

# Insight

Winter 2014/2015  
Issue 53

**FREE**  
magazine

## Streamlined service for children

New assessment  
unit provides  
reassurance or extra  
care more quickly

- See pages 7-9

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# Insight

Winter 2014/2015



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Insight is a free magazine, and we encourage our patients and visitors to take one home with our compliments. Please pass it on to a friend or relative when you have read it. Printing and design of the magazine are provided free of charge in return for the revenue from advertisers. No NHS or charitable donations are used to fund its production.

## Time to reflect on the good news

Fortunately there are always brighter moments in my week that help to offset the serious and often challenging business of running a busy district general hospital that is open 24/7 every day of the year. And there has been plenty of good news recently.

In particular we have continued to see a remarkable improvement in our A&E performance, which is so critical to the smooth running of the whole hospital. There have even been days when we have treated, admitted or discharged every one of more than 300 people arriving in the emergency department within just four hours. This is a huge 'team effort' achievement for which everyone involved deserves our praise and thanks.

A major factor is that the number of delayed discharges has started to fall at last. We have been working with our commissioners to help to support more residential care placements, so we will be watching this carefully to ensure it does not again become an issue.

Staying with A&E, it is good to see the rebuild progressing well. In the new year we will have a larger resuscitation unit and more 'majors' cubicles in which to treat more serious accidents and injuries. Key to the whole development will be a new GP assessment unit through which less serious cases will be streamed, in order to prevent patients with minor complaints from burdening the system.

As you will see on page seven, we have also opened a new paediatric assessment unit next to Disney ward, where staff can more efficiently assess whether children need to be admitted to an overnight bed or can be treated and go home. This means that families get the reassurance, or additional care required, very quickly. It is a very welcoming and bright area which provides an excellent environment for children, their families and our staff - and it also helps to reduce pressure on A&E and our inpatient beds.

There was more good news in a big reduction in pressure ulcers experienced by our patients, and in the confirmation that our standardised mortality ratio is now lower than the national average. Our endoscopy unit underwent a very thorough audit, resulting in an unconditional accreditation which only 10 per cent of units receive - an excellent result achieved through the hard work and commitment of staff.



We have had further external recognition too from Investors in the Environment who carried out an audit of our sustainability efforts and awarded us 'green level' accreditation. The auditor noted that our sustainability team has implemented many fantastic actions to help reduce environmental impact as well as engage staff and community. Thanks go particularly to Dr Clare Topping who shows such passion for this.

I welcomed Tom Oakes - our part time learning disability project worker - to NGH a few weeks ago, and it was good to meet him with his support worker and his manager Debbie Wigley, who has transformed the approach to learning disability in this hospital over the last few years. I am sure that Tom and his family are rightly proud of this first step into the world of work.

Good news too from our occupational health team, who have done a sterling job this year in vaccinating more of our frontline staff than ever against flu, which will help to protect them and their families, and of course our patients, this winter.

I am proud of what we have all achieved this year, in often very difficult circumstances. I have no doubt that many further challenges await all of us in healthcare in 2015, but I am also confident that we will continue to see more good news too. I would like to thank all our staff for their hard work this year, and I wish them and their families, and all of you, a very Happy Christmas and a Healthy New Year!

*Dr Sonia Swart*  
Chief executive

# Gearing up for winter

NGH has been gearing up for winter for several months now, with staff being vaccinated against seasonal flu, the emergency department being expanded, and commissioning of extra beds in the community.

Building works are in progress in our emergency department to create a larger resuscitation unit and more 'majors' cubicles in which to treat more serious accidents and injuries. Key to the development is a new assessment unit through which less serious cases will be streamed.

We have also received additional 'winter pressure' funding to create a purpose-built discharge lounge that will be more comfortable for patients leaving the hospital, and will provide better access for transport to take people home.

We have worked with Avery Healthcare to provide additional beds which are being used for patients who no longer need acute hospital care, but who are not yet able to



Spencer House

return to independent living. They will be used for patients who are fit to be discharged, but who may need rehabilitation or therapeutic services, or who still need to have their on-going care finalised.

"We've commissioned 23 extra beds - some of which are on Blenheim ward at the new Spencer House care home adjacent to NGH. The patients are still under the care of NGH and will have a NGH consultant in charge of their care. They will help us in dealing with the expected rise in attendances and admissions, as they will free-up hospital beds for emergency patients who need the services we provide. This in turn will enable us to admit those patients who need our services quicker, meaning patients will wait less time

in our emergency department.

Deborah Needham, NGH chief operating officer, said: "The additional winter funding has provided us with a great opportunity to put new projects into place which will make a real difference for patients this winter. I am hopeful that we will continue to meet our national waiting time targets whilst providing the best possible care for our patients.

"We are also working with Age UK throughout the winter months to support us in being able to discharge patients to care homes in a more timely way. Age UK will support patients and carers or families to find suitable nursing or residential home placements by organising all the visits to care homes and necessary transfer arrangements."

## Staff get protected

Thousands of doctors, nurses and other hospital staff have been vaccinated against seasonal flu as part of the hospital's winter flu campaign. This year NGH made an early start to encourage as many as possible to have their jab in October and November, and increase overall staff uptake of the flu vaccination. In doing so, staff are protecting vulnerable patients from the potentially fatal effects of seasonal flu.

Vaccination against this year's most common strains of flu will also help to protect the hospitals' workforce and ensure staffing levels remain high at a time when pressures on hospital services and emergency care are known to increase.

Occupational health manager Claire Brown said: "Vaccination against seasonal flu is important for doctors, nurses and other frontline healthcare workers as it not only protects themselves from the virus but it also protects our patients, many of whom are seriously ill and vulnerable to infection."

NGH is supporting the national effort by urging members of the public at risk of flu to have the vaccine for free at their local GP surgery. Flu is a highly contagious infection that anyone can catch, and it can be a really serious illness for

some groups such as pregnant women, people with long-term health conditions and older people. It is much different to getting a cold and its effects are often underestimated by patients, sometimes leading to more serious complications which require hospital treatment.



*The additional winter funding has provided us with a great opportunity to put new projects into place which will make a real difference for patients.*



**Michael and Carylle Sheasby**

## Many reasons to say thank you

“We would like to say thank you to all the dedicated staff at NGH. In 2009 I was diagnosed with colon cancer, and I need to say thank you to the team that looked after me - the surgeon was Mr Berry (now retired), the nurses on Rowan ward, and a big thank you to (colorectal nurses) Charmaine Sombach and Carole Anne Sims. The same year I developed difficult prostate problems and was looked after by Mr Finch in integrated surgery and operated on by Mr Potter. I have been so lucky in both cases and have not had to have any follow up treatment. In the past eighteen months I have had both cataracts done and am able to see to drive without glasses.

