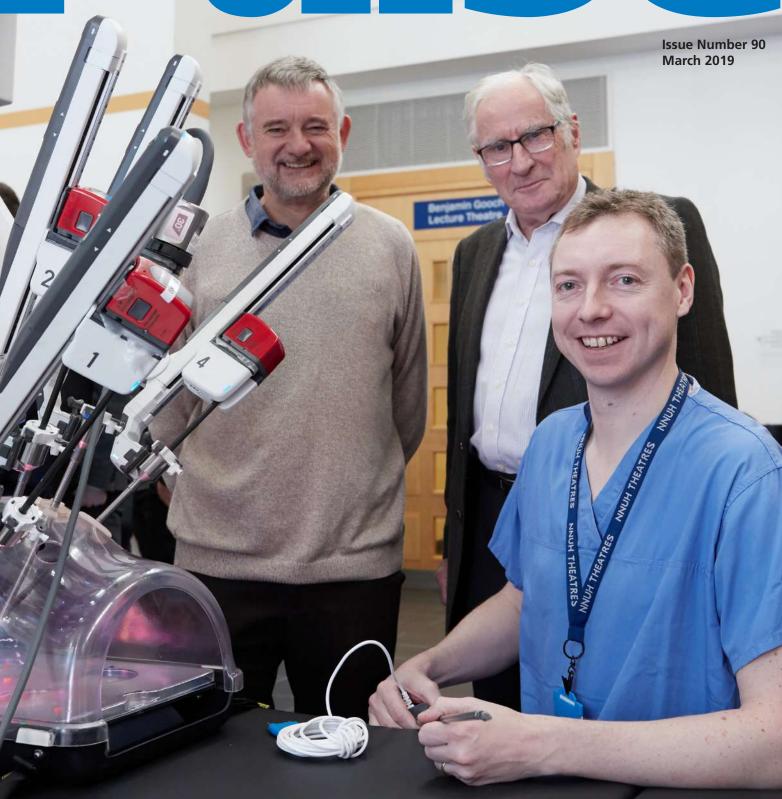
Issue Number 90 March 2019



Spotlight on Robot Week Improvement and digital strategies Knitting project for Dementia Fayre Sarah is face of apprentice campaign

NHS

Norfolk and Norwich University Hospitals NHS Foundation Trust Norfolk and Norwich University Hospital Colney Lane, Norwich, Norfolk NR4 7UY Tel: 01603 286286 www.nnuh.nhs.uk

Hospital Radio Norwich

To request a song or a bedside visit, call 01603 454585 or from your Hospedia bedside unit dial *800

• Main Restaurant - West Atrium Level 1

Open daily from 8am - 1am

• Café Bar - Outpatients East

Open Monday to Friday from 7.30am - 4.30pm

• Coffee House - Plaza (West)

Open Monday to Friday from 7am - 6.30pm, Saturday 9am - 4.30pm, Sunday 9am - 3.30pm

• Little Costa - Outpatients West

Open Monday to Friday from 7am - 6pm

• POD - Plaza East

Open Monday to Friday from 7am - 8pm, Saturday 9am - 6pm

• WRVS shop - East Atrium

Monday to Friday 8am - 8pm and weekends 10am - 6pm

• WH Smith, M&S Food - Plaza (West)

Open Monday to Friday 7am - 7pm, Saturday 9am - 5pm and Sunday 9am - 4pm

• The Stock Shop - West Atrium Level 2

Open Monday to Friday 9am - 5pm, Saturday 10.30am - 4pm

Cash Machines

East Atrium, Level 2, WH Smith and the Restaurant

Lost property

Call 01603 286803 or ext 2803

• Patient Advice and Liaison Service (PALS)

For confidential help and advice call 01603 289036

Chapel

Open to all. For details of services or to contact the Chaplains call ext. 3470

Cromer Hospital

Mill Road, Cromer, NR27 0BQ.Tel: 01603 646200

Other Hospital 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
- 20 Rouen Road, Norwich, NR1 1QQ, ext. 6954

THE PULSE

Editorial:

Media and Communications Team (ext. 5944).

The Pulse is funded entirely from charitable donations and not from NHS funds. N&N Hospitals Charity. Registered charity number 1048170.

Letters

Dear Sir.

I have recently had a partial nephrectomy using the amazing robotic surgery performed by Mr Mark Rochester. He came to see me just before the operation to explain the procedure and again the next morning. It was so reassuring for me.

It is traumatic to suddenly hear you have kidney cancer but Mr Burgess, who I initially saw, gave me great confidence from the outset that this could be treated with very little disturbance to the rest of my health. He was so kind and it was such a relief.

From the the pre-operation appointment to the admittance day everything was dealt with speed, efficiency and, importantly, such kindness.

I was, for a very short time, on Edgefield and then moved to Cringleford where my care was particularly fantastic. Tania, Hannah and Yulia made me feel safe and comfortable.

I was nearly moved yet another time after an hour of being on the



ward. Tania managed to thwart the attempt, saying that I was only a few hours post op. She was thinking about the patient in her care, that's good nursing!

I was as comfortable as possible, helped enormously by the state-of-the-art beds and was amazed to hear everyone had one – I would say an important element to recovery. The few meals I had were delicious and the ordering and service of them was professional and efficient.

I wish you well this winter with the problems it brings and know you all will do your utmost to treat all who enter your doors, and that's all you can do!

Thank you again Urology team and Norfolk and Norwich University Hospital.

Patricia Andrews

Social media @NNUH

Stephen Williams@ EasternTheorist

@NNUH I just want to commend this hospital. I found it friendly and efficient and a credit to the NHS. Mr Mckelvey, consultant, was also simply superb and highly professional.

Daryl@colleydc10

Lying in bed at the @NNUH after having #emergencysurgery due to a burst #appendix. Painful and not fun! I'm getting amazing treatment as always. Brilliant staff of all levels. Thanks for saving me.

