

THE Pulse

Issue Number 54
April 2011



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



Wired for sound

How babies are benefiting
from the digital revolution, p8



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reconstruction, p8



Emma's stroke journey

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overcome stroke, p10



Going... going...

Farewell to the old
Cromer hospital chimney



Apprentice Bethany changes course

NNUH TRUST is helping to lead the way for local apprenticeships with a total of 99 apprentices working in our hospitals.

Among the latest recruits is Bethany Batson, from Southrepps, who is currently finding her feet as a receptionist at the Colney Centre. She is one of 15 at NNUH who have signed up to a scheme funded by NHS East of England.

Bethany is delighted to be spending a year combining on-the-job training with a business and admin course at City College Norwich. She applied for the apprenticeship after being made redundant from her job as a trainee hairdresser. "I absolutely love greeting the patients and I'm especially happy to be working in the Colney Centre as it's my favourite place in the whole hospital," she commented.

In February South Norfolk MP Richard Bacon visited NNUH to meet some of the apprentices and find out more about the scheme.

DIET AND DIABETES

IF YOU ARE over 40 with a BMI (body mass index) of more than 30 and live in Norfolk, you could soon be invited by your GP to take part in a research study which aims to prove that changes in diet and exercise could reduce the chances of developing Type 2 diabetes in people at risk. Preliminary findings suggest hundreds could be prevented from developing the condition.

Researchers working at NNUH hope to recruit 10,000 people for the £2.2 million study which is funded by the National Institute for Health Research. Up to 50 volunteers with Type 2 Diabetes are also being recruited to be diabetes prevention mentors. *For more information go to <http://www.norfolkdiabetespreventionstudy.nhs.uk/newsite/>*

Zumba time

NNUH STAFF literally jumped at the chance to try out a Zumba session during a healthy living event in the East Atrium.

The dance-style exercise class was one of a number of attractions on offer, from on-the-spot NHS health checks and flu jabs to interviews with a life coach and a drop-in session on stress. More than 100 staff signed up for local fitness and running classes.

The event was organised by our Health and Wellbeing group, in conjunction with the Workplace Health and Wellbeing team (formerly known as Occupational Health)



who have so far provided 400 health checks and nearly 2,500 flu jabs for our staff.

• *For more information about the Health and Wellbeing project contact Lorna Jaggard, HR Manager on ext. 3858 or Rachel Hunt, Business Manager on ext. 2840.*

NNUH HAS been chosen to take part in a new £2 million research study to find out how to prevent the three most common accidents among the under fives: falls, poisoning and scalding.

The study, "Keeping Children Safe at Home", is funded by the National Institute for Health Research (NIHR) and led nationally by the University of Nottingham.

Families of children attending A&E are being invited to fill in a questionnaire describing the accident, their home environment and any safety measures in the home. By comparing this information with questionnaires from other families in the community, they hope to identify the most effective measures that protect against injury.



The results will then be combined with international research to help inform and guide accident prevention policy in the future.

Dr Richard Reading, who is leading the project at NNUH, commented: "It is a great boost for Norwich to be chosen for this study. The NIHR only funds research they think will make a difference for patients so our results are likely to help make homes safer for young children."

"We are indebted to the staff of

A&E, the liaison health visitors, and the research nurses in the Primary Care Research Network who are helping to recruit families for the study. We hope that many families in Norfolk will be willing to take part and tell us what they do to keep their children safe."

• *To find out more contact richard.reading@nnuh.nhs.uk or Gosia.MajsakNewman@nnuh.nhs.uk*

Rapid response team is commissioned

NNUH HAS appointed a rapid response team to help investigate cases of unexpected child death. The aim is to establish, where possible, a cause of death in conjunction with the coroner, to identify any contributing factors and to provide ongoing support for the bereaved family.

Although this is not new to Norfolk, the

NNUH has been commissioned to deliver the health aspect of the service, working with colleagues in the police and social services to provide a multi-agency approach.

The rapid response team is made up of five senior paediatric nurses and a consultant paediatrician. They can be contacted via the on-call rota from 8am to 6pm every day.

Boost for children's cancer team

THE CHILDREN'S cancer team at NNUH is being strengthened to provide more local support for children with cancer. It follows a Department of Health review of shared cancer services and nationally agreed standards for children's cancer care across the country.

A second paediatrician with a special interest in children's cancer, Dr Archana Soman, has been appointed to work alongside the lead clinician for shared care

oncology, Dr Jo Ponnampalam, while a second specialist nurse, Kate Stanton, has recently joined the nursing team led by Rosie Larkins.