“Over the years since me and my wife have been together she has had various heart problems - and in 2008 she had a pacemaker fitted which I must say has improved her mobility. In September she had a stroke which fortunately was diagnosed very quickly. Thanks to Dr O’Kane she was looked after and treated brilliantly. He soon got the stroke team out to our home with visits from various nurses - every day for two weeks they were there, and soon got her mobile again. We were so thankful we have taken in a thank you card and some tins of biscuits to the elderly medicine department. Carylle has since been back to see Dr O’Kane who has now signed Carylle off, but she is still having some follow up tests.”

**Michael and Carylle Sheasby**

# Praise for Pauline and Hollie

Macmillan head and neck nurse specialists Pauline Gibbings and Hollie Watts have been singled out for praise by a Stanwick man who has recovered from cancer of the vocal cords.

Howard Johnstone wrote to head and neck matron Kelly Kidsley to say how much his journey had been significantly eased by the kind attentions of both Pauline and Hollie.

He said: “Their unstinting kindness and support has been exemplary, not just for me as the patient, but equally for my wife who, because of my inability to speak coherently, was the first point of contact for the medical team.

“Pauline, in the head and neck clinic, was so thorough and experienced, explaining every stage of the

treatment and the later effects, ensuring that I was fully prepared for when those stages arrived, which of course they did! A great team has been strengthened recently with the addition of Hollie, of whom I cannot speak highly enough. I now know that cancer is a rollercoaster ride, with constantly changing reactions to the disease and the treatment and, by definition, the appropriate medications. Hollie’s response to our questions and concerns was always immediate, at a time when we needed it most.”

When Howard met up again with Pauline and Hollie recently, he told them: “I don’t know how you do it. You don’t have a job - you have a vocation. The two of you make a brilliant team, and I admire you so much.”

“*The two of you make a brilliant team, and I admire you so much.*”



**Howard and his wife Marion came for us to take the photograph on Howard’s birthday, so that called for a cake! Left to right: Pauline Gibbings, Hollie Watts, Marion and Howard Johnstone**

# We need nurses – come and join us

At NGH we are investing in the future and continuing to increase our nursing workforce. We are actively recruiting highly motivated, experienced and newly qualified nurses who can help us provide quality, safe and compassionate care. We want to have the best nurses delivering the best possible care.

To help us do this we regularly hold open days and visit job and recruitment fairs giving you the opportunity to meet with some of our clinical team, learn more about the trust, the job opportunities we have and how we can support your career. Where possible, we can even interview candidates for a job on the day.

To view and apply for any of our current vacancies please visit the NHS Jobs website ([www.jobs.nhs.uk](http://www.jobs.nhs.uk)). To register your interest in attending our open days, or for more information on nursing vacancies at NGH, contact the recruitment office on 01604 545679 or email [hrservicecentre@ngh.nhs.uk](mailto:hrservicecentre@ngh.nhs.uk)



Staff have been involved in an intensive programme of job fairs and recruitment events to employ more nurses

## Northampton General Hospital

### What we do

Northampton General Hospital NHS Trust provides general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire, a population of 684,000.

The Trust is also an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire.

In addition to the main hospital site, which is located close to Northampton town centre, the trust also provides day surgery and outpatient services at Danetre Hospital in Daventry.

We provide the full range of outpatients, diagnostics, inpatient and day case elective and emergency care and also a growing range of specialist treatments that

distinguishes our services from many district general hospitals.

### Our vision and values

Our vision is to provide the best possible care for all of our patients. This requires NGH to be recognised as a hospital that delivers safe, clinically effective acute services focused entirely on the needs of the patient, their relatives and carers.

These services may be delivered from our acute or community hospital sites or by our staff in the community.

Our prime focus is to provide the best possible care for all of our patients, regardless of the setting where this is undertaken.

Our values are:

- ▶ We put patient safety above all else
- ▶ We aspire to excellence

- ▶ We reflect, we learn, we improve
- ▶ We respect and support each other

### Who we are

*Chairman Paul Farenden | Chief executive Dr Sonia Swart | Chief operating officer Deborah Needham | Medical director Dr Mike Cusack | Interim director of nursing, midwifery and patient services Jane Bradley | Director of finance Simon Lazarus | Director of facilities and capital development Charles Abolins | Director of strategy and partnerships Chris Pallot | Director of workforce and transformation Janine Brennan | Non-executive directors Graham Kershaw, David Noble, Nick Robertson, Liz Searle, Phil Zeidler.*

### Contact us

NGH all departments: 01604 634700  
Website: [www.northamptongeneral.nhs.uk](http://www.northamptongeneral.nhs.uk)



Seven-month-old Miguel is examined by consultant paediatrician Dr Imogen Norton

# Streamlined service for children

**New unit provides reassurance or extra care more quickly for children's medical conditions**

Northampton General Hospital has opened a new unit to help assess whether children need to be admitted to an overnight bed or can be treated and go home.

The Paediatric Assessment Unit (PAU), which opened in October, reviews up to 40 children each day who arrive either from A&E or who are referred by GPs or other health professionals. The new system ensures that children are assessed, treated and sent home, or admitted to hospital care, quickly and effectively.

Senior child health matron Bally Sandhu said: "The traditional way of admitting children to a PAU located on the children's ward meant that families sometimes had to wait for longer than necessary to

have their child assessed, because nurses and doctors were often busy with the acutely unwell children on the ward. Often parents would eventually be told, after a considerable wait, that actually the child was sufficiently well enough to go home.

"Here we can provide a much better, more personalised service. Registered children's nurses, specialist doctors and consultant paediatricians are available, the children are assessed and they have an outcome very quickly. The advantage of the new streamlined system is that it means families get the reassurance, or additional care required, very quickly. It also helps to reduce pressure on A&E and our inpatient beds. >>

“  
Here we can provide a much better, more personalised service.  
”



**Pictured on the cover: Child health senior matron Bally Sandhu with five-year-old Mia Hudson from East Hunsbury**

“Children who are really poorly will go straight to A&E from home or their GP, or to our paediatric high dependency unit. Here in the PAU we see children up to the age of 16, predominantly when they require assessment for an acute medical condition such as unexplained high temperature, minor breathing problems and so on. Adolescents from 16-18 will have the choice of referral to a paediatric or adult service. We are currently open from 9am – 10pm Monday to Friday, but we are already exploring the possibility of opening at weekends too.”

