

THE Pulse

Issue Number 60
April 2012



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



Unveiled...

The new Cromer Hospital welcomes its first patients p12



Young at heart

The new YPU opens for business, p5



Talking trauma

Spotlight on the NNUH trauma team, p6



Viewpoint

Should assisted dying be legalised? p7



Mealtimes matter

Why they must be protected, p10

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 East;
Cafe Pure (inside WH Smith, Plaza West) open Mon-Fri 8am-8pm, weekends 10-4pm

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) - see Cafe Pure, above

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 desks

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 / 289045

Travel Office for car parking permits, ID badges, keys to cycle sheds, use of pool cars and Trust bicycle, public transport information: 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

• **Norwich Community Hospital**, Bowthorpe Road, Norwich NR2 3TU: Breast Screening, Pain Management

• **20 Rouen Road**, Norwich, NR1 1QQ, ext. 6954: HR, IT services, recruitment, payroll, training, finance, health and wellbeing, out-patient appointments, cancer management, procurement, clinical effectiveness, commissioning team and information services.

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

OPEN INVITATION

THE BISHOP of Norwich's private garden will be thrown open to visitors in May in support of the Friends of NNUH. The four-acre site includes a grass labyrinth leading to a 400-year-old pear tree, a kitchen garden, a boxed rose garden with fountain, a bamboo glade and central lawn. Refreshments will be available and there will be a quiz to keep the children occupied. The garden will be open from 1-5pm on Sunday 13 May, with last entry at 4:30pm. Admission will be £3 for adults, free for accompanied children.

• For information about the Friends of NNUH and other charities associated with our hospitals go to fundraising@nnuh.nhs.uk or call 01603 287107.



"Cinderella" of back pain

A FULL HOUSE is expected at NNUH next month for an information day to raise awareness of a painful inflammatory disease known as ankylosing spondylitis (AS) or axial SpA.

Heading the speakers will be rheumatology consultant Dr Karl Gaffney, a leading expert in the treatment of AS, which he describes as a "Cinderella disease" because the diagnosis is so often missed. "Around six per cent of adults have chronic back pain and one in 20 of those will have AS," he says. "Alarm bells should ring if there is pain and stiffness which improves with activity and deteriorates with rest."

It's estimated that as many as 200,000 people in the UK could have AS, including the former Norwich City goalkeeper Bryan Gunn, who was diagnosed when he was 28.

The disease usually begins in early adult life and is characterised by increasing spinal pain and stiffness which can lead to progressively ankylosed (fused) joints. Fifty per cent of patients also experience inflammation and damage to other parts of the body including the eyes (iritis), bowels (colitis), skin (psoriasis) and hips.

"An accurate diagnosis usually requires an MRI scan and a specific blood test but many patients suffer for years before they are diagnosed – a recent study show that the average delay is eight and a half years.

"The good news is that there are effective



Bryan Gunn was diagnosed with AS when he was 28

treatments available and exercise helps," says Dr Gaffney, who was one of the first doctors in the UK to treat AS patients with revolutionary new drugs known as biologics.

The information day is being organised for patients in partnership with the National Ankylosing Spondylitis Society (NASS), a charity which runs a helpline and offers hydrotherapy and physiotherapy for sufferers, as well as raising funds for

research into the disease. Dr Gaffney is a trustee and medical advisor for the charity.

• For more information go to www.nass.co.uk or call Taria Filby on 01603 289806.

School apprentices

STUDENTS enrolling for a pioneering new sixth form course at Thorpe St Andrew School will be offered work experience in preparation for apprenticeships in the health service. The year-long programme is offered in partnership with the NHS in Norfolk and includes two vocational A levels and a BTEC in employability skills, as well as placements in three local NHS trusts: NNUH, Norfolk Community Health and Care and Norfolk and Suffolk Foundation Trust (mental health).

Students must be over 16 with three or more good GCSE results. They may be considered for apprenticeship programmes after completing the course.

PATIENTS REFERRED

by their GP for urology assessments are now able to attend a one-stop clinic and have all the tests they need for a diagnosis the same day.

This one-stop approach has cut waiting times dramatically and most patients can be spared the anxiety and inconvenience of multiple hospital visits before their diagnosis is confirmed.

Around 110 new patients are referred each week to the one-stop clinic where they may undergo tests including ultrasound, flexible cystoscopy, flow-rate tests and prostate biopsies.

