

THE Pulse

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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



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Meet the new child protection team

SAFEGUARDING children is everyone's business and the expanding child protection team at NNUH are here to help. They provide training and guidance for all our staff, monitor and oversee safeguarding procedures and work closely with children's services, primary care and other agencies to find solutions to complex family issues.

Consultant paediatrician Richard Reading, who has taken over from Richard Beach as lead doctor for the team, commented: "I have been working in child protection for over 25 years and I still make mistakes and run into problems. We all need as much help, advice and support as we can get and the safeguarding team's role is to offer support to everyone in the Trust, whether or not they work directly with children."

Lead nurse Jenny Fraser explains: "I clearly recall a five year old child who was visiting his grandfather on MFE and the phlebotomist who came to take the grandfather's blood noticed that the child looked obviously neglected. She was also concerned about the child's interaction with his father. A referral was made to us and we managed to secure some extra help within

the home as his mother was not coping. It made such a difference to that family's life."

• Pictured with Richard are, from left: lead nurse Jenny Fraser, nurse advisor Tina Chuma (who recently joined the team from Addenbrooke's), secretary Sue McDonnell and nurse advisor Nicola Stimpson. The nominated director for child protection is director of nursing Christine Baxter.

• The team can be contacted on ext. 6759



Safety first for our lone workers

A SECURITY alarm system used by lone workers from NNUH has won a national personal safety award from the Suzy Lamplugh Trust.

The electronic device allows staff to press an alarm button if they feel threatened during a home visit. The system is being rolled nationally to NHS trusts, with over 30,000 devices already in use, of which 158 have now been issued to NNUH staff.

"Community midwives and occupational therapists are the biggest users and they are

delighted to have this extra security when they go out and about visiting patients," says Simon Wardale, head of security at NNUH.

"Before attending each off-site appointment, they leave a voice message giving the address and postcode of their destination which is automatically recorded at a national Alarm Receiving Centre (ARC). Pressing a panic button on the device triggers an immediate response from the ARC with a priority hotline to the emergency services."



HANDS-ON SKILLS

TWO GENEROUS donations have enabled the purchase of four new training simulators to help our surgeons develop and practise their laparoscopic skills. A patient who wishes to remain anonymous contributed £10,000 and a further £6,700 was received from the Friends of Norwich Hospitals.

The simulators are located in the technical skills laboratory within the Education Centre and are available for staff to use by prior arrangement with the skills lab manager, Stuart Malone, on ext. 2852.

Helping mothers to overcome mental health problems

A TRAINING package has been developed by NHS East of England to help health professionals working with pregnant women and mothers recognise mental health problems such as post-natal depression.

The *Nurturing the Future* programme is delivered in two parts, a single day education session and an e-learning package.

"CEMACE (Confidential Enquiry into Maternal Death) reports show that Psychiatric disorders are the leading cause of maternal death," says Lyn McIntyre, Interim Head of Clinical Quality at NHS East of England. "There is a wide variation of awareness about mental health issues and this training seeks to address that."

• To find out more visit www.eoe.nhs.uk/nurturing or e-mail Sejal Sonigra on sejal.sonigra@eoe.nhs.uk



THE LATE Rev Leslie Ward, who was our hospital chaplain for more than 20 years, was remembered in a short memorial ceremony at NNUH in December when his son, the Rev Simon Ward, unveiled a photograph in his honour. Now on display in the corridor on Level 1, the photograph shows Rev Ward in the chapel at the old N&N.

Former colleagues including Rev Pat Atkinson, Rev Darren Thornton and Captain Canon Michael Reeder joined Governor Gill Webster, Simon and his son Nathaniel to recall Leslie's outstanding dedication and commitment to patients.

• For more about the work of our chaplains, turn to page 10.

Cots for Tots appeal now tops £19,000

OVER £19,000 has been donated so far towards our £500,000 Cots for Tots appeal, which aims to expand the Neonatal Intensive Care Unit (NICU) and provide four new cots by next autumn.

The appeal was boosted by a cheque for £1,551.23 from Norwich City's skipper Grant Holt following an auction of his special "hat-trick boots". Another £1,000 was raised through Christmas cards designed by Kira McDonald, a 12-year-old patient on Buxton Ward and printed free of charge by Norwich Colour Print.

Consultant neonatologist Dr Mark Dyke said: "We hate to turn away babies who need our help and we urgently need to create more spaces so we can offer them the best of care close to home."