The unit, which cost around £180,000 to develop, consists of a five-bed observation bay, two-bed close observation bay, triage room, treatment area, waiting area, reception and doctors’ room. Play facilities are available, and staff have access to a team of play specialists who can provide distraction and play therapy for the children.

Child health service manager Rose McKee said: “We first started planning the development about two years ago, but construction of the unit itself took only around three months. Finding a suitable place



for it was a big challenge, but we eventually came up with a perfect solution. We mainly used a courtyard between two buildings, relocating the parents room and play room on the adjacent Disney children’s ward to increase the space to the level needed. We consulted parents about the proposed changes and this was their preferred option.

“Our estates team and the builders

all did a great job and the result is a bright, light and well-designed unit that makes very efficient use of the limited space available. So far the feedback from families has been extremely positive, and staff working here also enjoy the new environment. It’s a very busy place at times but we hear that more and more staff are looking forward to coming to work in the new unit.”

“Our estates team and the builders all did a great job and the result is a bright, light and well-designed unit.”



## What is the Paediatric Assessment Unit?

▸ The Paediatric Assessment Unit sees children (up to the age of 16) with an acute medical condition who are referred by their GP or other health professional. It does not provide a walk-in service.

▸ Children are assessed quickly to see whether they can be treated and sent home, or need to be admitted to a hospital ward.

▸ If you are referred to the new unit, you will find it in Area M, in the corridor between Disney children's ward and Sturridge labour ward. Access is by a buzzer and intercom.

▸ After booking in at reception, children are seen by a nurse who carries out

what is called a triage process. This involves asking questions about the child's symptoms, general health and other details, and recording observations such as their temperature, pulse, breathing, blood pressure and oxygen levels.

▸ Then they are reviewed by a medical doctor and a more detailed assessment is carried out, along with any relevant tests. The doctor may decide that the child can go home a short while after treatment is carried out, or other action is recommended. If the child needs to stay for observation and treatment for up to six hours they will be managed in this unit. For longer periods, they will be admitted to a ward.



# The Apprentice – *could you be a candidate?*

Most people have heard of apprenticeships - paid, work-based training programmes that lead to nationally recognised qualifications. They can provide routes into a variety of careers, but it isn't widely known that apprenticeship opportunities exist in the NHS.

In fact Northampton General Hospital has taken on 31 apprentices since September 2013, in areas such as pharmacy, business admin, customer service, domestics, support services and catering. Now we are looking at expanding into offering engineering and even clinical apprenticeships.

Learning and development

manager Becky Sansom said: "Apprenticeships are for people looking for a job that enables them to carry on learning, and for those already in employment who want to gain further qualifications. There's nothing like getting first-hand experience, and of course you get paid while you are learning."

There is no guarantee of a permanent job at the end of the programme, but the invaluable experience and support apprentices have makes them very strong candidates for positions that are advertised. We spoke to two former apprentices who have already progressed to being full-time members of staff at NGH.

Matthew Durham worked in clinical coding as an admin assistant for a year, tracking down and distributing sets of patient notes to where they were needed, often to a tight deadline. "It was far from boring," he said. "It was very interesting, and I enjoyed it, especially being able to get out and about around the hospital, and see everything. I've now got a permanent job in medical records and I'm looking forward to whatever other opportunities may arise to move up the ladder."

Laura Lord worked in the learning and development reception area, where she initially had few responsibilities. However when

“  
It was very interesting, and I enjoyed it, especially being able to get out and about around the hospital, and see everything.



Some of our current apprentices – (l-r) – Sadie Lee, Hazera Begum, Alima Begum, Aaron Underwood, Matthew Durham, Idoya Lewis-Smy and Tangina Ali



**Matthew Durham**

the trust’s induction coordinator left, Laura had an opportunity to take on some extra work, and was later appointed to a permanent job in the coordinator role. She said: “I didn’t enjoy school and I’m quite shy, but being here brought me out of my shell. Being an apprentice and gaining a qualification gave me the confidence I would never have had otherwise to apply for a job like this. It’s opened up a career ladder for me.”

Our current apprentices all seem to be enjoying working life at NGH and many are looking forward to the opportunity to apply for a permanent job here. One of them is Sadie Lee, who joined us in March and looks after the reception area in HR. Sadie said: “The good thing about being an apprentice is that you get a qualification and you get the experience with it. I do enjoy working at NGH and the people here are all very friendly, so I’d like to stay on if I can.”

Sadie likes the fact that no two days are the same in her current job. It involves various types of admin work but she is keen to take on and learn more – and the reception role itself is a crucial one for her. She said: “Whether it’s existing staff, new starters, or people applying for jobs, I think it’s really important that they feel welcome, and that a friendly face is there to direct them to the right place or person.”

“  
I didn’t enjoy school and I’m quite shy, but being here brought me out of my shell.”



**Sadie Lee**

Sadie’s manager Vikki Burgess said: “Sadie has been fantastic since she joined the HR department - she is always helpful and friendly and willing to accept new challenges. She has taken on new responsibilities and we don’t know how we managed before she joined us. Sadie really is a great example of how brilliantly the apprenticeship scheme can work.”

Read more about our current apprentices at [www.northamptongeneral.nhs.uk/work-for-us/apprenticeships](http://www.northamptongeneral.nhs.uk/work-for-us/apprenticeships)

## Interested in being an apprentice?

You can find lots of information at the Apprenticeships website ([www.apprenticeships.org.uk](http://www.apprenticeships.org.uk))

To see our current vacancies keep an eye on the NHS Jobs website ([www.jobs.nhs.uk](http://www.jobs.nhs.uk))

The recruitment process is a one-day assessment involving communication skills, maths and English test plus ICT if applicable. Those shortlisted then attend a formal interview with the manager from the relevant department.

# Free event helps to support cancer patients to live well

Following the success of a similar event in June, NGH and Macmillan Cancer Support hosted another free 'Living with and Beyond Cancer' day in December. The event provided information, advice and support to people affected by cancer, their family and friends, on living well during and after treatment.

The day aimed to provide an insight into life following cancer, with an emphasis on supporting people to make the best possible recovery following treatment. Workshop sessions covered topics such as eating well, managing fatigue, financial advice, complementary therapy, beauty techniques and mindfulness.

There was an opportunity to speak to healthcare professionals and ask them questions, as well as interact with other people who have been through something similar to share experiences and provide support. Dancing, singing, art workshops and even laughter therapy were all on the agenda too.