“We work closely with other specialties, particularly radiology, and patients really benefit from this team approach,” says consultant urologist Sarah Wood. “The patients may have to spend more time at the hospital on their first visit but we can usually make a confirmed diagnosis without any more delay.

“In some cases patients are discharged after a single visit, following a full assessment to exclude more serious conditions. A management plan is agreed and a letter written to the GP the same day.”

A recent survey confirmed that patients were very happy with the service, while staff are also benefiting from the multiprofessional approach.



Fast track to a diagnosis for urology out-patients

Consultant urologist Mr Ralph Webb said the new clinic had involved new ways of working but was already a huge success. “When I started working here 19 years ago patients would have to wait up to four months to see me. Now they get an appointment in about two weeks. If we need to discuss a particular case with our specialist colleagues we can do so there and then, without delay, and the medical students love it because they can move from room to room and learn from each member of the team.

“From a patient’s perspective it’s a huge improvement because it takes away the uncertainty and they don’t have to keep coming back for more tests.”

From May a one-stop urology clinic will also be available in Cromer every two weeks for patients living in North Norfolk.

PHILANTHROPY IS ALIVE AND WELL IN CROMER

THERE HAVE been times over the last few years when you could have been forgiven for wondering if Cromer Hospital would ever be rebuilt. Well now it has. It is up and running, well on time



and on budget, and it looks fantastic, with the facilities for treatment and diagnostics to provide first class care for patients living in North Norfolk for the foreseeable future.

The capital for the project was provided by two very generous charitable bequests, from Mrs Sagle Bernstein and Mrs Phyllis Cox. It is barely conceivable that we could have proceeded without their support. Indeed, in the current financial climate it would have been impossible. Their generosity continues a fine and long tradition of philanthropic support for healthcare. It is a tradition that, on a smaller scale, continues to be upheld at both Cromer and NNUH through the generosity of our local residents, friends and supporters.

Of course the capital required for new buildings and equipment is only part of the story. They need to be staffed and operated. It is for this reason that we had to be so certain that Cromer had a long-term, sustainable future before the rebuild could take place. No one would have thanked us for building a new hospital if we couldn’t afford to run it.

The operating costs are funded by the NHS and will ensure that around 100,000 patient appointments can take place every year at Cromer, thus providing better care locally and relieving some of the pressure on our hospital in Norwich.

This blend of private philanthropy with NHS resources is a powerful combination. It reflects the determination of our society to provide free healthcare to all, regardless of their ability to pay. And it shows that private money and public money, the private individual and the State, need not be in opposition but can work together to the benefit of all.

DAVID PRIOR

Chairman, Norfolk and Norwich University Hospitals NHS Foundation Trust



PEDAL POWER

CALLUM METCALFE, a cardiophysiology student at NNUH, was one of the first to sign up for Pledge 2012 when the Olympic roadshow came to Norwich. The Active Norfolk team set up a welcome tent in the East Atrium to encourage visitors in their efforts to get fit in time for the Olympics this summer. Callum, who lost four stone in weight last year, was filmed riding an exercise bike as he pledged to continue with his healthy lifestyle. Other activities being organised by our Workplace Health and Wellbeing team at NNUH include a running club, slimming group and even a Trust choir.

Health on the shopping list

STAFF FROM NNUH are helping to raise awareness of health issues and answer questions from the public in a joint initiative with Chapelfield shopping mall.

A team of cardiac specialists were the first to set up a stand in the mall during National Heart Month in February. They were followed by volunteers from the United Norwich Kidney Patients Association (UNKPA), who offered blood pressure checks (*pictured right*) and combined the event with a sponsored walk to raise awareness of World Kidney Day on 8 March. A week later, during World Glaucoma Week, it was the turn of the ophthalmic team to take the floor.

Over the next few months there will be other health promotion events at Chapelfield, offering information about mental health and skin conditions.

NNUH Chief Executive Anna Dugdale said: "We are delighted to be working in partnership with Chapelfield to support our patients and their families. Getting the right information to manage your health is vitally important and these events will help us to reach out to more people outside the hospital setting."

NNUH Chief Executive Anna Dugdale said: "We are delighted to be working in partnership with Chapelfield to support our patients and their families. Getting the right information to manage your health is vitally important and these events will help us to reach out to more people outside the hospital setting."



WORLD KIDNEY DAY

was also a reminder that many of our dialysis patients are waiting for a kidney transplant and staff from the Jack Pryor Renal Unit were on hand in the East Atrium to urge visitors to sign up to the national organ donor register. To find out more about organ donation, call free on 0300 123 23 23 or visit 222.organdonation.nhs.uk

Men wanted for blood pressure study

MEN AGED between 50 and 75 are being sought for a research study to test whether flavonoids, the natural compounds found in foods of plant origin, can improve blood pressure control. The study will involve tests at the University of East Anglia and travel expenses will be reimbursed.