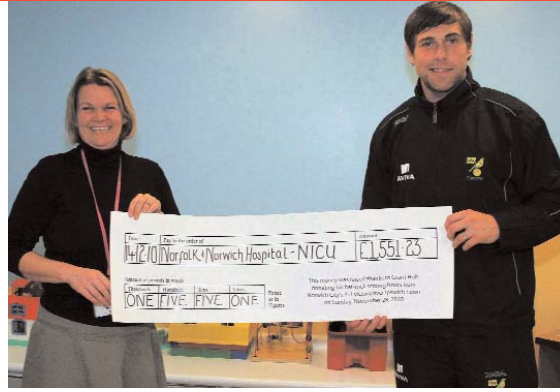


PHOTO COURTESY OF ARCHANT



NICU nurse manager Amanda Williamson (pictured with Grant Holt) said: "We are very grateful to everyone who contributed to this appeal and would like to encourage others to make a donation, no matter how large or small, as it all helps to make a difference for these families".

• If you would like to contribute to the appeal go to www.justgiving.com/norwichnicu or send a cheque payable to the NNUH NHS Foundation Trust and marked on the back "NICU Cot Fund F300" to FREEPOST Plus RRJT-ERAK-YEKZ, Colney Lane, Norwich, Norfolk NR4 7UY

WHY NO CHANGE IS SIMPLY NOT AN OPTION

THERE HAS been much debate in recent weeks about the radical restructuring of the health service that will follow the latest NHS reforms.



Though its budget was protected in the latest spending review, the NHS must cope over the next few years with demand that is rising inexorably as technologies develop, expensive new drugs are launched and the population ages.

As David Cameron recently argued in a speech to the Royal Society of Arts: "Pretending that there is some easy option, of sticking with the status quo and hoping that a little bit of extra money will smooth over the challenges, is a complete fiction."

The NHS functions in a social context which is very different from that of 1948. Consumer impatience, heightened expectations and intolerance of cumbersome bureaucracy were simply not cultural or societal issues in 1948.

The generation reared on the internet, Google, Facebook, Twitter and Amazon will not be served well by a system that was designed more than half a century ago. The values enshrined by the NHS endure, but the demands imposed on the service have changed beyond recognition.

Our challenge is to move our service on – to retain the spirit of communal decency and service with a system that is national, socialised in ethos but localised and networked in operation, while ensuring that it is consumer friendly and focused on the needs of patients.

ANNA DUGDALE

Chief Executive,
Norfolk and Norwich University
Hospitals NHS Foundation Trust

Martin is Young Achiever of the Year

A CATERING assistant working for Serco at NNUH has been named East Anglia's Young Achiever of the Year after taking part in the Prince's Trust "Getting into Hospital Services" programme.

Serco was the first organisation to take part in the programme, which gives young people a chance to gain work experience and gain a foothold in NHS hospitals.

Martin Wakenell, who is dyslexic, dropped out of school soon after his father died. He ended up living in a tent and surviving on baked beans.



After successfully completing four weeks' work experience as a porter, he is now undergoing NVQ level 2 training in Hospital Support Services.

"Often people want to work but never get past the interview hurdle simply because they have limited interactive skills," commented Chris Paul, Serco's training and development manager at NNUH. "Martin has made great progress over the past two years and his story shows the benefits of an 'employ for attitude, train for skills' philosophy.

"Work placements give individuals a chance to demonstrate their work ethic and gain the skills they need to find appropriate employment."

HOSPITAL OPEN DAY AND FETE



WE ARE celebrating 10 years of the NNUH being based at Colney Lane with a hospital Open Day and fete on Saturday 18 June.

Lenny the ladybird will be your guide during an action-packed day including behind-the-scenes tours, a careers fair, treasure hunt, farmer's market and car boot sale.

Move to support dystonia patients

A SUPPORT group launched by a mother of two from Wymondham, is offering a lifeline for people living with a movement disorder known as dystonia.

Supported by the Dystonia Society, a national charity, the group already has over 100 members in Norfolk and Suffolk and aims to raise awareness of the disorder among GPs and physicians.

Sarah Sayer, lived with the condition for seven years before it was properly diagnosed. "My hairdresser noticed that my head was twisted to one side and I realised I was doing it involuntarily," she recalled. "I went to various doctors and specialists over the years and eventually resorted to doing my own research on the web. I discovered that my symptoms could be greatly relieved with regular botox injections."

Neurologist, Dr Paul Worth, who runs a movement disorder clinic at NNUH, explained: "Many people have heard of



Dystonia sufferer Sarah Sayer aims to raise awareness of the condition through table-top sales at NNUH

writer's cramp, a form of dystonia which causes spasm in the hand and forearm and difficulty writing. But dystonia can also affect the neck, face and eyelids or even the voice. We don't know why some people develop the condition. It seems the 'programmes' used by our brains to carry out everyday tasks become scrambled or corrupted so the wrong muscles are used and in the wrong order, causing twisting movements, jerks or abnormal postures.

"We can offer botulinum toxin (botox) injections to relax the overactive muscles and stop them going into spasm. However, the

treatment is not always suitable or effective and there can be side effects."

