THE Pulse

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Norfolk and Norwich University Hospitals NHS
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): ext. 3333
IT helpdesk Log a call using the computer icon on the intranet home page
Security ext. 5156 or 5656
Lost property 01603 287468 or ext 3468
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 call 01603 289036 / 289035 or 289045.
Travel Office for car parking permits, ID badges, keys to cycle sheds, use of pool cars and Trust bicycle, information about buses and transport: ext. 3666:
Bank Cash dispensers in East Atrium Level 2 and in Amigo, the shop in the Plaza, Level 2
Chapel Open to all. For details of services or to contact the Chaplains, call ext. 3470
Sir Thomas Browne open Mon-Thurs: 8.30am-5.30pm, Fri: 8.30am-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.

CALENDAR PALS RAISE £12,600

A GROUP OF Attleborough-based NHS workers had an important date with the breast care team at NNUH when they presented a £12,600 cheque from sales of a 'Calendar Girls' calendar, a music CD and special events.

Photographed on location throughout Norfolk, the Pink Pals' calendar gave a boost to the Breast Cancer Resource Fund which is used to provide extra support for cancer patients and their families.

Anne Trett, Pink Pals said: "It's been a very enjoyable project for us all, in memory of a beloved friend who died from breast cancer. We were amazed to sell nearly 2,000 calendars and people gave so generously because they knew the money would be used to help patients in Norfolk."

Lynne Priestley, Breast Care sister at NNUH, said: "The Breast Cancer Resource Fund provides support groups and occasional grants for clothing, where needed, during what is a difficult time for patients and their families. The Pink Pals have done a fantastic job to raise so much money for the fund."

Tough task for designer bag ladies

WHEN PERSONAL fitness trainer Annie Briggs, from Blakeney, was battling breast cancer, she got together with friends to raise money for other cancer patients at NNUH. Led by Caroline Graham-Wood, from Holt, they began decorating and selling jute shopping bags using cast-off buttons and scraps of fabric, raising nearly £3,000 in just two years.

It's in the bag: Caroline Graham-Wood (centre) with Liz Hughes (holding the toughbook) and friends and supporters, including Annie's daughter Samantha (right)

Sadly Annie died last March, but her friends' efforts were rewarded when they presented the oncology team at NNUH with one of six portable electronic "toughbooks" for use during cancer treatment. "The toughbooks are very hardwearing so they will be a real asset to the radiotherapy teams," says deputy head of radiotherapy Liz Hughes. "It means we can have vital information to hand during treatment and do away with handwritten notes."

Caroline, who was herself diagnosed with breast cancer two years before her friend, said: "Annie was an inspiration to me and to many others, helping them on their road to recovery and fitness.

"We've had tremendous support from local residents and we intend to carry on decorating bags for as long as there's a demand for them."

• For more information contact Caroline on 077988 94919, email caro.gw@homecall.co.uk

THE FRIENDS *of the Norwich Hospitals are looking for a fundraiser to promote the charity and help provide those extra items of equipment that make life better for our patients. This voluntary role will involve arranging events, talking to potential supporters and producing promotional materials. If you are interested, please contact Julie Cave, Director of Resources on julie.cave@nnuh.nhs.uk or telephone 01603 287199.*

Gina's fight for life

Outstanding care: Gina Caton with her respiratory consultant Dr Crichton Ramsay

DESPITE BEING a non-smoker, Gina Caton, a receptionist in radiology at NNUH, was diagnosed with emphysema at 19 and became increasingly breathless before undergoing a double lung transplant at Papworth Hospital in November 2008. The operation was a great success and she is now determined to make the most of her new lungs: swimming, climbing and flying to foreign destinations for the first time in her troubled life.

She has also written to *The Pulse* to express her gratitude for the "first class" care she received both at NNUH and at Papworth. "It is thanks to Dr Crichton Ramsay and his team in respiratory medicine that I am now living my life without needing oxygen," she wrote.

"Our hospital gives outstanding care and I am eternally grateful for everything they have done for me."

Gina was ill for most of her childhood but it still came as a shock to hear that she had emphysema at such a young age. "People could be quite dismissive – I think they assumed I'd been a heavy smoker," she recalled. "My consultant, Dr Ramsay, recommended that I go on the transplant list in 2005 but I was far too scared to go under the knife. It was only when my condition became severely life threatening that I finally agreed to a transplant. By that time I couldn't work or go anywhere without oxygen.

"The surgery was very tough and it took a long time to recover – I had to teach myself to breathe normally again. Luckily my partner and colleagues have been very supportive and I've been allowed to work the hours I can manage.

"I now wish I'd opted for a transplant years ago – my life has changed beyond all expectation. I am living proof that transplants can save lives so if you are not already a potential donor, please take the trouble to register."

