

# THE Pulse

Issue Number 61  
June 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



PHOTO BY STONEMAN AND METCALF PHOTOGRAPHERS LTD

## My blindside challenge

A head and neck cancer patient tells his story, p10



## Children's champion

Dr Kathy Wilkinson's pride in the Jenny Lind, pp8 & 9



## Dying matters

Things to talk about before we die, pp6 & 7

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Breaking new ground at Cromer Hospital, p12

**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

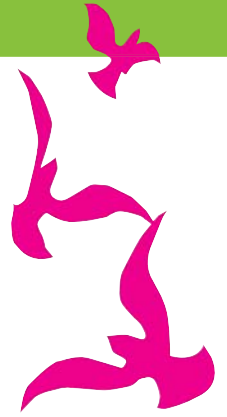
• **Norwich Community Hospital**, Bowthorpe  
Road, Norwich NR2 3TU: Breast Screening,  
Pain Management

• **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

**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. 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.nhs.uk](http://www.nnuh.nhs.uk)

**Nick's new national role****CONSULTANT** dermatologist

Dr Nick Levell has been elected President of the British Society for Medical Dermatology, an organisation formed in 2008 to encourage education and research into difficult dermatology problems involving general medicine.



Nick has led numerous research studies and clinical trials in Norwich, the latest involving the use of injected biologics to treat those with disabling psoriasis. Patients for whom other treatments have failed and who would normally require hospital admission are now able to have treatment as an out-patient and lead normal lives at home.

Born in Yorkshire, he trained in Manchester, Newcastle and London before becoming a consultant in Norwich 17 years ago. Since then he has encouraged many innovations including nurse-led services and image analysis for dermatology. He

leads on dermatology teaching for the Norwich Medical School and edits the national newsletter for dermatologists.

As Honorary Secretary of the British Association of Dermatologists, he has helped to write national guidelines and is currently working with the Department of Health on national

commissioning and also the integrated management of long term conditions.

Keen on history, education and art, Nick has two children and enjoys keeping fit and travelling.

**GISSING WARD** Sister Kelly Davis travelled to Eilat in Israel to take part in the European Triathlon Championships on 21 April. Kelly took on some of Europe's best athletes in her age group (30 - 34), coming sixth in the sprint event, which involved a 750m swim, a 20km bike ride and a 5km run. "It has been hard fitting the training in around working full time as Ward Sister but I have thoroughly enjoyed the challenge," she commented

**ANY OLD VIDEO CASSETTES?**

**ARE YOU** sitting on a stack of old VHS cassettes that you just wish were on DVD?

If so our Medical Illustration team may be able to help. They offer a high quality and affordable service to transfer your old VHS tapes to disc, with chapter points for you to easily skip ahead and find the section you are looking for. By using DVD discs you will avoid the problems of old videotape deteriorating and your precious recordings will be preserved for generations to come.

An editing service is also available. Call ext 3245/4097 for prices and information or email [richard.nuttall@nnuh.nhs.uk](mailto:richard.nuttall@nnuh.nhs.uk)

**ALICE IN WONDERLAND**

will be the theme of a Summer Fayre at NNUH on Thursday 12 July from 4pm-8pm, with all proceeds going to NNUH charity funds. Attractions will include two outdoor theatre performances, at 4:30 and 6:30pm, along with children's games, craft stalls, cakes and refreshments. Entry and parking will be free.

## LESSONS FROM OUR PATIENTS

I WAS really pleased to see the results of the national 2011 in-patient survey and learn that NNUH was among the top rated hospitals for patient satisfaction on a number of issues, including confidence and trust in our doctors and nurses and the overall quality of patient care. We greatly value this feedback and we are always keen to make improvements.



Recently we embarked on a much more detailed in-patient survey to monitor levels of patient satisfaction and identify areas where we are falling short of our vision "to provide every patient with the care we want for those we love the most".

Volunteers are using electronic tablets to interview patients and seek feedback on a range of issues, from physical comfort and environmental cleanliness to noise at night, staffing levels, kindness and dignity .

The survey is being carried out on discharge for ten per cent of our patients to give a regular "snapshot" of the patient experience on each ward and provide comparisons, not just between wards but also between hospitals, since all acute NHS hospitals in the midlands and east of England are now measuring their performance in this way.

Each question allows for a more detailed response – if patients are concerned about, say, noise at night, they have the opportunity to select options to describe the type of noise so we can take steps to minimise the problem.

Interestingly some of the recent negative comments concern staffing levels, yet the reality is that we employ 76 more nurses now than we did during the same period last year.

We are not just looking for negative feedback – we are also keen to share positive experiences so we can encourage good practice between wards.

Judging by the letters I receive, it is often small things that make the biggest difference for patients – a little kindness goes a long way to make a patient's hospital stay more enjoyable. In my experience it can go a long way to make our working lives more rewarding, too.