Sarah's dystonia has forced her to give up her job as a property valuer and she can no longer go horseriding or play squash. However, she continues to practise yoga and tai chi. The Norfolk & Suffolk Support Group recently secured a grant from the Norfolk Community Foundation for a holistic therapy day and group events are held every three months.

"Dystonia can be painful and isolating so it's really helpful to talk to other people who are living with it too," says Sarah. "We're delighted to have the support of neurology specialists at NNUH and I hope that other doctors and health professionals will use the new dystonia learning module on the BMJ website (<http://learning.bmj.com>) to find out more about the condition.

• Sarah can be contacted on: 0845 899 7133.
Dystonia National Helpline: 0845 458 6322.



MAUREEN RETIRES AT 73

Tributes have been paid to Maureen Hayter, who for 31 years has been helping to fit women with prostheses following breast cancer surgery at NNUH.

Maureen began her career as a "limited function fitter" with the local orthotics manufacturer George Taylor, fitting patients with specialised aids such as corsets, surgical stockings and collars. The firm was later taken over by Trulife in Sheffield who supply a range of prostheses for breast cancer patients.

"Maureen was always very sensitive to the needs of our patients and she went out of her way to attend support groups and offer information and advice," said specialist breast care nurse Caroline Daly. "We will miss her calm and cheerful presence."

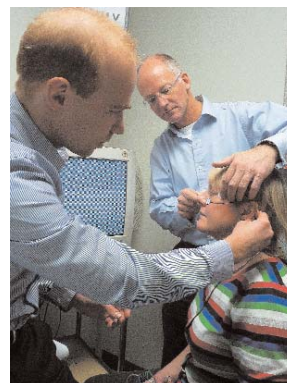
Maureen, 73, says she decided to retire "on a high". She recalled "The older prostheses were filled with bird seed – now they are filled with silicone and we can offer a much greater variety of shapes and sizes."

Charity funds glaucoma research

GLAUCOMA patients at NNUH are being asked to take part in a research programme involving the use of electrodes to test the function of the optic nerves.

The research is funded by the charity Fight for Sight and is led by Thomas Jehle, a glaucoma research fellow from Freiburg in Germany. The aim is to test the effectiveness of the Pattern Electroretinogram (PERG) technique for detecting early-stage glaucoma.

Testing for glaucoma currently involves a visual-field test which relies on the patient



responding quickly to a series of lights on a screen. It's hoped the PERG technique, which works in a similar way to an ECG for heart disease, will allow doctors to determine more accurately whether the patient's condition has progressed and whether their treatment has been effective.

Consultant eye surgeon Mr David Broadway (pictured, right with Thomas Jehle) said: "Glaucoma affects one in 50 people over the age of 40 and around 15 per cent of the over-85s so we are delighted to be able to support research into this little-understood disease."

THE MALE

members of our Facilities team embraced the spirit of "Movember" with open arms

when they joined a charity campaign to grow a moustache for the month of November. Spurred on by project manager Dale Jackson,

MO BROS' GROWTH INDUSTRY



they raised more than £1,800 for prostate cancer research, thanks to the generosity of their friends, families and colleagues.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH



Thanks for a warm welcome!

ONCE UPON a time a group of adventurous Portuguese nurses took up the challenge of living and working abroad... We all had different reasons for moving to the UK, such as the desire for new experiences or the lack of employment in Portugal due to the increasing number of nurses who were graduating each year.

We arrived in March and most of us had never been to England before so we were very anxious and excited about what to expect. We knew that NNUH was a big hospital but we didn't know where we would be working. From the very first day, however, the staff were supportive in every way.

We miss our families and friends and one of our group has already

returned to Portugal. Sometimes the will to go back is very strong.

We continue to be amazed by the way the hospital is managed, taking into account diversity/equality, principles, technology, and the individuality of each patient. We are proud to be part of this enormous group of professionals who combine their different talents to achieve one goal: to provide the best healthcare for the patients.

Our sincere appreciation and respect to Ellis Leadley, Stephanie Read, Nynke Hardy and Maxine Wright – we hope they continue to welcome and integrate foreign nurses into NNUH.

Ana Maria Valinho, staff nurse, Acute Medical Unit, and Vania Santos, staff nurse, Guist Ward

NEW YEAR, NEW YOU?

2011 COULD be the year to set some challenging goals for your health and well being – with a little help from the NNUH Trust.

The project group is working hard to help staff become more active in body and mind, so check out the intranet for ideas and updates. Activities on offer include a Life4Life weight management course and free health checks for all staff aged between 40 and 74, including height,



weight and blood pressure checks along with lifestyle assessments.

We had 500 replies to our recent fit4work survey and the results are being used to devise a '2011 Fitness in the Workplace' programme. If you are interested in joining a walking or running group, or would like to set up your own activity group, contact Lorna Jaggard on ext. 3858 or Rachel Hunt on ext. 2840.