Participants should not already be taking

blood pressure or cholesterol-lowering drugs or flavonoid food supplements. They should also be non-smokers with no history of heart disease, diabetes or cancer.

• *For more information please contact the research team on 01603 591063 or go to wfastcheck@uea.ac.uk*

STAFF AWARDS 2012

NOMINATIONS ARE invited for our Staff Awards 2012 and you have until 30 June to put forward the names of individuals or teams who you think deserve to win awards. There are ten categories ranging from Team of the Year to Unsung Hero, including a new award this year for Outstanding Research. There will also be a chance for patients to nominate staff who "go the extra mile" to provide exceptional patient care.

• *For more information go to www.nnuh.uk*



LETTERS

A NUMBER of people have raised concerns about the methods we used to catch and ring pied wagtails roosting at NNUH. ("Wagtail heaven", *The Pulse*, February 2012). In particular they are worried about the practice of taking the birds away from their catching site for ringing and roosting.

Once the birds were ringed they were actually returned to the within 50 metres of the roosting site and released. This is all quite normal and is proven to have no harmful effects on the birds at all.

I can reassure everyone that no birds were harmed at all during the exercise – nor would I want them to be as this would completely defeat our purpose. First and foremost I am a bird watcher and naturalist who wants to learn more about how birds and other wildlife interact with our urban environment.

I hold a licence to catch bird for ringing as part of a research project and I have trapped and safely released hundreds of thousands of birds during my career.

I would be happy to give a demonstration to anyone who is interested.

Dr Iain Barr, lecturer in conservation biology, University of East Anglia





“My strategy is to be honest – it’s no good saying it won’t hurt if it will”

PLAY SPECIALIST Steve Nicholls, worked on building sites and dabbled in double glazing before discovering he had a talent for working with

children and young people. He trained as a nursery nurse and worked at Barnado’s and King’s College Hospital,

London, before joining the children’s team at NNUH.

“Working in a hospital is much harder, emotionally and mentally, but I really enjoy it because every day and every patient is different,” he says. “Take an operation such as a tonsillectomy – 15 children may attend the pre-assessment clinic and each one will respond in a different way. My strategy is always to be honest – it’s no good saying something won’t hurt if it will – but to help them cope and try to make their time in hospital more enjoyable.”

Although highly respected by colleagues for his professionalism and care, Steve has encountered “a lot of discrimination” in his career. He was one of only two male students on his NNEB course in Brixton in the

eighties “Parents would physically take their children away,” he recalled. It’s much better now but I do still come across people who regard me with suspicion. I’ve learned to take it in my stride.

“The important thing for me is that I am making a difference. Older teenagers tend to like me because I treat them like adults – in fact that’s my strategy for dealing with children too. I think everyone deserves that level of respect.”

Young at heart

PETER CULLUM,

a 16-year-old photography student from

Rockland St Mary, is one of the first patients to be cared for on our new Young People’s Unit on Cringleford Ward.

Nine single rooms on the ward have been specially adapted for 16 to 21-year-olds, with the aim of filling the gap between children’s and adult services and providing a more suitable environment for their needs.

Patients may be referred to the new unit from all over the hospital, whatever specialty they require, with the exception of obstetrics and gynaecology.

Ward sister Rachael Peacock explains: “A hospital stay can be difficult for young people in this age group as they are too grown-up for the children’s ward but may be too young to be on an adult ward surrounded by people who are much older and chronically ill.

“Teenagers are often shy about their bodies and need a high degree of privacy. They also like to watch TV late into the night and play computer games, which can disturb other patients, so the single rooms are a much better option for them.

“We have designated nurses and therapists who enjoy working with young people and we are making TV available to the patients free of charge. Steve Nicholls, one of our hospital play specialists, is available to help keep them entertained with X-boxes, DVDs and videos, as well as offering emotional



Staff on the new Young People’s Unit based on Cringleford Ward and (top) play specialist Steve Nicholls practises Wii archery with 16-year-old Peter Cullum to help develop his upper body strength

support where necessary. We recognise that teenagers need to maintain close ties with their friends and families and we offer the opportunity for their parents to stay with them overnight, if they wish. Reduced parking rates are available for parents who stay with their children.