**ANNA DUGDALE**

*Chief Executive, Norfolk and Norwich University Hospitals NHS Foundation Trust*

# Changes for 'The Pulse'

**THE EDITORIAL** team at *The Pulse* has received some very helpful feedback over the past few months. One issue that has stood out in particular is the question of how we're responding to the need to make savings and work with smaller budgets.

So we are looking at this, and at the same time exploring how we can improve the magazine. Our plan is that *The Pulse* will become a quarterly publication with Spring, Summer, Autumn and Winter editions, in hardcopy and online.

*The Pulse* is partly funded by a hospital charitable fund, and cost savings from these changes will allow the hospital to benefit in other ways.

We have received requests for more information on certain health conditions, including glaucoma and arthritis so we will include features on these conditions in future issues.

• *Please send your contributions, comments and suggestions to [communications@nnuh.nhs.uk](mailto:communications@nnuh.nhs.uk)*

## Winning day for friends

**THE FIRST** "adventure relay" from Cromer Hospital to NNUH took place in April and was declared a great success after more than £2,000 was raised for the Friends of NNUH.

The course was divided into three runs and two cycle routes, with 15 teams and three individuals completing the 33-mile distance between our two hospital sites.

Triathlon coach Simon Brierley was the first solo competitor to complete the course. He took part as a thank-you to the hospital for the care given to his four-year-old son, Joel, who has a



*Scenes from the Friends' adventure relay day in April, from above: the Barons from Pharmacy, who came second; solo winner Simon Brierley receives his trophy; David Prior makes it to the finish with the aid of two walking sticks*

rare condition called Beckwith Wiedemann Syndrome.

One of the fastest teams was the Barons from Pharmacy, who came second overall.



Trust Chairman David Prior was determined to walk the final 4km after shattering his pelvis in a gardening accident last year.

Simon Edwards, of Active Outdoor Sport, who organised the event, said the race was a great success and he hoped it would become

an annual fixture. NNUH Fundraising manager Beth Coley, commented: "We are delighted with the support we received. The work of the Friends has a great impact on improving the care we can give to our patients."

## GORDON'S ROLL CALL

Gordon Farquar, who recently retired as a renal technician at NNUH, has been placed on the Chief Scientific Officer's Roll of Honour for his outstanding, lifetime contribution to Healthcare Science.

He was presented with the award by Health Secretary Andrew Lansley at Westminster after being nominated by the Association of Renal Technicians.

**PRIZE PRESENTATION**

This year's William Fellowes prize for the best presentation by a junior doctor at NNUH was won by Dr James MacKay for his presentation *An Intriguing Case of Fatigue* about the diagnosis of a rare syndrome that causes muscle weakness. His work was chosen by a panel of consultants following presentations by each of the four finalists in the Benjamin Gooch lecture Theatre.



## New oxygen clinic launched

**THE RESPIRATORY** team at NNUH is expanding to ensure that patients have access to the most appropriate home oxygen therapy for their needs.

Respiratory nurses have been appointed into two new full time respiratory nurse posts to help assess patients in clinic and provide follow-up care. It's hoped the new service will cut down on waiting times for patients and also reduce the risk of harm from inappropriate oxygen prescribing.

Specialist respiratory nurse Sandra Olive, explained: "Prescribing the correct level of oxygen therapy is very complex – too much can be just as harmful as too little for some patients. We aim to assess patients when they are stable, to ensure that they receive the treatment that is appropriate for their needs."

## 2,000th volunteer

**THE NORFOLK** Diabetes Prevention Study (NDPS) has now screened its 2,000th volunteer for a research project designed to test whether lifestyle changes can prevent the onset of Type 2 diabetes .

The aim is to screen 10,000 volunteers and recruit people who may be at risk into an intervention programme involving increased activity levels, diet, weight loss and help from a personal mentor.

Programme manager Dr Melanie Dunk says: "The volunteers we screen are often found to have completely normal blood sugar levels but for many people this programme could make a real difference."

For more information go to [www.norfolkdabetespreventionstudy.nhs.uk](http://www.norfolkdabetespreventionstudy.nhs.uk)

# LETTERS

Write to Communications, NNUH, 7 Colney Lane, Norwich, Norfolk NR4 7UY [communications@nnuh.nhs.uk](mailto:communications@nnuh.nhs.uk)

## TOGETHER AGAINST CANCER

We are a small group of cancer patients, carers and health professionals who are committed to improving cancer services in Norfolk.



Together Against Cancer is part of the NHS Anglia Network and our feedback is increasingly sought by the Network to ensure that the patient's voice is heard.

We meet once a month in Norwich and our members get involved by talking to people with cancer, keeping up to date with cancer care developments, attending meetings, writing reports and contributing to committees.

