

THE Pulse

Issue Number 6
March 2003

Norfolk and Norwich University Hospital



Testing times

Pathology services under the spotlight



Shock tactics

How doctors are learning to take charge in a crisis



Knitting pretty

Why the Rheumatology team has plenty to celebrate



Waste watch

Behind the scenes with the NNUH disposal team



Question time

Chairman David Prior answers your questions

Team efforts benefit cancer patients

DIRECT REFERRAL and fast-tracking arrangements within the Norfolk and Waveney Cancer Network are helping to reduce waiting times for hundreds of patients in Norfolk.

The changes follow national guidance from the Cancer Services Collaborative (CSC), which aims to encourage multidisciplinary teams to work together to improve cancer care from the patient's perspective.

At NNUH, the time waiting for a routine gastroscopy has fallen from seven months to just two weeks and waiting times for a barium enema have been reduced from 29 weeks to 4-6 weeks. The introduction of pre-admission clinics for some lung cancer investigations have also reduced hospital stays from 72 hours to 24.

Norfolk's improvements were presented as some of the best in the world at the prestigious Fourth Institute for Healthcare Improvement Conference which was held in Orlando, Florida, in December.

Health workers were impressed by our cancer services - in particular the emphasis on multidisciplinary team meetings to discuss treatment plans.

Dr Neil Stevenson, cancer network public health adviser, said: "It's very pleasing to see our work gaining international recognition."



DREAM TEAMS
Members of the Cancer Collaborative in Orlando (above) and (right) the Emergency Services Collaborative



Now for a fresh look at emergencies

FUNDED BY the NHS Modernisation Agency, the Emergency Services Collaborative aims to improve the patient experience in a similar way to the Cancer Services Collaborative (see left).

At NNUH the clinical lead for the project is Dr Paul Jenkins, Clinical Director for Emergency Services. The programme manager is Chris Bryant, a nurse by profession who has worked as a theatre manager and quality manager.

Chris (pictured above left) says: "It has been very helpful to come to this project with 'fresh eyes'. Fortunately, it isn't necessary for me to have an in-depth knowledge of emergency work because the

programme is split into four separate projects, each with a multi-disciplinary team led by a senior clinician, so there is more than enough clinical expertise to go around."

Project facilitators Jo Walmsley and Simon Wakefield are working closely with the teams to gather information and identify areas for improvement. They will be 'tracking' individual patient journeys and identifying any unnecessary steps which can be eliminated to improve efficiency and quality.

"The aim is to facilitate improvements the teams would like to make," says Chris. "We can help make things happen, but only if you help us, to help you, to help them!"

LETTERS

WRITE TO SUE JONES, EDITOR, COMMUNICATIONS TEAM, NNUH

Drop in and see me....

Do you have a burning issue you would like to get off your chest? I am holding a drop-in advice clinic at NNUH on alternate Friday afternoons in Room 30.2.229 (Level 3, West Outpatients) between 2pm and 4pm, starting on 7 March. I am interested in any issue which affects the quality of working at the hospital and the experience of our patients.

Even if your problem is unrelated to work, I may be able to help.

I aim to model the advice clinic on the weekly surgery I held in North Norfolk when I was an MP. I was always happy to help my constituents, though it wasn't always possible. One lady came

to ask my advice on how to cook her frozen Christmas turkey - little did she know that I find heating up a tin of baked beans a challenge!

On another occasion, a man came to complain about the mole hills in his back garden. He was adamant that this was all the fault of Mrs Thatcher. Sometimes even politicians are stuck for words...

David Prior, Trust Chairman
(david.prior@nnuh.nhs.uk, ext. 3420).

Hello from down under

I am currently working in the main children's hospital for New Zealand and the South Pacific Islands, having taken a 10-month sabbatical from my job as

deputy charge nurse on Buxton Ward.

With such a huge catchment area (about one-eighth of the planet's surface but with a population only slightly bigger than that of East Anglia), we get to see an amazing variety of cultures and people here. Fixed wing and helicopter transfers are routine, especially on the Paediatric Intensive Care Unit.

Thanks to all my friends on Buxton for keeping me up-to-date with the gossip. I would recommend taking some time out as a way of keeping yourself fresh and motivated, and I look forward to returning to Buxton later in the year.