A child psychologist is also being appointed to work alongside CLICSargent social worker Vicky Whitney and family support practitioners from Quidenham Hospice, providing an additional tier of expertise for this very vulnerable group of patients and their families.

TEN YEARS OF SUCCESS TO CELEBRATE

I WONDER when we will stop thinking of NNUH as the "new" hospital? It is actually 10 years since we were planning the move to Colney Lane



and for me the time has flown. In fact it doesn't seem so very long ago since people were expressing doubts that the move would ever happen!

We are now planning to celebrate our tenth anniversary with our Open Day on 18 June and a special AGM on 23 September, when we will be inviting local residents – patients, relatives and all our foundation Trust members – to come and see a range of displays and presentations showcasing some of the exciting developments we have seen over the last ten years.

We have a lot to be proud of and we hope you will want to take part and celebrate our success!

Among recent visitors to our "new" hospital was the High Sheriff of Norfolk, Mr Charles Barratt, who asked to go behind the scenes "to say thank you for the service and dedication that so many unsung heroes give to all of us who are lucky enough to live in Norfolk".

Like many of our visitors, Mr Barratt (see picture on page 4) was overwhelmed by the hospital and the dedication, loyalty and motivation of everyone he met.

His very positive comments are reflected in the latest NHS staff survey, where we came out in the top 20 per cent of trusts nationally for motivated staff. I also see this in the many letters I receive each day expressing thanks for the care and compassion shown to patients and their families.

So yes, we do have a lot to celebrate as we look forward to the next ten years.

ANNA DUGDALE

Chief Executive,
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Cots for Tots appeal tops £30,000

FROM SPONSORED runs to parachute jumps, from concerts and auctions to a black tie ball ... the race is on to raise funds for our £500,000 Cots for Tots Appeal.

The aim is to equip four new cots for our extended Neonatal Intensive care Unit's (NICU) giving more local families the option of life-saving treatment for their babies close to home. At present some families are forced to travel farther afield when the Unit is full to capacity.

The total raised now tops £30,000 and we are indebted to all those who have

contributed so far. Some of the staunchest supporters are families whose children owe their lives to the care they received on NICU.



One little girl, six-year-old Ellie Ward (left), from Easton, handed over her birthday money after seeing pictures of herself as a baby on the unit, while Suzanne and Myles

Thorne, whose son Kyle spent time on the unit, raised an impressive £1,549 with a sponsored bike ride from NNUH to their home in Carterton.

Events planned for this month include a charity ball and raffle on 9 April and a Live Aid Concert in North Walsham on 16 April.

All proceeds from our Hospital Open Day and Fete on 18 June will go towards the Norwich Cots for Tots appeal so please come along and enjoy the many attractions on offer (see page 5).

• 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



FUNDRAISER STEPS IN

Meet Beth Coley, our new fundraising manager, who joins us from Norfolk County Council where she worked as

a Development Manager in Children's Services. Beth commented: "My work with the Friends of NNUH charity will mean I can help bring new fundraising opportunities to the hospital and support all of our charity appeals."

• For more information contact fundraising@nnuh.nhs.uk

A POSTNATAL EXERCISE group offered by our women's health physios for patients with back and pelvic problems has proved to be a big success with the mums. A recent survey showed that 90 per cent found the exercises helpful and 100 per cent said the women's physio service was "excellent". Senior physiotherapist Claire Smith explained: "The classes run every Monday lunchtime for six weeks on a rolling programme. We discuss common problems and then do pilates-style exercises designed to strengthen the women's core stability."

For more information contact the women's physiotherapy team on 01603 287130.



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

WH Smith, 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 dispenser in East Atrium Level 2
and in WH Smith, Plaza (West)

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. 6954: 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 Contraception and
Sexual Health Clinic**, Grove Road,
Norwich NR1 3RH. Tel: 01603 287345

Pulling power of Audiology

OUR Audiology team turned out in force to take part in a sponsored minibus pull, raising £1,000 for the Norfolk Deaf Association.

The money will help to keep the charity's minibus on the road, allowing volunteers to visit outlying villages in Norfolk to dispense much-needed information and advice for people with hearing aids.

The Association works closely with the audiology staff at NNUH, who value the



charity's support. "Our job would be much more difficult without these volunteers," says Dr John Fitzgerald, head of audiology at NNUH, who cheered on the team as they pulled the minibus. In the driving seat was BBC Look East's Carol Bundock.