From Care Opinion

As a day case I wondered if I would be on a conveyor belt, anonymous and rushed out, but in



reality I had first-class treatment all the way, from the post-op cup of tea and toast, my HCA, nurses, anaesthetic staff to the operating surgeon, who definitely included me in making decisions right up to morning of the op.

Friendly, professional and reassuring, I felt very safe with the checks, and pain has been completely controlled as of 10 hours post op.

Thank you to everyone involved. You are an amazing team.

Please send your contributions, comments and suggestions to communications@nnuh.nhs.uk or to Communications, NNUH, Colney Lane, Norwich, NR4 7UY



New digital strategy is off the starting blocks at NNUH

NNUH's digital strategy has been launched with a multi-million pound investment.

Green-lighted by the Trust Board, NNUH is now launching the Electronic Document Management Solution (EDMS) project which will see patients' paper records going digital.

The records will be electronically converted and stored in a massive Trust-wide project managed by the hospital's own Digital Health (formerly known as IT) team in partnership with Health Records, clinical and operational teams, with a view to completion within two years.

The digitisation of Paper Medical Records through EDMS allows scanned, digitised Medical Records to be made available immediately to staff without the need to store and manage paper.

This releases space, time and resources whilst also having a significant impact on the quality of working lives and the ability to make informed clinical decisions.

Anthony Lundrigan, Chief Information Officer at NNUH said: "This is fantastic news for staff and patients and is a key part of our strategy to transform to digital care at NNUH.

"It will eventually make paper records a thing of the past, it will be easier for staff to access and read a patient's health records, and will be a quantum leap in improving quality and reducing costs for the NHS.

"This is a very exciting first step towards paperless and we thank all staff who have contributed their feedback, involvement and help in shaping this project."

Mark Davies, Chief Executive said: "I am delighted that we are now forging ahead with our digital strategy which is a game-changer on improving quality of care for our patients and our staff's working lives.

"We owe enormous thanks to all the staff who are involved in making this project happen."

The deployment is expected to take approximately two years with the Trust reaching a Fully Digitised state by January 2021.

At this point no new medical records will be created or added to, with any residual paper still being generated incorporated into the electronic document management solution record after care is completed.

The Trust is also looking at the introduction of a full Electronic Patient Record (EPR) which would replace the existing Patient Administration System and many of our stand-alone clinical IT systems at the Trust.

The introduction of an EPR will reduce and look to stop the amount of new paper being generated, as clinical information is captured electronically, whilst also improving the flow of information across the various care pathways.

It is envisaged that the EPR and EDMS will work side by side to progressively move towards a state where no paper is generated but access is always easy and in context to the historical records.

I was delighted to read in this edition of The Pulse all about our advances in robotic surgery, which have enabled us to save and transform the



lives of hundreds of cancer patients since the highly sophisticated and uniquely precise equipment was introduced into our hospital in 2016.

As you can see from the cover and pages 6 and 7, we held an event for the public and staff to celebrate this remarkable three-year anniversary where our surgeons and other robot experts were on-hand to explain the benefits of robotic assisted surgery.

It is lovely also to hear from robotic surgery patients who, as you can see from the feature, and the letter on page 2, speak of rapid recovery.

Please do use the QR code on page 6 to watch a video about the event and an interview with Mr Mark Rochester, one of our brilliant surgeons.

In this edition, on pages 10 to 12, you can read about blood testing and what happens in the Pathology Lab, where a team of specialists work 24 hours a day providing vital services.

It makes a fascinating read and gives much insight into their work which supports the whole hospital.

Finally, please save the date in your diaries for our ever-popular Dementia Information and Advice Fayre (page 14) which is Monday 13 May.

Each year we have a community art and craft project which ties in with Dementia Action Week.

This year I hope that the keen knitters amongst you will knit some forget-me-nots for our project, which aims to achieve approximately 17,000 knitted forget-me-nots to represent each person in Norfolk who has Dementia.

All the flowers will be on display in an artwork at the N&N from Dementia Action Week onwards

Mark Davies, Chief Executive, Norfolk and Norwich University Hospitals NHS Foundation Trust



The N&N Hospitals Charity raises money to support patients, families and staff at Norfolk and Norwich University Hospitals NHS Foundation Trust, which includes NNUH, the Jenny Lind Children's Hospital and Cromer Hospital.

Events for our Boudicca Breast Cancer Appeal

- Quiz Night For Boudicca:
 Thorpe End Village Hall,
 April
- Jonny & Lewie's Charity Ball:
 Sprowston Manor,
 April
- Upton Charity Walk:19 May
- Charity Abseil: The Forum,
 Norwich, 22 June
- Norwich Crafts in the Park: Chapelfield Gardens, 10 August
- Boudicca Ball: The Assembly House, 1 November

For more details of these events, please go to nnuh.org.uk/ways-to-support-us



If you would like to support the hospital charity or for more information, please contact Louise Cook on **01603 287107** or email **fundraising@nnuh.nhs.uk** And check out nnuh.org.uk/ about-us/latest-campaigns

Daniel plans sailing adventure to raise money for breast cancer unit

A staff member at the NNUH is embarking on the challenge of a lifetime, taking part in the final leg of the Round the World Clipper Yacht Race in aid of our Boudicca Breast Cancer Appeal.

Daniel Cox, a project management officer within the Surgical Division, will take part in the coveted final leg of the race from New York to Liverpool in June 2020, a journey expected to take more than 22 days at sea.

Sailing challenge plus a marathon

If that wasn't enough of a challenge, Daniel is also taking part in the Brighton Marathon in April – his first marathon and just one year after taking up running with the NNUH Couch to 5k running club.

Daniel said: "I am coming up to my 50th birthday and I wanted to mark it with a couple of challenges. I grew up in Greenwich, which is on the route of the London Marathon and also home to all the maritime heritage, so it seemed the perfect challenge – I've always had an interest in sailing and done it occasionally so thought 'let's do something mad'."

Daniel's family are 100% behind him and he will be raising money for the N&N Hospitals Charity Boudicca



Daniel Cox faces a sailing and running challenge for our appeal.