New Governors

THREE NEW Governors have been appointed to our Council of Governors following last year's independent elections.

Terry Nye was elected a Public Governor for Broadland, Pamela Ford for Norwich and Sue Burt, an emergency nurse practitioner, was elected a Staff Governor by her colleagues in Nursing and Midwifery.

A retired chartered engineer, Mr Nye (*right*) has experience in health care planning and estate development. He spent 30 years in the NHS and a further 16 years



working abroad.



Miss Ford (*left*) worked as a nurse for 38 years – 25 of them at the old Norfolk and Norwich Hospital – before her retirement.

Ms Burt (*right*),



a Sister and emergency nurse practitioner in A&E, has represented nurses as a Steward for the Royal College of Nursing.

Chairman of NNUH David Prior said: "We are delighted to welcome such experienced people onto our Council of Governors. They will make a positive contribution and ensure that our hospitals are closely in tune with both our staff and the community we serve."

The role of the Council of Governors is to represent the interests of members when services are developed for the future.

Elections take place in May this year for the remaining 13 Governors who are coming to the end of their three-year term.

If you wish to stand for election, the nomination forms will be available after 11 March from ERS (Election Reform Services) on 020 8889 9203 or e-mail Charlene.Hannon@electoralreform.co.uk. You have until noon on 28 March to return the completed nomination form.

• To learn more about our Council of Governors or to become a member of our Foundation Trust, go online at www.nnuh.nhs.uk or ring 01603 287634.

DATES FOR YOUR DIARY

Medicine for Members

- 31 March, 6 - 8pm: Rheumatology
- 11 May, 5 - 8pm: Cancer treatments, services and support for patients, a joint event with the Big C cancer charity.

(Both events take place in the Gooch Lecture Theatre, NNUH. To book a place contact the Membership Office on 01603 287634)

Hospital Open Day and Fete

- Saturday 18 June, 11am - 4pm.

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-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**, Norwich Research Park:

Cellular Pathology, Radiology Academy

- **Innovation Centre**, Norwich Research

Park: Microbiology

- **Francis Centre**, Bowthorpe Industrial

Estate, Norwich NR5 9JA, ext. 4652

(Health Records Library)

- **Norwich Community Hospital**,

Bowthorpe Road, Norwich NR2 3TU,

Breast Screening, Pain Management

- **20 Rouen Road**, Norwich, NR1 1QR,

ext. 6904: HR, Recruitment, Payroll, Training,

Finance, Occupational Health, Out-patient

appointments, Cancer management,

Procurement, Cromer redevelopment project,

Clinical Effectiveness, Commissioning team

and Information services.

- **The Norwich Central Family Planning**

Clinic, Grove Road, Norwich NR1 3RH.

Tel: 01603 287345

Putting **FEE**

People with diabetes need to look after their feet before it's too late. Principal podiatrist

Catherine Gooday explains why it's important for both staff and patients to put feet first

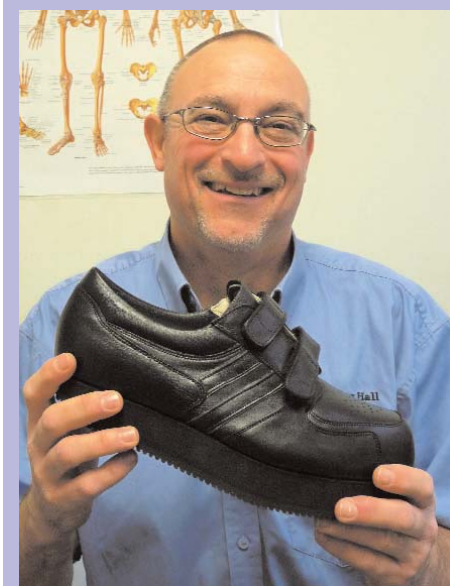
NIGEL SIMPSON had a sneaking suspicion he was diabetic but – “like a lot of men of my age, I was reluctant to go to my GP.” By the time he collapsed in his hallway in January 2010 with advanced gangrene in his toe, it was clear that diabetes had taken a heavy toll on his health.

“My feet were often cold but otherwise I was not aware of them,” says the 58-year-old retired schoolmaster from Norwich. “In fact I’d lost all feeling in my feet so that when I went out for a walk with a pastry cutter inside my snow boots (bizarre but true, it had been lurking in my boot since Christmas!) I just carried on walking with the cutter embedded in my toe.

“Looking back I was stupid not to have seen my doctor earlier – I’d been feeling under par for years – but this incident was the turning point. Within six months I’d had three toes amputated, and all because of diabetes. Now I am very careful about



looking after my health. I was a heavy pipe smoker before but I’ve stopped smoking completely. I check my blood sugar levels regularly and inject insulin religiously. I just hope others will learn from my mistakes and seek help before it’s too late.”