TEENAGERS undergoing chemotherapy in the Colney Centre now have a laptop and a range of electronic games to amuse them, thanks to a former patient, Christine Bremner, who organised a 10-mile sponsored walk from Harleston to Homersfield, raising an impressive £2,500 to be split between the Weybourne Unit and the Big C cancer charity. Christine, who was diagnosed with breast cancer in 2008, says she was "amazed and very touched" by the turnout on a freezing cold day in December.

THE HIGH SHERIFF of Norfolk, Charles Barratt, visited several departments at NNUH in early February, including the Day Procedure Unit, blood transfusion department and Sterile Services, where surgical instruments are cleaned and sterilised. He also talked to interns on our Project Search scheme. Pictured with him are Jilly Gardner and Paul Sinacola, team leaders in Sterile Services.



THE LIVERPOOL

Care Pathway, or LCP

(so called because it originated in a Liverpool hospital) was launched at NNUH four years ago to provide a framework for end-of-life care.

Since then the guidelines have been modified to clarify some of the key issues for both families and carers at this very sensitive time. The new version addresses the ethical issues surrounding nutrition and hydration. It also makes clear that the LCP should involve families and carers and that each patient should be continually assessed by the whole multi-disciplinary team.

"We need to ensure high quality care for

Dying wishes

our dying patients and the LCP allows us to take a step back and think about

whether the decisions we are making are in the best interests of each individual," says palliative care specialist nurse Emma Harris.

All staff who care for dying patients are urged to attend one of the teaching sessions being run by our specialist palliative care team. A free education programme is also available for health care professionals in the East of England. It combines e-learning with workshops and competency-based support and mentorship.

• For more information contact Emma Harris on ext 3227.

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS, NNUH



THANKS FOR A VERY PRECIOUS GIFT

The widow of TV weatherman David Brooks, who died from leukaemia last December, pays tribute to the blood donors and "heroic" hospital teams who helped to prolong his life

MY HUSBAND David was passionate about many things and his enthusiasm for everything he embarked on was legendary. Latterly his interest was channelled into the Colney Centre at NNUH and the amazing work of the doctors and nurses in the Weybourne Unit. He found them inspirational – "heroic" was his word – and we are indebted to them all.

One of David's last public appearances took place a year ago when we invited the cameras into our home to make an appeal for blood donors.

David received well over 300 units of blood during his final years and each one provided his family with an extra period of quality time. They allowed him to welcome eight grandchildren into our world and, on behalf of our family, I would like to thank all those who donated for those precious moments.

So please, if you are able to give blood, I urge you to do so. It is very easy. It does not take long, and you can now start to

give blood up to the age of 65. It is a wonderful way of helping to prolong a life. I know it did for us.

Linda Brooks, Norwich

FLOCKING TO NNUH

It is not unusual to spot a single Pied Wagtail searching for crumbs outside the West Atrium, but we have



recently seen a flock of around 200 birds seeking shelter in the NNUH grounds.

As dusk falls, they put on a flypast, calling to each other as they zoom over the plaza area before tucking up on a birch tree for the night in the safety of the hospital building. We all know the Trust offers a wide range of care, but this unexpected sight is a bonus for patients, visitors - and birds!

Julia Burton, histopathology manager

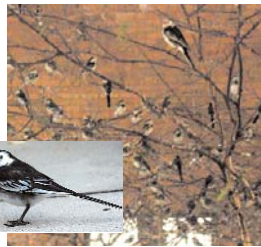


PHOTO BY JULIA BURTON

ELECTION NEWS

Elections are under way for 13 Public Governors and four Staff Governors as members of the Council of Governors complete their three-year term. Ballot papers will be sent out to members in mid-April and must be returned to Electoral Reform Services by noon on 5 May. The results of the election will be published on 9 May.

STAFF AWARDS 2011

This year's staff awards open in April when patients have the opportunity to nominate the members staff or teams who have provided exceptional care.

Staff can also nominate their colleagues in categories such as leadership, innovation or lifetime achievement. There is also a new category this year for individuals or teams which have improved patient safety.

For more information, contact Communications on 01603 289821 or go to www.nnuh.nhs.uk

OPEN DAY AND FETE

This year's Open Day and Fete offers a whole range of activities at NNUH from 11am to 4pm on Saturday 18 June. New attractions this year include a tour of our heart attack centre, a healthy eating 'bush tucker' trial, and the chance to walk through a giant inflatable colon showing how the gut works.