Angela Highley, a skin cancer patient from Walgrave, had originally been nervous about going to the earlier event on her own, but said: "The day was brilliant – certainly the best day since I found out I had cancer. It was very relaxed, with lots of information I didn't know I could access before, and it was fun as well. I attended several workshops, found the mindfulness and finance sessions very helpful, joined in with singing, and even enjoyed a bit of pampering. And the lunch was good too!

"All the people there either had cancer, had previously had it,

or were caring for someone with it, so it all felt completely normal. You could talk about your cancer without worrying you were going to upset anyone. I booked my place for the December event weeks ago – and for my dad as well because he has had two cancers now and I thought it would do him the world of good."

NGH lead cancer nurse Liz Summers, part of the team organising and hosting the event, said: "Currently two million people are living with cancer in the UK, and many patients have a range of physical, emotional, social and financial concerns throughout their cancer experience, particularly when they come to the end of treatment.

"This event was specially tailored to provide support to people who have been affected by cancer so they know where to go locally for more support and feel empowered to live well.

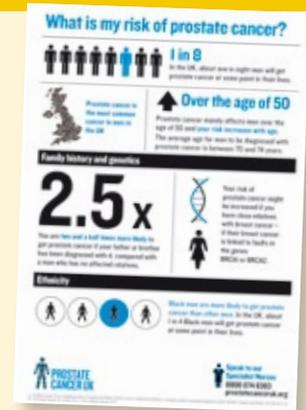
"We aim to show people that you can live a healthy and full life despite a cancer diagnosis.

It was designed to be a positive and uplifting event and allow people to come together, share experiences, learn something new and hopefully have some fun along the way."

NGH skin cancer patient Angela Highley



## PROSTATE CANCER



## Men – wise up and get advice

Prostate cancer is the most common cancer in men in the UK, and more than 40,000 men are diagnosed with it every year, with more than 250,000 currently living with the disease. It is estimated that, in the UK, one in eight men will be diagnosed with the cancer.

Last month NGH staff supported Movember, the annual awareness campaign which sees the sprouting of millions of moustaches around the world, in order to help change the face of men's health.

Prostate cancer is a common disease that, if caught early, can be treated very easily. Men can be very reluctant to go their doctor – but it is important to seek advice at the earliest opportunity if they notice any of the symptoms.

The main symptoms are having to urinate more frequently, and having to get up in the night. Other symptoms include;

- Difficulty in starting to urinate
- Straining or taking a long time while urinating
- Weak flow
- Feeling that the bladder has not emptied fully

If you have these symptoms, discuss them with your GP. They could be something as simple as a urinary infection – and you would be tested for that – but you must see your doctor. Prostate cancer mainly affects men over the age of 50, and the risk increases with age. Men are two and a half times more likely to get prostate cancer if their father or brother has been diagnosed with it, compared with a man who has no affected relatives.



# RAF Medical Reserves Recruiting Now

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**LIVE A CHALLENGING LIFE**

# Tom's gift for empathy

Tom Oakes is helping patients with learning disabilities and hospital staff to better understand each other

Getting what you need in hospital, such as the appropriate level of pain relief, the right kind of food, or being involved in decisions about your care for example, is not always easy. But for patients with learning disabilities all of those things can be so much harder – and it's harder for nurses and doctors to deal with too. Tom Oakes has autism, and he has recently been employed at Northampton General for one day a week as a learning disability project worker, along with his support worker Bev Haynes.

Tom and Bev are working alongside Debbie Wigley, learning disability liaison nurse, to support and enhance the care of patients who have a learning disability. Tom is 18 and currently studying at Northampton College. His role at NGH every Thursday includes visiting patients on the wards who have a learning disability, making sure that they have a 'hospital passport' and that ward staff are aware of its contents. He helps educate staff on how to support and communicate with individuals, and



*I think it's about having the skill of empathy. You need to really listen to the patient and their family members.*



get patient and carer feedback on their hospital experience.

Tom said: "It's really interesting and

Tom Oakes discusses the hospital passport with staff nurse Diego Garcia-Saiz



*It's really interesting and I enjoy being part of the team of people looking after patients.*





The learning disabilities team (left to right) Tom Oakes, Debbie Wigley and Bev Haynes

“  
Tom is our  
‘expert by  
experience’.  
Who better  
to share  
insight and  
awareness  
of having  
a learning  
disability?”

I enjoy being part of the team of people looking after patients. I find out what problems they may have, and I help them and the staff to understand each other better.

“I think it’s about having the skill of empathy. You need to really listen to the patient and their family members. My grandfather always gave me great confidence, and my mum does that too. I thought the best thing to do to support someone would be to give them confidence and great empathy.”

Debbie, who has been in her current role for almost four years, says that NGH has made many positive improvements in the care and

support of patients with a learning disability. “We have introduced hospital passports, which tell staff more about each person so they know how to support them, including how they communicate and how they show that they are in pain for example. We have also brought in easy-read leaflets to explain things such as x-rays and MRI scans, and a programme of learning disability awareness training for staff.

“Tom is our ‘expert by experience’. Who better to share insight and awareness of having a learning disability? It is already evident from the short time that Tom

has been working at NGH that patients with a learning disability find him easy to relate to and feel very comfortable in his presence. Tom’s role will make a real positive difference for our patients.”

Bev Haynes, Tom’s support worker, said: “We go out together on the wards to talk to people but Tom will take the lead because he’s a very capable young man. He is doing very well and we’re really proud of him.”

Tom’s role is currently funded for twelve months by the Nene clinical commissioning group and the Northamptonshire learning disabilities partnership board.

# What to do when the drugs don't work?

by Kenny Englefield

Antibiotics have been an incredible success story, but bacteria eventually develop resistance and this is becoming a major threat to our health.

On 18 November Northampton General Hospital and the Department of Health once again supported European Antibiotic Awareness Day. This annual European public health initiative aims to create public awareness of the rising issue of bacterial resistance to antibiotics, and how it is proving to be a major threat to people's everyday health.

The problem of antibiotic resistance is becoming a harsh reality. A huge rise in multi-drug resistant bacteria and a slow development of antibiotics by pharmaceutical companies, which is at an all-time low, means a new strategy has been created to deal with this 'ticking time bomb' - a term given to it by Professor Dame Sally Davies, England's chief medical officer.

A five-year strategy to solve this worrying issue was created in 2013 by the Department of Health. By 2018, its aim is to have good infection prevention and control measures to stop the occurrence of infections becoming the norm in all sectors of health. It also wants to see improved surveillance which can quickly identify new threats or changing patterns in resistance.