HAPPY FEET

Kevin Panter, an orthotic practitioner, says foot problems are exacerbated by wearing unsuitable footwear. “Women especially tend to buy shoes that are too small – you need a gap of at least 9mm between the toe and the end of the shoe – and low-cut shoes cause the wearers to bunch their toes.”

Kevin travels from the Kettering-based shoe maker Ken Hall every week to fit eligible patients with specially designed insoles and footwear. Made from soft leather, these NHS “hospital shoes” are individually shaped and cushioned to reduce impact and protect the feet from further damage. “We can’t provide slip-ons or heels but we do our best to make the designs acceptable, with a choice of up to 30 different colours,” says Kevin.



According to the diabetes footcare team at NNUH, Mr Simpson's case is not unusual – many patients with diabetes have damaged nerves in their feet leading to numbness (neuropathy), ulcers and eventually, if the wound fails to heal, to amputation.

Because of complications associated with long term, poorly controlled diabetes, around 50 per cent of people who develop foot ulcers are likely to die within five years, a mortality rate that is three times higher than for breast cancer.

“A lack of pain and discomfort is a serious problem because small cuts and sores may go unnoticed and the feet can become severely neglected,” explains principal podiatrist Catherine Gooday. “Without pain there is no warning of pressure, scalding or burning, leading to complications including infection, deformity and possible amputation.

“It's easy for healthcare professionals to overlook foot problems because the feet are usually covered and the patients themselves do not complain. However, their feet may tell a different story. So please take a little time to ‘put feet first’, especially if either you or your patients are known to have diabetes.”

HOW TO LOOK AFTER YOUR FEET

- Be aware of any numbness, tingling or ‘pins and needles’, a feeling of walking on cotton wool or pebbles, or a stabbing or burning pain in the feet.
- Wash feet daily and dry them thoroughly.
- Inspect every day for redness, cuts and injuries and seek help from a doctor, nurse or podiatrist if there is no improvement within three days
- Avoid going barefoot.
- Wear well fitting shoes (*see Happy Feet, below left*) and keep feet warm in soft, comfortable socks
- Stop smoking because smoking is known to make healing more difficult.

For more information go to the diabetes pages on our website: nnuh.nhs.uk

Diabetes foot disease: the facts

AROUND 600 patients are referred to the specialist diabetes footcare team at NNUH every year. However, many more people are likely to be at risk. A recent audit showed that 13.1 per cent of our in-patients had diabetes and, of those, 38 per cent had high-risk foot problems and 11 per cent had active foot ulceration.

Over 40 per cent of diabetes in-patients have neuropathy (lack of sensation) putting them at risk of heel ulcers which are costly and challenging to cure.

The diabetes foot care team welcomes referrals from healthcare professionals who are concerned about patients' feet.



“If caught early enough, we can provide

specialist treatment and support for patients with diabetic foot disease to improve their quality of life and hopefully avoid the need for amputations later on,” says Catherine Gooday. Treatment usually involves the clinical removal of unhealthy tissue and may occasionally involve larval therapy – ie maggots applied to the wound – to remove larger areas of infected tissue and promote healing.

Patients may be issued with walking aids, insoles or specially designed “hospital shoes” to reduce the pressure on their feet.

The multidisciplinary team includes podiatrists, diabetologists, vascular and orthopaedic surgeons and a shoe fitter. They provide a foot screening training programme for primary care staff and work closely with community-based podiatrists, nurses and GPs.

Regular study days are held for healthcare professionals to help them recognise diabetes foot disease and refer patients appropriately.

Above  *left: Nigel Simpson with podiatrist Grace Messenger and diabetologist Dr Jeremy Turner. Below*  *Catherine Gooday (front row, left) and colleagues from the multiprofessional footcare team welcome referrals from*



Accent on **ACUTE** medicine

Rising numbers of medical emergencies have triggered the need for a focused, consultant-led approach to medical assessment. Here we explain how our acute medicine teams are facing up to the challenge

IF YOU ARE suddenly taken ill and need specialist diagnosis, the chances are you will be referred to the Acute Medical Unit for assessment. You will not be alone – every day up to 100 patients pass through the unit suffering anything from unexplained chest pains to acute pneumonia.

Keeping pace with this demand – medical emergencies grew by 20 per cent last year – is a constant challenge and a series of changes at NNUH, including investment in a consultant-led service,

reorganised wards and a renewed emphasis on training and development, is already paying dividends for our patients (*see below*).

The aim is that all patients are seen and assessed by a consultant straight away – or at least within two hours of arriving on the unit – so that those who are not in need of acute hospital care can be reassured and sent home within a day, while those requiring further tests or treatment receive the help they need without undue delay.

