

THE Pulse

Issue Number 50
August 2010



Our Vision

To provide every patient
with the care we want for
those we love the most

Norfolk and Norwich University Hospitals



NHS Foundation Trust



Microbiology on the move

How hospital
science is changing
with the times



Review of the year

Highlights of the year
2009/10, pp5-8



Going walkabout

The remarkable power
of enhanced recovery, p3

Scanning the future

Hazel takes
on historic
new role, p10



Leading lady

The volunteer who's an
inspiration to others, p2

Norfolk and Norwich University Hospital

Colney Lane, Norwich,

Norfolk NR4 7UJ

Tel: 01603 286286 www.nnuh.nhs.uk

Restaurant

West Atrium Level 1, open 7am-8pm

Serco cafe bars

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

Deli food2go Plaza (East), open

Mon-Fri 7am-1am, weekends 11am-1am

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 Library 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,

Breast Screening, Pain Management,

Microbiology (until 20 August, see page 9),

• The following departments are moving to

20 Rouen Road, Norwich, NR1 1QR,

over the next few weeks: HR, Recruitment,

Payroll, Training, Finance, Occupational

Health, Out-patient appointments, Cancer

management, Procurement, Cromer project,

Clinical Effectiveness, Commissioning team

and Information services

• **The Norwich Central Family Planning**

Clinic, Grove Road, Norwich NR1 3RH.

Tel: 01603 287345.

The QIPP way to make savings

THE NHS is facing considerable financial pressure and the Health Secretary, Andrew Lansley, has warned that while NHS spending will increase, so too will demand on NHS services.

Our own Trust will need to make savings of £30 million this year – around ten per cent of our budget – and we have embarked on a QIPP (Quality, Innovation, Productivity and Prevention) programme to help us increase our efficiency and reduce costs.

Julie Cave, Director of Resources, and Anna Crispe, Associate Director of Service Improvement, are leading the QIPP programme. Anna said "I have been very



impressed by the suggestions staff have made to reduce waste and increase the quality and efficiency of our services but we still have a long way to go to achieve the savings that are required. We welcome any ideas for working leaner and smarter."

Pharmacy staff have made a good start by ensuring that any unused goods are returned, resulting in a saving of up to £100,000 per year. They are running a monthly competition to see who can save the most money, with ideas noted down on a flip chart or posted in a suggestion box.

• *Do you have any ideas for cutting costs and working smarter? Please email anna.crispe@nnuh.nhs.uk*



DISABILITIES ARE no barrier to volunteering at NNUH and in June the hospital's welcoming attitude was praised by Scope, the charity that supports disabled people. Becki Cullen (left), Scope's inclusive volunteering officer who herself suffers from cerebral palsy, presented an award to volunteer Christine Fulcher (right) for providing an inspirational case study. Christine says she was given every encouragement to volunteer and gets a real buzz out of helping others.

Becki commented "I have used Christine's story many times – it's wonderful to come here and see that people with disabilities are treated just the same as everyone else." Christine and Becki are pictured with volunteer co-ordinator Linda Hurley and volunteer Gerry Websdell.

Peter and friends put trust in heart fund

VETERAN HEART patient Peter Offord presented a cheque for £10,000 to the heart team at NNUH, just a year after taking over the Friends Charity Shop in Lowestoft.

Together with his wife, Margaret, he is assisted by 25 volunteers who each work up to six hours a week in his shop.

Now on his second pacemaker, Peter has undergone three cardiac procedures at Papworth Hospital since his condition was first diagnosed 13 years ago.

He is keen to see more specialist heart treatment carried out in Norwich: "It makes such a difference for patients to have their treatment closer to home," he said.

"I have nothing but praise for Dr Leisa Freeman, who diagnosed my condition, and



the rest of the heart team at NNUH. They do a really fantastic job."

• *Peter and Margaret are pictured handing over the cheque for the Norwich Heart Trust to cardiologists Dr Leisa Freeman and Dr Tony Page.*

Patients go walkabout on day of op

NEW TECHNIQUES in pain relief, coupled with a team approach at NNUH, are helping to get patients back on their feet faster than ever before.

“The results from a pilot study of 30 patients have been very impressive,” says orthopaedic surgeon Jim Wimhurst. “It seems that targeted pain relief, plus early intervention from physiotherapists and occupational therapists, can have a very positive impact on patients, both physically and mentally.”

Of the first 30 patients surveyed, 100 per cent agreed that their pain had been well managed and 93 per cent were happy with the speed of their recovery.

The new techniques involve an injection of local anaesthetic straight into the joint, followed by a “cocktail” of painkillers taken orally. Previously, patients were injected with an epidural into the spine which meant they were numb from the waist down.