“We also want to use this opportunity for health promotion, to encourage a healthy lifestyle and provide information about issues that particularly concern young people.”



QUESTIONS OF TASTE

GOVERNORS were invited to get involved in a tasting session recently to launch new menus for in-patients at NNUH. The menus have been carefully planned by dietitians working with Serco and the rest of the NoW (Nutrition on the Wards) group in response to feedback from our patients.

Several of our Public Governors have been involved in visiting wards to assess mealtime arrangements in the light of Care Quality Commission criteria. (See “Why mealtimes matter”, page 10).

Sue Fletcher, (pictured above with fellow governor Nick Brighouse) was a senior healthcare assistant before becoming a Public Governor. “I speak to lots of people who are pleasantly surprised by the quality of the hospital food here- there have been huge improvements since I started working with patients 30 years ago,” she said.

COUNCIL OF GOVERNOR MEETINGS

Our Council of Governors meets regularly to discuss the latest issues facing our hospitals. Dates for future meetings are:

- 5 - 7pm on 17 May
- 5 - 7pm on 26 July
- 12 - 2.30pm on 27 September
- 2 - 4pm on 22 November

DATES FOR YOUR DIARY

- 19 April, 6pm: Medicine for Members Event on Trauma Care, with presentations by A&E consultant Dr Victor Inyang and orthopaedic consultant Mr Ben Davis
- 2 May, all day: Skin cancer awareness day at Chapelfield mall
- 31 May, 6pm: Medicine for Members event on Glaucoma, with presentations by Mr David Broadway and Mr Tom Eke .

If you would like to attend, please contact the Membership Office on 01603 287634

TALKING TRA

Trauma care has come under the spotlight recently as the NHS seeks to ensure that patients with multiple injuries have access to the best possible care in the shortest possible time

NNUH IS the largest acute trauma hospital in the East of England and is recognised as a centre of excellence for specialist orthopaedic trauma care. Patients come from all over the East of England, including Lincolnshire and Essex, to take advantage of the expertise available.

Nationwide regional “trauma networks” are now being established with the goal of directing patients as quickly as possible to the most appropriate facility for their injuries, which means that patients with head injuries should now be taken directly to regional centres specialising in neurosurgery if their condition permits the extra travel time. In the East of England, the regional centre for neurosurgery is Addenbrooke’s Hospital in Cambridge.

Due to the travelling distances across East Anglia, the NNUH and its trauma team will continue as a specialist receiving hospital for all patients without head injuries, and for all patients with head injuries where direct transfer to Cambridge is unsafe. Closer links and liaison with Addenbrookes hospital via the East of England Trauma Network will then facilitate rapid transfer of patients who would benefit from the expertise of the Cambridge neurosurgeons.

“In this part of the world the main causes of multiple injuries are road traffic accidents, particularly involving cyclists and motorcyclists, with industrial and farm accidents, sports injuries and domestic violence some way behind,” says Dr Victor Inyang, clinical director for A&E.

“We see around one ‘polytraumatised’ patient per week and we have an extremely experienced trauma team who are on call 24/7 to deal with emergencies. In particular we have specialists in orthopaedics, vascular and thoracic surgery, maxillo-facial surgery, plastic surgery, paediatric surgery and anaesthesia who can be mustered at short notice and who work together to deal with the most complex cases.

“We are also extremely lucky to have



a helipad right outside the hospital so patients can arrive by air ambulance and be transferred directly to the resuscitation area. The only other hospital outside London to have this facility is the Broomfield Hospital burns centre in Essex. This is especially useful in a rural area such as Norfolk where the distances patients need to travel are so great.

“We have always had a good working relationship with the Addenbrooke’s neurosurgery team and we expect this to continue with the new trauma network.”

AUMMA



Orthopaedic surgeon Mr Ben Davis (right) is a key member of the trauma team at NNUH



TOP FLIGHT CARE

BESIDES BEING clinical director for A&E, Dr Victor Inyang (pictured left) also helps out regularly as a “flying doctor” for the East Anglian Air Ambulance (EAAA), which aims to provide emergency assistance to patients anywhere in the region within 20 minutes.

This summer the charity will take delivery of the first of two “night capable” aircraft and hopes to start flying at night in September, subject to funding and Civil Aviation Authority approval. The EAAA needs to raise £4.2 million a year to operate the service, rising to £6 million to include night operations. Tim Page, Chief Executive of the EAAA, says: “It’s a daunting target but with the continued commitment of thousands of people across our region and support from key hospitals such as the NNUH we believe we can reach it.”