Breast Cancer Appeal too. The appeal aims to raise £800,000 for a dedicated breast cancer service.

"I've worked at the Trust for two years and it's a fantastic place to work, filled with brilliant people doing amazing things, and as part of that I thought 'what can I do to support it?' said Daniel.

"Many of my friends and family have been affected by cancer and the Boudicca Appeal was a great opportunity to raise awareness and support this fantastic cause."

You can support Daniel via www.justgiving.com/fundraising/danielcox2020

Jenny Lind Hospital anniversary will help kick-start a year of fundraising

The Jenny Lind Children's Hospital will mark its 165th birthday on 3 April with a day of celebration to kick-start an action-packed year of fundraising.

Norwich was the second city in the country to have a children's hospital, opening two years after London's Great Ormond Street.

NNUH Fundraising Manager Louise Cook said: "We hope this year will be a great way to say thank you to all the staff and to those who have helped support the hospital over the years."

The Norwich Infirmary for Sick Children admitted its first inpatients on 3 April 1854, thanks to the generosity and goodwill of Swedish opera singer Jenny Lind.

Dubbed the Swedish Nightingale, Lind was one of the best known and most popular entertainers in mid-19th century Europe. In 1847 she gave her first concerts in Norwich and they proved so popular that a third concert was arranged, with money going to build the hospital.

"We are really excited at this second Jenny Lind Day, which will mark the start of a year of activities. Keep a lookout for more information as we finalise the big day," said Louise.



Norfolk Snowsports Club is backing the Boudicca campaign.

Norfolk Snowsports chooses our Boudicca campaign to support

Norfolk Snowsports Club has chosen the N&N Hospitals Charity's Boudicca Breast Cancer Appeal as its charity for the year.

The club, based at Trowse, will be raising money at a number of its events throughout the year which will be announced @norfolkski on Twitter and Norfolk Ski on Facebook.

The Boudicca Appeal aims to create a dedicated breast cancer unit at the NNUH, which will cost £800,000.

Over the past five years, the current breast cancer unit has seen an 80% increase in patient numbers (645 referrals per month in 2018, compared to 360 in 2012).

The new unit will allow for faster diagnosis and treatment and sameday diagnostic tests for all patients.

NNUH Fundraising Manager Louise Cook said: "We are so pleased

that Norfolk Snowsports Club has chosen the Boudicca Appeal as their charity for the year. The club is such a fantastic facility on our doorstep, with thousands of members of all ages, and we are lucky to have them on board.

"Boudicca is our main appeal for 2019 as we work to make sure the new breast unit is created as quickly as possible."

The Snowsports Club joins a number of organisations in the city which have chosen to support the Boudicca Appeal. These include the five Norwich Rotary Clubs, The Forum Trust, Eaton Golf Club and Spire Solicitors, along with many individuals and teams taking part in fundraising challenges.

If you would like to support the appeal, please contact fundraising@nnuh.nhs.uk or go to www.nnuh.org.uk for more information.

Be a superhero abseiler for our appeal

Fundraisers with a head for heights have an opportunity to abseil down The Forum in Norwich to raise money for our Boudicca Breast Cancer Appeal on Saturday, 22 June.

Participants are asked to raise £135 (£35 registration fee and a minimum of £100 sponsorship).

Book now to avoid missing this fantastic opportunity.

Full training will be provided prior to the descent by Dave Talbot Ltd. They will also provide all the necessary safety equipment – helmet, harness and gloves.

To find out more, please contact fundraising@nnuh.nhs.uk or ring 01603 287107.

NNUH diary dates

NNUH Fete & Open Day: Saturday 8 June

From 11am to 4pm. Attractions include activities for children, free health checks, traditional fete games, cake and craft stalls, plus live music. Visitors will be able to follow a special trail to collect stamps on their passport.

Council of Governors meetings

- 24 April 2019: 10am 12pm
- 24 July 2019: 10am 12pm
- 23 October 2019: 10am 12pm

All meetings are held in public in the Trust boardroom, level four, West Outpatients, NNUH. As space is limited at these meetings, please book a place at membership@nnuh.nhs.uk

Trust Board Meeting in Public

• 29 March: venue to be arranged (please book, as above).

Norwich Stroke Survivors' Club

• Meets most Tuesdays at Brenda James Close, NR7 OLH.

Fundraising news

Swimathon: April 7

If you would like to take part in the West Norwich Swimathon at UEA on behalf of NNUH's NICU (neonatal intensive care unit), contact www. westnorwichlions.org

Run Norwich 10k: 21 July

Support our #TeamNNUH runners who are raising money for us.

Norwich Bike Ride: 9 June

This year we are taking a break from our own Bike Ride but we would urge all our keen cyclists to sign up with the Norwich 25/50/100 event and raise money for NNUH, Cromer Hospital or a specific department.

Sign up today at www.bike-events. co.uk/Ride

Former patient Noel Jarvis, Mark Rochester, Consultant Surgeon in Urology, and retired Surgeon David Ralphs are pictured during NNUH's highly successful Robot Week event.



Robot Week event celebrates three years of robotic surgery at our hospital

Three years of saving and transforming cancer patients' lives through robotic surgery have been celebrated with a special event at NNUH where staff, patients and visitors all put their skills to the test as part of Robot Week.

Surgeons used state-of-the-art equipment to carry out the first radical prostatectomy in Norwich on 18 February 2016 to remove the prostate of a cancer patient.

The four-armed robot and console, which provides a magnified 3D view, is mainly used to carry out robotic-assisted prostatectomies. However, it is also used for bladder removal (cystectomy), partial kidney and kidney removal (nephrectomy) and colorectal surgery.

The public were able to try out the robots

Three years on from the first procedure, two demonstration robots were on display at the hospital, and members of the public tested their surgical skills on one of the robots by trying out dexterity tasks and exercises used by doctors when training.

Mark Rochester, Consultant Surgeon in Urology, said the use of the robot to do keyhole surgery had resulted in improved outcomes for urology cancer patients.

