution to Sue Jones, Communications team, NNUH

Public meetings for new Cromer Hospital plans

THE BOARD of the NNUH Foundation Trust has announced the preferred option for a new £15 million Cromer Hospital.

The new plans include a two-storey main hospital to be built alongside the the current hospital's ward block, which will now be converted to provide permanent accommodation for the renal dialysis unit, currently located on the hospital site. The conversion will provide room for future expansion of renal dialysis.

New services to be provided at Cromer will include mammography scanning for breast cancer screening and DEXA scanning for osteoporosis. There will be a state-of-the-

THERE WILL be a chance to view the amended plans for Cromer Hospital at two public meetings on Thursday 15 October. One takes place at County Hall in Norwich at 10am. The other will be held at the Cromer Community Centre, Garden Street, Cromer at 7pm.

art ophthalmology theatre and the new Minor Injuries Unit will have improved facilities.

The decision to switch from a £24 million scheme to a more affordable £15 million hospital was taken as a result of the global recession. Funding will be provided by the

Sagle Bernstein and Phyllis Cox legacies.

Some services currently based at Cromer will need to be provided from Norwich. The services affected are endoscopy and some surgical procedures currently carried out at Cromer. All staff affected will be offered redeployment.

Chief executive Anna Dugdale commented: "We are determined that the hospital will be rebuilt and we have developed an alternative scheme which will provide a good range of services to meet the needs of local people."

Construction work expected to start next year and complete in 2012.

Slave to smoking? Try a little help from Cignificant

MORE PEOPLE are being helped to give up smoking than ever before in Norfolk, thanks to the NHS Norfolk Stop Smoking Service. So if you are struggling with a smoking habit that you just can't kick, why not give them a call?

A review of research in America, Canada and Europe revealed recently that banning smoking in public places has reduced the number of heart attacks by as much as 30 per cent.

"It's a great motivating moment when you come into a smoke-free hospital, especially when you are unwell and have been advised to stop smoking for the good of your health," says Dawn Collins, assistant director of nursing at NNUH. "We already know that surgical outcomes are much better for non-

smokers whether it's wound healing or coping with the effects of anaesthetic or drugs. We also know that you are four times more likely to give up if you use nicotine replacement products and get support to help with the withdrawal symptoms.

"It's never too late to give up and the effects will be felt very quickly, not just on your health and wellbeing but also in your pocket as cigarettes are an expensive luxury during a recession."

Dawn Collins is pictured with some of the debris left behind by smokers at NNUH

• For help and advice on cutting out smoking call the stop smoking service on 0800 0854113 or go to www.cignificant.co.uk



THE PULSE

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Please send your contributions for the December issue to Sue Jones (Communications) by 9 November 2009.

• The Pulse is funded entirely from donations and not from NHS funds

WELCOME

...to the following consultants who have joined the Trust since 1 June 2009:

Dr Yvonne Barlow, consultant in acute medicine, **Miss Aseema Misra**, ophthalmologist, **Mr Ben Davies**, trauma surgeon, **Miss Daisy Nirmal**, obstetrician, **Mr Gary Colleary**, orthopaedic surgeon, **Dr Thankamma Ajithkumar (Ajith)**, oncologist, and **Dr Arjun Ramaiya**, histopathologist.

FAREWELL

...to the following long-serving staff who have recently left the Trust:

Patricia Parsons, sister in Main Theatres, after nearly 39 years, **Nyadu Persaud**, deputy charge nurse in the

Emergency Assessment Unit, after 31 years, **Dr David Hamilton**, consultant in nephrology, after 24 years, **Marlene Gabriel**, ward clerk on Knapton Ward, after 22 years, **Verna Chambers**, ward clerk co-ordinator, **May Cator**, staff nurse in Jenny Lind out-patients and **Richard Nicholls**, therapeutic radiographer in clinical oncology, all with 21 years' service, and **Hilary Jordan**, diagnostic radiographer in mammography, after nearly 20 years.