“We greatly value the strong partnership we’ve built up with the NNUH and its excellent trauma team.”

• To learn more about the EAAA charity and how to donate go to www.eaaa.org.uk

SHOULD WE LEGALISE “ASSISTED DYING”?

Dr Philip Wilkins, consultant in palliative care, discusses the implications of the recent report from the Commission on Assisted Dying

EUTHANASIA, “mercy killing”, “assisted suicide”, “assisted dying”.... These ever-changing terms evoke highly emotional responses.

Most of us have strong opinions on the subject of whether killing someone should be allowed to relieve their suffering. However, for workable legislation to be implemented in this difficult area, emotions need to be set aside.

On 5 January 2012, the Commission on Assisted Dying, chaired by Lord Falconer,



published a report stating there was “a strong case” for allowing assisted suicide for people who are terminally ill in England and Wales. This conclusion was drawn after a year-long “inquiry” and the findings were widely reported in the press.

It all sounds very grand and official - until you dig below the surface.

The whole “Commission” was a stitch up from the start. All but one of the panel of experts were already declared advocates of legalising assisted dying. The funding came from well known proponents.

The first term of reference was to “investigate the circumstances under which it should be possible for people to be assisted to die” – in other words the assumption was already there that assisted dying should be legalised. So this was hardly “an objective, dispassionate and authoritative analysis of the issues”, as claimed by the “Commission”.

Indeed many important bodies, such as the British Medical Association and the Nursing and Midwifery Council, refused to take part in the discussion as

they were concerned about objectivity.

Unsurprisingly, the Commission’s conclusion was that assisted dying should be legalised, with safeguards in place to ensure that vulnerable people are protected. But the safeguards put forward by the commission have been severely criticised as inadequate by organisations representing vulnerable

“Assisted dying” may give a semblance of control to some, but at what cost?”

groups, such as the disabled.

Sadly there are many such vulnerable people living in circumstances that could lead to “mercy killing” and I believe those nearing the end of their lives could be put at enormous risk by the legalisation of “assisted dying”.

I would never deny that there are those who suffer enormously from their disease and would prefer to die. As a palliative medicine consultant, I am all too aware that I have failed, on occasions, to relieve their suffering. However, legalising euthanasia would not help. It may give a semblance of control to some, but at what cost?

I am deeply concerned that the wishes of a very vocal minority could potentially have a devastating effect on a larger number of vulnerable people.

I would not be surprised if a large number of readers disagree with my views. Perhaps the most important outcome of the Commission’s publication is not the conclusion, but the fact that it has brought the subject of death and dying out into the open. It is helping people to talk about one of our last taboos.

CARING for th



SUFFERING A HEALTH scare, whether it's a fall, a collapse, or any other illness, is a frightening experience. Elderly patients may lose confidence in their own ability to cope. They worry about a recurrence and, most of all, they worry about their own future. Yet, they desperately want to get back to their old life and to be in familiar surroundings.

At NNUH we have set up teams of experts in different clinics to help elderly patients achieve the ultimate goal of remaining in their own environment, allowing them to live confident and fulfilling lives at home.

We are working in partnership with the Primary Care team to design out-patient services that will achieve this aim. By responding to patient need in the community, with specialist help provided promptly by the MfE (Medicine for the Elderly) team, it is hoped that unnecessary hospital admissions can be avoided or reduced and that lives will ultimately be saved.

RETIRED PRINTER Ron Barnes, 76, was referred by his GP to the DATE clinic (Day Assessment and Treatment for the Elderly) after blood tests showed his condition had deteriorated and he suffered a couple of falls.

Accompanied by his wife Colleen and son Gary, he attended a one-stop emergency appointment at NNUH for a series of tests, including X-rays, as well as a consultation with an associate specialist and an assessment by a physiotherapist, before returning to his home in Bowthorpe. An assessment by an occupational therapist was also arranged to discuss whether any extra aids were required to help him retain his independence at home.

Colleen explained: "I know Ron would rather be at home than in a hospital bed so this opportunity to come in for a thorough assessment so quickly was ideal for us.

"I suffer from cancer myself and I have always had excellent care from the hospital. I am also extremely lucky that Gary lives at home and is able to help with Ron's care."

How our out-patient se

OUT-PATIENT SERVICES for the elderly have come a long way in recent years, with a number of new clinics designed to provide assessment and treatment without the need for hospital admission.