"We are a busy hospital with a high volume of cases. To reach 750 cases in three years is very quick and is a symbol of our highly developed level of expertise in robotic surgery.

"Robotic surgery has helped us improve our outcomes and provide a better experience for patients. As patients come back to clinic for review we get feedback that their continence and erectile function are better than with previous surgical techniques. Patients are also able to get back to their normal day to day lives more quickly too.

"The dexterity of the instruments is unparalleled and more than 95 per cent of patients are able to go home the next day."

Former patients who have benefited from robotic surgery at NNUH also attended the event.

Noel Jarvis, who had a partial kidney removal, said: "It was amazing to me to have an operation on the Friday and return home on the Saturday.

"The event here has been fascinating. I had no idea what the robot looked like and it was really interesting to see the equipment and how it worked."

Robotic surgery has been revolutionary

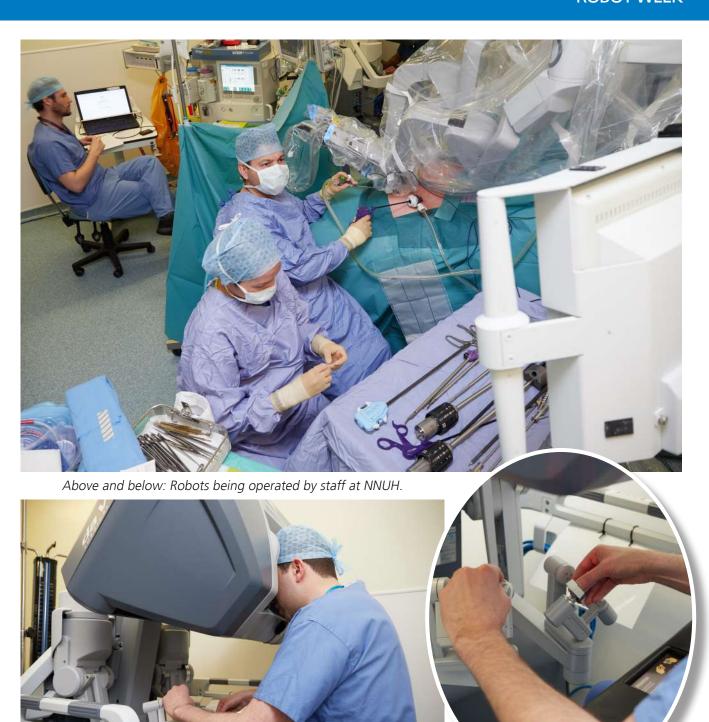
Retired Surgeon David Ralphs, who also had a partial kidney removal, added: "It is very interesting undergoing an operation when you have been a surgeon yourself.

"In the 1970s I was doing a very similar operation, but it was an open procedure by cutting through the muscles. With the robot, there are five little port sites, which leads to so much less tissue trauma – and rapid recovery.

"Most patients are out of hospital the day after the operation, which is quite extraordinary."

Scan this QR code with your phone to access our video about Robot Week.









A visitor tries out the robot technology at Robot Week.



Dr Nicola Holtom, Palliative Medicine Consultant (left), and Julie Noble, Lead Nurse Specialist, who work in the Palliative Care team at NNUH.

Making a difference to patients and their families at the toughest of times

The NNUH vision is "to provide every patient with the care we want for those we love the most" – and this is never more important than when supporting patients and their loved ones with palliative care.

Palliative care provides symptom relief for patients who have lifelimiting illnesses or who are near the end of their life, as well as emotional and practical support both for them and their family.

"The thought of receiving palliative care can be alarming but we're here to guide and support people through a stressful and difficult time," said Dr Nicola Holtom, Palliative Medicine Consultant.

"While death is often inevitable, we can make a huge difference by enabling patients to live as well as possible for as long as possible and, at the end of life, to have the best death possible – which is often a great comfort to those they leave behind.

"We find that often the most important issues are for people to be free of pain and other symptoms and to ensure that their illness does not cause too great a burden for their families. We ensure that patients receive holistic care according to their wishes but

also support the family and try to alleviate fears and anxieties at this difficult time."

People often think that palliative care is only for people who are imminently dying, but this is not the case.

In addition to care within the hospital, 10 clinics a month support out-patients with life-limiting illnesses such as heart failure, MS, motor neurone disease, chronic obstructive pulmonary disease (COPD) and dementia, as well as cancer – and many continue to benefit from attending clinics for years alongside their other hospital treatments.

Within the hospital, the team offers support wherever it is needed, with a consultant available 24/7 and assessments within 30 minutes of referral to anyone admitted via the Emergency Department who requires end-of-life care.

Tailored care

Talking to patients and their families about their wishes is key to ensuring that care is tailored to their needs. "We help people discuss the difficult topics that are so vital in helping them make informed decisions,

Facts about palliative care

- The NNUH Palliative Care team works with approximately 2,800 in-patients and their families a year, and runs 10 outpatient clinics per week.
- They support patients aged 18 and over and their families.
- The goal of palliative care is to improve the quality of life for both the patient and their loved ones by relieving the symptoms
- and stress associated with a life-limiting illness.
- Palliative care support is additional to other specialist treatments patients may be receiving such as chemotherapy.
- Being referred for palliative care does not mean that a patient is imminently dying some patients receive palliative care support for years to help manage the impact of their illness.

such as what medical interventions they want, whether they have a will and where they'd like to die," said Julie Noble, Lead Nurse Specialist, Palliative Care.

"Making these decisions gives back an element of control – and the more open people are, the more we can help."

When patients choose to die in hospital, the team is there to ensure that their family and friends can remain with them.

"Families are usually frightened and exhausted, and small things make a huge difference," said Julie.

"We make things easier by reassuring them that there are no time limits on visiting, providing free parking, a bed to sleep on and a comfort pack with a few necessities."

The Trust is also hoping to introduce Butterfly Volunteers to offer help and additional comfort to families during a patient's final hours.