David Wormald
Auckland, New Zealand

Path ways to progress

PATHOLOGY STAFF from the NNU, James Paget and Queen Elizabeth hospitals got together at Barnham Broom Conference Centre in January to discuss a network approach to providing pathology. It was the first time that a large group of staff from each of the Norfolk Trusts had met to talk about a common goal.

More than 90 people - including representatives from Primary Care - took part in the two-day event which was designed to 'brainstorm' ways of streamlining and improving pathology services throughout the county.

A number of aims were identified to help all three trusts share information, manage their workflow and assist with staff training and development.

Consultant Biochemist Dr Garry John commented: "This event was a great success and we are extremely grateful to the staff who continued to provide a service while their colleagues were away. The Project Board, chaired by Richard Venning (Chief Executive of the Queen Elizabeth Hospital in Kings Lynn), is now looking at practical ways to take our ideas forward."

• *The work of Pathology's Laboratory Medicine team is featured on page 9.*

Bobby on the beat



DID YOU KNOW the Trust has its own community beat officer? PC Mike Heath now holds a drop-in advice clinic for staff on Wednesday and Thursday mornings at NNUH. So if you'd like help with crime prevention, domestic violence, a traffic issue or even a problem with the neighbours, Mike is willing to offer his professional advice. You can contact him by leaving a message on ext. 5566 or through security on ext. 5156 or 5656.



Lab staff transfer to the Trust

FROM NEXT MONTH (April), Norwich Public Health Laboratory Service (PHLS) becomes part of NNUH's Pathology department - only the second time in the history of the Trust that a group of staff have been transferred into our employment.

The national shake-up stems from the creation of the new Health Protection Agency (HPA). All 45 staff previously working for the PHLS will be employed by the Trust. They will continue to be based on the site of the Norwich Community Hospital (formerly the West Norwich Hospital).

PHLS covers clinical and diagnostic bacteriology, virology, serology, food and water microbiology, mycology, parasitology, andrology and mycobacteriology. It provides epidemiological data and helps investigate outbreaks of infectious disease.

Dr Judith Richards, PHLS consultant microbiologist and currently laboratory director, says: "The services we offer will continue under the Trust and we will be maintaining an important input into public health, in partnership with the HPA."

'PRACTICE' FOR IWL

The IWL (Improving Working Lives) assessment team is recommending the Trust for 'Practice' standard after visiting the Trust in February. The team's final report is expected this month (March) and will then be considered by the Regional Accreditation Panel.

Patients tell their moving stories

A WARM welcome to all the Public Health Laboratory Service staff who join the Trust officially on 1 April. I was delighted to be able to welcome the team personally on a recent visit to the former West Norwich Hospital (now the Norwich Community Hospital).



Thank you to everyone who worked so hard to keep the hospital running smoothly during the recent viral outbreak. Also, thanks to all who participated in the many inspections and accreditation visits over the past few weeks - including the Commission for Health Improvement, Improving Working Lives and Clinical Pathology Accreditation. We await the various reports and will be preparing action plans in response to their findings.

Meanwhile, our work on Pursuing Perfection (P2) is gathering pace with the first changes to the care pathway for fractured neck of femur having started in February.

In December, I joined other members of the P2 team at the Institute for Healthcare Improvement conference in Orlando. I came away convinced of the benefits of Patient and Public Involvement - the contributions to the conference from patients were both moving and inspiring. It was also wonderful to see the Norfolk and Waveney Cancer Network getting international recognition for the service improvements they have achieved.

The clear message is that the patient experience must be at the heart of all we do and that quality and modernisation are two sides of the same coin.

Finally, a huge thank you to the Norwich 2 team, without whom the move to Colney would not have been possible. Well done on the completion of the move. But of course, an end is also a new beginning ...