- **GENERAL CONSULTANT** clinics assess and treat patients over the age of 70 who are referred by their GP for a range of medical problems.
- **WARD FOLLOW-UP** clinics monitor the progress of patients after an in-patient stay, to prevent a recurrence of old problems and avoid the need for re-admission.
- **DATE** (Day Assessment and Treatment for the Elderly) provides a range of services including blood transfusions and some diagnostic procedures for patients with complex medical problems, particularly the frail

elderly. A multidisciplinary team is available to help assess the patients.

- **MOVEMENT DISORDERS** Older patients with suspected movement disorders such as Parkinson's disease are assessed by a multidisciplinary team on their first visit to this clinic. The team includes senior doctors, nurses, physiotherapists and occupational therapists with a special interest in the diagnosis and management of these conditions.
- **FALLS** are one of the most common causes for elderly patients to be admitted to hospital and the falls clinic has expanded to include those who may be at risk of falling for a variety of different reasons. Patients with mobility problems are assessed and support from community physiotherapists

e elderly



94-YEAR-OLD

Gladys Cursons, from Norwich, was suffering from severe anaemia and skin problems when she was referred to the MfE (Medicine for the Elderly) out-patient team for assessment. She was given an immediate blood transfusion and returned a few weeks later for a stomach procedure. "Everyone was very kind and I was really glad to get back to my own home," says Gladys, a retired cook who keeps her mind active with crosswords and puzzles – "and a good laugh does me a power of good!"

ZENA'S PIONEERING ROLE



ELSING WARD SISTER Zena Aldridge is the first in the region to make the switch from mental health nursing to a senior role in an acute hospital setting. Her appointment is the latest in a series of new initiatives at NNUH designed to improve services for elderly patients with dementia.

Zena worked as a buyer in London and was a nursing auxiliary at the old N&N before qualifying as a mental health nurse in 2003. She joined Elsing ward a year ago as a staff nurse after working in the community and specialising in crisis intervention for mentally ill older people. Now studying for a Master's degree in mental health, Zena aims to support her colleagues in raising awareness and improving discharge planning for dementia patients.

• *The June issue of The Pulse will include a feature about dementia care at NNUH.*

services are changing

can be arranged if required. An occupational therapist may carry out a home assessment to identify the risk of falls in the patient's home.

- **SPECIALIST SYNCOPE CLINICS** are for adult patients who have suffered a fainting attack, blackout or collapse with unknown cause. They may undergo specialist assessment on a "tilt table" (pictured right) and further medical investigations before a diagnosis is confirmed. Patients who have problems with daily activities are assessed by the specialist physiotherapist and occupational therapists who may also carry out a home assessment, if required. We are currently recruiting patients for a research study on orthostatic hypotension and post-prandial

hypotension – conditions which may be diagnosed at the syncope clinic.

- **TIA SPECIALIST CLINIC** is a fast-track, one-stop service, available Monday to Friday for patients with a suspected TIA, or mini stroke, whose symptoms have completely resolved within 24 hours. Patients can expect to have tests and receive a diagnosis, with any follow-up investigations organised, if required, on the same day.
- **ADMISSION AVOIDANCE** allows acutely ill or rapidly deteriorating patients to be assessed in an outpatient setting from Monday to Friday. Urgent investigations are organised and treatment initiated to enable them to be managed as out-patients.



Matron Sian Watkins gives a personal viewpoint on why recent moves to give patient mealtimes a higher profile have brought benefits for our staff as well as patients



Why mealtimes **MA**

PROVIDING REGULAR meals for more than 2,000 people would be a challenge for any organisation. Add to this the fact that many of those people are in poor physical shape – perhaps struggling to feed themselves or even to swallow – and the scale of the task takes on a whole new perspective. But this is the challenge facing NNUH every day.

Our priority has always been to provide tasty, nutritional meals that are fresh and hot when they reach the bedside. On a 63-acre site this is no easy task and involves close co-operation between a whole range of people, from the professional dietitians and speech therapists who plan the menus to Serco, who provide our catering services, and the patients who respond to our regular surveys.

Conscious of the need to encourage good nutrition among all our hospital patients, we have developed strong partnerships across the hospital and our Nutrition on the Wards (NoW) team is constantly striving to make improvements.

Together we developed new initiatives such as red trays to alert staff to patients who need extra help with their meals, and afternoon snacks to tempt people to eat more. We experimented with different menus, finger foods and supplements, introduced “protected” mealtimes and brought in volunteers to help us feed the most vulnerable patients.