Annie Bennett, pictured with her surgeon Jim Wimhurst and anaesthetist Lindsay Barker, was amazed to be walking around the ward less than ten hours after a hip replacement: “Psychologically it was a great boost,” she said

Consultant anaesthetist Dr Lindsay Barker says a series of small changes, rather than one big change, had made the difference for patients.

Denton ward sister Kay Marrison commented: “With this new technique patients are far less dependent and anxious and it’s very clear that ‘mind over matter’ plays a very big part in their recovery.”

The average length of stay for a traditional hip replacement was 7.5 days, compared to 3.6 days for the first 30 patients surveyed as part of the pilot project.

Fingers on The Pulse



OUR SURVEY to find out what you think of *The Pulse* drew a pleasing response – nearly 1,000 members took the trouble to complete the questionnaire and send it back to us. Of the 976 who read the magazine, 969 found it interesting and informative and 941 were happy with its layout and size.

We are grateful for all your comments and suggestions and we will be following up your ideas – if they have not been covered already – in the coming months.

Many of you wondered whether the cost of producing a glossy, full-colour product could be justified in the current climate. We intend to make savings by reducing the weight of paper for future issues. Perhaps surprisingly, it is cheaper to print on gloss paper as a matt finish requires an extra “finishing” stage in the printing process.

If you have access to email, please remember that you can have the magazine sent to you electronically to save the cost of postage and printing.

The Pulse is designed for staff as well as patients – we are all potential patients, after all – and we will continue to publish the magazine to convey news and information about our Trust.

ANNUAL GENERAL MEETING

The NNUH Foundation Trust AGM takes place on 23 September 2010. There will be two sessions to accommodate demand for places, the first from 3-5pm and the second from 5.30-7.30pm.

This year’s meeting will include a talk on our “enhanced recovery” programme (*see story, this page*) and a review of the year. If you would like to attend, contact the Membership Office on 01603 287634 or email membership@nnuh.nhs.uk

GOVERNOR ELECTIONS

We will be holding elections for three Governors between September and December 2010. Governors are needed to represent Broadland and Norwich, plus a staff Governor for Nursing and Midwifery. For details contact Janice Bradfield in the Membership Office on 01603 287634 or email membership@nnuh.nhs.uk

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH

PLEASE LET US GO HOME!

I read with interest Elaine Freeman’s Viewpoint (*The Pulse*, June 2010) about the need for better discharge planning.

I recently had a short stay in hospital and at 9.30am on my last day the doctor told me I could leave. At 11.30am I was still waiting (and occupying a bed) for paperwork to be completed before I could go home – and this was after we had made a fuss. Other patients were experiencing even longer delays.

I was very well looked after during my stay until the discharge procedures on the last day which were very frustrating and seemed to make a mockery of the hospital’s desire to free up beds for the next patients.

Norman Gomm, Brundall

NHS IS NOT A BUSINESS

Elaine Freeman’s Viewpoint (*The Pulse*, June 2010) is a mine of misinformation... the National Health Service is most

emphatically *not* a business and hospitals are not holiday hotels which can insist that guests check out by 10am.

I know from my own experience that one feels at one’s most vulnerable when leaving hospital. To be made to get up, dressed, packed and dumped into a “discharge lounge” by 10am is little short of inhuman.

Ms Freeman seems to be preoccupied with money. Can I suggest that her post be abolished, which should release enough money to cover those cases she cites as being a nuisance?

Miss M. K. Gaston, Norwich, Brundall

ELAINE FREEMAN’S RESPONSE:

Evidence shows that 80 per cent of discharges are predictable and straightforward. The remaining 20 per cent are more complex and for those we offer our full support. I maintain the view that with good planning, 50 per cent of discharges could be completed by 10am.

Safety first...

OUR HEALTH and Safety team (right) has won the top Healthcare Services Sector award from the Royal Society for the Prevention of Accidents (RoSPA) for the second year running. They received the award during Safety and Health Expo 2010, the UK's premier health and safety at work exhibition.

Lead Health and Safety Advisor Lynne Ainge (centre) commented: "Awareness of the key health and safety issues is increasing and a recent external health and safety audit showed the continuing improvements in health and safety management throughout the Trust."

• **IN A VERY** different guise, our manual handling co-ordinator and trainer Graham Deakins (above left in the group photo), donned a cigarette costume to deter smokers at NNUH during No Tobacco Day in May. If you would like help to stop smoking call 0800 0854 113 or go to for more information go to <http://www.cignificant.co.uk>



STAFF AWARDS 2010

WE RECEIVED more than 650 nominations for this year's Staff Awards before the deadline of 30 June, including over 350 nominations from patients telling heart-warming stories full of praise for the care they received. Once again the difficult task of choosing winners from such a large number of deserving staff will fall to the judging panel, who will be drawing up a shortlist over the coming weeks.