Stephen Day

STEPHEN DAY
Chief Executive, Norfolk and Norwich University Hospital NHS Trust

Norfolk and Norwich University Hospital

Colney Lane, Norwich, Norfolk NR4 7UY
Tel: 01603 286286

Website: norfolk-norwich-hospitals.net

Restaurant

West Atrium Level 1, open daily 7am-2.30am

Coffee bars

Outpatients West and Outpatients East,

open Mon-Fri, 9am-5pm

Plaza (East) open Mon-Fri, 8am-6pm

WRVS shops

East Atrium, 8am-8pm

Plaza (West) 7am-7pm (9am-4pm Sundays)

Serco (for housekeeping, porters, catering and maintenance). Call ext. 3333

McKesson (for telephone / computer faults)
Call #6464

Security Call ext. 5156 or 5656

Reception

East Atrium Level 1: ext. 5457 or 5458,

West Atrium Level 1: ext. 5462 or 5463

Outpatients East Level 2: ext. 5474 or 5475,

Outpatients West Level 2: ext. 5472

East Atrium Level 2: ext. 5461

Car parking

For information about permits, call

Site Services on ext. 5789

Bus services

Call 08456 020121, 8am-8pm, Mon-Sat.

For Park and Ride, call 01603 223800.

Cycle sheds

West (near staff entrance) and East (near A&E). Keys available from Patient Services

Bank

Cash dispenser in East Atrium Level 1

Chapel

Open to all. Holy Communion 10.30am

Sundays and 1pm Thursdays, Evening Prayer

5pm Sundays. For Chaplains call ext. 3470

Sir Thomas Browne Library

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

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

Playscheme

At Blackdale Middle School during school holidays for the children of Trust staff.

Contact Debbie Sutherland on ext. 2202

Cromer Hospital

Mill Road, Cromer NR2 3TU

Tel: 01263 513571

Restaurant

7.30am-1.30pm, 2-3.45pm, 5.30-7pm

- The following departments are based at **Norwich Community Hospital**, Bowthorpe Road, Norwich NR2 3TU, Tel: 01603 776776: Breast screening, Health records library, Diabetes Research, Pain Management

- The following departments have now moved to **Aldwych House**, Bethel Street, Norwich, NR2 1NR. Occupational Health (ext.3035), Outpatient Appointments, Clinical Governance, Training and some of Nursing Practice

- **The Norwich Central Family Planning Clinic** is based at Grove Road, Norwich NR1 3RH. Tel: 01603 287345.



UNSUNG HEROES OF THE NHS

The work of our health professionals came under the spotlight when Stuart Meldrum, director of medical physics and clinical engineering at NNUH, was invited to meet Tony Blair at No. 10. He was one of 200 to attend a reception honouring the work of the 100,000 allied health professionals and healthcare scientists in the NHS. Dr Meldrum commented: "The health service is increasingly technology-driven and I think it's important that the people who are behind many of these developments are acknowledged for the work they do."

Alirae takes the child's eye view

IF LAUGHTER is the best medicine, Alirae Bunkle is a real tonic. "When the patients are feeling a bit nervous I can always talk about my frogs," says the newly appointed matron for Children's services. "I have a collection of 760 at home and the children love to hear about them."

Alirae's cheerful disposition is already paying dividends with staff as well as patients. "A lot of nursing is about good communication. I'm looking forward to forging links around the hospital and seeing our services from the children's perspective."

"It's so important for children to have a good experience when they come into hospital - they have implicit trust in us and we must take care not to abuse that trust."

At 36, Alirae has spent most of her nursing career at King's Lynn, where for the past eight years she has been senior sister for

the children's department. She has a diploma in health and social welfare from the Open University and a degree in nursing studies from the UEA, and is about to embark on a Masters degree.

At home in South Creak, Norfolk, she leads the Guides and Rangers. "I firmly believe you need a balance in your life, especially when we deal with such emotionally traumatic situations at work."

Although single, she has not given up on finding 'Mr Right'. "My friends pull my leg about finding the perfect frog to kiss and turn into a handsome prince," she laughs. "On the other hand, I'm thinking of starting a new collection....of dragons!"



The Pulse was named 'Best Newsletter' at the Institute of Public Relations Cream Awards 2002 for East Anglia. The NNUH communications team picked up two awards: gold for The Pulse and silver for a publicity campaign to highlight Men's Health Week. Pictured from left are The Pulse team: Steve Kirkendall, Andrew Stronach, Sarah Patchett, Sue Jones and Hayley Gerrard

OBITUARY

WE ARE sorry to report the death of Sir Arthur South, a tireless benefactor for the NNUH.

A former Lord Mayor of Norwich and chairman of the East Anglian Regional Health Authority, Sir Arthur was also a staunch supporter and former chairman of Norwich City Football Club.