Then last year the CQC (Care Quality Commission) introduced new criteria for assessing patient nutrition in NHS hospitals. They focused attention not just on the food itself but on mealtimes as a whole and whether patients were being helped to enjoy their food.

Armed with the CQC criteria, we enlisted



THE NoW (*Nutrition on the Wards*) group, pictured above, brings together staff from across the Trust and Serco, along with patient representatives and Public Governors, to discuss menus and ideas for improving the patient experience. Volunteers receive training from speech and language therapists (below left) to encourage the most vulnerable patients to enjoy their meals

the help of independent observers such as our Governors, representatives from Age UK, the Norfolk Older People’s Forum and the local Link group to conduct our own audits on the wards and see things afresh through our patients’ eyes.



We discovered that although our NoW group had lots of good ideas and started lots of new initiatives, it is challenging to ensure these are taken up throughout the hospital and benefit every patient. We need to be proactive and treat mealtimes with the same respect as any other medical or surgical treatment.

Our staff have responded brilliantly to the challenge and it seems the CQC agree – during the last unscheduled inspection the ward teams met all their quality and safety standards.

We are not complacent. We know this is an ongoing challenge and we may not always get it right. However, the feedback I have received from both staff and patients is very encouraging. As one of my colleagues remarked: “Nurses have always known that nutrition is really important and they are glad to have this opportunity to focus their full attention on the needs of patients during this time.”

It’s good to see ‘protected’ mealtimes live up to the name.



ATER

GRAHAM CLARKE (pictured right) has devoted his whole career to food and his enthusiasm for the subject is catching. Indeed, his cheerful and positive approach is making a real difference for patients with challenging nutritional needs.

A trained chef, he spent more than 25 years in the restaurant trade before becoming a ward caterer at NNUH ten years ago. Now a patient service co-ordinator for Serco,

he combines his supervisory role with visiting patients to ensure that any special requirements are catered for.

“There are many very good medical reasons why patients need special consideration,” says Graham. “For instance, they may be on a low fibre diet because they have a bowel condition or they could be allergic to everyday foods such as milk and gluten. Cystic fibrosis patients are a particular challenge because they need to consume lots of calories.

“Other patients might be vegan or have dietary requirements for religious or cultural reasons. For those who do not speak English we call on translators from INTRAN and we also have a diverse network of colleagues who can help, if necessary. We do our best to meet the patients’ needs and be sensitive to any cultural differences.”

Graham’s day begins at 5am when he arrives to review the menu plans and supervise food preparation by the special diet team. Armed with a list of patients who may need his help, he then sets out on his rounds, visiting patients and talking through their requirements.

“Most of the time we can cater for the patients from our own supplies but if not I will do my best to source different products. I will sometime call in to a supermarket on my way home so at least they can have what they need the following day.

“It’s a real pleasure to talk to the patients, to listen to their stories and enjoy a bit of banter. I will often go back to make sure they are happy

FIVE-YEAR-OLD *Ethan Breed, from Norwich is severely allergic to milk and soya and he also reacts badly to some atmospheric conditions, suffering eczema over large areas of his body as a result.*

Covered in steroid creams and with a full body suit acting as a bandage, he has just spent a period of respite care at NNUH to try to bring his condition under control.

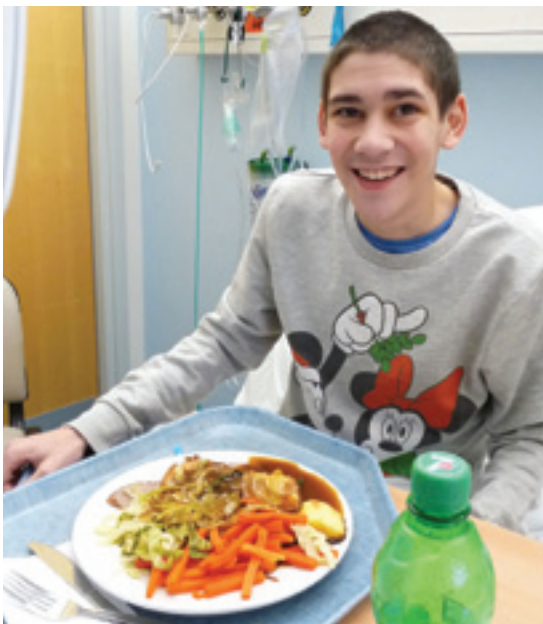
“The hospital team have gone out of their way to help Ethan and he’s already a lot better – Graham even went shopping in his own time to find bread that didn’t contain milk or soya,” says his mum, Donna. “His meals are served on special monkey plates that give him an incentive to clear his plate – it’s fantastic to see him eating everything that’s put in front of him.”

with the food and see if we can make any improvements. You learn to adapt the everyday menus with ingredients that tickle their fancy or help with their condition.”