We are actively seeking new members

so if you would like to join our group please email [alanstephens@me.com](mailto:alanstephens@me.com).

*Alan Stephens, Norwich*

## ODE TO WEYBOURNE

Early Saturday morning, where do I go?  
Getting into mischief, no no no!  
To the Weybourne fun club, there I go

Once hooked up I feel so good  
There must be something in the blood  
Lots to drink and loads of food  
It gets me into a party mood

Such pretty nurses and handsome men  
You're in the swing by half past ten  
My pressure rises now and then  
But the party hosts come round again!

Now I've got to eighty four  
I couldn't ask for anything more  
When I open the Weybourne door  
The Saturday party takes the floor!

*Peter Lob, Norwich*

## Taking the sting out of liver tests

**PATIENTS** undergoing tests for liver damage are benefiting from new FibroScan technology, following the remarkable success of a £70,000 appeal launched only a year ago by the Norfolk and Norwich Liver Group.

Similar to an ultrasound examination, the FibroScan uses sound waves to test the condition of the liver without the need for a painful needle biopsy.

The Group's appeal for funds was boosted by a contribution from the Friends of NNUH, taking the total raised to £77,500.

Marjorie Dingle, secretary of the Norfolk and Norwich Liver Group, commented:



*The FibroScan is demonstrated for the Norfolk and Norwich liver group*

PHOTO COURTESY OF ARCHANT

"Our group has worked ceaselessly to meet the target. People have been so generous and we've had so many contributions that it would be inappropriate to mention individuals, only to say a huge thank you."

## SCOPE FOR IMPROVEMENT

*Funding from the Big C cancer charity and extra support from the family of a former patient are helping respiratory patients to benefit from a new endoscopic test for lung cancer. The Ebus (endobronchial ultrasound) scope uses a micro-camera to help doctors diagnose patients without the need for more invasive surgery. Ann and Brian Broom, whose son Richard died in January after a long illness, donated funds raised from charity cricket events to show their appreciation for the care he received at NNUH. The new test is so effective that the respiratory team are now raising funds to pay for a second Ebus machine.*

# Living the Olympic dream

**ROB SMITH**, a specialist practitioner in orthopaedic theatres, is to be the venue medical manager for the cycling velodrome at the London 2012 Olympics and Paralympics.

He is leading two medical teams who will provide medical assistance to both athletes and members of the public at the BMX and indoor cycling events.

A keen cyclist himself, Rob has been involved in international cycling tournaments for more than 18 years, including the Tour of Britain, the 2002 Commonwealth Games in

Manchester and several world cycling championships.

“When they offered me the role at the velodrome I thought I had died and gone to heaven,” he said. “This will be the pinnacle of my career as I am due to retire in September after 32 years in orthopaedic theatres.”

Rob, who is taking a career break from NNUH for three months and relocating to London, added: “This is an exciting opportunity and I am very lucky to be able to combine my passion for cycling with my love of healthcare.”



**OCCUPATIONAL** health nurse adviser Karen Carpenter (left) was among 5,000 runners who were first to cross the line at the Olympic stadium after winning a competition to take part in the historic run.

Karen, who trains with the NNUH running club,

completed the five-mile course in 46 minutes and 23 seconds. She said: “The atmosphere was electric with around 20,000 spectators cheering as we entered the stadium and the Chariots of Fire music playing. It was quite overwhelming and I savoured every minute.”

Meanwhile, three of our staff and a hospital volunteer from NNUH are taking leave to attend the Games. . . as volunteers. They are Francesca Howe, deputy dietetic services manager, pharmacist Louise Britton, staff nurse Sophie Marriott and hospital volunteer John Stubbs.

**THE WORKPLACE** Health and Wellbeing team at NNUH (formerly known as The Centre for Occupational Health), have become the first in Norfolk to achieve full accreditation from the Faculty of Occupational Medicine for the quality of their service.

The team provide occupational health guidance to over 100 public and private sector organisations ranging from small companies to large industrial and manufacturing businesses. They also provide a full occupational health service for around 6,000 staff employed in our hospitals.

The accreditation programme was launched in December 2010 to ensure that required standards are maintained. The service was rigorously assessed against a set of seven core quality standards including client relationships, professional development and internal procedures.

“We are delighted that our assessment

**OUR NEW** Military Wives-style hospital choir staged its first ever performance at NNUH in April, watched by an appreciative audience of staff and visitors. The choir meets every Monday at 5.15pm in the East Atrium to sing a range of favourite songs, conducted by Hilary Winch, senior occupational health nurse manager, and accompanied on the piano by Helen Darby, an administrator for the Cancer Research Network. “People from all corners of the hospital responded and I must say I was surprised and pleased by their enthusiasm,” said Hilary.