All those shortlisted will be invited to the award ceremony at The Forum, Norwich, in October and details of all the winners will be published in the December issue of *The Pulse*.



Living with secondary cancer

THE ROSEMARY Group is extending its support to all women living with secondary cancer – thanks to funding from the Big C cancer charity, the Keeping Abreast support group and the Breast Cancer Resource Fund.

The group meets weekly at the Big C Centre at NNUH or in the country setting of Mangreen Trust. Visiting speakers, craft sessions, lunches and days out give women a chance to share their experiences and relax in an informal setting, with support from qualified counsellors in liaison with professional staff from NNUH.

For more information call 07766 851178 or contact the Big C Centre on 01603 286112

Rosie campaigns for teens



NNUH medical secretary Helen Van Raalte and her 16-year-old daughter Rosie, left, are campaigning

for a new teenage cancer unit for the region after Rosie spent a year in and out of hospital with a rare form of bone cancer. They hope to raise £10,000 from a sponsored walk on 10 September, with entertainment en route ranging from a brass band to a gospel choir. Rosie, who won a bravery award last year, says she had very good care but long stays in hospital can be difficult for teenagers sharing children's or adult wards. For more information go to www.bluemoonwalk.co.uk

Coltishall Ward takes the lead



COLTISHALL WARD has been named the best performing ward in the hospital for the "completeness patient observations" in a drive to ensure that deteriorating patients are identified early. Led by the Critical Care Outreach Team, the ward staff are encouraged to use the Early Warning Score (EWS) and follow procedures to trigger a fast response from clinical teams.

Ward sister Linda Alderton commented: "I am really proud of our healthcare assistants who are extremely conscientious about doing the observations and recording information to be shared by the rest of the ward team. It means patients are closely monitored and any signs of deterioration are quickly noted and acted upon."

Patient safety director Dr Deborah Browne (pictured left) presented the ward staff with a chocolate cake and commented: "These observations are incredibly important and we want all wards to follow the example set by Coltishall."

TRAINING AWARD FOR NNUH

NNUH has won a vocational training award from City College Norwich for developing Foundation degrees in Health Studies and Public Sector Management.

Training and Development Manager Julia Watling commented "It's important that staff who traditionally might not have been able to develop their skills and knowledge have had this opportunity."

Last year the NNUH Foundation Trust won recognition for helping to get disadvantaged job seekers back into work through Local Employment Partnerships (LEPs).

2009/10



Our Vision

To provide every patient with the care we want for those we love the most

A RECORD BREAKING YEAR

Chief Executive Anna Dugdale looks back on a demanding year for the Trust and warns of further challenges ahead



The year to March 2010 was extremely challenging for our Trust with record numbers of emergency and elective patients. An unseasonal surge in emergency admissions during the autumn put us under huge operational pressure and we also invested a great deal of time and energy preparing for the threatened 'flu pandemic. Luckily the pandemic proved to be less serious than predicted.

Our staff rose to all these challenges with dedication and commitment and our monthly patient surveys showed positive results. We also embarked on a series of 'patient experience' reviews involving both staff and patients and the findings will be used to improve our service.

We have greatly increased our focus on the safety and quality of the care we provide and we have developed a new vision: "to provide every patient with the care we want for those we love the most".

We have developed a set of key quality and safety indicators which are reviewed monthly by the Board and quarterly by the Council of Governors. These are also shared every month with all our staff. We believe we are the only Trust in the UK to make this information public and we do so because we believe that the general public have a right to know.

Infections acquired in our hospitals were further reduced during the year, with eight cases of MRSA bacteraemia and 89 cases of *Clostridium difficile*. Every infection is one too many, however, and we have a comprehensive programme of audit and feedback to improve our performance in these areas.

There was an eight per cent increase in the number of people attending A&E, with 98.7 per cent being seen within four hours.

Changes in how cancer waiting times are measured proved challenging, forcing us to modify our patient pathways to achieve the new waiting time requirements. By the last quarter of the year we had achieved all but one of the national targets and we expect to achieve all of them in the first quarter of 2010/11.

A surge in emergency demand resulted in significant numbers of patients having their surgery postponed due to the unavailability of beds. Between November and January we opened

"Sustaining and improving the quality of care we provide will require ingenuity, innovation and tough decisions"

an extra 54 beds to cope with the intense pressure on our services. However, the earlier cancellations resulted in a growing number of patients waiting more than 18 weeks for surgery. With the support of our Governors, the Board agreed that we should focus attention on those who had waited longest to help clear the backlog.