Graham’s interest in food does not stop at the hospital kitchen – at home he has a collection of 470 cookery books and he loves to experiment with herbs and spices. Indian cookery is a particular favourite.

“I get lots of pleasure out of seeing the patients get better and knowing that I might have had a small part in their recovery. Food should be a pleasure as well as a necessity and the patients are so appreciative when we get it right.

Of course there are always a few who believe that the food is going to be awful and nothing we do will change their minds. There are some, though, who are pleasantly surprised and are even prepared to eat their words!”



JOSH MANNING, 19, from Swaffham, suffers from cystic fibrosis and needs to consume large quantities of calories to help fight off infection. As a regular in-patient at NNUH, he is encouraged to keep snacking throughout the day and has built up a good rapport with the catering team: “I need double the calories that most people eat and when I am here Graham usually calls in to make sure I am getting enough to eat,” he says. “I am always pleased to see him as he cheers me up!”

Unveiled: the new Cromer Hospital

THE MOVE from the old to the new Cromer and District Hospital took place as planned over three weekends in March – and was declared a great success by both staff and patients.

“It’s great to be working here at last,” said charge nurse Billy Lawson. “We’re all really delighted with the new facilities.”

More than 100,000 appointments are expected to take place every year in Cromer, with some new services and procedures being introduced to reflect the state-of-the-art equipment and facilities available.

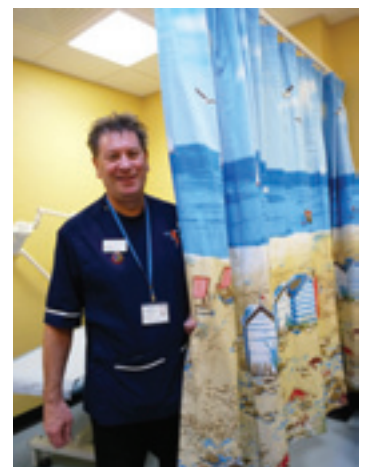
All departments have now moved into the new building and demolition is taking place on the old site to make way for a new car park and landscaped public areas.

The Minor Injuries Unit has been renamed the Bernstein Minor Injuries Unit after Sagle Bernstein, whose £11.4 million legacy helped to make the project possible. The procedure room on the first floor is named after Sagle Bernstein’s sister Muriel Thoms, who was a patient at Cromer, and the audiology unit is named after Phyllis Cox, who left £1.3 million to the hospital. The ophthalmology unit will continue to be known as the Allies Eye Unit.

Trust chairman David Prior paid tribute to the generosity of Mrs Bernstein and Mrs



Scenes from the new Cromer and District Hospital showing the main entrance, waiting and reception areas; signage for the Bernstein Minor Injuries Unit; energy saving LED lights in the Muriel Thoms Procedure Room; and charge nurse Billy Lawson with the new beach-themed cubicle curtains



Cox, adding that in the current financial climate the new hospital could not have been built without their legacies: “I think philanthropic bequests are a wonderful way for people to leave a long-term memory,” he commented. (See David’s column on page 3)

THE PULSE

Editor Sue Jones (ext. 5944)

Head of Communications

Fiona Devine (ext. 3200)

Communications and Membership

Manager Janice Bradfield (ext. 3634)

Communications Officer Hayley

Gerrard (ext. 5821)

Please send your contributions

for the June issue to Sue Jones

(Communications) by 9 May 2012

• **THE PULSE** is funded entirely from donations and not from NHS funds

WELCOME

...to the following consultants who have recently joined the Trust: **Dr Alexia Tsigka**, histopathologist, **Dr Florence Watson** and **Dr Helen O’Reilly**, both neonatologists, and **Mr Christopher Ingham**, orthopaedic surgeon.

FAREWELL

...to the following long-serving staff who have recently left the Trust: **Jill Hambling**, staff nurse on Langley Ward, and **Patricia Clinton**, ward clerk on the Jack Pryor Renal Unit, both with 36 years’ service; **Sandra Meaden**, general manager for service improvement, after 30 years, **Peggy Fulleylove**, staff nurse on Edgefield Ward, after nearly 29 years, and **Caroline Gill**, specialist physiotherapist, after 25 years.