• *To sign up to the NHS Organ Donor Register, call free on 0300 1232323 (24 hours)*

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

CALLING BROADLAND NURSES

We are organising a 20th anniversary reunion of nurses who trained at the Broadland School of Nursing from 1987 to 1990 and would like to get in touch with colleagues who trained with us and lived in the nurses' home.

The Reunion will be in The Bell, in Norwich City Centre, from 4pm on Saturday 26 June 2010. If you can help or would like to come, please contact me via email (jacks_w2000@yahoo.co.uk), the Friends Reunited Reunion Page, Facebook Groups (Broadland School of Nursing), or call me on 01249 813586 or 07762 186127.

Jackie Williams (nee Fosker)

RESTORING THE BALANCE

It always appears that bad press sells more papers than good so I would like to balance the record after my recent experience at NNUH. Throughout my stay I was treated exactly as I would wish.

The cheerful approach of the nursing and catering staff was a great help and the hospital food, while necessarily on the bland side, was excellent, plentiful and well cooked. Cleaning was noticeably thorough.

The only slight problem I noticed was a lack of communication between doctors and nurses. Effective communication is a problem in all large organisations but if improvements were made it would ease some patients' worries such as when they would be leaving hospital etc.

I would like to thank everyone for their professionalism, helpfulness and patience during my stay.

Ken Smith, Wymondham

OUR CHALLENGE FOR THE FUTURE: MORE FOR LESS

I, FOR ONE, was extremely impressed by the comments made by Dr Jim Reinertsen, a leading patient safety expert in the USA, on his recent visit to NNUH. His take on how to make our hospitals safer for patients were both enlightening and inspiring, and his closing remarks, quoting George Bernard Shaw, swept away any doubts about whether this could be achieved: "This is the true joy in life, to be used for a purpose you consider a mighty one, to be a force of nature rather than a feverish, selfish clod of ailments and grievances, complaining that the world will not devote itself to making you happy."

As you know from previous columns, I feel very proud to be part of NNUH – amazing things happen here on a daily basis. We have just received the results of the national staff and patient surveys both of which put us in the top 20 per cent nationally for some key indicators. On other indicators we know we could do much better for our patients.

Not many things in life are certain but the fact that we will have less money to provide more care for a general public who increasingly expect more from us, is an absolute certainty.

Our challenge is to use our collective ideas across the whole health system, to improve and innovate, to redesign the way we provide care, focusing on people's homes as the 'hub for care'. Admission to hospital must be reserved for those for whom there is no other alternative but high-tech specialist care.

Once people are admitted to hospital we have a duty to design processes – administrative and clinical – that reduce waste, achieve timely discharge and provide reliable high-quality safe services for every patient, every time. Our mission must be to ensure that every patient receives the care we would want for those we love the most.

ANNA DUGDALE
Chief Executive, Norfolk and Norwich University Hospitals NHS Foundation Trust

SMOKING SURVEY RESULTS

Nearly 1,700 people responded to our recent survey on smoking. There was overwhelming support for helping both patients and staff to quit smoking.

- 66 per cent of respondents thought patients should be asked not to smoke while they are in hospital
- 73 per cent thought visitors should be asked not to smoke
- 67 per cent thought that staff should avoid smoking while they are at work.

Norfolk's Stop Smoking Service can provide help with quitting smoking. *For more information call 0800 0854 113 or visit www.cignificant.co.uk*

PULSE SURVEY

We have received more than 900 responses to our survey on *The Pulse* magazine so thank you to everyone who took the trouble to complete the questionnaire. We are curently analysing the results and will include a summary of the findings in the August issue.

STAFF AWARDS

We have received over 250 nominations so far in the Staff Awards 2010. The awards close on 30 June so there is still time to make your nominations. (*see 'Make someone's day', this page.*).

MEDICINE FOR MEMBERS EVENTS

Our next Medicine for Members' evening will be about patient safety and the quality of patient care. It takes place from 6pm to 8pm on 15 July in the Benjamin Gooch Lecture Theatre.

A joint event on dementia is also planned with the Norfolk and Waveney Mental Health NHS Foundation Trust, to take place from 2–4pm on 10 August at the John Innes centre on Colney Lane. (*For more on dementia care at NNUH see page 6*)

Both events are open to members of our Foundation Trust. Contact the communications team on 01603 287634 to book a place or email membership@nnuh.nhs.uk

COUNCIL OF GOVERNORS

The next meeting takes place at 5pm on 29 July. Space is limited so please book a place by calling 01603 287634 or email membership@nnuh.nhs.uk

Stuart is a NICE Fellow

DR STUART WILLIAMS, clinical director for radiology and a consultant radiologist at NNUH, has been appointed one of the first Fellows of the National Institute for Health and Clinical Excellence (NICE). He is one of ten health professionals chosen from different specialties to represent the Institute locally, as well as being involved in clinical audit, education and policy development.