Key attractions at the fete include a raffle, tombola, bouncy castle, bungee run, inflatable slide, plus stalls selling cakes, plants and books. There will also be a Battle of Britain flypast and the county's best food and drink producers will be offering their wares.

MEDICINE FOR MEMBERS

The next Medicine for Members event takes place from 5pm to 8pm on Wednesday 11 May when the Big C charity and the NNUH link up to provide the latest information on cancer care. To book a place call the Membership Office on 01603 287634.

COUNCIL OF GOVERNORS

The next Council of Governor meetings are being held on 26 May and 21 July. For more details, contact the membership office on 01603 287634.

Outstanding care

THE FEBRUARY issue of *The Pulse* featured the Acute Medical Unit (AMU) where I spent two days over a weekend recently. There were plenty of enthusiastic junior doctors backed up by consultants and nurses throughout the day and night when new patients were still being admitted. The constant care and attention given to one very poorly elderly lady throughout the night was particularly outstanding.

How lucky we are to have the quality of leadership and standards on this ward of which the Norfolk and Norwich University Hospital can be justly proud.

Anne Hoare, Wymondham

HAVING JUST read your feature about AMU, I was surprised to see the wards

are named AMU (L) for men and AMU (M) for women (or perhaps ladies). It just seems counter intuitive to me.

Ron Brewer, Old Buckenham

TRUST RESPONSE: *All our wards run alphabetically from west to east and AMU was named accordingly – ie AMU (M) above Mulbarton, AMU (L) above Langley. The deciding factor for which side of the unit would be male or female was based on the average number of males and females attending over the year. AMU (M) has a larger bed capacity and at the time it was thought we needed to accommodate more women than men. Interestingly we believe this may not be the case and we are considering swapping the unit around to accommodate men on AMU (M) and women on AMU (L), which would resolve the issue you describe!*

Wired for **SOUND**



WITH THREE of her four children suffering varying degrees of deafness, Leanne Brown is no stranger to the audiology clinic at NNUH.

Her youngest child, one-year-old Eliza, was diagnosed with mild-to-moderate hearing loss just days after she was born. But already the benefits of an early diagnosis are becoming apparent and Leanne has nothing but praise for the audiology team.

"When my eldest child, Megan, was born seven years ago there was no scientific hearing test available for babies and it was years before my worries about her hearing were confirmed," recalled the 27-year-old care worker from Coltishall.

"My experience with Eliza was very different. Her ears were tested the day after she was born and she was fitted with a hearing aid at only two months old. She's already babbling away, trying to talk, whereas Megan was five before her speech developed."

Eliza is one of 70 babies picked up by the Newborn Hearing Screening Programme since it was introduced at NNUH in 2006. (See *Newborn hearing screening: the facts*).

Before that, the standard hearing test for young children was for a health visitor to stand behind them with a rattle and see if they turned around when they heard the

Advances in digital technology have revolutionised the diagnosis and treatment of deaf children and the screening process starts as soon as they are born. Here we explain how babies and children are being helped to tune in to the world around them



Leanne Brown with daughter Louisa and Leah Barlow, clinical scientist for paediatric audiology

sound. Many hearing problems were missed in the vital early stages of their development.

"The earlier children are diagnosed the better," says Liz Reed-Beadle, an educational audiologist who acts as a link between the Children's Services Sensory Support team in Norfolk and NNUH. "It means they start picking up sound straight away so their speech and language develops more naturally."

The hearing test is only one way in which digital technology is revolutionising the diagnosis, treatment and education of deaf children. Hearing aids are now much more efficient and there are sophisticated personal FM systems available to help deaf children to tune in to the teacher's voice – with the result that more deaf children than ever before are able to attend mainstream schools.

Research studies at the University of Southampton have already shown that

children whose hearing had been screened soon after birth had, on average, better language and reading abilities at eight years of age than children who had not been screened. They are about to embark on further research to see if the same is true of teenagers.

Leanne admits that juggling hospital appointments and maintaining hearing aids for three young children has its challenges: "The baby pulls out the ear moulds and puts them in her mouth – she's actually swallowed two of them, although luckily they came out intact the other end! The only solution seems to be an old-fashioned bonnet tied under the chin.

"It can be hard work but the audiology team are brilliant – they explain everything and I even have Leah's number in case I need help or advice."

Newborn hearing screening: the facts

MORE THAN 30,000 newborn babies have been screened by the NNUH team over the last five-and-a-half years as part of a national Newborn Hearing Screening programme. Of those tested, 70 were found to have permanent hearing impairment.