They are supported by the Anne Robson Trust, of which NNUH's Chief Nurse, Prof Nancy Fontaine, is patron.

As even an expected death can be a tremendous shock, the team continues to support relatives for as long as they need it.

"We assist with everything from practical issues to coming to terms with their grief," said Julie.

"From March, our team will also include a social worker, giving even easier access to the wide range of support that families might require.

"We encourage anyone who thinks they could benefit from our help to get in touch by speaking to their nurse or doctor to request a referral."



Continuing Healthcare team: Margaret Ray, Clair Taylor, Victoria Braide, Sam Mosedale and Susan Coe.

Supportive care on a difficult journey

When patients are close to the end of their life, we try to ensure that they are in their preferred place of care.

NNUH has a team of specialists who work in the Continuing Healthcare (CHC) team and provide a discharge service to palliative patients requiring fast-track referrals.

These are patients entering a "terminal phase" and "rapidly deteriorating".

"Our aim is to carry out full assessments on every patient referred to us within 24 hours and discuss their wishes with them and their families," said Victoria Braide, Integrated Discharge Team Lead. "We endeavour to discharge patients to their preferred place of care, while ensuring that this is feasible.

"We treat all our patients and their families with dignity and respect and spend time talking to patients and families to support them in making informed decisions during such difficult times."

The CHC team works in close liaison with Norfolk Continuing Care Partnership and Hospice at Home to provide a tailored package of care at home if that's the preferred place of care, or move the patient to a nursing home, aiming to discharge them within two to five days.

"Our relationship with the patient and their family tends to be brief and intense," said Victoria. "We try our best to ensure that our patients are where they want to be, that they and their family feel in control but supported, and that they achieve the death they want.

"It is important to talk about death, to acknowledge that it is happening and to put appropriate plans in place. It makes the difficult journey that bit more bearable, and it is our privilege to be there for them."

Comments from patients and their families

- "Thank you for making mum's last few days so peaceful. You enabled the family time spent with her, so much more bearable. We are so grateful."
- "This is to say thank you from the bottom of my heart for all you did for me
- in my 6 weeks in hospital. You were so kind and reassuring. My sons thank you for your care too."
- "Thank you so very much for all your kindness, care and for listening over this difficult time."
- "Your kindness to our mum was wonderful, thank you so much. Your words of wisdom are helping me so much."
- "Without all your support and kindness I know we would have found everything
- much harder than it already was."
- "Thank you for looking after my Dad for me, it made me feel a lot happier knowing you were there to help him."
- "Thank you for your kindness and gentle honesty."

Behind the scenes: what happens when I have my blood taken at the hospital?

Whether you're having your blood taken by a phlebotomist, a doctor, a nurse or maybe even your GP, the process only takes a few minutes.

But have you ever wondered what happens to your blood once those few minutes are over?

The instant your blood is whisked away in those coloured tubes, it begins an amazing journey through one of the busiest environments in the hospital: the Pathology Lab.

The lab has a genuine, and completely un-ironic, claim to being the 'lifeblood' of the hospital, with anywhere from 5,000 - 8,000 patients' samples passing through every day, the Pathology Lab is one of the largest and busiest blood processing centres in the UK.

It's here that your blood will be analysed by a team of experts and an army of high-tech machines, which quickly and accurately produce results almost as fast as the samples arrive.

The Pathology Lab is divided into sections based on speciality, and where your blood is analysed is dependent on a number of factors, chief of which is the colour of the cap on each tube.

There's a wide palette of possibilities. If it's purple or blue, it will make its way to Haematology (who specialise in the diagnosis of blood-related diseases), while yellow-topped tubes are sent to Chemistry.

There are a dozen possibilities, some of which are even dependent on temperature, with certain tests requiring blood to be stored in heated or frozen tubes to ensure they're in appropriate condition for a specific test upon arrival.

Away from the everyday, the testing carried out in Pathology is often the decision-making point for countless clinical procedures.

A good example is the difference between pancreatitis and appendicitis, two conditions with entirely different treatments that are both possible diagnoses of abdominal pain.

Identifying the correct source of this pain is often the job of the Pathology Lab, and those results can be the difference between a patient with unidentified discomfort, and a patient undergoing correct treatment.

Once your blood has completed its journey through the Pathology Lab, results are generated, double-checked and then sent back via computer to your clinician here at the hospital, or GP.

In the vast majority of cases this entire process is completed within just a few days and provides vital information to support diagnosis, treatment and patient care on a daily basis.

Eastern Pathology Alliance – in numbers

- o 3 laboratories: The EPA comprises three laboratories across three hospital trusts: Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPH) and Queen Elizabeth Hospital (QEH).
- o 12 divisions: The EPA's numerous specialities are spread out across the county, together covering: Haematology, Transfusion, Chemistry, Immunology, Endocrinology, Toxicology, Microbiology, Molecular Genetics and the Bone Service (all at NNUH).

 Blood Science, Blood Transfusion and Andrology are based at JPUH, QEH and NNUH.
- 24 hours: EPA labs are constantly staffed and can be called upon at any time.
- 300 staff: Approximate number employed by the EPA.
- 15,000 samples:

Approximate numbers of samples processed by EPA labs every day (12,000 at NNUH, 3,000 at JPH and QEH combined).

1.2 million people:
 Catchment area served by
 Eastern Pathology Alliance.

Beyond the Pathology lab window...



The Pathology Lab window.

The NNUH Pathology Lab is accessible to patients and staff alike via a small window, discreetly placed along the main corridor of the eastern wing of the hospital.

It's an unassuming entrance that you'd be forgiven for missing, if you didn't know it was there.

However, behind that window is a surprisingly

large and complex network of labs, corridors and hightech machinery where a team of specialists works 24 hours a day to provide vital services, without which NNUH could not function.

We spoke to some of them to shine a light on what happens behind the window of the Pathology Lab (see the following two pages)...