The investment in AMU has been



supported by two national developments, the push for single-sex hospital accommodation and the recent move to recognise Acute Medicine as a specialty in its own right by the Royal College of Physicians.

New IT systems have also played a part in helping our staff to track the patients' progress and improve communication with other specialties, while enhanced diagnostic services provided by the radiology department and the laboratories are vital for fast, accurate diagnosis and safe discharge.

Dr Hugh Wilson was the first registrar in England to qualify as an acute medicine specialist in 2008. He is now one of three consultants working in AMU – the others are Dr Jo Southgate and Dr Al Green – and ring-fenced plans are in place to appoint three more.

“Our focus is to ensure that patients are seen by the right person, in the right setting, from the outset,” says Hugh. “This isn’t easy because of the sheer volume of patients coming through the doors. However, we have devoted a great deal of time to designing systems that put the needs of our patients first and we are now beginning to see the benefits.

“We have had extra help from Dr David Hamilton (a retired renal consultant) who has returned to NNUH in a new role as an Acute Physician. Also, very importantly, we have had excellent help from our specialty colleagues who have joined our on-call rota to provide consultant cover

WHAT'S NEW ABOUT AMU?

- Formerly known as the Emergency Assessment Unit (medical and surgical) the Acute Medical Unit (AMU) occupies two adjoining wards on Level 2 East. Surgical patients are now taken straight to Easton Ward for specialist emergency assessment.
- The adjoining single-sex medical wards are known as AMU (L) for men and AMU (M) for women, with a total of 68 medical beds compared to only 34 in the old unit
- There are high dependency areas on each ward so patients can be kept under close observation, if necessary, for up to 48 hours
- The number of consultants specialising in acute medicine is being increased from three to six and nursing staff from 70 to 130, with an emphasis on training and career development
- The Symphony IT system has been extended from A&E to AMU and allows staff on the unit to share information and keep track of the patients' progress. It is hoped this will be extended to other specialties to improve communication throughout the hospital
- A team from AMU won first prize in a recent competition at NNUH for their innovative approach to patient safety issues. They have designed an airline-style safety checklist and a sticker system to ensure that important information is conveyed when patients are moved from the unit to other wards.



PATIENTS FIRST:

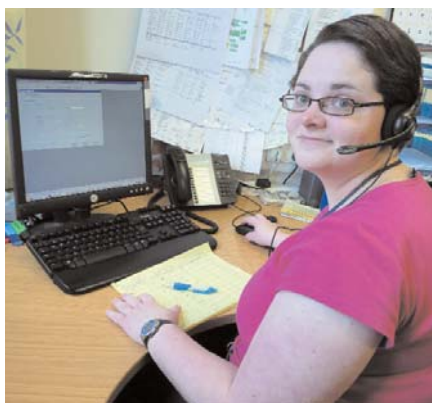
Communication and training are high priorities for the Acute Medical Unit, where consultants including Dr Jo Southgate (pictured above, briefing colleagues) and Dr Hugh Wilson (far left, with patient Robert Burns) work together to ensure that our patients receive a first class service. Esther Cockram (below left) is one of two GP liaison nurses who between them deal with up to 235 calls a day on AMU. The team

benefits from a multi-professional approach involving, among others, pharmacist Stuart Barrington (above, with staff nurse Sofia Soeira) and mental health liaison nurse Tanya Rimmer (below, pictured with staff nurse June Seabrook)

for AMU patients 24/7.

“Around a third of our patients go home within a day and some need the kind of support that is just not available in an acute hospital setting. We are working with the Primary Care Trust to get help for these patients closer to home.”

Dr Jo Southgate, who helps to advise the Royal College of Physicians and is a member of the Intercollegiate Board for acute care medical training, says: “Every hospital copes differently with medical emergencies because their systems have evolved over time. We still have some way to go because the numbers are rising all the time and because some of the sticking-points – such as the rise in drug and alcohol



abuse and mental health issues – are out of our direct control.

“However, we have had great support from the NNUH management team and we are now building for the future, with an emphasis on training and career development for both doctors and nurses.”





RONNIE WASHFORD, a staff nurse on Langley Ward, called on the chaplains when she was asked to attend a meeting to discuss returning to work after a long period of sickness.

"I received a rather formal letter from the Trust which mentioned that I could take someone along with me for support," she says. "I thought about taking my husband but I was afraid he would become defensive on my behalf. Instead I took Eleanor and it was perfect because the meeting was very friendly and unthreatening. Eleanor didn't say anything – she didn't have to – but just having her there was a help and gave me the confidence to face what could have been a rather daunting occasion."

Ronnie is pictured with Eleanor Langan and Judy Butcher, senior nurse matron for renal services, who commented "The chaplains do a great job for us on the unit and I fully understand and respect Ronnie's wish for their support."