The Fellows will hold their posts for fixed term periods of three years. A further ten scholarships have been awarded to specialist registrars and other qualified health professionals who will undertake a variety of projects for a period of 12 months.

Having trained in Oxford, Dr Williams joined NNUH as a radiology consultant in 2001. As head of radiology training, he helped to establish the Norwich Radiology Academy in Norwich in 2006 and more recently made the case for a significant investment in a new generation of CT and MRI scanners at NNUH to take diagnostic imaging to a new level.

He commented: "In this new role I hope to engage colleagues in all areas of diagnostic imaging, to explain the role of NICE and show how evidence-based practice can be good for patients as well as the health service as a whole.

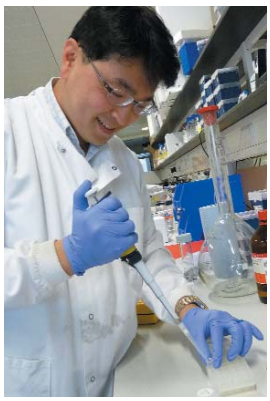
"For instance, it may be found that using diagnostic imaging techniques at an earlier stage in the patient journey could save unnecessary hospital admissions and surgery, while reducing anxiety for the patient. On the other hand, it is important to get the balance right so that patients are not subjected to too many tests.

"I am keen to pass on any comments or queries that my colleagues may have about diagnostic imaging – it's a good opportunity to influence decision making on a national level."

Academic role boosts research

A PLASTIC SURGEON from NNUH has embarked on a four-year research project involving chronic wound healing after taking up a clinical lecturer post at the UEA medical School.

Mr Jong Kim is one of only two clinical lecturers in the country specialising in plastic surgery and combines his academic role with laboratory research and clinical practice at NNUH.



"The plastic surgeons at NNUH have a great reputation and I am lucky to have their full support for my research," he commented.

Jong's work examining wound healing in diabetes and the elderly could have an impact on how we treat chronic wounds in the future. Another project is looking more closely at how melanoma develops in the skin.

After qualifying in Edinburgh, Jong went on to specialise in plastic surgery and was a registrar at NNUH for two years before taking up his post at the UEA.

"This is a new role that should help to put plastic surgery on the academic map in Norwich," he said.

Make someone's day

NOMINATIONS *for our Staff Awards close on 30 June so if you wish to put forward a colleague or team, please complete a form, available online at www.nnuh.nhs.uk.*

This year there will be nine awards in all, including categories for leadership, innovation, "unsung hero" and lifetime achievement, as well as a "Patient Choice" award. The shortlist will be published in August and the winners announced in October at the Forum in Norwich. Once again the event will be sponsored by Serco and supported by Archant.

Elaine Freeman, *a former matron and operational manager at NNUH, is leading a new drive towards better discharge planning. Here she explains why we all have a part to play in making the hospital run more efficiently*

WHOSE **BUSINESS** IS IT ANYWAY?

PRESIDENT OBAMA'S sweeping healthcare reforms are a great reminder that we have much to be thankful for with our own NHS. But are we taking too much for granted?

The best advice I ever heard was: "If it ain't broke, break it" (as opposed to "If it ain't broke, *don't* fix it") and I really believe we have to follow that advice if we are to meet the needs of patients in the 21st century.

After all, the NHS is a business like any other, the only difference being that we are all investors in the form of national insurance contributions. As such we should do all we can to make sure that our business is running efficiently.

Take discharge planning… We can carry on as we are, doing our best, or we can take steps to speed up the process and make way for more patients to be admitted, treated and discharged. In fact we do not have a choice as the local population is growing, people are living longer and we are committed to making treatment available to all "at the point of need". Treatments and procedures are also speeding up as technology becomes more advanced.

The analogy I like to use is that if we need dental help we do not expect to stay around the dentist's surgery once the treatment is finished and we are fit to leave. So why should a hospital be any different?

A timely discharge from hospital is imperative, which means that 50 per cent of discharges must be completed by 10am if the needs of emergency and elective patients are to be met.

Once this is explained to patients, relatives and carers they are usually very understanding. However there will always be those individuals who tend to think the NHS is for their benefit alone. It can be hard to get across the idea that "just one more night in hospital" for one patient can have a knock-on effect for another, whose operation might have to be cancelled with all the additional pain and anxiety this may cause.

"We are all investors in the NHS in the form of our national insurance contributions"

Is it relevant, for instance, that "mum's bedroom is being decorated so she can't come home just yet"? Or "We are both working so we can't pick dad up till after 5pm". Should a bed remain occupied just for these reasons? NO!