Our record of effective financial management continued and we generated a surplus of £5 million to be reinvested in clinical services. The next few years will be very tough financially and sustaining and improving the quality of care we provide will require ingenuity, innovation and tough decisions.

I regularly receive letters from people applauding the dedication, professionalism and kindness of our staff. I feel very privileged to be part of this team and I thank all of those who have cared for our patients over the last year.

ANNA DUGDALE,

Chief Executive, Norfolk and Norwich University Hospitals NHS Foundation Trust

2009/10

april 2009

NNUH received national acclaim when Cabinet Office Minister Kevin Brennan came to see how we are helping young people with learning difficulties gain useful work skills. Four of the students were offered jobs within the hospital following the success of "Project Search", a collaborative programme involving City College Norwich, Norfolk County Council, Remploy and Serco. Other hospitals and organisations are now following our lead.



may 2009

THE REMARKABLE work of the Oral Health team at the Norfolk and Norwich University Hospital was recognised in the national Smile Awards, designed to celebrate the highest standards of aesthetic dentistry. The Oral Health team was shortlisted in two categories after showing how they reconstructed the faces of two women – Julie Cooper, (pictured) who had been badly disfigured in a vicious and unprovoked attack and Jane Aldridge, who had part of her jaw removed due to cancer.



june 2009

OUR open day gave thousands of visitors an opportunity to go behind the scenes at NNUH. They were encouraged to get hands-on with hospital equipment and even watch an operation live on a TV screen. The procedure to remove a skin growth was carried out by dermatology consultant Dr Nasir Shah and was so popular that a second operation was arranged to accommodate the large numbers of people waiting to watch.



july 2009

THE JENNY Lind Children's Department underwent a colourful £140,000 makeover with new furniture, toys and artwork commissioned through our charitable Hospital Arts Project. "It was a labour of love for all the artists, Trust staff and contractors who worked on the project," commented sister Jill Wakley. "We are also very grateful to the many contributors who made this transformation possible." Jill later received a Serco Award for the project, along with Hospital Arts co-ordinator Emma Jarvis and Julie Mullett, an advanced neonatal nurse practitioner.



august 2009

A GROUP of patients from NNUH became the first in the region to have their implanted pacemakers and defibrillators monitored at home using radio frequency transmitters. The transmitters monitor their devices and beam data back to the cardiology physiology team. It means that any potential problems can be identified quickly, reducing the need for frequent hospital visits.



september 2009

PATIENTS with Multiple Sclerosis (MS) are given new hope after a drug trial involving five of our patients showed promising results. NNUH was one of the first four centres in the country to conduct clinical trials of Fingolimod and the study is now being extended to include patients with a more severe form of the disease. Among those taking part is Amanda Cook, a deputy sister in emergency assessment at NNUH, who said she had not had a serious relapse in the two years since she started taking the drug. "I just hope the research will benefit younger patients and halt their symptoms at an earlier stage," said Amanda (pictured with neurology research nurse Donna Clements)



PHOTO BY DR LASZLO IGALI

october 2009

IT WAS standing room only in the Benjamin Gooch hall when visitors came to watch our consultants and scientists giving a series of presentations for National Pathology Week. The programme included a school outreach day and visitors were encouraged to get hands-on with interactive displays to learn more about medical science. Also in October, our Staff Awards attracted a record number of nominations and the winners were presented with their awards in a ceremony at the Forum. The patients' favourites were the Big C Centre and Sondra Gorick, specialist nurse in the Clinical Investigation Unit.

november 2009

FOOTBALLER Darren Huckerby took time out to open our Same Day Admissions Unit and was given a wheelchair ride by two of his biggest fans, Linda Page and Amanda Harwood. With siderooms for private consultation and comfortable seating areas, the new unit enables patients booked for routine operations to come into hospital on the day of their surgery instead of being admitted the day before. "Patients prefer it because it means they can spend the night in the comfort of their own home instead of a hospital bed," said Amanda.



december 2009

WE ANNOUNCED a new generation of super-fast CT scanners to provide a cutting edge service for patients. The four new scanners – including one bought with a £850,000 gift from an anonymous donor – are so powerful that they rival the Apollo space rocket for gravitational pull. They can build up a detailed 3D image in half a heartbeat, allowing clinicians to examine the function of arteries and measure blood flow to the heart or brain.



january 2010

THE CYTOLOGY team at NNUH beat national targets for smear test results after working with colleagues in primary care and NHS Improvement to find ways to save time and improve efficiency – without compromising on quality. Nearly all cytology patients receive their results within two weeks of having a test, compared to only five per cent in 2008, and in many cases they get their results within seven days.



february 2010

NEW DESIGNS for a £15 million hospital at Cromer were submitted for planning permission after the credit crunch forced a rethink on more ambitious redevelopment plans. The new designs (*pictured*) allow for the old Davison and Barclay ward areas to be retained and used for renal dialysis, but with a brand new building to provide enhanced diagnostic services and an ophthalmic operating theatre. Trust chairman David Prior commented: "We are determined to deliver this long-awaited new hospital for the people of north Norfolk."