## First for wellbeing team

went well and our clients can be assured that we offer an extremely high-quality service,” says Hilary Winch, senior occupational health nurse manager. “It is widely recognised that a healthy workforce is a productive one so prevention and health promotion are increasingly important issues – the change in our name to Workplace Health and Wellbeing is a reflection of this trend.

“For our hospital staff we offer fast-track

physiotherapy referrals for back pain and counselling for mental health issues. We also encourage staff to take advantage of free health checks and take part in activities that improve their wellbeing such as zumba workshops, running club, slimming groups and even a hospital choir.” (see above)

• For more information about the service and about events and activities for staff go to [www.workplacehealthandwellbeing.co.uk](http://www.workplacehealthandwellbeing.co.uk)

*Given the choice of dying in a hospital bed or at home, which would you choose? This is one of the questions we are being urged to address as part of Dying Matters, a national campaign designed to get us all talking about the subject of death and dying*

**THE DYING MATTERS** campaign coincides with a new initiative to give terminally ill patients at NNUH a choice of where they would like to die.

In a move supported by Marie Curie Cancer Care, Dee Chapman and Becca Summerfield have been appointed discharge liaison nurses with the aim of helping

### FACTS AND FIGURES

According to research by the National End of Life Care Programme

- 70% of people surveyed had not discussed their end-of-life wishes with their partner
- 70% would prefer to die at home, yet 50% of people currently die in hospital
- 20% of hospital beds are occupied by people who are dying.



### FIVE QUESTIONS TO ASK BEFORE YOU DIE...

- Where would you like to die?
- Would you want to be resuscitated?
- What sort of funeral would you like?
- Would you like to save other lives through organ donation?
- Have you made a will?

### WHAT YOU CAN DO NOW

- You may want to complete an Advance Care Plan, a document that enables you to explore your thoughts and wishes, including where you would like to receive your end-of-life care.
- If you are involved in patient care, make sure you complete the national e-learning ELCA (end-of-life care for all) modules and one day workshops which lead to nationally recognised competencies in palliative care.

• Further information is available at [www.dyingmatters.org](http://www.dyingmatters.org)

patients to achieve their wishes of dying at home or in a less clinical environment than an acute hospital ward.

“The Marie Curie Delivering Choice programme highlights that the majority of people with a terminal illness wish to die at home. However, currently only one in five do so,” says Dee who, like Becca, was previously a staff nurse on Mulbarton Ward.

“We are not just here for cancer patients but anyone in their last days or weeks of life who has palliative or end-of-life needs, with a diagnosis including neurological conditions, heart, renal and respiratory failure or dementia. “The aim is to help them achieve their preferred place of care in their last days and weeks of life and, where possible, to provide a smooth transition between hospital and community care.

“We are networking with various community services including district nurses, as well as family members, to speed up the process of assessment and ensure their needs can be adequately met before it’s too late.

“It may not always be practical or desirable for patients to spend their final days at home but we will do our best to provide the most appropriate setting in the window of opportunity that we have.”

**DURING NATIONAL DYING WEEK** in May, members of our specialist palliative care team set up a stall in The Forum, Norwich, to answer questions and encourage discussion about end-of-life care.

“People tend to shy away from talking about death but isn’t it time we got rid of this taboo?” says palliative care nurse Emma Harris. “Most of us consider it important



# DYING

to prepare for a birth but very few plan for end-of-life care, even though death is just as inevitable. Why is this? We only get one chance to get end-of-life care right.”

Emma is one of a specialist team who support patients with complex palliative care needs, providing advice on symptom management and psychological support as well as an education programme for staff.



Palliative care specialist nurses Emma Harris and Claire Fullalove and (above right) discharge liaison nurses Dee Chapman and Becca Summerfield

She is also a facilitator for end-of-life care for the East of England.

“It’s important for people to make their wishes known before it’s too late,” she says. “But we also want to raise awareness among health

professionals so they feel confident about looking after patients and their families at this difficult time.

“We promote the Liverpool Care Pathway (LCP), a system designed to support staff in providing hospice-style care for dying patients, whether in an acute hospital setting, in care homes or in the community

“We also organise an annual conference for health professionals and we are promoting e-learning ELCA (End-of-Life Care for All) modules and one-day workshops to encourage anyone who looks after dying patients to achieve nationally recognised competencies in palliative care.”

*The NNUH mortuary is one of the busiest in the country. Manager Michelle Colman considers the changes that have taken place since she began working there 23 years ago*



# MATTERS

**THE THREE** key words for our team are Care, Dignity and Respect. We refer to the deceased as patients and we use their names when working with them because to us they are still patients and their care does not stop just because they have died.

I have seen many changes in the course of my career. When I started as a trainee, the mortuary was a male-dominated world, now there are more women than men in my profession.