In America, where patients or their insurance companies pay for every extra day, there would be no question of staying "just one more night". In this country, a hospital bed is estimated to cost the National Health Service (our business!) around £200 a day.

Of course there will be patients who have more complex needs, but experience shows that 80 per cent of discharges are straightforward. For these patients we are taking a new approach to discharge planning (*see box, below*) and we are asking for co-operation from patients, relatives, carers and staff to ensure the system runs smoothly.

I have great hopes that this new approach will work as long as we do not lose sight of the bigger picture. This is *our* business and we all have a duty to play our part in the health service, whether we are patients, relatives, carers or staff.

DISCHARGE PLANNING INITIATIVES

Efficient planning at NNUH relies on 50 per cent of patients leaving the hospital by 10am to make way for new admissions. A number of initiatives are being introduced to achieve this target and ensure our beds are used efficiently. They include:

- All patients will be given a discharge date on pre-admission or admission, depending on the treatment or procedure they are about to undergo – only those with complications or complex needs will stay in hospital beyond this date.
- Sisters and charge nurses will be empowered to discharge patients, subject to criteria agreed by the medical or surgical team, in a process called Criteria Led Discharge.
- Post-surgery hip and knee patients will be moved to the discharge lounge while waiting for their check X-ray, to make beds available by 10am. In the rare event that the X-ray reveals a problem they will be readmitted into the next available bed.
- Some patients admitted for emergency assessment may require an ultrasound scan. If doctors feel it is safe to send the patient home, an appointment will be made for the patient to return to radiology for a scan the following day.

Down memory lane: Pauline Elliott (above left), a former primary school teacher, became interested in dementia after her own mother died and she began working with the Alzheimer's Society. "I became fascinated by how familiar objects from the past can trigger a response and bring comfort to patients," she recalled. Pauline now uses a "memory box" of her own for dementia training with the local mental health trust. She is pictured with NNUH occupational therapist Emily Willer during a recent training session.

Caring fo

A recent audit showed that 40 per cent of our older hospital patients suffer from mental health problems, including dementia, and with an aging population the numbers are bound to increase. Here we explain how NNUH is rising to the challenge of caring for these patients, working closely with the Norfolk and Waveney Mental Health NHS Foundation Trust to devise a joint local strategy for dealing with dementia

"The best place to assess people with dementia is in their own homes"

ALEX WELLS (*above*), who joined the NNUH as mental health liaison nurse for older people five years ago, is delighted that the national strategy is pushing dementia services farther up the healthcare agenda.

"All the evidence shows that the longer patients stay in hospital the more dependent and deskilled they become. However, the discharge planning process is so complex that there is often no choice but to keep patients in hospital long after their acute medical needs have been met," he says. "In my view the best place to assess patients with dementia is in their own homes, with intensive support from community teams. Unfortunately, the mechanisms are not yet in place to support the majority of patients in this way."

Alex sees only a small proportion of older patients with dementia – the ones referred by our clinical teams – but there are many more who suffer from confusion, particularly when they are first admitted to hospital. He is passionate about the need to educate staff on how best to care for them.

"We hold joint study days with the Norfolk and Waveney Mental Health Trust and this training is now being stepped up. At the most basic level, staff need to be aware of the need to communicate with patients before attending to their physical needs and to learn how to diffuse potentially difficult situations. It's about treating patients with dignity, whatever their mental state."

So when a patient is referred to Alex, what can he do to help? "My role is to assess the patient using a variety of screening tools and lines of enquiry. There may be medical reasons for their condition, such as a urine infection or problems with their medication. As a qualified nurse prescriber I can prescribe drugs to control their symptoms, although we try to avoid psychotropic medication wherever possible.

"Assessing patients in a hospital environment is always difficult because they are bound to be more unsettled. The discharge planning process will often involve social services, as well as occupational therapists and the rest of the clinical team."

or DEMENTIA

VOLUNTEERS *Bastian Altrock and Sandra Garnish (left) are helping to launch a* Pabulum *project, inspired by Age Concern, (the word Pabulum literally means "nourishment") to compile individual books for patients who have difficulty communicating.*

"The information we include can be as simple as whether they take sugar in their tea, or it can be full of personal detail that is special to that person," explains deputy ward sister Jackie Smith.

By coincidence both Bastian and Sandra work in the hotel trade and volunteer at NNUH in their free time. "The books help us get to know the patients and see them as the people they once were," says Bastian.

PUBLISHED LAST year, *Living Well with Dementia: a National Strategy*, set out a five-year plan for improving services nationally for people with dementia.