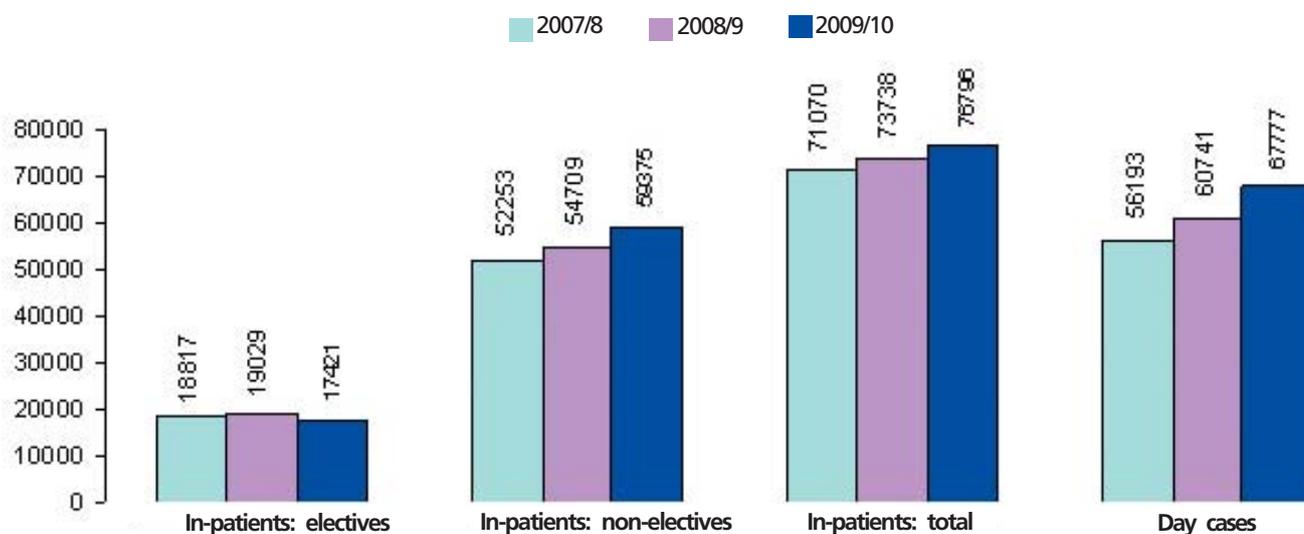


march 2010

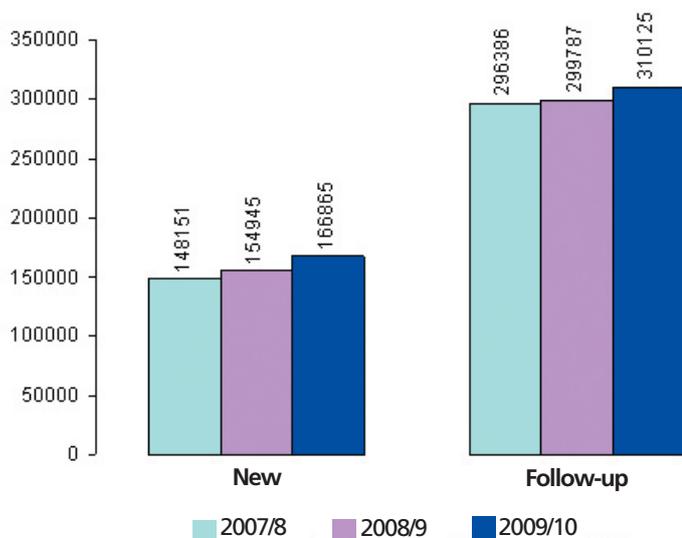
A SERIES of audio podcasts developed by diabetes specialists for young people with Type 1 diabetes have proved a big hit with our patients. In the eight months following the launch of the podcasts, there were a total of 4,114 hits and 440 downloads from a population of around 350 young adults with Type 1 diabetes. The podcasts are a fun way to deliver health advice and are believed to be the first of their kind in the NHS. We are also leading the way in social networking, becoming the most followed NHS hospital trust on Twitter.