The team has evolved over the years. We now have our own porter and office assistant so the APTs (anatomical pathology technologists) can dedicate more of their time to post mortems. Nearly 1,200 of these examinations were carried out last year to find the cause of death and our role is to prepare the patients and assist the pathologists during the procedure.

We follow strict protocols to ensure that any tissue and organs removed for

investigation are fully documented and returned according to the families' wishes

The training is much more structured now. At least two years of supervised training are required to achieve a certificate in Anatomical Pathology Technology, followed by a further two years' study for a diploma.

An essential part of the APT's role is to prepare the deceased for viewing so the families can say goodbye to their loved ones in a peaceful manner. Different cultures and faiths are taken into account.

We do our best to be sensitive to the needs of individuals and families. In the case of babies we offer hand and footprints and keepsake photographs and we provide very small knitted clothes and tiny cribs so the parents can hold them if they wish to view.

We only have one room for viewings and it

*Michelle Colman (right) with members of the mortuary team: "Everyone deals with death differently, there is no right or wrong way to grieve."*

is a very busy service so we have to insist on an appointment system. Many people are not aware that there is only one suite and it can be difficult for them to understand that they need to make an appointment.

The role of the APT is demanding, both physically and emotionally. Obesity is on the increase in our society and the mortuary has had to adapt accordingly, with facilities for larger patients including hydraulic trolleys to help with lifting. However, there is still a lot of physical work involved.

Access to professional counselling is available if any of the team become affected by the cases we are dealing with, although it's usually enough to have a chat with each other over a cup of tea. We are a close-knit team and we support each other.

Over time attitudes to death have changed. When I started, death was a taboo subject and if you were bereaved you were expected to keep a stiff upper lip and get on with it. Today it's much more of an open subject and it's acceptable to be seen to grieve.

I've learned that everyone deals with a death differently and there is no right or wrong way to grieve. The Dying Matters Week in May was a good opportunity to raise awareness and encourage more people to speak about the whole process of death and dying.

## A service for the community

**THE MORTUARY** at NNUH is one of the busiest in the country, providing a wide spectrum of services for the hospital, the coroner and for bereaved families.

In 2011 a total of 3,431 deceased patients were taken into the care of the mortuary and 1,189 post mortem examinations were carried out by medically trained pathologists. The mortuary also provides a dedicated baby service for both NNUH and the James Paget University Hospital.

Deceased patients may be referred to

NNUH for a post mortem to find the cause of death. This is required by the coroner when a death is unexpected, whether it occurs from natural causes or as a result of a tragic accident or violent crime.

The vast majority of post mortem examinations are undertaken by our own hospital pathologists but if crime is suspected a Home Office pathologist may become involved. Last year 11 post mortems were carried out at NNUH by Home Office pathologists.

## Food for thought

**GOVERNORS** and patient representatives from NNUH paid a visit to Anglia Crown in Colchester to see for themselves how our patient food is prepared. Led by NNUH Trust chairman David Prior, they toured the kitchens to follow the progress of cook-chill meals that are delivered on refrigerated lorries and reheated in specially designed food trolleys on our hospital wards.



## From trauma to eye disease

**TWO RECENT** Medicine for Members events attracted large audiences at NNUH. In April A&E consultant Dr Victor Inyang and orthopaedic surgeon Mr Ben Davis gave an insight into the local trauma network and the complex surgical procedures that are undertaken at NNUH.

In May more than 170 visitors crowded into the Gooch Hall to hear about the latest developments and treatment for glaucoma. Ophthalmologists Mr David Broadway and Mr Tom Eke described how new technology is being used to analyse the progress of the disease and how research being carried out at NNUH could eventually lead to better forms of treatment.

## Stop the pressure

**A NATIONAL** campaign has been launched to eliminate all avoidable hospital acquired pressure ulcers by December 2012. The first phase involves a training programme for staff before we join with other NHS organisations to educate the public about how to avoid pressure ulcers. The five-step model for prevention (SSKIN) involves: Skin surface examination and support • Showing patients and carers what to look for • Keeping patients moving • Incontinence care to ensure patients are clean and dry • Nutrition and hydration to aid healing.



### DATES FOR YOUR DIARY

Council of Governors:

- 5 - 7pm on 26 July
- 12 - 2.30pm on 27 September
- 2 - 4pm on 22 November
- Trust AGM is at the John Innes Centre, Colney Lane, at 2.30pm on 27 September

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



# CHILDREN'S

**KATHY WILKINSON** is sporting a pair of red and white spotted spectacles and brightly patterned shoes to offset her plain blue theatre scrubs. But this is no ordinary fashion statement, there is a serious purpose behind her distinctive choice of accessories.