The procedure is quick and painless and involves the use of a hand-held computer wired to an earpiece which is placed inside the baby's ear. When hearing is normal, the cochlea produces an echo in response to a sound played into the ear and the echo is picked up by a microphone inside the earpiece.

If there is no clear response – perhaps because the baby is unsettled – a further hearing screen is performed. The aim is that all babies are screened within four weeks of birth, either in hospital or by the screeners in out-patient clinics based in Acle, Long Stratton, Dereham or Cromer.

WHAT HAPPENS NEXT?

If there is no clear response from the hearing screen, the babies are seen in the Audiology department for further diagnostic tests. Many are found to have normal hearing or temporary deafness but some may have a permanent hearing loss that would benefit from a hearing aid.

Once diagnosed, the baby is monitored regularly and hearing aids may be provided from around two months of age.

Ear moulds are created for each individual child and must be changed regularly as the child grows – in the early months this could be as often as every two weeks.

Children are seen by a multidisciplinary team to test their hearing and monitor their development. The team includes clinical scientists, paediatric audiologists, speech and language therapists and sensory support specialists.

If hearing loss is severe the child may need a further boost in the form of a cochlear implant, an electronic device that turns sounds into electrical signals rather than making sounds louder like a conventional hearing aid. Part of the device is surgically implanted, as the name suggests, in a specialist procedure carried out at Addenbrooke's Hospital.

For some patients who cannot wear hearing aids – perhaps because their ears are damaged or deformed – a bone-anchored hearing aid may be more appropriate. NNUH began offering this option to adult patients in 2002 and the service has now been extended to children who meet the necessary criteria.



NEW MUM Lindsey Keough, from Wrenningham, cradles her one-day-old baby, Ava, as screener Bonnie Nixon carries out a digital screening test. Bonnie is one of a team of seven newborn hearing screeners at NNUH. "You have to be sensitive to the mums as naturally they get a bit anxious," she says. "But the process is quick and painless and it's very beneficial for the children."

FOUR-YEAR-OLD Louisa Brown, seen opposite proudly showing off her new ear moulds has worn a hearing aid for more than two years. At school her teacher wears a transmitter to help her tune in to the teacher's voice.

LEAH BARLOW, pictured with Louisa Brown and her mum Leanne, is one of the lead clinical scientists in audiology who specialise in paediatrics. The team cares for around 250 children with permanent hearing loss. "We get to know the families really well as they attend the hospital regularly for the first few years," she says. "It's very satisfying because the whole audiology team works together to achieve the best possible outcome for each child."

FROM CHILDREN TO ADULTS

The audiology team at NNUH has recently set up a quarterly clinic where deaf teenagers can continue to get help and advice. Dr John Fitzgerald, clinical director of audiology at NNUH explained: "As children they are used to having a lot of support but this does not automatically continue when they become adults. We aim to provide practical advice and encourage young people to seek extra support if they need it when entering college or the workplace."





FOUR-YEAR-OLD James Wood (above and right) is now able to walk and run with his friends after undergoing complex surgery to correct difficulties caused by a rare congenital disorder known as Pterigium syndrome.

His mum, Tammi Quasniczka, a teacher at Moorlands primary school in Belton where he is now a pupil, says the difference is remarkable and she has nothing but praise for the whole paediatric team at NNUH: "He is really at home in the hospital and that's because everyone is so welcoming and helpful, from the physiotherapists to the nurses, surgeons and anaesthetists. It's incredibly reassuring to be able to see the same team each time we come here."

In his short life James has undergone nine operations involving complex plastic surgery as well as orthopaedic procedures to straighten his limbs. He even spent two and a half months with his leg encased in an external fixator. (See "The long road to limb reconstruction", opposite)

"We got into the routine of cleaning the frame to prevent infection and James was able to turn the key himself, under my supervision, which he found very exciting," says Tammi. "It was a huge undertaking but looking at him now you would never know that one of his legs used to be bent at a 90 degree angle, making it impossible for him to walk on that foot. It's wonderful to see him running around and keeping up with his friends."

Children from all over Norfolk are benefiting from life-changing surgery, thanks to the expertise and commitment of our team of orthopaedic specialists



Out on a

WATCHING 10-year-old Thomas Graves (pictured) walk with ease across the gym was a proud moment for orthopaedic surgeon Mrs Rachael Hutchinson.

Just 10 months ago Thomas's legs were failing due to cerebral palsy and he seemed destined to spend much of his life in a wheelchair.