Not just for Christians

THEY MAY be ordained in the Christian faith but our chaplains work on behalf of all denominations – up to 52 different faiths have been recorded in our hospitals – and provide a 24-hour on-call service for patients, whether or not they have a faith.

A dedicated Muslim prayer room is available near the chapel with facilities for visitors to wash their feet. There is also a separate multi-faith room for those who prefer not to use the chapel.

Around a third of the chaplains' referrals come from staff who recognise that a patient is distressed or lonely and needs someone to talk to. "Last year we held teaching sessions for around 400 staff to help them recognise when it's appropriate to refer patients for our help and support," says Eleanor Langan. "Patients may have spiritual and emotional needs that have nothing to do with religion and the service we provide is similar to other healing therapies available within the hospital that care for the whole person."

The chaplains (clockwise from top left) are: Rev Pauline Greasley, Rev Nick Collison, Rev Canon Pat Atkinson, Rev Janet Stuart, Rev Stella Green, Rev Eleanor Langan and Fr Luke Goymour



THE NNUH CHAPEL on Level 1, Centre Block, is open to everyone for quiet contemplation and prayer. Visitors are invited to light votive candles and prayers are offered every morning and evening "to give thanks for our day and pray for everyone in the hospital".

Religious services are held in the chapel four days a week and bedside communion and other sacraments are available on request. Special services such as wedding blessings and memorial services may also be held in the chapel, if appropriate. For instance, a Roman Catholic mass was recently conducted in Malayalam, the language of the Kerala area of southern India, at the request of some of our Indian staff.

• For details of services offered by the chaplains go to our website: muh.nhs.uk or bleep the chaplains on 0662 or 3470.



OPEN door

The chapel offers a peaceful retreat in the heart of busy NNUH. Just as important is the role of our chaplains in supporting staff through challenging times

AS A RECOVERING alcoholic and a Buddhist, Sarah (not her real name) welcomes the opportunity to talk to the chaplains in confidence and she frequently uses the multi-faith room at NNUH for meditation and prayer.

"The multi-faith room is a space for me personally to practise my Buddhist faith at work," she says. "As a member of Alcoholics Anonymous I also appreciate the care and support offered by the chaplains and the fact that they provide a safe haven for employees, patients and visitors, regardless of their age, gender, lifestyle and spiritual – or non-spiritual – beliefs. They have open hearts, open minds and, most importantly, an open door."

Rev Eleanor Langan, head of the chaplaincy team at NNUH, says: "We frequently meet staff who are struggling with personal

or professional worries and who welcome the opportunity to share their concerns. It may be that they are affected by an event in the hospital such as the sudden death of a child, or they may be caring for a patient who is deeply distressed after receiving bad news. Or they may have a personal problem or an awkward situation at work, such as bullying or a breakdown in



“The power of the chaplains to offer comfort and friendship should not be underestimated”

Dawn Collins, assistant director of nursing at NNUH, explains why she’s delighted that chaplaincy is back on the curriculum for our student nurses



r, OPEN

minds



Dr Shahzad Shah, a registrar in renal medicine, prays regularly in the Muslim prayer room next to the chapel. Like many Muslims working at NNUH he appreciates the inclusive service offered by the chaplains

communication with colleagues.

“Sometimes it is enough to talk through their concerns. Other times we may offer to act as an impartial mediator, to bring colleagues together in a situation where they do not feel threatened or compromised.

“When you unravel relationship problems they often come down to small misunderstandings that

can escalate and create conflict. We don’t take anybody’s side but we try to help people resolve the issues so they can have a better working relationship in the future.

“My experience is that people in this hospital are working very hard and fundamentally they mean well but sometimes things go wrong. Anxiety and fear can make people behave in unexpected ways – we offer a quiet place where people can come and reflect on their lives and perhaps get a new perspective on their problems.”

Sarah has been sober for seven years now but she still takes one day at a time: “For anyone worried about anonymity the chaplains are a great source of information and help,” she says. “If asked, I am happy to come and talk about AA and explain what it’s all about.

“One of the myths is that our members have to believe in God – in fact it’s more about a spiritual journey of self-discovery. The day I walked into my first AA meeting was the best day of my life – it has turned my life around and I am happy to talk about it.”

WHEN I was a student nurse 25 years ago, religion and spiritual care were seen as fundamental to patient care and the chaplains played a key role in nurse training. This changed over the years until chaplaincy slipped off the curriculum completely – a great shame, in my view, not just for the patients but for the nurses who could benefit from their support.

I am delighted that the UEA’s School of Nursing and Midwifery has now decided to include chaplaincy awareness on its curriculum for the coming academic year.

Research shows that faith and hope can play a big part in a patient’s recovery and my own experience is that chaplains can be an enormous help, simply by being there to offer support during difficult and complex situations.