“Having an anaesthetic can be scary at the best of times so I like to give the children something more cheerful to focus on,” she explains. “That’s why the artwork in the children’s areas is so important – it provides a welcome distraction for families when they come into hospital.”

Kathy’s care and attention to her young patients underpins everything she does.

A key member of the paediatric team at NNUH, she is currently president of the APAGBI (The Association of Paediatric Anaesthetists of Great Britain and Ireland), an organisation which has grown from just 200 members to over 1,000 in the last 12 years with the aim of promoting high standards through education and research.

“I think it’s really important for children to receive treatment as close to their own homes as possible,” she says. “Children make up a large and important part of

the population and they should not have to travel long distances to get the right standards of care.”

Kathy is one of seven specialist anaesthetists at NNUH who support children through the most complex surgical procedures. They form a very close knit team. “We might be working with tiny pre-term babies one day and older children having minor surgery the next – they all need to get the highest standard of care.

“We don’t spend all our time in operating theatres, we have important discussions with children and their parents before and after their surgery and we are on hand to provide extra pain relief where necessary. When critically ill patients need to be transferred to a specialist paediatric intensive care unit, the team rely heavily on our skills to stabilise patients until the transport team arrives.”

Kathy spent her own childhood on a farm in North Yorkshire and trained at Guy’s in London. It was while working in a small children’s hospital in South East London that







*Our paediatric anaesthetists provide 24-hour support for children undergoing complex surgery at NNUH. Here*



**Dr Kathy Wilkinson** explains why she is proud to be part of the world-class team at the Jenny Lind Children's Hospital

# CHAMPION

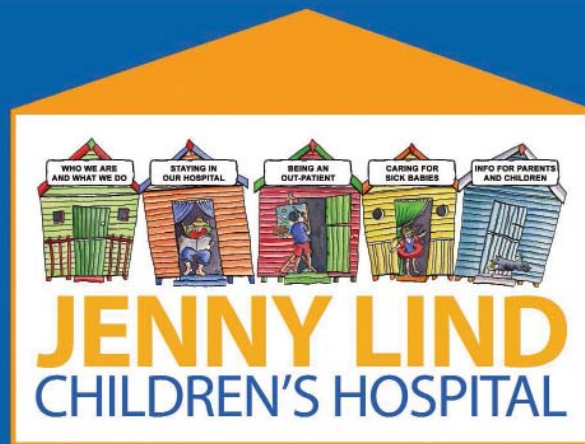


she was bitten by the paediatric bug. She went on to specialise in anaesthesia and intensive care for children, working for a year in Australia and then at Great Ormond Street Hospital as a consultant before moving to Norwich in 1995. "I have a lot of fun with children and I've met some incredibly brave youngsters and their families in my career – they really are a pleasure to work with."

She has been married to Arthur, a primary school teacher, for 32 years and the couple have two children, a daughter aged 18 and a son of 15. "My kids certainly help to keep me grounded," she says.

Seeing the hospital through a child's eyes has prompted Kathy to drive new initiatives at NNUH. Some years ago she helped produce a video featuring her daughter, *Kim Goes To Hospital*; she recently led a project to rebrand the children's department and create a more child-friendly website (see box, right)

"Our doctors and surgeons provide a world-class paediatric service here in Norwich but it's not just about the doctors – a whole range of health professionals provide excellent care for children in our hospitals and I feel proud to be part of the team."



**ONE OF** Kathy Wilkinson's proudest achievements is her involvement in a project to rebrand the Jenny Lind Children's Hospital and create a more child-friendly website for the benefit of patients, their families and GPs, as well as our own staff and visitors.

The website ([www.nnuh.nhs.uk/jenny lind](http://www.nnuh.nhs.uk/jenny lind)) is dotted with characters created by the artist Hannah Giffard and brought to life with NNUH web designer Paul Rodgers' quirky animations. But it was Kathy who initially drove the project to give the children's hospital a stronger identity.

"We wanted to raise the profile of our children's hospital and show we have a lot to offer in terms of expertise and specialist skills," she explained. "The artwork is important because it shows we care about children and their environment."

The Jenny Lind logo was chosen by members of the public from a number of options designed by Paul Rodgers using Hannah Giffard's illustrations.

"The challenge now is to keep the web pages up-to-date and relevant," says Kathy. "Children's theatre nurse Caroline Banson and paediatric surgeon Ashish Minocha have kindly offered to be 'website champions' and review the content on a regular basis."



*Child friendly: the Jenny Lind Children's Hospital home page (above) and celebrating the launch of the interactive website (left)*

# My blindside challenge

*Author and rugby fanatic Clive Hall suffered a major setback when he was diagnosed with throat cancer at the age of 62. Seven years on he is featuring in a campaign to raise funds for the Macmillan charity. Here he recalls his personal “cancer journey” and the specialist team at NNUH who helped him get his life back on track*

**I FIRST PICKED** up a rugby ball when I was 11 years old and I was still playing when I reached my sixties. During all those years I thought nothing could hit you harder in life than a blindside flanker in full flight. But in June 2004, at the age of 62, I was floored by an even tougher challenge: I was told I had cancer.