2009/10 ACTIVITY

IN-PATIENT AND DAY CASE ACTIVITY (discharges)



OUT-PATIENT ATTENDANCES



2009/10 WAS an extremely busy year for the Trust with an increase of eight and a half per cent in emergency admissions, seven per cent in elective surgery and 22,000 more out-patients attending our clinics. In all there were more than 735,000 attendances at our hospitals.

After reviewing our care pathways for cancer patients, we managed to achieve all the government's waiting time cancer targets in April 2010 and we expect to meet all the cancer targets in the year 2010/11. We are also on track to meet the 18-week target for *all* patients during 2010/11, despite a dip towards the end of the year as we worked to clear the backlog.

Financially we performed strongly during 2009/10 with a focus on delivering high quality, cost-effective patient care. As a result we achieved a retained surplus of £5,006k. Total income grew during the year to £401,868k, reflecting a growth in demand for our services.

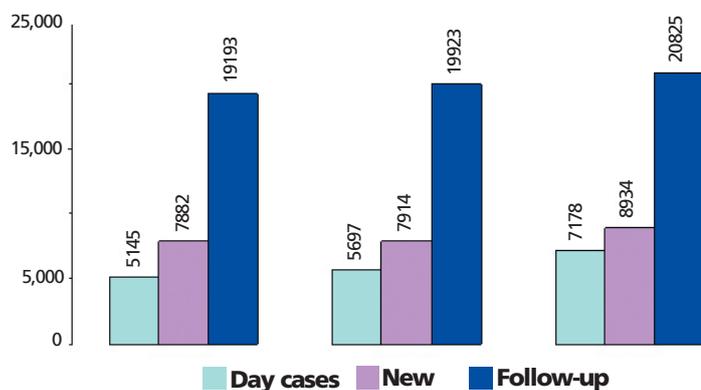
We achieved further reductions in the number of cases of hospital-acquired MRSA bacteraemias, down from 11 to eight, and cases of *Clostridium difficile* were down from 120 to 89, compared to 326 in 2007/8. A patient safety campaign was launched during the year to encourage staff to report incidents and reduce the risk of harm to patients, focusing initially on medication errors, falls and hospital-acquired blood clots.

We continue to place a strong emphasis on seeking patients' views through hand-held electronic "trackers", independent surveys and a series of patient experience projects involving both staff and patients. The findings will be used to help us improve our services.

By June 2010 we had more than 20,000 Foundation Trust members, including 7,000 staff, and our "medicine for members" events – on topics ranging from diabetes to stroke and organ donation – were all well attended.

The Council of Governors met on four occasions during the year and were involved in consultations, briefings and various working groups, as well as our member recruitment campaigns.

CROMER ACTIVITY



- The full annual report and accounts can be found on our website: www.nnuh.nhs.uk

Microbiology on the move



As our clinical microbiology team move to new premises on the Norwich Research Park, laboratory manager Peter Coe (left) looks at the history of scientific health testing in Norwich



Clinical microbiology then and now: the old public health laboratory in Bowthorpe Road in the 1950s (left) and some of the high-tech equipment used today (above)

OUR CLINICAL microbiology staff are this month (August) moving to new state-of-the-art laboratories on the Norwich Research Park.

For the 61 clinical, technical and administrative staff who work in the laboratories on the Norwich Community Hospital site, the move cannot come too soon – the existing buildings are over 50 years old and no longer fit for purpose.

It was a very different story when the laboratories opened in 1954. Built as a replacement for a corrugated iron structure on the other side of Bowthorpe Road, they offered unrivalled facilities and became the hub of scientific experimentation and testing in Norwich. Since then there have been many changes, not just in the tests themselves but in the organisms and diseases that come under their scrutiny. Smallpox and polio were still around in the 50s, while HIV and hepatitis had not yet been discovered.

Laboratory manager Peter Coe was the first graduate trainee to be employed by the lab in 1976. He recalls having to take his turn to feed the animals at weekends: “We had hundreds of mice, plus rabbits and



guinea pigs. I would often have to dissect a dead rat to use the organs for testing for autoimmune diseases and eggs were used for the culture of influenza viruses right up until the early 1980s.”

Today, of course, the laboratory operates 24-7 and the animals are long gone. Technology has changed microbiology

testing out of all recognition – in some cases even the trusty microscope has been put aside in favour of more modern molecular techniques.

“The volume of work has increased enormously – last year we carried out more than 400,000 tests – and we are now much more responsive to patient need,” says Peter. “In the old days we would run some types of test maybe once a week – now we run tests every day and in many cases we provide results the same day.