As a busy acute hospital, NNUH has a high proportion of elderly patients – a recent audit showed that 40 per cent of older patients were suffering with mental health problems such as dementia, delirium and depression.

"Patients become even more confused when in hospital and this can have an impact on their recovery and length of stay," says Dr Helen May, the lead doctor for dementia services and a consultant in medicine for the elderly (MFE) at NNUH.

"The national strategy is a welcome development and we are working with our commissioners and community health teams to improve the care pathway for these patients.

"We have an excellent multidisciplinary team here at NNUH and we are increasing our expertise by employing more staff with mental health experience, as well as developing shared training programmes and secondments.

"It is well documented that confused patients are more at risk from falls and become far more dependent in an acute hospital setting. We are trying to make sure that patients don't have to move too many times within the hospital and to give them rapid access to mental health assessment

"We want to make our MFE wards a centre of excellence for dementia and to roll out that expertise to the rest of the hospital."

NEW TECHNOLOGY *such as sensors that trigger warning messages (right) and clocks that indicate whether it is day or night are increasingly being used to help patients with dementia maintain their independence at home. "A range of sensors can activate alarms such as 'shake awake' pillow alerts or pagers which alert carers or community alarm services if vulnerable people are, for example, wandering from their home inappropriately," says Jon Langman, Assistive Technology Manager for Norfolk County Council. "We are working closely with the occupational therapists at NNUH to assess whether their patients could benefit from this new technology and provide equipment to help keep people safe at home."*

"You are treating the whole person, emotionally and mentally as well as physically"

ALIYA HAMEED, (*right*) a specialist registrar in medicine for the elderly, chose to specialise in dementia care "because I like a challenge – and because there is no point hiding away from this problem; we need to face up to the fact that dementia in hospital patients is on the increase."

Aliya points out that she has already changed her practice after attending a course in dementia care with the mental health trust.

"For instance, if a patient believes they are in London or on a train we used to think it was important to explain that they are in hospital, but now I understand that it's better to enter the patient's own reality rather than try to convince them they are wrong," she says.

"I learned that if patients are agitated and upset you can work with them to change their mood – it might mean walking around the ward with them rather than trying to restrain their movements. Some of their behaviour may be puzzling until you understand that they used to be a bricklayer, say, or a bobby on the beat.

"I would like to see more memory clinics so that patients with dementia could return home with specialist help – often the symptoms will settle down to a manageable level once their underlying medical problems have been treated.

"I enjoy the challenge of dementia because you are treating the whole person, emotionally and mentally as well as physically."

TROUBLESH

The national Patient Safety First campaign has brought the role of our critical care outreach team more sharply into focus. Here we explain how patients and staff are benefiting from their skills

IT IS 10am and Matt Ludford, a member of the Critical Care Outreach Team, answers a bleep from a junior doctor about an elderly man whose condition has deteriorated, with lowered oxygen levels and an Early Warning Score of seven (see *Knowing the Score*, opposite).

After a quick check of the patient's notes, Matt carries out an assessment using the ABCDE framework (checking **A**irway, **B**reathing, **C**irculation, **D**isability, **E**xposure/**E**nvironment) and encourages the doctor to call for a senior clinical review.

Following discussion with the team, a clear management plan is prepared and documented – the patient needs extra fluids, a nasogastric tube and a CT scan to confirm a diagnosis of pancreatitis. He is kept under close observation until, later in the day, he is wheeled to Radiology for his scan. Matt offers to accompany the patient, taking the opportunity to explain to a student nurse some of the risks associated with moving critically ill patients around the hospital.

Matt is one of six trained critical care nurses who provide a seven day outreach service across the Trust, responding to calls from medical and nursing staff who need help with a deteriorating patient.

Team leader Mary Edwards explains: "The aim is to bring critical care skills to the patient so they get appropriate help in the early stages of their deterioration. Our role is to offer advice to nursing and medical teams wherever they are in the hospital. By sharing our critical care skills, staff gain increased knowledge and confidence in their own ability to deal with these situations."

The national Patient Safety First Campaign has given a new impetus to the work of the critical care outreach team. It recognises that appropriate monitoring of patients' physiological observations and prompt action in response to signs of deterioration are both key to avoiding harm.

Locally the East of England Strategic Health Authority, supported by the National Patient Safety Agency, has launched a 'Back to Basics' promotion whereby trusts are encouraged to monitor their performance on patient safety and publish the results using the Institute of Health Improvement website.

"Through regular teleconferencing and 'sharing good practice' events, we are working towards targets for improvement and discussing specific problems and solutions across the region," says Mary.