Meet the Pathology Team



Sally Bailey, Phlebotomy Manager

I oversee all the Phlebotomists and Receptionists; we have 40 staff members here, 35 of whom are Phlebotomists who cover all the wards every morning between 7.15 and 12.15. In that time we see hundreds of patients, for example today we've taken 423 patient bloods, and on average take around 19,500 bloods per month. I oversee and arrange cover for that, make sure everyone knows where they should be, and what they should be doing. As a line manager supporting my team, I also give updates and oversee training, and provide everything else they need, such as holiday entitlement. I also work in clinic when I'm needed, so I can maintain my skills. I was trained to take bloods at NNUH and have been working here in Phlebotomy on and off for almost 15 years.



Rebecca Cozens, Eastern Pathology Alliance (EPA) Training Manager

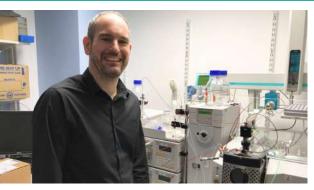
I have responsibility for the training of support workers, pre-registration and post-registration workers across the EPA network, which is: James Paget Hospital, Queen Elizabeth Hospital and obviously NNUH. My role is to make sure that we meet the requirements of the Healthcare Professionals Council so workers can go on the register and actually practice. Our training doesn't just stop when you get on the register, in the lab you've got different areas like Haematology and Transfusion, Chemistry, Immunology, Endocrinology, Toxicology, and Microbiology. Staff need to specialise in these areas so they're able to authorise results, be able to troubleshoot, use their academic knowledge, to be able to process results and take appropriate action.



Alistair Macartney, Chief Biomedical Scientist (Haematology)

My role is to oversee the technical side of Haematology, making sure that all of our analysers and processors within the lab are working correctly. I also design certain procedures that explain what we do, and I make sure everybody within the lab is able to do what we expect them to do, and that they have the skills and training they need to do it. I am originally from New Zealand, but have been in the UK for over 20 years. Today I mostly split my time between training and working in the lab.

"We see hundreds of patients a day and on average take around 19,500 bloods per month."



Paul Brookes, Chief Biomedical Scientist (Toxicology & Endocrinology)

I have just celebrated my 20th year at the Trust. I am the Chief BMS so my role is to oversee Toxicology and Endocrinology, which are two very different sections. Endocrinology would be things like tumour markers, and all the hormones. If a patient is seeing an Endocrinologist Consultant then their results will likely have been processed by us. We also do maternal serum screenings for Edwards, Patau and Downs Syndromes. And then Toxicology is more analytical chemistry, for patients who're on recovery or may have taken drugs. We can do drugs screens, post-mortem work, but as well as that we also do some clinical work, and occasionally assist with surgeries, by providing quick turnaround results.

Meet the Pathology Team



Ruth Gordon, Associate Practitioner (Haematology)

I'm mainly responsible for preparing samples for full blood counts – which are analysed as 'whole blood' – and coagulation samples, which are 'spun' (a process in which blood is spun in a centrifuge, allowing platelets and plasma to be isolated from other blood components) before they go on the analysers. I also do prep work for manual tests which are sent to us specifically in Haematology, to check for things like malaria and so forth. I also collect samples from specimen reception, make sure they're sorted for the correct machines, and arrange any specialist tests that need to be dealt with slightly differently.



Adrian Reynolds, Senior Biomedical Scientist (Biochemistry)

I've been working in the Pathology lab for almost 40 years, and as a Senior Biomedical Scientist I am responsible (alongside my fellow Seniors) for the running of the main automated lab. That means maintaining all the equipment, co-ordinating the processing of all the blood samples and making sure results go out to the right place, once they've been analysed. As part of the Biochemistry team my colleagues and I analyse a part of the blood known as 'serum' which can hold the key to diagnosing everything from kidney failure, to diabetes, to drug and alcohol overdoses.



Rachel Cozens, Senior Biomedical Scientist (Haematology)

I'm a Senior Biomedical Scientist, I work in Haematology but I specialise in Coagulation (blood clotting). The whole Haematology lab is responsible for analysing blood counts, however my world is special coagulation. If a patient has come in with something out of the ordinary, maybe they're bleeding or bruising, having nosebleeds or something of that nature, or it could be something like a woman who has had multiple miscarriages. They might do a general coagulation screen and if we get an abnormal result then I will be called in to investigate further. I use clinical history and previous results to guide the testing I do, taking it one procedure at a time until I reach a potential cause for the abnormal results, which could then aid with diagnosis.



Mark Pullinger, Biomedical Scientist (Haematology)

The tests we carry out primarily in Haematology are known as 'full blood counts', which are used to study quantity, size and morphology of blood cells via an analyser. However, if required we also examine the cells more closely using microscopes, or through a 'blood film'. An analogy I find useful is to imagine a bag of snooker balls, and all the analyser is doing is letting you feel them, not look at them. So to get a clearer picture and get the balls out of the bag to see the colours, you need to take a blood film and get a look at the blood. This can be really important as we can catch things like acute or early leukaemias this way.

Children's kitchen idea launched at NNUH

A new children's kitchen scheme has been set up on Buxton ward at the NNUH to help with young patients' recovery.

A unit and equipment have been provided where young patients can prepare food with Play Leaders who cook the food if required and the children later decorate or garnish.

The idea came from Debbie Jones, Serco's Customer Support Manager for Patient Catering at NNUH, who said: "It's a simple idea but it makes a big difference to the children and the Play Leaders are so excited about it and how it can benefit the children.

"There is a food preparation area and a convection microwave built for purpose.

"The Play Leaders are then able to cook the cookies, pizzas or cakes etc, which the children can then decorate if required or just eat them!

"A girl on the ward recently made some chocolate cookies and was so pleased – she gave some to the staff. It made her day!"



Jamie Goode with Debbie Jones and staff on Buxton ward and, below, Jamie with Amber Knowles.



Ward sister Teresa Miles said: "This initiative will be an invaluable service as it allows children to choose the times they would like to eat, helps them be involved with their own food preparation, as well as providing an education about the foods they choose.