He gave much more than his name to the Day Procedure Unit, having been instrumental in establishing its endowment fund. He opened the Unit on 6 January 1992 and was delighted to hear that it would continue to bear his name after the move to Colney - a recognition of his services to health provision in Norwich and beyond.

Warm thanks for the Rheumatology team

YOU HAVE to hand it to them - the Rheumatology research team is celebrating the success of a revolutionary new treatment for severe rheumatoid arthritis. One of their patients, retired postmistress Yvonne King, was so pleased to regain the use of her hands that she knitted gloves and sweaters for the whole team!

Supplies of the new anti-TNF therapy are limited, not just because it costs £10,000 a year but because the patients need to be carefully assessed and monitored. That's why the research team was ideally suited to the task.

"When the drug was first licenced we had enough funding for just 30 patients so we set up assessment clinics to ensure that the therapy was offered on an equitable basis, without bias," says the research team leader Margaret Somerville. "Our supplies had to be

Patient Yvonne King shows off her handiwork with husband Ambrose, Dr Karl Gaffney (centre) and members of the Rheumatology research team

limited to those for whom conventional treatments had failed and who had the most potential to benefit from this new treatment. "Now we have nearly 400 patients on our database who fit the criteria and we can treat 120 of them.

"Even so, there can be complications. The



risk of infection is increased and there can be serious side effects."

Mrs King says the new therapy is 'a miracle'. "Before, I couldn't walk, knit or cook. Now I have my life back and it's all down to this fantastic new drug."



BRUNDALL IN THE PICTURE

Children from Brundall Primary School helped to put their village on the map when they opened Brundall Ward in February. After cutting the ribbon, the children gave a musical performance of Dem Bones and Congratulations for the patients and staff. Scenes of Brundall painted by three of the children are to be displayed on the ward, helping to forge links with the village. Head teacher Angela Stephenson commented: "The paintings were chosen by the children as being most representative of our village. I hope the patients will find them interesting."

WELCOME

...to **Dr Julian Blake**, neurophysiologist, and **Dr Lindsay Barker**, anaesthetist, who have joined the Trust since 1 January 2003.

Two new UEA appointments have also been announced: **Prof Max Beecham**, Clinical Professor for Healthcare Interfaces and **Prof. Alexander McGregor**, Chair in Chronic Disease.

FAREWELL

...to the following staff who have left the Trust since 1 January 2003:

Clive Reeve, chief technician in Renal Medicine, after 23 years' service
Julie Goodridge, Human Resources Manager, after 20 years.

Pharmacy at the UEA

THE UNIVERSITY of East Anglia is to establish the first new pharmacy course in the UK for more than 30 years.

The four-year MPharm, course, which begins in September, has been designed to meet the needs of pharmacists in practice and reflects the UEA's close links with local trusts, primary care and independent pharmacies. It will also address the current acute shortage of pharmacists in the East of England and provide new employment opportunities.

Colour for the café

A 25ft TEXTILE panel designed and made by students of Norwich School of Art and Design is to be displayed in the WRVS café at NNUH. The panel will be mounted on the wall above the serving counter.

"This was a great opportunity for the students to fulfill a commission in a professional way," says the School of Art's project co-ordinator Caroline Wright.

The panel is assembled in four sections and was shown for the first time at the Assembly House in Norwich in February.



*Respiratory Consultant
Simon Watkin explains
how Advanced Life Support
training helped him take
charge in an emergency*

SHOCK

"THAT'S ANOTHER minute gone... you should be giving more adrenaline and think about another series of shocks." The instructor could have been describing my own state of mind - lots of adrenaline and a series of shocks - as I was put through my paces on the Advanced Life Support (ALS) course.

Along with two of my colleagues and around 20 other volunteers, I spent three days refreshing my skills and learning new protocols for resuscitation and emergency medical care.

The course is designed to ensure that ALS "providers" are competent to treat patients in that most extreme of medical emergencies, the cardio-respiratory arrest. It gives doctors the confidence to take charge of a medical team during an arrest and to make professional judgments about when to discontinue resuscitation attempts, how to provide ongoing care after successful

resuscitation and how to tackle ethical issues. Success on the course leads to ALS certification, which is valid for three years.

The training is highly structured, comprehensive and relevant to real-life clinical practice. A series of short lectures is delivered in between increasingly complex practical demonstrations and training scenarios.