At NNUH we are extremely lucky to have excellent chaplains who have flexed their role and adapted to changing times. They are happy to remove the dog collar and focus on listening to people, which I think is incredibly important. After all, many of our patients are elderly and it’s easy for those of us who work here to forget how frightening it can be to find yourself in a hospital bed, surrounded by busy people in uniform. The chaplains offer a link to the outside world and their power to offer comfort and friendship should not be underestimated.

Attending to patients’ spiritual concerns is a key part of the Liverpool Care Pathway, which provides a framework for end-of-life care, and we do our best to help the chaplains accommodate the wishes of patients and their relatives at this sensitive time.

We do not hold a licence to conduct weddings and funerals, as such, but we are hoping to remedy that in the future because it would be extremely helpful for some of our patients. It’s all about being responsive to their spiritual and emotional needs as well as their physical well-being.

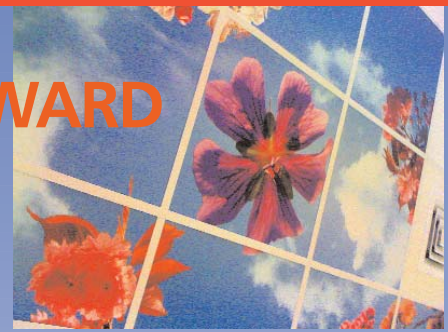
FLOWER POWER FOR RENAL WARD

SPRING HAS come early to the new renal dialysis unit at Cromer Hospital... the ceiling tiles have been decorated with a colourful array of blossom set against a bright blue sky.

The Hospital Arts project drew on the creative talents of two of our staff, histopathology network manager Julia Burton, a keen amateur photographer, and health records clerk Rob Middleton, a graphic designer by training – with a little help from professional photographer Mike Robinson.

The designs bring a touch of spring to the new newly refurbished Barclay Ward where the dialysis unit is now based.

Despite several weeks of bad weather, the contractors, Mansell, have been working hard to keep the development project on track. A temporary car park has been created across the road at Cromer Town Football Club to provide parking for patients and staff during construction. The old boiler house and chimney are being demolished to make way for the new build and preparatory groundwork will continue



on site during March.

Inevitably there will be some noise during this work. However, our contractors have signed up to the Considerate Constructor scheme and will try to minimise disruption as far as possible.

The new hospital development is expected to be completed by Autumn 2012.

'BEST OF NORFOLK' FOR HOSPITAL ARTS

PREPARE TO be dazzled by a star-studded line-up in a very special charity gala to raise funds for Hospital Arts in Cromer. The show takes place on 19 March at the Pavilion Theatre on Cromer Pier, and tickets are now on sale at £14.50 (£13.50 for concessions).

The legendary Olly Day (*below left*) will compere an evening full of variety, from the snake-hipped Elvis and the



Blue Sueders (*pictured*), to the sound of Fame, an up-and-coming girls' string quartet. There will be harmony from The

Silhouettes, dancing from the Marlene School of Dance and a few Norfolk yarns from Cromer's very own Keith Skipper.

Hospital Art co-ordinator Emma Jarvis



explained: "We're hoping for a sell-out evening because we need funds to pay for artworks for the new Cromer Hospital.

"We are very conscious that money is tight and we will try to keep our costs as low as possible, but research shows that the hospital environment can make a real difference to the well being of patients and interesting artwork can go a long way to enhance their environment.

"I am working closely with the new hospital project team to come up with artworks that reflect the character and nature of north Norfolk. We are hoping to involve students from Cromer High School, Paston College and Gresham's school, installing artists in residence to engage and inspire the students and co-ordinate their ideas.

"The Hospital Arts Committee will help to oversee the work and ensure that the finished results are suitable for permanent display in the new hospital.

"It's an exciting project because members of the local community will be contributing directly to the look of their own hospital."

• To book tickets for the gala performance contact the Pavilion Theatre box office on 01263 512495

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 April issue to Sue Jones (Communications) by 9 March 2011.

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

WELCOME

...to the following consultants who have recently joined the Trust: **Dr Sarah Wood**, urologist, **Dr Archana Soman**, paediatrician specialising in oncology.

FAREWELL

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

Christine McKenzie, recruitment manager, after 40 years, **Gillian Webster**, clerical officer in medical records, Cromer, after 34 years, **Patricia Smith**, diagnostic radiographer, after nearly 34 years, **Wendy Nicholls**, physiotherapy assistant,

after 31 years. **Sarah Scotter**, superintendent ultrasonographer, after nearly 31 years, **Ann Hall**, healthcare assistant in plastic surgery out-patients, after nearly 28 years, **Derek Simpson**, business and admin support manager in Laboratory medicine, after 25 years, **Jill Martin**, receptionist in medicine for the elderly out-patients, after 22 years, **Jane Thorn**, physiotherapy assistant, after 20 years.