“Microbiology is not just about identifying different organisms and infection control, we are also actively involved in patient management through monitoring and evaluating different treatments and giving advice to clinicians based on scientific research. We also get involved in clinical trials. It is about protecting the health and wellbeing of the population.

“Infection prevention and control is an important aspect of our work, with testing for MRSA, C diff and norovirus a high priority.

“Health and safety issues have become much more important and we follow strict guidelines – pipetting by mouth was routinely done even with some of the most dangerous organisms in the early days of Microbiology. Thankfully I have never known a member of staff to contract an infection from the lab.

Move will strengthen Norwich research links

THE CLINICAL MICROBIOLOGY team will occupy the second floor of the new £5 million Innovation Centre on the Norwich Research Park, with facilities including seven laboratories, walk-in freezers and cold stores, plus 14 offices.

Krishna Sethia, NNUH medical director, commented: “The NRP is already home to Europe’s largest concentration of microbiologists but a missing part of the jigsaw has been expertise in medical microbiology. This move offers exciting possibilities for fostering research and development projects that could unlock benefits for patients.”

Funding for the NRP Innovation

Centre has been provided by the Biotechnology and Biological Sciences Research Council (BBSRC), the East of England Development Agency (EEDA), the Greater Norwich Development Partnership and the University of East Anglia.

Colney Innovations Limited (CIL), jointly owned by BBSRC, University of East Anglia, John Innes Centre and the Institute of Food Research, will manage the new facilities with the aim of providing space on commercial terms for science-related companies.

• For more information about the NRP Innovation Centre go to www.nrp-pic.com

Staff unite to beat scanning problems

IT WAS all hands on deck when our brand new CT scanners were beset by teething problems – made worse by telephone failures, a power cut in London and the small matter of a volcanic ash cloud preventing the delivery of parts from Germany.

“It really was a case of ‘What else can go wrong?’ says Chris West, lead radiographer for CT scanning. “At first we couldn’t phone the manufacturers, Siemens, because the phones were down, then the ash cloud meant that the plane carrying the parts we needed was grounded in Munich. By the time the scanners could be fixed we had lost 77 hours of scanning time, which could potentially have thrown us right off target.

“Over the next nine days we pulled out all the stops, creating new appointments for around 250 patients. Colleagues in radiotherapy allowed us to use their scanner for more urgent cases, while clinicians went through the lists and diverted some of the patients to have tests in nuclear medicine or ultrasound instead.

“The whole team – from radiologists to radiographers, radiology assistants and clerical officers – pulled together to meet our



targets, working 13 hour days, seven days a week to ensure that patients were scanned without delay. Afterwards there was a real sense of achievement and I felt tremendously proud of the whole team.”

Staff in radiology have worked hard in recent years to keep pace with growing demand for imaging, extending their shifts, providing a seven-day week service and redesigning some of the patient referral pathways. The radiology assistants are also developing their roles to give radiographers more time to focus on scanning.

“The new CT machines are more complex and the radiographer’s role has become more specialised,” Chris explains. “We are now developing our roles to include

Team effort: Chris West with radiographer Dilys Roberts and radiology assistant Cherry Greenacre. Staff from across the Trust worked together to catch up on missed scanning time

interpretation and reporting of CT head scans.”

The new super-fast scanners are able to build up a detailed 3D image in half a heartbeat, enabling clinicians to examine the function of arteries and measure blood flow to the heart or brain. With specialised software, they can be used for CT angiograms in selected patients with suspected coronary disease and it’s hoped we will be able to expand this service when our fourth CT scanner is installed next year.

Fete to support baby unit

NNUH IS holding its first ever hospital fete from 10am to 3pm on Saturday 25 September. There will be attractions for all the family, including stands selling cakes and books. All proceeds will go towards providing more intensive and high dependency cots for our Neonatal Intensive Care Unit. If you would like to help please contact julie.cave@nnuh.nhs.uk

Site managers take charge out-of-hours

FIVE NEW “site managers” have been appointed at NNUH to provide a troubleshooting management service overnight and at weekends.

Helen Maw, Kirsty Rowden, Monica Richardson, Ellie Jackson and Louise Sokalsky will help strengthen and support our site nurse practitioner team and ensure a “seamless” transition from day to night. All five come from a nursing background and have considerable experience of operational management.

“This new role is designed to facilitate a consistent approach to operational management in the out-of-hours period,” explains deputy operational manager Debbie Laws.

Hazel is first consultant radiographer

HAZEL EDWARDS is making history at NNUH by becoming the first allied health professional to be appointed a consultant. She is one of only six sonographers in the country to be working at this level.