As a rugby player, I always knew the importance of having a great team around you. Over the last seven years I’ve discovered the same applies to cancer.

It was my wife, Brenda, who first suspected something was wrong when she noticed a small lump on my neck. She insisted I see our

doctor and just two weeks later I was told I had a rare form of cancer at the base of my tongue. The news left me absolutely devastated.

Thankfully it was at this point that we met that amazing support team at NNUH – in particular Tim Bradnam, a Macmillan head and neck specialist nurse, and Francesca Howe, a Macmillan dietitian.

From the moment Tim introduced himself, Brenda and I just knew we were in safe hands. Although I have received excellent care from a whole range of specialists at NNUH, it is Tim who has always been at the centre of things, holding it all together.

My treatment began with a course of

chemotherapy and to my relief I got through it OK. I was tired and a bit run down, but I felt pretty good. I began to think maybe I had this thing beaten.

It was Francesca, my Macmillan dietitian,



## “We see patients through their darkest days”

**TIM BRADNAM** and Francesca Howe were both initially funded by the Macmillan charity to work with head and neck cancer patients, Tim as a specialist nurse and Francesca as a dietitian.

Their posts are now entirely funded by the NNUH Trust but Tim is proud to retain the Macmillan

name. “A few years ago patients would tremble to hear the words ‘Macmillan nurse’ – now I choose to use the name because people appreciate our role and because the charity funding is so important,” he says.

“Our patients need a lot of ongoing support as the disease affects so much of their everyday life, from their physical appearance to eating and drinking, talking and even kissing.

“We are a centre for head and neck cancer treatment with

around 160 new patients diagnosed every year. I am the only nurse specialist on the team, having joined in 1997, but it’s a very close-knit, multi-professional group and we all support each other.”

Francesca, who is now a deputy manager working alongside other oncology specialist dietitians, agrees: “The treatment for head and neck cancer is really tough both physically and emotionally, with many patients finding it extremely difficult to eat, drink and swallow. Supporting these patients before, during and particularly after their treatment is extremely rewarding and the teamwork between the group is exceptional.”



PHOTOS BY STONEMAN AND METCALF PHOTOGRAPHERS LTD

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*Clive Hall and his wife Brenda are pictured with Tim Bradnam, Macmillan specialist nurse for head and neck cancer, and Francesca Howe, now deputy manager of the nutrition and dietetics team at NNUH*

who warned that I might find it hard to eat once the radiotherapy got underway. She suggested I had a feeding tube placed directly into my stomach before my treatment began.

I was having none of it. I'd always had a healthy appetite. I love my food. Why on earth would I not eat? I was adamant that I knew best. But oh boy, how wrong I was.

Francesca refused to give up on me and I finally agreed to have the tube placed. By the third week of radiotherapy I felt as if someone had inserted a length of barbed wire through one ear and out the other and was now pulling it vigorously backwards and forwards.

There was no way I could swallow a single mouthful of water, let alone food. I became entirely reliant on the feeding tube for my nutrition and medication. Francesca monitored my intake at every step and unbelievably I didn't lose a single pound in weight. In fact, I put a bit on!

It's been seven years now since my diagnosis and throughout that whole time, Tim and Francesca have been there for me and Brenda. But the simple fact is, there aren't enough Macmillan professionals to go around.

The specialist team for head and neck cancer can have up to 200 patients in their care. That's why the UK so desperately needs more Tims and Francescas.

I'm living proof of what the public's generosity can achieve. By making a donation to Macmillan cancer support, you can make sure someone else receives the Macmillan care that's right for them – someone whose cancer journey is perhaps only just beginning.

• *Clive Hall is donating £1 for every copy sold of his new book C.A.T.S. The Win/Win Relationship System to Macmillan cancer support. For more information about the charity visit [macmillan.org.uk](http://macmillan.org.uk) or call 0808 808 0000*

## STUDYING LINKS BETWEEN DIET AND DIGESTIVE ILLNESS

*Consultant gastroenterologist Dr Andrew Hart explains how research undertaken in Norwich is shedding new light on the causes and development of digestive illness*

**SINCE 1993** the University of East Anglia and NNUH have been investigating whether aspects of our diet may cause or prevent illnesses such as Crohn's disease, ulcerative colitis and cancers of the oesophagus and pancreas.

This research is part of a huge European study involving 500,000 volunteers whose health has been monitored over nearly 30 years.