After months of careful planning and a complex operation to re-align his hips, straighten the knees and stretch both of his calf muscles, he is now able to flex his feet and stand tall for the first time in his life.

For Rachael, who believes passionately in giving disabled children the chance of surgery, if possible, to enable them to lead more "normal" lives, this was the culmination of years of surgical training, not just in the UK but in Melbourne, Australia, where surgery for cerebral palsy is commonplace.



Thomas Graves, from King's Lynn, is working hard on his muscle strength and is now able to walk short distances without pain

"In this country we are way behind Australia and the United States when it comes to helping children with cerebral palsy," says Rachael. "When I came home I was determined to use the techniques I'd learned in Melbourne

and it is very gratifying to see patients in Norfolk beginning to benefit."

Rachael is following in a long tradition of pioneering surgery in Norwich, from hip replacements in the 1950s to complex spinal surgery. She joined Mr Keith Tucker in the paediatric service three years ago and is aiming to further develop the excellent service he has put into place



Team work: James Wood and his mum Tammi Quasniczka with orthopaedic surgeons Rachael Hutchinson and Ben Davis, and specialist children's orthopaedic nurse Jan Wilkins

"Ollie coped by pretending to be a Transformer"

SEVEN-YEAR-OLD Oliver Gent, from Great Yarmouth, received a national bravery award from the WellChild charity last year for his courage in coping with Freeman Sheldon Syndrome, a rare condition affecting his bone and muscle development. He lived with his legs in external fixators for six months and underwent several operations to straighten his feet. He is now able to walk for the first time in his life. Mum Donna Gent says Oliver was "amazing" throughout and coped by pretending to be a Transformer. His younger brother, Ben, has also undergone surgery for problems caused by Freeman Sheldon Syndrome.

LIMB

for Norfolk children over the last 20 years.

Her enthusiasm is matched by her specialist colleagues and she points out that good teamwork is essential, from the nurses and therapists who care for the children before and after their surgery to the paediatric anaesthetists, paediatricians and theatre staff who make it all possible.

The team treats children from the Queen Elizabeth Hospital in King's Lynn and the James Paget Hospital as well as from NNUH, which saves families from having to travel farther afield for specialist help. "Knowing the child and family well and making a thorough multi-disciplinary assessment helps to achieve good outcomes which in some children can give dramatic results," says Rachael.

"In the last 12 months we have developed regular clinics where children are seen and supported by the whole multidisciplinary team. We discuss the children's progress with their families and decide together how best to proceed.

"Each case is different and what each child can achieve will be different. It may not be in the children's best interests to embark on major surgery and their needs may change over time.



"Improving independence is key. For more severely effected children, if we can reduce their pain, improve their ability to sit or help with caring needs, this makes a huge difference, not just for the children but for their carers, especially as they get older and heavier.

"The clinic is not a one-stop shop because the process can take years to evolve – we are working with families and using the child's own potential to adapt and grow."



The long road to limb reconstruction

THE PROCESS of advanced limb reconstruction using external fixators was pioneered in Russia more than 60 years ago when it was discovered that bone could be regenerated if an external framework was attached to the bone and slowly stretched over several weeks.

Today the technique is used in complex trauma cases and for limb-lengthening and deformity correction – perhaps when one leg is considerably shorter than the other.

Orthopaedic surgeon Mr Ben Davis learned to use external fixation while training in Liverpool and Denver, Colorado, prior to joining the NNUH team in 2009. "It's like working with a Meccano set," he explained. "You build up the frame from a range of tools and parts that can be adapted to the needs of each patient. The frame is adjusted very slowly

using simple tools – usually four times a day over several weeks to achieve about 1mm growth each day.

"It has to be a partnership between us and the patient so a large part of our role is to ensure that families are fully informed and compliant before going ahead. Clearly there are risks with any surgery but when used correctly it is very safe and very straightforward.

"The process takes time but the results can be quite dramatic – it's possible to extend a limb by as much as a quarter of its length and

straighten bones and joints that are considerably mis-shapen. This can improve mobility and prevent future problems by

ensuring the bones and joints are properly aligned."



Recent advances in stroke care have had a huge impact on our patients. Here we explain how a more “joined-up” approach with the local community is leading to faster diagnosis and treatment for stroke patients

WHEN RETIRED plumber Ronald Giles put his feet up after walking the dog, he had no idea that within hours he would be rushed to NNUH with a suspected stroke.