"Often, children want to eat at different times from the usual meal times in hospital, for all sorts of reasons, being post op, or perhaps feeling unwell. So to be able to offer them snacks throughout the day, which they can help prepare, will undoubtedly help their recovery processes."

Play Leader Jade White is a big fan of the new initiative: "It brings some fun to the ward. Every kid loves cooking. It's a really nice group activity or we can make it one to one."

Recipe ideas are discussed with the children who want to take part and then the food is prepared the next day.

Debbie explained how she came up with the initiative: "I had the idea a while ago when a child patient wanted to make his own food but couldn't."

Play Leaders have now had food safety training, and the scheme has started.

Clinical audits help improve patient experience at NNUH

Improvements introduced following NNUH's regular programme of clinical audits were showcased to staff and patients in the East Atrium at the end of January.

A total of 30 posters highlighted the work carried out and new initiatives implemented as a result.

These include the further roll-out of skin monitors to remove the need for blood tests to determine the level of jaundice in babies, an investigation into the level and effects of fatigue in arthritis sufferers, and the production of patient information leaflets to improve patient care and experience.

"The audits are a key part of our commitment to continuously improve patient care, experience and outcomes," said Dr Stuart Williams, Clinical Audit Lead and Consultant Radiologist.

"They help us ensure that standards are met, better ways of doing things are identified and to enable us to identify and share best practice." Approximately 350 audits have been undertaken in the 12 months to April 2019, based on national initiatives and guidance from organisations such as the Department of Health, the National Institute for Clinical Excellence (NICE) and the Care Quality Commission (CQC), as well as local priorities determined from sources such as patient and staff surveys, patient advice and liaison reports and Clinical Commissioning Groups.

Nominations open for Staff Awards 2019

Patients from across
Norfolk are being asked
to nominate the health
professional or hospital
team who has gone the
extra mile in providing
their care at the Norfolk
and Norwich University
Hospital or Cromer
Hospital.

The annual patient choice award, supported by the Eastern Daily Press, enables us to recognise those staff who provide exceptional patient care, kindness or outstanding professional expertise.

Patients can nominate any nurse, doctor,

midwife, therapist, receptionist or other member of staff who looked after them during an outpatient visit, day treatment or hospital stay.

To make your nomination visit www. nnuh.nhs.uk



World-first for dermatology research team at NNUH

A research study to help patients with a painful skin condition has begun after the NNUH enrolled the first volunteer to an international project.

The dermatology research team at the hospital achieved a world-first after becoming the first to sign up a patient to the Sunshine study.

The clinical trial, which is sponsored by Novartis and supported by the NIHR (National Institute for Health Research), is being run across 33 countries to help patients with a debilitating and recurring skin condition.

Patients living with Hidradenitis suppurativa (HS) require constant management to help ease symptoms and often need surgery.

The research study will find out if the drug secukinumab is safe and has beneficial effects in HS patients. The medicine is used in the treatment of psoriasis,

ankylosing spondylitis, and psoriatic arthritis.

If participants agree to take part in the study, there will be a 50 per cent chance that they will receive secukinumab and a 50 per cent chance that they will receive placebo for the first part of the study. The study will also determine if secukinumab works better if given once every two weeks or once a month.

Erika Denton, NNUH Medical Director, said: "Congratulations to our dermatology research team who have become the first in the world to enrol a patient onto this global study. I'm proud of this hospital's record in being involved in a plethora of medical trials, which means that we are at the forefront of new innovations. We are very grateful to the thousands of patients who volunteer to take part in research every year."

Medibears are a great learning disability aid

Special medical bears, designed to help children and patients with learning disabilities, have created quite a stir since they arrived at NNUH in December.

After being featured in local and national media, around £600 has been donated by members of the public to fund more bears.

The five Medibears have a range of medical devices including a hearing aid, cochlea implant, and pacemaker.

Fiona Springall, the Children and Young Person's Learning Disability Specialist Nurse, said: "This is a great resource for the team. The Medibears can be used to support patients and help them gain a greater understanding. The bears help to normalise medical equipment for people, and help to reduce any worries they have. We are so grateful for the donations. It's fantastic, a lovely response from people."

The initial fundraising was undertaken by a member of staff, Sue Phillips, who raised £200 through a crowdfunding page, an afternoon tea and a raffle to buy the first set of bears.

Popular Dementia Fayre all set to return

The popular NNUH
Dementia Information
and Advice Fayre will be
returning to the East Atrium
this spring.

The hospital is assembling a wealth of experts and organisations for the event, which will take place on Monday 13 May from 10am to 4.30pm.

And the NNUH is also casting off a community art project to raise dementia awareness. People are being encouraged to knit or crochet forget-me-not flowers, which will form a new piece of artwork that will go on display at NNUH.

The Dementia Fayre goes from strength to strength every year with a host of speakers, information stands and pop-up café.

The event is traditionally held on the week before National Dementia Awareness Week, which



James Artherton-Howlett and Jenny Woolgrove, from the NNUH Dementia Support Team, with flowers.

this year runs between 20 and 26 May.

The fayre will have two keynote speakers from the University of East Anglia.

Prof Eneida Mioshi is Chair of Dementia Care at the Faculty of Medicine and Health Sciences at UEA.

Her talk in the Benjamin Gooch Lecture Theatre will be at mid-day on 13 May about supporting family carers

Prof Michael Hornberger, who is Professor of Applied Dementia Research at UEA, will be in the lecture theatre between 1.30pm and 2.30pm. His talk is called: "Turn around when possible – getting lost in dementia", which will focus on his research into the condition.

There will be information stands from NNUH teams and a range of public and charity sector community providers including Alzheimer's Society, Age UK Norwich, Carers Matter Norfolk, Norfolk Constabulary, Norfolk County Council, Admiral Nurse Service, Healthwatch Norfolk, Norfolk Knitters and Stitchers and many more.