On the first day, we were helped to gain a comprehensive understanding of basic life support skills. By the end of the second day, we were competent in management of the airway, including the use of the laryngeal mask and ET (breathing) tube. At the end of the three days we were faced with an exam with 120 multiple-choice questions.

The most exciting part of the course is the main assessment exercise. Each candidate is given a 'case scenario' tailored to suit their own clinical background. Instructions are given, the trainers stand

back and from then on you are on your own. Extra trainers double-up as assistants, but only when properly requested and only to comply with the candidate's instructions.

The scenarios vary from post-operative collapse to hypothermia and drowning.

"Minutes turn to seconds, leaving little room for contemplation"

tension pneumothorax and - most common of all - myocardial infarction. You can be sure, however, that at some point "Resussie-Annie's" heart will stop and she will stop breathing. Missing an important step results in failure and the opportunity to retest later.

The whole process lasts 5 - 10 minutes but there is no sense of time as we weigh up the clinical information, carry out basic life

RESUSCITATION TRAINING AT NNUH

HEALTH PROFESSIONALS travel from all over the UK to attend resuscitation training with NNUH.

There are five Life Support courses available: Immediate (ILS), Adult Advanced (ALS), Paediatric Advanced (PALS), Newborn (NLS) and a Generic Instructor's Course. All are nationally accredited by the Resuscitation Council.

"All new consultants and specialist registrars are required to have ALS training before they can practise with this Trust," says anaesthetist Paul Hutchings, chairman of the Resuscitation Committee. "It empowers them to act quickly, rather than hanging back, and that's important in situations where every second counts."

NNUH paediatrician Julian Eason directs four Newborn life support courses in King's Lynn each year, ensuring that every new SHO (senior house officer) in East Anglia is trained within two weeks of starting their jobs - a record that is unique in this country. He has also acquired a grant to provide training for midwives and neonatal nurses throughout the Eastern Region.

Resuscitation officer Niall Pearcey says the emphasis at NNUH is increasingly on prevention, with front-line staff urged to take part in ALERT (Acute Life-threatening Emergency Recognition and Treatment) courses, run by the Critical Care outreach team, to help identify patients who may be at risk.

"We aim to provide the best possible training for our staff and medical students," says Dr Hutchings. "Opening up the courses to other health professionals helps us to finance a professional service and keep our equipment up-to-date."

- For details of resuscitation courses, contact Niall Pearcey on ext. 3084
- For more information on ALERT courses, contact Rachael Peacock on ext. 3487.

Every second counts: doctors and theatre staff practise resuscitation techniques on electronic dummies with the help of trainers Niall Pearcey (far left, demonstrating chest compression) and Caron O'Dwyer (below left)

tactics

support, attach the monitor, assess the rhythm, defibrillate, intubate, cannulate, consider drug treatments and reassess. New information is coming constantly from the trainer, who acts as an accelerated clock. Minutes turn to seconds, leaving little room for contemplation.

In cardiac arrest, decisions must be made accurately and quickly, often with minimal information. The course enables us to make those decisions confidently, without wasting precious seconds, and to apply clinical protocols to try to reverse the arrest. Put simply, if we do not succeed, the patient is dead!

After a hair-raising three days, all of us emerged better prepared, with advanced skills and improved leadership ability. For my part, I was almost eager for an arrest to happen so I could put my skills to the test. And we will certainly end up saving someone's life.



Message IN A BOTTLE

Every sample tells a story for the staff in Laboratory Medicine - part of the NNUH's Pathology service. Sue Jones explains how their investigations help to unravel the mysteries of disease

VIRTUALLY EVERY patient will require at least one blood test during their stay in hospital. Yet Laboratory Medicine (see our Fact File, right), the branch of Pathology responsible for testing blood samples and reporting the results, still tends to be seen as the 'back room'.

It's one of the busiest hospital labs in the country, processing up to 6,000 blood samples each day. The majority of the 130 staff are graduates, either state registered Biomedical Scientists or undergoing post-graduate education, and the department operates around the clock to keep pace with the relentless demand.

"We are possibly unique in that we deal with every aspect of medicine" says Dr Garry John, Consultant Clinical Biochemist. "A recent Department of Health publication showed that around 70 per cent of diagnoses are based on pathology results."