It also wants doctors to be able to diagnose bacterial infections quickly, allowing them to provide patients with the right treatment.. One of the key things the strategy aims to deal with is the creation of new antibiotics by pharmaceutical companies.

Dr Tony Bentley, a consultant microbiologist at NGH, is a big

advocate of creating awareness of this problem. He believes that the pharmaceutical companies should stand up and take notice of these comments, and should be encouraged to make new antibiotics to tackle the issue.

"Bacteria are very clever and they develop resistance to antibiotics by the natural consequence of antibiotics trying to kill them. The problem that's happened in the last 10 years in particular is the big pharmacy industries haven't been able to come up with new agents that we can fall back on when the old ones fail to work."

An anti-microbial stewardship programme has been out in force across the country over the past year to make sure prescribers are prescribing the correct antibiotics in the right doses. Dr Bentley acknowledges it is hard for doctors to always give out the correct treatment when there are numerous factors to consider.

"We have many antibiotics available to us and I think that's what makes it difficult for doctors to know precisely which antibiotics to choose. I know some doctors have difficulty deciding whether an infection is caused by a virus or bacteria, so they do end up using antibiotics for infections that probably would have got better on their own.

"I think generally doctors are now prescribing antibiotics with a greater degree of care, recognising that there is a downside and that resistance can occur, but also not wishing to miss the prompt treatment of

what sometimes can be a serious infection. A doctor doesn't want that to happen. They want to get in there and treat infection early, but they may end up treating what was just a viral infection, so it is difficult."

A recent estimate has shown there are around 5,000 deaths a year which are caused by drug resistant bacteria in the UK. There are also a further 25,000 deaths throughout Europe.

Antibiotic resistance has also been selected as the focus for the £10m Longitude Prize, set up by innovation charity Nesta to tackle a major challenge of our time. The European Centre for Disease Prevention and Control have revealed their data shows the number of patients in the European Union infected by resistant bacteria is rising. With that in mind, the Longitude Prize 2014 aims to create a cheap, accurate, rapid and easy-to-use point-of-care test kit for bacterial infections. These point-of-care test kits will allow more targeted use of antibiotics, and an overall reduction in misdiagnosis and prescription.

“Bacteria are very clever and they develop resistance to antibiotics by the natural consequence of antibiotics trying to kill them.”

EUROPEAN  
ANTIBIOTIC  
AWARENESS DAY

A European Health Initiative 



Claire Salt, lead pharmacist for antimicrobials, and microbiology consultant Dr Tony Bentley



Jill Garratt, Sam Jones, Sylvia Woods and Lystra Cunningham help to get to the bottom of the pressure ulcer problem

# Stop the pressure

Our tissue viability team are working to reduce pressure ulcers

The NGH Tissue Viability Team showed their 'bottoms' on 20 November to support 'Stop the Pressure' Day and raise awareness of pressure ulcers.

Some patients are admitted from home or residential care already with a pressure ulcer but others develop a problem while they are in hospital. These are called avoidable pressure ulcers and are a key indicator of the hospital's quality of nursing care. The NGH tissue viability team

works with ward staff to help prevent ulcers developing and improve care for all vulnerable patients.

Team leader Sylvia Woods said: "The number of serious pressure ulcers is reducing, and we've not seen a grade four in the trust for over 18 months. We are now very good at repositioning patients so they don't get sore heels or bottoms.

"However we are now seeing more of the less serious cases,

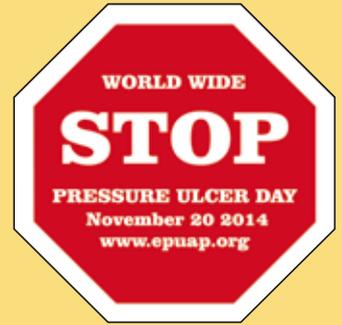
such as grade twos, but that is not because care is getting worse – it is actually the opposite. It's because we now get ward staff to check the skin of all vulnerable patients a minimum of three times a day – and not just in the normal places such as heels and bottoms, but also elbows, ears, nose, back of the head and so on.

"We're being extremely vigilant, and we are reporting more cases because of that. Many of these are what we call device related – that is, they are caused by medical equipment such as oxygen masks, splints, tubes, orthotics and catheters. To help prevent them, we have special pads we can use to help to distribute the pressure more evenly.

"Stop the Pressure Day' is helping us to raise awareness of the problem throughout the entire hospital, so that we can eliminate avoidable pressure ulcers completely. We are also planning to meet with carers, families and former patients to discuss their experiences and see what they think we can do to improve further."



The Tissue Viability team (l-r) Sylvia Woods (Tissue viability lead), Katie Bedford and Sue Green (admin support), Sam Jones and Lystra Cunningham (Tissue viability nurses)



## What are pressure ulcers?

Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure.

They are sometimes known as "bedsores" or "pressure sores".

Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

Pressure ulcers tend to affect people with health conditions that make it difficult to move, especially those confined to lying in a bed or sitting for prolonged periods of time.

Conditions that affect the flow of blood through the body, such as type 2 diabetes, can also make a person more vulnerable to pressure ulcers.

It's estimated that just under half a million people in the UK will develop at least one pressure ulcer in any given year. This is usually people with an underlying health condition – for example, around 1 in 20 people who are admitted to hospital with a sudden illness will develop a pressure ulcer.

People over 70 years old are particularly vulnerable to pressure ulcers, as they are more likely to have mobility problems and ageing skin.

Pressure ulcers can be unpleasant, upsetting and challenging to treat., a range of techniques is used to prevent them developing in the first place. These include:

- regularly changing a person's position
- using equipment to protect vulnerable parts of the body – such as specially designed mattresses and cushions

Unfortunately, even with the highest standards of care, it's not always possible to prevent pressure ulcers in particularly vulnerable people.

# What matters to you, matters to us

## How we are improving the patient experience at NGH

Your feedback on our services is as important to us as the quality of the care we give you. It helps us identify where we are doing well and where we need to improve. National and local surveys provide a number of ways in which you can let us know what you think.

The most widely known survey is the national Friends & Family Test (FFT) that allows you to rate our services by answering one question: 'How likely are you to recommend our service to friends and family if they needed similar care or treatment?' There is a choice of six ratings from 'extremely likely' to 'extremely unlikely', and you are also invited to explain what you thought of our services and what we need to do to make them better.

At Northampton General we are using the FFT in almost all areas so at some point during your time with us you will have the opportunity to give us your feedback in one or more ways – including text and voice messages.