Once back on the ward, Matt's patient is kept under close supervision by the nursing

OOTERS

team. The diagnosis of pancreatitis is confirmed and he is kept stable and comfortable on the ward. Should he deteriorate further, his medical team may need to decide whether further intervention is necessary or appropriate if he is seriously ill and near the end of his life.

Occasionally the critical care outreach team may be called on to review patients on the ward following transfer from the Critical Care Complex, to make sure they continue to improve in their new environment.

"It can be frightening for patients and their relatives to find they are no longer under constant surveillance," says Mary. "Part of our role is to explain this to staff and encourage them to communicate effectively with families about their care."

SAFETY FIRST

Dealing with critically ill patients is all in a day's work for the outreach team (pictured top, from left): Matt Ludford, Diane Rowland, Mary Edwards, Caroline Dear, Rachel Firth and Tracey Nixson, with consultant anaesthetist Steve Hutchinson

• *The team is on call seven days a week (Bleep 0805) from 8.30am to 7pm Monday to Friday and 9am to 5pm at weekends and bank holidays.*

KNOWING THE SCORE

The Early Warning Score (EWS) is a 'track and trigger' tool designed to help nursing staff to recognise and respond promptly to the early signs of critical illness. If routine observations flag up a score of three or more, a call-out-cascade is triggered and the patient is reviewed by the nurse. A score of four or more should prompt an increased level of monitoring and trigger a rapid response from nursing and medical teams. The EWS has been shown to be an effective tool for assessing patients at risk and the system is now being adopted right across the Trust.

EARLY WARNING LINKS

All wards using the EWS system have link nurses who encourage their colleagues to use the tool correctly. Link meetings (*pictured top, far left*) are held every three months to share any new initiatives, projects or ideas designed to improve the care of critically ill patients. For instance, an EWS trigger sticker is currently being trialled in patients' notes to improve documentation and promote a swift response for patients who have triggered the EWS.

The theme of the next Link meeting, in July, is the SBAR communication tool. (The initials stand for **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation – a reminder to get to the point quickly when communicating essential information.) "Good communication is essential in any crisis situation, which is why we have adopted the SBAR communication tool and incorporated this technique within our study days," explains team leader Mary Edwards.

The outreach team is currently involved in a project to assess the risks of moving sick patients within the hospital and looking at ways of making their transfer safer. These include trialling different types of portable monitoring equipment and providing grab bags with simple equipment for use in emergency situations. The project is led by the team's designated consultant anaesthetist, Steve Hutchinson (*far right on the team picture*).

KNOWLEDGE IS POWER

Education is a key part of the outreach team's role and study days are held throughout the year, including the *Health Care Assistant Study Day*, *Deteriorating Ward Patient Study Day* and the multidisciplinary *ALERT course* (Acute Life-Threatening Events: Recognition And Treatment). Details can be found on the Trust intranet.

CALLING THE CRITICAL CARE OUTREACH TEAM

Anyone requiring support and advice with a deteriorating patient is encouraged to contact the team via bleep 0805. Referrals are made online via the Trust intranet (under Web Systems: Critical Care Referrals) to ensure we prioritise patient visits, improve communication between teams and provide a timed audit trail for critically ill patients.

More than 23,000 visitors, 8,000 phone enquiries and countless cups of tea…. Jill Chapman looks back on four years of managing the Big C Centre

BY POPULAR DEMAND

THOUGH WE now see up to 1,000 people a month, I still get patients and families discovering the Big C Centre and saying they wish they'd known about us earlier. Once inside, they often comment on how nice it is, and how much they appreciate the help and support that's available.

We have three staff and eight volunteers and we all meet and greet visitors. I take being mistaken for a volunteer as a real compliment – we simply couldn't do our job without our regular helpers. One of our rules is that we all wear "civvies"; even the clinical staff who take part in our Wellbeing programme change out of their uniform before the session starts. This place is away from all things clinical and that's how we would like it to stay because that's what works for people.

In last year's Staff Awards we won the Patient's Choice Award which was a very proud moment for us all.

Our relaxation groups and complementary therapies, massage and reflexology – all funded by the local Big C cancer charity – have proved so popular that we are now offering these to more patients and carers. We recognise that carers share the load and they appreciate the support we give them.

For ladies with a cancer diagnosis we offer makeover sessions and a volunteer teaches scarf-tying techniques for those who have lost their hair due to chemotherapy. All of this is important for people.

Many visitors are looking for practical advice and our Citizens Advice Bureau sessions are in great demand. An advisor is now with us two full days a week helping with issues such as allowances, benefits, work and housing. We also offer counselling to patients and carers which can be an invaluable form of extra support.

Our Wellbeing programme offers advice from health professionals including a dietitian, pharmacist, doctor, nurse, physiotherapist and occupational therapist. Patients and carers appreciate the chance to ask questions in a relaxing, non-clinical environment.