Automation has been introduced to cope with the large - and increasing - demand for laboratory investigation. These complex scientific instruments have to be rigorously controlled to ensure that the results are of the high quality demanded in the practice of modern medicine

"Some diseases, such as diabetes, have become much more straightforward to diagnose, but others are far more complex and require a combination of markers to make an accurate diagnosis," explains Garry.

"With certain metabolic and genetic diseases we are continually playing catch-up in response to medical advances. However, as a teaching hospital we are committed to supporting research and developing ways to

improve our service in any way we can."

The busiest time is early afternoon, when samples come pouring in from GPs - thousands of samples collected from hundreds of patients. Patient details are scanned and the samples labelled - each is issued with a number that stays with that sample throughout its journey through the laboratory.

The workload is increasing, with GP

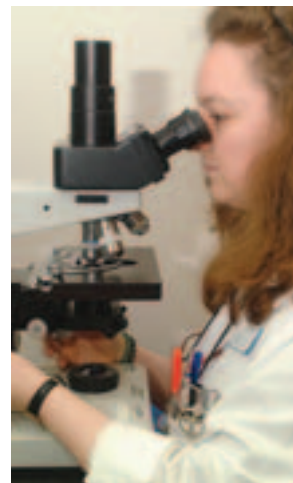
"A recent DOH publication revealed that around 70% of diagnoses are based on pathology results"

requests rising by about 10 per cent each year and in some cases even more - the number of prostate tests carried out, for instance, rose by 27 per cent last year.

Demand for pathology services is such that the department has already outgrown its base at NNUH and a corridor has been re-designated to create a reception point for GP samples.

"I am full of admiration for our reception staff, who cope so brilliantly under pressure, and for the Biomedical Scientists who work to the highest standards," says Garry.

An inspector from CPA (Clinical Pathology Accreditation) who visited the department recently reported that he was 'forcibly struck by the wealth of experience and professionalism' he found in the department, adding that this was one of the best teams he had seen.





PICTURES BY SARAH PATCHETT



THOUSANDS OF samples pour into the lab's reception area every day (above and top). While much of the analysis is automated (above centre), the work still involves detailed observation and careful reporting by highly qualified biomedical scientists.

Far left: Maintaining delicate equipment is all part of the job
Left: Results on the vast majority of samples are distributed within 24 hours

FACT FILE

LABORATORY MEDICINE (Clinical Biochemistry /Haematology) is part of the NNUH Pathology service.

- A staggering five and a half million tests are analysed by Laboratory Medicine every year
- Clinical Biochemistry analyses all body fluids, including blood, urine, faeces, CSF (cerebrospinal fluid) and CAPD (continuous ambulatory peritoneal dialysis) fluid, as well as stones from several organs in the body.
- Haematology analyses blood, CSF, bone marrow and other fluids. It is also responsible for managing patients' haematological diseases.
- Up to 6,000 samples are analysed each day - 47 per cent of requests are from GPs, relating to 57 per cent of the samples we receive.
- Results on the majority of samples are reported within 24 hours.
- Many different techniques are used to analyse blood samples, ranging from simple colorimetric analysis to complex measurements involving mass spectrometry.
- Most analyses are performed with complex automated instruments, but the microscope is still used where specialist investigation is required and a blood film is made.

Have you ever wondered what happens to all the waste that's generated at NNUH? Hayley Gerrard meets the team responsible for its disposal

GERRY BARBER is proud to be called 'the gentle giant'. He is, he admits, something of a father figure to his loyal team of disposal porters, some of whom have worked with him for more than 20 years. "So much of this job is about making good working relationships," he says. "You can progress things so much faster if you approach people in a friendly way.

"Waste disposal has changed out of all recognition since I came into it 28 years ago. In those days there was little or no protection for staff - and no such thing as recycling. Now we are much more aware of health and safety issues and we recycle as much as we can."

The move to Colney gave Gerry a welcome opportunity to design a system for segregating and collecting clinical and domestic waste at NNUH. This has been so successful that many other organisations are following our lead.

So where does all the rubbish go? All our domestic waste is collected in industrial-size black wheelie bins and is currently landfilled by Norfolk Environmental Waste Service (NEWS). But this is about to change as a new recycling plant is being built at

GERRY AND THE WASTE TAKERS

Costessey that will use screens and infra-red technology to sort our domestic waste into different components for recycling. When the plant is up and running later in the year, staff will be invited to visit the site in small groups to watch the process from a viewing gallery.