We now send text messages to patients who have attended the hospital – it's completely anonymous and free of charge. Reply by text or, if you don't want to receive any further messages, just send the word 'stop' and you will receive no further surveys by text message.

If you receive an automated voice message on your home phone you can give feedback to us this way. If you don't want to respond, just hang up the phone.

There are several other ways we seek your views. We may offer you a paper based-survey, or one you can answer using the Hospedia bedside terminal. In some areas there are wall-mounted tablet devices, or QR codes that you can scan on your smartphone to enable

you to provide feedback online – either whilst you are still with us, or when you get home.

As well as taking part in any of the surveys, you may feel you want to make a comment, offer a compliment, make a suggestion, highlight a concern or make a complaint. Please talk to a member of staff if you want to do this – or contact our Patient Advice and Liaison Service (PALS) via email (PALS@ngh.nhs.uk) or telephone (01604 545784). The office is manned from 9.00am to 4.30pm on weekdays, answerphone at other times. Or you can write to PALS, Northampton General Hospital NHS Trust, Cliftonville, Northampton NN1 5BD.

### How are we doing?

The Friends & Family Test (FFT) allows you to rate our services by answering one question: 'How likely are you to recommend our service to friends and family if they needed similar care or treatment?' It also enables you to comment on what was good and bad.

Our most recent results at publication, (October 2014) showed the following percentages of patients 'would recommend' the service to their friends and family:

Inpatients: 90.7%

A&E: 86.3%

Maternity: 94.9%

Childrens wards: 95.3%

NGH day cases: 93.3%

Danetre day cases: 100%

Outpatient departments: 88%

And of all the comments we received from the Friends and Family test, 92 per cent were positive.



## Acting on what you've said

It is important that we let you know what changes we have made following the feedback you've given us. Over the page you can read about two initiatives we have introduced recently – Sleep Well, our campaign to reduce the problem of noise at night, and Ticket Home, providing clearer communication around the way patients are discharged from hospital.

Please also visit our patient experience web pages to keep up to date with any improvement work we are carrying out. Go to [www.northamptongeneral.nhs.uk](http://www.northamptongeneral.nhs.uk), click on 'For Patients' and select 'Patient experience'

“  
It is important that we let you know what changes we have made following the feedback you've given us.  
”

# Sleep Well

Inpatients on several wards have been telling us for some time about the level of noise at night they experience, and the difficulty in getting to sleep this causes them. Now a new initiative called Sleep Well aims to put this right.

Some noise at night is unavoidable in a busy hospital that is open 24/7, but NGH has scored consistently badly in surveys comparing us to other hospitals.

Patient experience lead Rachel Lovesy said: “Work had previously been undertaken to look at environmental improvements, such as purchasing soft-close bins and oiling squeaky doors, but these had a very limited effect. We’ve consulted patients and looked at what some other hospitals are doing, and come up with an initiative we’re calling Sleep Well.”

We have created kits for each of the adult inpatient wards that contain:

- ▶ ‘Sleep Well’ packs consisting of eye masks and ear plugs for any patient who requests them - these are being purchased through Giving World (see panel right)
- ▶ Separate ear plugs for patients who do not need an eye mask
- ▶ Patient leaflets entitled ‘Tips to help you rest and sleep in hospital’
- ▶ Herbal tea (purchased by the NGH charity) to help patients who like a hot drink in the evening without caffeine
- ▶ Pen torches (also from the NGH charity) for staff to make night time observations without the need for lights to be turned on
- ▶ Spare headphones for the TV units
- ▶ New instructions that outline how staff within the wards at night should work as quietly as possible

Rachel said: “We are encouraging staff to be more considerate about the level of noise that is being created, and to help patients settle down for the night and to make sure they are comfortable. We will try to ensure that patients are not troubled by pain or any worries so they aren’t anxious when trying to sleep.”

“  
The packs have been fantastic and many patients have found them extremely useful.”



## Sleep well packs

The Sleep Well packs for patients are put together by Personal Care Packs, a social enterprise set up by the charity Giving World online with support from the Department of Health’s Strategic Innovation and Excellence Fund. Income from the packs supports the core work of the charity, to help lift people out of poverty. The scheme also facilitates a pre-employment work experience programme for vulnerable adults who help to make up the packs and gain the skills they need to get back into the workplace.

We are very pleased to be able to support the fantastic work they are doing.

We have received many positive comments about the sleep well packs. One patient said “the ear plugs helped to reduce the noise to a level which enabled me to get to sleep” and Dryden ward sister Fiona Curtis said: “The packs have been fantastic and many patients have found them extremely useful.”



Patient experience lead Rachel Lovesy with the Sleep well ear plugs, eye masks and leaflet

# Follow the yellow ticket home

Nobody wants to be in hospital longer than necessary, and wherever possible patients would rather recuperate in the more familiar and comfortable surroundings of their own home.

Now a new initiative at NGH called ‘Ticket Home’ should help this happen sooner. The scheme aims to ease patients’ anxieties, and help them feel more in control, by making them aware of their planned discharge date as soon as possible after their admission.

The ticket-home is an A4 laminated card placed on each patient’s whiteboard or bedside locker, where it is easily visible. As well as being a constant reminder of their planned date for going home, it shows what needs to happen before they go, and helps to manage their expectations of what the process of discharge involves.

The ticket-home shows the patient’s name and consultant, and there are sections for the physiotherapist and occupational therapist to fill out when they are satisfied that the patient is able to go home. It also contains information about whether the patient needs transport home, and whether their take-home medication has been completed, and any potential side effects have been explained. The most important part is the section where the planned date for going home is written.

Specialist discharge liaison nurse Helen Hale said: “We know that better planning and awareness of predicted discharge dates can shorten length of stay and improve bed management.

## My Ticket Home

Northampton General Hospital 

My Name		My Consultant	
My planned date of leaving hospital			Est time
Hospital physio complete?	Please tick box ✓		
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Date: _____	
Hospital OT complete?	Please tick box ✓		
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Date: _____	
Meds for home	Prescribed <input type="checkbox"/>	On ward <input type="checkbox"/>	Explained <input type="checkbox"/>
Transport Mode =	Arranged? Yes <input type="checkbox"/>		
What's next?			
Patient gives permission for their information to be displayed Yes <input type="checkbox"/>			

Patients who spend less time in hospital are less likely to be exposed to healthcare associated infections, and cutting length of stay reduces NHS costs too.

“Where this system has been used in other hospitals, it has led to an increase in patient satisfaction and significant reductions in length of stay, so we are hoping that it will provide similar benefits here at NGH.”