A new development is that we have launched a new bereavement support group which we hope will become permanent, because we recognise that the grieving process is different for everyone and people often need some extra support.

I've learned there are no rules with cancer – it affects people of all ages and backgrounds and they live with cancer in different ways. Yes, sometimes tears are shed but its lovely when patients come back to tell us their good news, too. For me every day has some positives in it.

Right from the start my vision was for the Centre to be patient-led. I had lots of ideas but I am not a patient or carer so I had to rein myself and wait for their response. It's very pleasing to see our services evolve and grow by such popular demand. I tell people, "This is your Centre, take from it what will help you."

We couldn't do any of this without the local Big C charity which funds the Centre entirely. I hope people will feel able to come in and find out how we can support them.

• *The Big C Centre is open Monday-Friday 9:30-4:30pm, and until 7pm on the first Wednesday of the month. For more call 01603 286112 or go to www.nnuh.nhs.uk*

Blood trail leads to safer care

CLINICAL STAFF throughout the Trust are learning to use a new tracking system to ensure that every drop of blood used in our hospitals can be traced from the donor to the patient who receives it. The system has been introduced following national regulations covering blood safety and quality and the aim is to reach 95 per cent compliance by the end of July.

Trainers Janet Pring and Alex Boyle download information from the blood tracking system

"Around 2,000 staff have been trained to use the new system so far but we still have some way to go to meet the national requirements," says biomedical scientist Debbie Asher, who runs the blood bank at NNUH.

"We want anyone who deals with blood transfusions who has not yet been trained to contact us on bleep 0852 or 0663 so we can make sure that they are working within the law."

The new tracking system involves the use of a hand-held device to scan a barcode on the patient's wristband and match the patient's details with the printed label on each blood component from the blood bank. It means safer transfusions as the system will issue a warning if the details do not match. It also cuts down on paperwork and saves nurses' time, as only one person is needed to check blood when the system is used.

"The key to success is for every patient to have an up-to-date wristband with a barcode," says Debbie. "It's also very important that the patient details are checked when the wristband is scanned, and that all blood components are scanned as they enter and leave the fridges."

What's YOUR line?

A regular column looking at the people behind the jobs in our hospitals. Here **Lavinia Ganley**, *a clinical pharmacist working in Medicine for the Elderly (MFE), describes her role*

How do you spend your day?
After a quick check of my emails my day is spent on the MFE wards.
I will check the drug history of new patients and ensure that any new drugs are appropriately prescribed, that they are readily available and the dose is correct.

It's important for some drugs to be given at a particular time and medication may need to be changed to a different form, such as from tablets to liquid. Some antibiotics also need careful blood level monitoring to achieve the desired effect.

I will check for drug interactions, allergies and any other potential problems, including clarifying the information on drug charts and in the patient's notes. It often feels like being a detective, trying to ascertain the correct information.

Pharmacists are on call to arrange take-home medicines for patients waiting to be discharged. This often includes providing aids of one sort or another to help patients maintain their drug regime.

What do you like about the role?
The variety and the fact that I am using my skills to make a real difference to patient care.

What skills do you need for your job?
To register as a pharmacist, a degree in pharmacy, followed by a year of post-graduate training. A diploma in clinical pharmacy is often completed.

Good communication skills and experience of working with the elderly are useful too.

What did you do before?
I qualified as a hospital pharmacist in London in 1975 and worked as a community locum while my two sons were growing up, then managed a community pharmacy for seven years before returning to hospital pharmacy in 2005.

How have things changed?
Pharmacists are now much more involved in all aspects of patient care and their clinical knowledge has to be much greater. The range of drugs available has grown enormously and patients' drug regimes are increasingly complex. With ever increasing costs, the emphasis is on evidence-based, cost-effective prescribing.

> **"I've learned that the best outcomes rely on us all working together to improve patient care"**

There are aids designed to remind patients to take their medicine but confused, elderly people often need help from families and carers.

Any memorable milestones?
Changing my workplace from hospital to community pharmacy and back again – the ways of working are quite different. Managing a pharmacy from scratch in a health centre was an exciting challenge, as was returning to hospital pharmacy, with some retraining, after 20 years' absence.

What have you learned along the way?
An appreciation of the particular needs of elderly patients with regard to medication and a greater understanding of the roles of other healthcare professionals. The best outcomes rely on us all working together to improve patient care.

What are your hopes/ambitions for the future?
To continue to work with others to improve patient care in MFE. I am glad to be part of the enablement project, which takes a team approach to helping patients maintain their independence while in hospital. To this end I hope we will soon be able to introduce a system whereby patients can manage their own medicines, where possible, during their stay.