Each month around 11 tonnes of cardboard is collected from NNUH by Boulton Bros., a paper recycling plant in Ipswich, while confidential waste paper is collected from 170 blue bins once a fortnight. The contents are shredded and added to the cardboard to be shipped out

to China for reprocessing.

Around 50 tonnes of clinical waste are collected from special yellow wheelie bins every month by White Rose Environmental, a specialist firm based in Leeds. The waste is locked in special holding rooms and taken

Each month at NNUH we collect:

- **50 tons of clinical waste**
- **Another 50 tons of domestic waste**
- **11 tons of cardboard**
- **17,000 kilos of confidential waste**

away by White Rose six days a week. On Thursdays it is taken to Suffolk, where it is incinerated and used to heat Ipswich Hospital. On the other five days it is taken to Nottingham, where it is burned and used to heat the city's municipal centre.

"We used to incinerate our own clinical waste but this is no longer economically viable as incinerators need to be licensed and closely regulated," explains Gerry. "Even so, we have a 'duty of care' to carry out regular inspections and ensure the waste is being handled safely after it leaves our premises."

Gerry is assisted by Graham Corke, plus a team of seven full-time porters and six agency workers. "My role includes linen management and pest control, in addition to waste disposal so there is never a dull moment," he says. "For me the job is not just about complying with environmental legislation, it's also about protecting the





Gerry Barber with part of just one day's collection of clinical waste: 'Putting the right items in the right bins is simple to do but makes a big difference to us all'

Below left: disposal porters Paul Loughlin, Terry Hill, and Tony Brown (in the driving seat) with team leader Graham Corke

world we live in for future generations.

"It's everyone's responsibility to ensure that waste is managed properly. Putting the right items in the right bins is simple to do but makes a big difference to us all."

• A Waste Awareness Day will be held in the East Atrium on 14 May with displays, competitions and quizzes open to all staff.

HOW YOU CAN HELP

Clinical waste

should be placed in yellow containers, taking care to separate needles and contaminated glass into the special yellow sharps containers provided.

Domestic waste should only include items such as paper, plastic bottles, drink cans, flowers, magazines and food wrappers.

Bottles and glass should not be bagged but placed directly inside the black wheelie bins.

Cardboard should be flattened and left to one side of the black bins for recycling.

THE DOMINO EFFECT

Melissa Blakeley, deputy director for the Norwich 2 team, describes how teamwork brought off the biggest hospital move ever undertaken by the NHS

IN THE SUMMER of 1999, when most staff were still wondering what the new hospital would be like, we in the Norwich 2 project team had already begun to plan the logistics of the move.

Unfortunately there was no model for us to work from as this was one of the most complex moves ever undertaken by the NHS. Also, because the new hospital was one of the first and largest of the PFI (Private Finance Initiative) schemes, it was under close scrutiny by politicians, the media and, most importantly, the people of Norfolk.

On 27 August, 1999, a multi-disciplinary team was closeted in a large seminar room creating a matrix to show how all the departments in the hospital worked together.

The information was put on small cards, each representing a department, and we ended up with something resembling a giant domino game showing how each one linked with the others. This enabled us to decide which departments should move together.

Although it may seem like something out of Blue Peter, this method proved surprisingly robust and the plan that was implemented in 2001 was altered very little from the original.

The removal contract was awarded to Pickfords, whose experience in working with hospitals was to prove very valuable over the next two-and-a-half years. For six weeks, starting on the evening of 27 October 2001, we worked round the clock to complete the first phase of the move in the shortest possible time. It was an exciting, dramatic and nerve-racking time, particularly for staff who had to move and deliver services to patients simultaneously. There was something of a

pioneer spirit, with people working at full stretch for longer than anyone could possibly have expected in order that patient care was not compromised. At the same time, staff at the old site demonstrated huge professionalism in continuing to work to the highest standards knowing that their move was still a year away.

My greatest regret is that I failed to anticipate the amount of negative publicity generated by the local media in the first few months of the new hospital's

"There was something of a pioneer spirit. Staff were working at full stretch for longer than anyone could have expected in order that patient care was not compromised"

existence. The coverage did not appear to acknowledge the enormous task undertaken by staff and I still do not understand why the media were so critical.