The system enables patients to start the journey with the end in mind, and plan for this accordingly. On admission, the ticket is explained to patients and their predicted discharge date added to the ticket. As each discharge goal is reached the relevant section of the ticket home is completed, and patients are able to see a visual representation of their progress. Once all the goals are achieved, patients are fit for discharge. The cards are wiped clean and can be used again for the next patient.

Helen added: “In some cases

unexpected complications mean that planned discharge dates have to be changed, and this is why we explain to patients at the outset that this can happen. A safe discharge is paramount, and we would never send somebody home when they are not ready, just to meet the target date.”

Patient experience lead Rachel Lovesy said: “The ticket-home is visible, accessible and simple. The fact that it can be seen by the patient, carers and all members of staff is an essential part of its design. Ultimately the ticket is a patient information and communication tool, it is not a clinical tool.

“It is everybody’s responsibility to make sure the ticket-home is up to date. We encourage staff to update it whenever anything changes, and we would also like patients to take ownership of it too. We would encourage them to talk to staff about it every day, particularly if they feel something should have been updated.”

  
*We encourage staff to update it whenever anything changes, and we would also like patients to take ownership of it too.*  


# INSPIRED LEARNING



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*Come and see for yourself.*

## Open Week

Junior School & Nursery Mon 26 - Fri 30 January 2015

## Whole School Open Day

3 - 18 years Fri 6 March 9.30am - 12pm



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In the small parish of Courteenhall are a beautiful selection of properties, including 19th century stone cottages, barn conversions and large farmhouses. Many of the cottages are located in the pretty village of Courteenhall. This quiet, relaxing and conveniently located village is relatively unknown due to its no through road.



- All properties have been modernised and are in excellent condition
- Many have open fires or log burners and private gardens
- Carpets, curtains, shades, oven, hob and extractor fitted as standard

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Tel: 01604 864 290

Email: [property@courteenhall.co.uk](mailto:property@courteenhall.co.uk)

[www.courteenhall.co.uk](http://www.courteenhall.co.uk)

# Support from Spire Homes



## Supporting you to live independently through our Lifeline alarm, Telecare and Home Adaption Services

### Telecare

Our Telecare equipment is tailored to each individual's need, enabling them to remain safe and independent in their home. Devices link to a 24-hour monitoring centre who provide an emergency response to any alarms raised. Some examples include:

- Linked smoke, gas and carbon monoxide alarms
- Fall's detector
- Pill dispenser
- Bed and chair sensors
- Flood detectors



We also offer a range of standalone equipment which does not need a link to the monitoring centre.

### Aids & Adaptations

Our Aids and Adaptations service is here to help you adapt your home so that you can continue to live independently. The service is available for home owners, private tenants, or people with a disability who need to adapt their home to meet their needs.

We can do lots of adaptations to maximise your independence, from stair lifts to ramps, and wet room installations.



### Peace of mind with a Lifeline alarm

A Lifeline device gives you confidence and independence in your home:

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- Available 24 hours a day
- Reassurance for you and your family



To find out more visit

[www.spirehomes.org.uk](http://www.spirehomes.org.uk) or call 0300 123 66 11 to talk to our friendly team

# Crazy Hats support for NGH breast screening unit

Northampton General Hospital's breast screening unit welcomed its leading local supporters recently, when ladies from the Crazy Hats Breast Cancer Appeal came in to see equipment purchased with their most recent donations.

Appeal founder Glennis Hooper and treasurer Marilyn Clapham first became friends at the school where Glennis was head teacher, and have since supported each other through their respective breast cancer journeys. The charity's many members and volunteers have raised almost £2 million, and provided substantial support to both county hospitals, since it was set up twelve years ago.

This year a £30,000 donation helped to fund an upgrade to the NGH unit's digital breast tomosynthesis (DBT) machine, which uses a low dose, short x-ray sweep to provide

three-dimensional images which are used to reconstruct a 3D representation of the entire breast. This imaging technique is designed to separate the tissues and to reduce the overlapping of structures, which represents a limiting factor in standard 2D mammography.

A previous donation of £38,000 was used to purchase a Kubtec Specimen cabinet, which provides images of core breast biopsies, as well as image review documentation stations, a specialised mammography chair and couch.

Gill Baxter, breast screening programme manager, said: "Crazy Hats have funded and contributed to many projects over the years, and we are very grateful indeed to them. I'd like to thank them for their continued support and look forward to working with them again in the future."



(Left to right): Breast screening unit deputy office manager Jenny Cook, Marilyn Clapham and Glennis Hooper from Crazy Hats, and breast screening programme manager Gill Baxter



Left to right: Elaine Crisp, Manager Brampton Ward; Benitha Fenning, Junior Sister, Brampton Ward; Sara Magson, Matron; Marius Feeney, Home Manager (Cliftonville & Spencer House); Charlotte Fennell, Administrator Spencer House

## Avery Healthcare donates £7k scanner to NGH elderly ward

Many thanks to our neighbours Avery Healthcare, who have donated a vital piece of diagnostic equipment to Brampton, our short-stay elderly ward.

The company's new Spencer House residential and respite care home – a sister to the Cliftonville care home also adjacent to the NGH site – has been opened and, to celebrate, Avery manager Marius Feeney donated a portable bladder scanner and stand worth over £7,000 to the hospital.

The scanner is a non-invasive, ultrasound device which allows medical staff to get a virtual 3D image of the bladder. This indicates the volume of urine retained within the bladder and can alert medical staff to urinary tract infections, problems with the prostate and can, in some cases, warn of the presence of kidney stones.

Modern matron for Brampton ward, Sara Magson explained: "The scanner can avoid the need to cause the discomfort of a catheter for our older patients. It is quick, painless and simple, and it is something we will use regularly on the ward."

And Brampton ward Manager Elaine Crisp said: "Avery have been extremely generous, and we are very grateful to them for this donation. It will really help us improve the care we care we give to patients here on the ward."



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# NGH people

**1** Congratulations to **Ian Foster**, senior buyer in purchasing and supplies, in being made a Reader in the Church of England on Saturday 20th September in Peterborough Cathedral. He will serve in a group of villages around Rothwell, including Orton, Loddington, Rushton, Glendon, Pipewell, Cransley and Thorpe Malsor. His duties as a Reader include preaching and leading worship, along with officiating at funerals, and basically doing most of the things a priest or vicar can do!