“When I tried to stand up my right leg wouldn’t move and my right arm felt strange,” he recalled. “I phoned my ex-wife and in no time an ambulance turned up outside. We were met at the doors of A&E by a specialist stroke nurse and I was whisked off for a CT scan straight away.”

The scan showed Ronald was suitable for clot-busting drug treatment, known as thrombolysis, administered intravenously in A&E. Within the hour his symptoms had abated and he was taken to the acute stroke unit on Gunthorpe Ward for further assessment.

Not every stroke patient benefits from clot-busting thrombolysis – if there is bleeding in the brain it could actually do more harm than good. The treatment also has to be given within three hours of a stroke – any longer and it’s too late to save the affected area of the brain. However, the results for the lucky few can be dramatic.

Even those who are unsuitable for thrombolysis are benefiting from speedy access to brain scans and ultrasound, leading to faster diagnosis, treatment and therapies – all of which are crucial to improve their chances of recovery.

Like many other patients, Ronald and Steven Cooke (right) had seen the TV adverts urging patients to recognise stroke symptoms and seek help **FAST** (the letters stand for **F**ace, **A**rm, **S**peech problems? **T**ime to call 999).



STEVEN COOKE, 39, from Norwich, was rushed to A&E after his fingers and arm went numb while playing darts. It was the second time he had suffered a stroke and this time he received clot-busting thrombolysis because he arrived at NNUH within the three-hour time limit.

“The first time it happened I woke feeling strange – my speech was slurred and I kept losing my balance, a bit like being drunk. On that occasion it was too late for me to benefit from thrombolysis but this time was different – within a day I was getting the feeling back in my hand.”

EMMA ELLIOTT was just 36 and her baby son, Connor, was only four months old when she suffered a stroke in November 2009, less than a day after being admitted to NNUH with severe ulcerative colitis.

Despite months of illness and rehabilitation, she is now on the road to recovery and planning to return to work full-time as a project consultant for Aviva.

“The first few weeks are a blur – the last thing I remember clearly was being allowed to have Connor with me in hospital because I was still breastfeeding. After that it got a lot more serious, with numerous tests and a major operation to remove my colon, but I was too ill to take in what was happening.”

Emma’s husband, Grant takes up the story: “Suddenly I was in charge of the baby and it was touch and go whether Emma would survive. It was a very scary time but the hospital team were brilliant and very understanding.”

After eight weeks at NNUH, mostly on the acute stroke unit, Emma was transferred to

“Coming home to my baby was my red letter day”



the newly built Beech Ward at Norwich community hospital, one of the first patients to benefit from our integral stroke pathway (see panel, right).

“When I left hospital I couldn’t even get myself out of bed on my own but on Beech Ward they managed to get me back on my feet and into a wheelchair,” says Emma.

“February 19, 2010 was my red letter day because that’s when I went home to Grant and Connor, with support at home from various therapists and assistants (the early supported discharge team, or ESD). They helped in lots of ways, such as arranging for safety rails to be installed and accompanying me on the bus to Norwich to make sure I was safe to go out on my own.

“It’s been hard because I lost the use of my right arm and leg and I still have some mobility problems, but it might have been a lot worse if I hadn’t been given clot-busting drugs at the crucial time.”

Grant says the care his wife has received has been “brilliant, from start to finish”.

“Without the help of all those people there is no way Emma would be sitting here today telling her story. Now we can think about planning our future together.”



TROKE



Emma Elliott with son Connor, who is now 21 months old

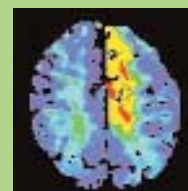
FAST track to treatment on the new stroke pathway

THANKS TO recent improvements in stroke services – including the opening of Beech Ward, a dedicated stroke rehabilitation centre at the Norwich Community Hospital – the average length of stay for stroke patients at NNUH has reduced from 17-18 days to just nine days in the last 18 months. Patients are benefiting from a range of measures including:

- Paramedics trained to recognise the signs of stroke and forewarn the specialist team at NNUH that a stroke patient is on the way.
- Stroke alert nurses on duty 24/7 to greet



From the ambulance to A&E, Gunthorpe Ward and the Mulberry Rehabilitation Unit... patients are benefiting from an integrated approach to patient care



New CT scans show areas of the brain that are at risk (yellow) as well as those already damaged (red) so clinicians can decide whether clot-busting drugs are appropriate

PATIENTS who suffer a mini-stroke, or TIA (transient ischaemic attack), should be referred urgently to the TIA out-patient clinic at NNUH as timely treatment could reduce their chances of having a full-blown stroke later on.