In Norfolk we have been following the progress of 26,000 volunteers aged between 40 and 74 who all completed detailed food diaries at the start of the work.

The volunteers recorded all they ate and drank for one week, every two years, and the results were accurately coded by specially trained dietitians. Since then their health has been monitored so the diets of those who went on to be diagnosed with digestive illness could be compared with those who did not, to give information on whether certain foods could be involved.

The early results – which need to be confirmed over time and in other groups – show that particular types of fats called n-6 polyunsaturated fatty acids, which are present in red meat, certain margarines and cooking oils, may increase the risk of becoming diagnosed with ulcerative colitis.

Other fats, known as the n-3 group, found predominantly in oily fish, may possibly help to prevent both Crohn's disease and ulcerative colitis.

In pancreatic cancer certain

vitamins, including vitamin C and E, reduced the risk. In oesophageal cancer nutrients called phytosterols, present in certain vegetables, fruits and nuts, may have beneficial effects.

The links to foods which may affect the development of certain illnesses also need to be assessed in patients with these conditions.

In Norwich the gastroenterology research is being conducted by several



**“Our research volunteers provide us with a resource that does not exist anywhere else”**

doctors including myself, Paul Banim, Max Yates, Leo Alexandre, Simon Chan and Punya deSilva, who work closely with colleagues in the EPIC administration centre in Cambridge. Last year, the gastroenterology team at NNUH won a staff award for their research work.

We are extremely grateful to our 26,000 volunteers, whose food diaries provide us with a unique resource that does not exist anywhere else in the world.

The next step is to conduct clinical trials with patients to discover whether certain foods can help the symptoms of disease. It's an exciting time to be involved in this research because potentially we may one day be able to recommend dietary changes to complement drugs for treating these very common conditions.

# Making history at Cromer

**CROMER HOSPITAL** is setting the scene for some ground-breaking innovations as our medical and surgical teams take advantage of the hospital's state-of-the-art facilities and new ways of working.

One of the most popular developments is a one-stop cataract clinic, where suitable patients can be diagnosed by a consultant in the morning and have surgery to remove their cataracts in the afternoon.

"The patients are very happy with this arrangement because it saves them having to make a return journey to the hospital for treatment," says Sue Peacock, senior sister in the Allies Eye Unit. "They are warned in advance that they may have the option of same-day surgery and most are happy to go ahead as soon as the diagnosis is confirmed."

Upstairs in the Muriel Thoms Procedure Room, patients are increasingly benefiting from techniques that are less invasive than more traditional forms of surgery and do not require a general anaesthetic. For instance, gynaecology patients may undergo a hysteroscopy to examine the inside of the womb using equipment small enough to pass through the cervix.

The technique can be used to take samples from the womb lining and remove polyps. It is now being adapted to perform sterilisation by blocking the fallopian tubes with tiny metal implants.

"As far as I know Cromer will be the first hospital in the region to use this new method



First for Cromer, clockwise from above left: the Gynaecology team on their first day in the newly opened procedure room; an examination in the eye casualty clinic; three-week-old Milly Steppings has a hearing test with Leah Barlow, clinical scientist for paediatric audiology, in the new high-tech testing room



team; aortic aneurysm screening for men over 65 and eye casualty clinics to allow local patients with eye injuries to have follow-up appointments closer to their own homes.

of sterilisation," says consultant gynaecologist Mr Eddie Morris. "Previously the operation would involve laparoscopic surgery to tie or clamp the fallopian tubes under a general anaesthetic."

In the audiology suite, new high-tech facilities have created an opportunity for the team to expand its service and see more babies and children in Cromer. The suite is equipped with a large soundproof room for the most sensitive hearing tests.

Other innovations include "see and treat" dermatology clinics led by specialist nurse consultant Carrie Wingfield; minor hand surgery and therapy with the orthopaedic

## FRIENDS' FETE

**THIS YEAR'S** Fete in support of Cromer and District Hospital's League of Friends will be held on Saturday 14 July from 1-4pm on the Cromer Football Club ground, opposite the hospital on Mill Road.

As well as a raffle there will be many stalls including plants, bric a brac, tombola, books, cakes and craft items. There will also be a barbeque and a bar for refreshments.

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

## WELCOME

...to gastroenterologist **Dr William Gelson** who recently joined the Trust.

## FAREWELL

...to the following long-serving staff who have recently left the Trust: **Stephen Bradford**, senior healthcare assistant in main theatres, after 36 years, **Sian Watkins**, lead matron for the medical division, after 32 years, **Bridget Higgins**, healthcare assistant

on Holt Ward, after 30 years, **Terri Sturman**, deputy sister on the Jack Pryor Unit, after 23 years, **Patricia Cullum**, **Susan Jackson** and **Dilys Roberts**, all with 22 years' service, and **Nicola Hunt**, after 20 years.