• The deadline for the knitting project is 16 April and people can drop off their knitted or crocheted flowers at reception desks at NNUH, Cromer Hospital, or NNUH offices at 20 Rouen Road, Norwich.

They can also be posted to the Communications Department, Norfolk and Norwich University Hospital, Colney Lane, Norwich, NR4 7UY. A suggested pattern for the flowers can be found at www.nnuh.nhs.uk

Initiatives and statistics show why our hospital is "on a journey to outstanding"

We're committed to providing every patient who comes through our doors with the best possible care, and have a clear ambition to achieve an "outstanding" quality rating within five years.

"We're working hard to ensure we achieve this," said Chief Executive Mark Davies. "We've already made significant progress, with each one of us playing our part, continuously striving to improve, and sharing what we're learning with one another."

Initiatives we're most proud of include:

• Older people's care: With an average of 23.9% of people in Norfolk aged over 65, compared with 17.9% nationally, caring for older patients is a priority. To help meet demand, NNUH opened the first emergency department in the country for older people, reducing admissions by 30% in the first year. Waiting times have been cut thanks to the introduction of an Older People's Assessment Service, an improved care model has been implemented and older patients awaiting diagnosis and treatment now benefit from an environment that's better suited to their needs.

• Action on pressure ulcers:

After a successful drive to eliminate hospital-acquired pressure ulcers, Earsham Ward shared its initiatives across the hospital. These include "Ginty's Goggles", which the team developed to carry out virtual skin inspections, winning a Certificate for Innovation from NHS Improvement.

• **Cultural change:** We're continuously improving the safety of the services we offer our patients,



NNUH Chief Executive Mark Davies.



Nursing staff with copies of the 'This is Me' dementia form.

building a just culture in which colleagues support each other, understand why issues occur and share learning across the hospital. More ways are being developed to empower staff and enable them to improve care and services through creativity and innovation.

• Improving the experience of patients living with dementia: We treat all patients who are living with dementia with respect and understanding, placing a forget-menot flower symbol above their bed so staff can easily recognise their needs. With the help of their family, we also complete a "This is Me" form so anyone caring for them better understands who they are and how they like to be

• A focus on mental health:

looked after

Time spent in hospital can be especially stressful for patients experiencing mental health issues, so we've improved the way we care for them. We've appointed a Mental Health Matron to provide focus and direction across all mental health services, introduced a new leadership structure to give direction on mental health issues and rolled out additional training and support for staff across the hospital.

• New role in Radiology:

A new Radiology Support Worker role has been created to improve the experience of patients visiting Radiology from wards, accompanying them throughout their visit and helping them to understand any special requirements and provide reassurance.

Quality Service Improvement and Redesign (QSIR) College:

Our ambition to build a Quality Improvement Faculty has taken a step forward with our first cohort of staff attending the NHS Improvement's QSIR College programme. This is an intensive programme to equip staff with the knowledge and skills to roll out the QSIR programme locally. By the end of the QSIR College, graduates will be able to deliver our own QSIR programme and support staff working on their own improvement projects.

"I have every confidence that we will succeed"

Mark Davies said: "We're very proud of these and many other improvements that we've made in quality and safety across the hospital, and are continuing to work tirelessly to address the challenges that remain.

"These include further improvement in our care of patients with mental health needs, ensuring that our infection control is second to none and supporting our incredibly busy Emergency Department in achieving its targets. I have every confidence that we will succeed."

Nursing assistant Sarah is one of the stars of national apprenticeships campaign

Sarah Eley, a nursing assistant at Cromer Hospital, is one of the stars of a new national apprenticeships campaign.

Fire It Up has been launched by the Department for Education to raise awareness about the huge variety of apprenticeship options available for people of all ages and backgrounds.

Sarah joined the Trust as an apprentice in 2015 after 30 years of working in an office as a customer relations manager and is now a nursing assistant in the Ophthalmology department at Cromer Hospital.

She said: "No-one thinks you can retrain for a new career in your 50s, but I'm proof that you can. I applied for the nursing assistant apprenticeship scheme at Cromer Hospital

and since doing that and working in the hospital I feel I am a happier person, I'm more fulfilled. I'm proud of what I have achieved and that's reflected in the reaction I get from the patients.

"It takes some guts to change career completely at that age but if it's something you are passionate about and care about – go for it.

"The apprenticeship scheme gave me the opportunity to fulfil my dream to get into nursing and now I want to help others explore career options through apprenticeships."



Scan this QR code with your phone to access the video



Sarah Eley when she received the staff Apprentice of the Year Award in 2016. Left: a still from the video.

Obituary - Kate Powell

Kate Powell trained as a Paediatric and General Registered Nurse. Following this she worked at the Jenny Lind Hospital and then went to South Africa where she specialised in eye surgery. Kate then became sister of Nelson Ward at the West Norwich Hospital. She actively supported the first Anglian



Eye Bank, the first Regional Eye Bank outside London which eventually became the National Eye Bank. Kate was also instrumental in developing, with Mr Peter Davies, the first Day Care Unit for cataract surgery in the UK.

In 1991, Kate became Matron of Cromer Hospital. Here she established the Allies eye department, the gastroenterology centre and, with Dr Baber Hameed, developed a nurse-led minor injury unit. Kate also supported staff development and many Enrolled Nurses converted to First Level Registration with her support.

While under Kate's direction and her absolute belief in the highest standards of nursing care, the staff of Cromer Hospital found themselves caring for Mrs Bernstein's sister. The excellent care delivered resulted in the Bernstein legacy of £12 million which paid for the majority of the cost of the new Cromer Hospital build.

Kate retired in 2000, but had recently been involved in the Open Days celebrating 100 years of Cromer Hospital.

Cromer Dialysis Group enjoy a fab outing thanks to our charity



Cromer Dialysis Group are pictured enjoying a trip out at Potters, which was funded thanks to kind donations to the N&N Hospitals Charity.

Have you got a story about Cromer Hospital or its staff which we could include in The Pulse?
Please send your contributions to communications@nnuh.nhs.uk or to Communications, NNUH,
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