David Barrett, 62 (left), a volunteer co-ordinator for Leonard Cheshire Disability, Norfolk, was shocked when he looked in the mirror and noticed that one side of his face had dropped.

The problem quickly went away but when it happened again he called his GP and was referred directly to the TIA clinic. He underwent an ultrasound scan on his neck (right) to check for blocked carotid arteries, as well as a CT scan to track any bleeding in the brain.

"The service was impressively quick and very reassuring as all appeared to be well," he said.

TIA specialist nurse Sara Shorten explains: "All patients diagnosed with TIA are prescribed blood thinning drugs such as aspirin and advised about lifestyle changes such as taking more exercise, advice on smoking and alcohol. A small percentage will need surgery to clear blocked arteries after an ultrasound scan."



patients and authorise emergency scans from our Radiology team.

- New CT scanners provide clear, graphic images of the areas of the brain at risk as well as those already damaged,

helping clinicians to decide on the best course of treatment.

- Wherever possible, stroke patients are admitted to the acute stroke unit (Gunthorpe Ward), where they are rapidly assessed by a specialist stroke team including speech and language therapists, dietitians, physiotherapists and occupational therapists.
- Patients may later be referred to Beech Ward in the new £8 million Mulberry Unit, based at Norwich Community Hospital, for specialist rehabilitation. The ward is run by Norfolk Community Health and Care but there are close links with NNUH and some staff work on both sites.
- Suitable patients may also have access to further support in their own homes through the Early Supported Discharge team.



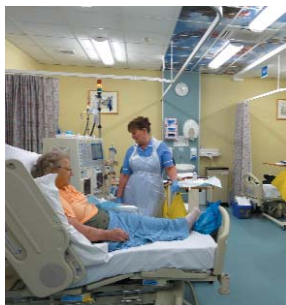
PHOTOS BY MIKE ROBINSON

New home for dialysis patients

DIALYSIS patients are settling in to their new permanent home at Cromer Hospital after a refurbishment programme in the old Barclay Ward.

Until February they were accommodated in a modular dialysis unit in the grounds of the old hospital but this has now been removed to make way for a new £15 million hospital development funded by the Sagle Bernstein and Phyllis Cox legacies.

Work on the new build is due to start this month (April) and the redevelopment will be completed in Autumn 2012. Until then it is business as usual for staff and patients. Building contractors Mansell are pledged to try to keep disruption to a minimum.



The new £15 million facilities will include a new ophthalmic theatre plus a range of diagnostic services, including room for children's audiology testing which is currently carried out at NNUH.

The dialysis area will be expanded into the old Davison ward to provide six more dialysis stations.

• For more information go to www.nnuh.nhs.uk/page/newcromer

GOING... GOING... GONE!

It took just 40 minutes to reduce the old chimney at Cromer Hospital to rubble when a mechanical nibbler got to work. The 18m-high brick-built structure serviced the hospital for many years but has now been demolished to make way for the new hospital development.



CROMER RESIDENT and broadcaster Keith Skipper returned to his roots when he paid a visit to Hospital Radio Norwich and chatted to patients. Keith is lending his support to our appeal to fund new decorative artworks to enhance the new Cromer Hospital. In March he took part in a charity gala performance at the Pavilion Theatre in aid of the hospital arts project. For more information go to our hospital arts page at www.nnuh.nhs.uk

THE PULSE

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Please send your contributions for the June issue to Sue Jones (Communications) by 9 May 2011.

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WELCOME

...to the following consultants who have recently joined the Trust: **Dr Santosh Nair**, and **Dr Julian Boullin**, both cardiologists, **Ms Shohista Saidkaimova**, ophthalmologist, and **Dr Jenny Nobes**, clinical oncologist.

FAREWELL

...to the following long-serving staff who have recently left the Trust: **Olwen Keeley**, matron in the day procedure unit, after nearly 29 years, **Sally Noble**, deputy sister on Langley ward, after 28 years, **Niki Day**, medical secretary in medicine for the elderly and

Marian Fox, staff nurse in gastro-enterology, after 27 years, **Richard Haughton**, information manager in main theatres, after nearly 27 years, **Jean Taylor**, medical secretary in orthopaedics, after 26 years, **Barbara Fielder**, staff nurse in main theatres, and **Nicola Samuels**, senior MRI radiographer, after 24 years, **Sylvia Richards**, staff nurse in the fracture clinic, after 22 years, **Valerie Curtis**, sister in surgical out-patients, after 21 years, and **John Pearson**, after 19 years.