While many aspects of working in the new hospital are less than ideal for staff and still need to be addressed, reaction from patients has largely been very positive and appreciative.

I am writing this on the very last day of the move, which began 16 months ago. It is said that moving house is high on the list of stressful experiences; I think most of the N2 team would agree that, compared to moving a hospital, moving house is a piece of cake!

• The Viewpoint column is written from a personal perspective and does not necessarily reflect the views of the Trust. If there is a subject you feel strongly about, please send your contribution to Sue Jones, Editor, Communications dept., NNUH.



Trust chairman David Prior held a special 'surgery' for staff in Cromer last month. Here are some of the more general questions he was asked, together with his response

Question TIME



David Prior talks to staff from Cromer Hospital's Gastroenterology Unit during his visit to the hospital in February

Q When will the future of Cromer hospital be announced and why is it taking so long to make a decision?

I share your frustration on this issue, but I can assure you that Cromer Hospital is at the top of our agenda. It has a special place in the hearts of people in North Norfolk and we want to continue to provide the very best local care for our patients. We are hoping there will soon be an agreed strategy on the new hospital. But it must be remembered that this is also up to the North Norfolk Primary Care Trust, who fund the local health services, so the decision is not ours alone.

Q A legacy of £11 million pounds was left to Cromer Hospital several years ago by a former patient, Sagle Bernstein. Yet we do not have much to show for it. Why? I am certain that Mrs Bernstein would

not want her money to be spent unwisely. We must have a long-term vision for Cromer and make sure that the legacy is spent on facilities at Cromer Hospital that will benefit our patients for many years to come.

We have already invested in state-of-the-art Ophthalmology equipment and are planning similar improvements for Audiology and Endoscopy patients. (See below for details of how the money has been spent so far.) What we must not do is spend her money in such a way that it might be wasted when the long term development of the hospital is agreed.

Q There are rumours that £1 million of the legacy was earmarked for the benefit of staff. Is this true?

No, the wording of the legacy is that "the bequest be used for the improvement of general facilities". So the terms of the

legacy are very broad but you can see that the money should be spent on facilities.

Q Another rumour suggests that if the money is not spent by a certain date, it will revert to the NHS. Is this true?

No, there is no such clause in Mrs Bernstein's will. In fact, we are absolutely determined to ensure that the money does not get swallowed up by the NHS, but is used exclusively on extra facilities and improvements at Cromer that will benefit our patients and which would not otherwise be available. That is why we are being so cautious about how we spend the money.

Q How would you describe the relationship between Cromer Hospital and the Norfolk & Norwich University Hospital?

I want Cromer Hospital to remain 'special' with its own character, ethos and close links with the local community. However I also want the staff to feel a part of the Trust as a whole and for patients to have the benefits of both hospitals. I intend to visit Cromer regularly and we are holding our March Board meeting here.

How the Bernstein legacy is being spent

SAGLE BERNSTEIN left £11.4 million to Cromer Hospital in November 2000 in gratitude for the care her sister, Muriel Toms, had received there.

On the advice of investment analysts, half the bequest was invested in stocks and shares and the rest in a high-interest account with the Charities Aid Foundation Bank.

Since then, the NNUH Trust has embarked on a planned programme of improvements at Cromer Hospital, including some of the most advanced medical and diagnostic equipment anywhere in the world.

So far, nearly £1 million has been committed to the hospital, including:

- £300,000 on Ophthalmology
- £288,000 on Gastro endoscopy
- £32,000 on Audiology
- £100,000 on digital Radiography
- £19,000 on Ultrasound equipment
- £60,000 on new decoration and furniture
- £22,500 on flexible cystoscopes (for investigating bladder disorders)
- £35,000 on structural work including an extension to the Gastroenterology unit and new flooring for two of the wards
- The Hospital Arts Project is updating the artwork and local school-children are helping to create a colourful 'beach' theme for the displays.

THE PULSE

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Head of Communications
Andrew Stronach (ext.3200)

Editor Sue Jones (ext.5944)

Pictures Sarah Patchett, Lin Wymer
(Medical Illustration (ext. 3245)

Design Consultant Steve Kirkendall
(www.kirkendalldesign.co.uk)

Communications Assistant
Hayley Gerrard (ext. 5821)

Please send your contributions for the May issue by 10 April 2003.