How do you unwind?
I play the piano and recorder, performing duets with a friend in local concerts. I also do a lot of walking with my husband – our greatest challenges have been the Inca Trail and the Grand Canyon and we have a retirement project to walk around the coast of England and Wales. We've started early at Sheringham Park and have so far reached Southend.

• *Are you doing a job in our hospitals that would be of interest to our readers? Or do you know someone else who does? Please email sue.jones@nnuh.nhs.uk or call Sue Jones on ext. 5944.*

Plans for new hospital get the go-ahead

New for old: an artist's impression of the planned hospital with the new facade shielding the old Davison and Barclay wards and the original stone archway (inset) shown on the right

WORK ON the new £15 million Cromer Hospital will begin this autumn after plans were approved by North Norfolk District Council.

Designed to replace most of the existing Mill Road hospital, the new building will provide day treatment, out-patient care, a minor injuries unit, renal dialysis and extended diagnostic services. For patients and staff it will be business as usual as construction will be phased to allow clinical services to continue.

The old Davison and Barclay ward areas will be retained and Barclay Ward will be refurbished to provide a permanent renal dialysis unit. The new hospital building will house an ophthalmic operating theatre plus diagnostic services. Permanent on-site mammography (breast screening), a DEXA bone scanner for diagnosing osteoporosis and a brand new MRI scanner are planned, and there will also be space for community groups to meet.

Leading architect James Montgomery, of Purcell Miller Tritton, said the aim was to provide a hospital that is "simple and transparent for patients, visitors and staff", maximising the available light and conserving energy wherever possible.

Photovoltaic solar panels will be installed on the rear walls to provide up to 10 per cent of the hospital's electricity, while a combined heat and power unit will ensure that any excess heat generated is converted to electricity which can be returned to the National Grid.

"Floor-to-ceiling windows will allow light to flood into the building and we have included external 'eyebrows' to shield the sun on very hot days," said Mr Montgomery. "A cafe will overlook an internal courtyard and there will also be a landscaped area to the rear of the building where staff will be able to sit to eat their lunch.

"It has been a challenge to link the old Barclay and Davison wards with a contemporary 21st century building but we have achieved this with a feature wall incorporating the original stone archway that bears the hospital name. We are hoping to have commissioned artwork and landscaping to help guide visitors to the new entrance."

NNUH Trust chairman David Prior commented: "We have been determined to deliver this long-awaited new hospital for people in north Norfolk and we are delighted that we now have planning permission to go ahead.

"The new hospital has been made possible by legacies from two local residents, the late Sagle Bernstein and Phyllis Cox, and we are indebted to them for their generosity."

Mrs Sagle Bernstein left £11.4 million to the hospital in 2001, while Bacton resident Phyllis Cox left £1.3 million to the hospital in 2004.

• *For more information visit www.nnuh.nhs.uk/page/newcromer*

THE PULSE

Editor Sue Jones (ext. 5944)
Pictures Medical Illustration and Sue Jones
Head of Communications Andrew Stronach (ext. 3200)
Communications and Membership Manager Janice Bradfield (ext. 3634)
Communications Officer Hayley Gerrard (ext. 5821)
Please send your contributions for the August issue to Sue Jones (Communications) by 9 July 2010.
• The Pulse *is funded entirely from donations and not from NHS funds*

WELCOME

...to the following consultants who have recently joined the Trust: **Dr Jenny Nobes**, oncologist, and **Dr Caroline Barker**, microbiologist.

FAREWELL

...to the following long-serving staff who have recently left the Trust: **David Walpole**, biomedical scientist manager in haematology, and **Martin Woolnough**, biomedical scientist in haematology, both after 37 years' service, **Caroline Blowers**, healthcare assistant on the nurse bank, after 36 years, **Maureen Wickham**, theatre support worker in critical care, after 34 years, **Susan Hassall**, deputy sister on Holt and Knapton Ward, after 33 years, **Judith Close**, dietitian and director of therapeutic services, **Derek Olive**, pharmacy assistant, and **Mary Wright**, senior healthcare assistant on Coltishall Ward, all with 30 years' service, **Joan McDonald**, assistant practitioner in the emergency assessment unit, after 29 years, **Susan Mildenhall**, respiratory research nurse, after 28 years, **Ann Walker**, community midwife, and **Susan Sage**, sister on Gissing Ward, both with 27 years' service, **Susan Ward**, healthcare assistant on Mulbarton Ward, after 26 years, **Jean Cooper**, staff nurse in critical care, after 24 years, **Alan Dean**, quality manager in clinical biochemistry and haematology, after 22 years, **Jane Appleby**, senior radiographer, after nearly 21 years, and **Catherine McKail**, PA in Division 1 service management, after 20 years.