Hazel will divide her time between clinical work at NNUH and teaching at the Radiology Academy, with the emphasis on supporting specialist registrars through their ultrasound training.

Glynis Wivell, manager of the Norwich Radiology Academy, commented: “High quality healthcare is inextricably linked with high standards of training and education. We believe Hazel has the right background to help us develop our educational strategies here at the academy.”

Having qualified as a diagnostic radiographer in 1988, Hazel has been



involved in ultrasound for 13 years, most recently at the Lister Hospital, Stevenage, and the University of Hertfordshire. She specialises in obstetric, gynaecological and abdominal scans.

“I am surrounded by a great team here in Norwich,” she said. “This new post gives me the chance to test my skills and do all the things I enjoy most as a sonographer.”

The demand for diagnostic ultrasound scanning has risen dramatically in recent years and there is a national shortage of skilled sonographers.

Hazel said: “I am conscious that I am blazing a trail for other allied health professionals and I am grateful to this Trust for offering me the opportunity. However, I am sure this is the way forward if we are to meet the growing demand for healthcare in the future.”

Challenge of meeting new cancer targets

AS THE BUSIEST cancer centre in the region, meeting the latest national waiting time targets for cancer diagnosis and treatment was always going to be a challenge.

“Only 12 per cent of our most urgent referrals turn out to be cancer,” says Jo Segasby, divisional operational manager for oncology and haematology. “The challenge



Our booking staff work hard to ensure that cancer patients are offered appointments within two weeks

is to manage the referrals in such a way that the 12 per cent are identified and treated as soon as possible, while the remaining 88 per cent are reassured and discharged.”

“Our staff have made considerable efforts to improve patient pathways and we are proud that we are now achieving all the required national cancer targets.

“One of the challenges for us is that patients are often unavailable to take up appointments within short time scales, yet these may still count as ‘breaches’.

“Targets may be controversial but no-one with suspected cancer wants to wait for a diagnosis or treatment and we owe it to our patients to ensure they don’t have to.”

Among measures put in place to speed up diagnosis and treatment are:

- Extra guidance for GPs, including “top ten tips” for referrals and more direct access to investigations
- Straight-to-test clinics for prostate patients after their first out-patient appointment
- Quicker access to colonoscopy following bowel screening
- New out-patient clinics for patients with neck lumps and breast symptoms
- An extended working day in radiotherapy to give more patients access to treatment
- A Saturday morning rota for admin staff to ensure that patients with suspected cancer are offered appointments within two weeks.

OUR RESPONSE TO NHS CUTS? TO BE THE BEST

There may be trouble ahead, says Trust chairman David Prior, but we will remain focused on our goals

THE ECONOMIC outlook for the next three years is grim – we face swingeing cuts at a time when demand for healthcare is rising rapidly. Undoubtedly the NHS will have to do a lot more with a lot less.

Our response will be to ensure that we are one of the most efficient and productive trusts in the NHS. For this we will need to make the best possible use of resources, to embrace more flexible working arrangements and to achieve a faster and smoother flow of patients through the hospital, from admission to discharge.

At the same time we want to develop further a culture in which clinical quality and patient safety are paramount. This means we will be open about our mistakes and learn from them, we will record and publish our clinical outcomes and we will measure and publish the level of patient satisfaction.

We will help create an integrated care system for our patients encompassing primary, community, acute, domiciliary and social care. This means working very closely with NHS Norfolk – and especially GPs – to make sure that patients are treated in the right setting and that their journey through the system is as seamless as possible.

We are committed to developing and improving clinical services both for our local population and for those living further afield. Our major ongoing investments focus on improving stroke, heart attack, cancer and diagnostic services. We must

develop close partnerships with other hospitals to ensure that patients receive the safest and best clinical care in the right place.

Finally, we want to build on the excellent reputation of the medical school and to implement the clinical academic research strategy agreed with the University of East Anglia and the institutes on the Norwich Research Park.

We have world class hospital facilities which will be further



“Success will only be achieved if all clinicians and staff work together in a spirit of partnership and teamwork”

enhanced by the rebuilding of Cromer and District Hospital, commencing later this year. We also have outstanding people. We can unquestionably provide acute, specialist healthcare to the highest standard. However, to succeed in this very hostile financial environment we will need to make significant improvements and become more efficient. This will not always be easy and I am convinced that success will only be achieved if all our clinicians and staff work together in a spirit of partnership and teamwork. Success is everyone’s responsibility.

Our trust is a fantastic place to work. I feel, as I always have, hugely proud of what we do and humbled by the kindness, hard work, compassion and skill of so many of our staff. It is a privilege for me to work here and I am sure that together we can steer a way through the choppy waters that lie ahead.