**2** We said goodbye in September to a much-loved member of the eye department – when nurse practitioner **Sue Moore** retired after an incredible

36 years with NGH. Have a wonderful, well-earned retirement! Sue was also presented with an 'Extra Mile' award through Reed recruitment's campaign to recognise and reward exemplary healthcare. They said that her outstanding support for clients and colleagues showed dedication over and beyond her job.

**3** Best wishes for a much deserved retirement to maternity support worker **Jenny Messinger**, who has retired after 36 years supporting the midwives and women during their deliveries – occasionally in the car park or corridors! One of her memories was when she escorted a distressed,

labouring woman into one of the delivery rooms. She told the gentleman with her to put the bags into the corner and hold her hand. He replied 'I will get out of your way' and Jenny said to him he was fine where he was. Following the delivery of the baby and shared congratulations it transpired the gentleman was the taxi-driver! Luckily it was all taken in good faith. Jenny said: "I've met some amazing patients and made many good friends – it has been like being part of one happy family."

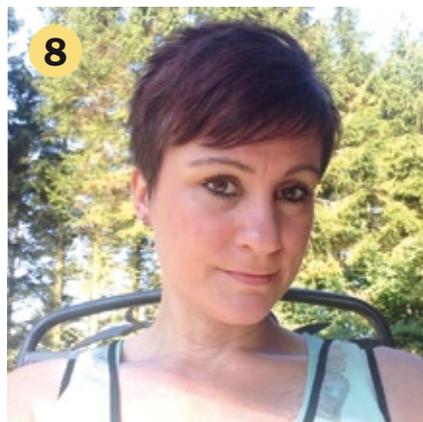
**4** Well done to falls prevention co-ordinator **Jo Jennings**, who has had an article published in the RCN journal *Nursing Older People*. The article,



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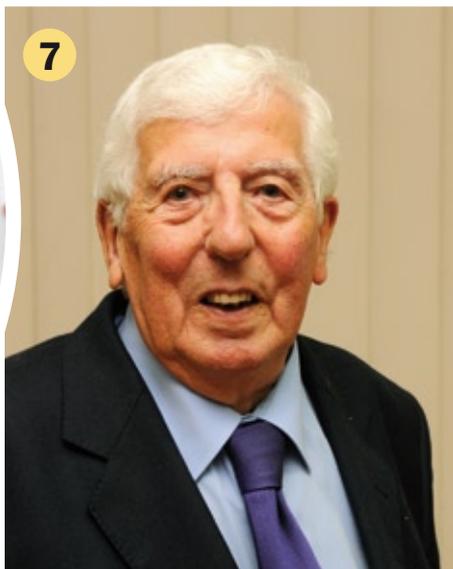
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written by Jo with British Geriatrics Society colleague Jane Buswell, looks at the complex question of whether to use bed-rails to prevent falls, and how to ensure they are compatible with extra-height pressure-relieving mattresses when these are also necessary to prevent pressure ulcers.

5 We said farewell to urology consultant surgeon **Richard Bell** and locum consultant **Giri Pandey** when they left NGH at the end of September. Richard was described by colleagues as a much respected and hardworking consultant with outstanding commitment to his patients, and one of the most experienced urology pelvic cancer surgeons in the country. Giri was thanked for steadfastly helping the department to keep on top of core urology in a very flexible way for the past twelve years.

6 Well done to **Naomi Walters**, who came up with an idea on the morning of Children in Need to pledge donations to the charity for every patient we discharged by the afternoon. Thanks

to Nom's colleagues across the trust who chipped in, and an impressive 56 discharges, her initiative raised £560 for Pudsey in just a few hours - well done everybody involved!

7 Congratulations to one of our governors **Fred Evans**, who has had the status of Honorary Alderman conferred on him, in recognition of past eminent service to the Borough of Northampton. The honour was awarded in November to a number of eligible former Borough councillors, as part of the celebrations of the 825th anniversary of the granting of the Borough charter by Richard I in 1189.

8 Phlebotomist **Lorraine Organ** will be running the 2015 London Marathon in honour of her partner's sister Victoria Dillon, who suffered brain damage following a cardiac arrest during pregnancy in April this year. Tragically Victoria lost her baby son, and now needs constant support and care. If you would like to donate to Headway East Northants,

please visit Lorraine's page at <http://uk.virginmoneygiving.com/lorraineorgan>

9 Consultant radiologist **Dr Leigh Moss**, known for his services to breast cancer treatment and pioneering the use of medical scanners, has retired after working for half of his life at NGH. Dr Moss, who joined us in 1985, said what he would miss most would be the patients: "It has been a real privilege to meet so many people and get a short insight into so many different lives."

10 We said farewell to another long-standing member of the eye department when **Annie Kinsella** (real name Marian) retired after a nursing career of almost 40 years. She has been an essential member of the eye team for 30 years, and said she was proud to have been part of the unit - particularly the nurse-led pre-op clinic which she helped to set up, and being a mentor for students. Annie plans to take up voluntary work, spend more time with her family, and hobbies of playing the guitar and singing with a rock choir.

# New green energy scheme will save £500,000 a year – and cut carbon emissions by a quarter

A new green energy scheme will bring both carbon and financial savings to the hospital. The NGH estates team partnered with Vital Energi to install a new combined heat and power (CHP) plant and biomass steam boiler, which will save over £0.5million on the NGH £3million annual energy bill. In addition to the guaranteed financial savings, the scheme will save a quarter of the hospital's carbon emissions and protect it from any blackouts caused by capacity issues in the grid over the coming years. The project has been funded mostly by a Department of Health energy efficiency grant of £2.7million.

Energy and sustainability manager Dr Clare Topping said: "The carbon savings are important as not only will it help us achieve our ambitious target of a 25 per cent reduction in emissions by 2015 it should also enable us to achieve the government's target of a 34 per cent reduction by 2020."

Most of the savings will come from the installation of the CHP plant



Our first delivery of woodchip

which will provide the majority of the site's electricity requirements. The plant will use gas to generate electricity in a turbine, but then also use the heat produced in this process to create steam and hot water. Although NGH was an early adopter of CHP technology and at one time had three units on site, the last one was taken out of use earlier in 2014 just before it hit 20 years of age.

Additional carbon savings will come from a biomass plant that uses wood chip to produce steam. In an interesting twist, this unit now occupies the same room that used to house the old hospital incinerator. NGH now joins a small group of hospitals employing this renewable technology on site.

Dr Topping said: "As well as reducing carbon emissions, it also qualifies for the government's renewable heat incentive scheme - which means that they will pay us for all the heat the biomass boiler generates for the next twenty years. In order to qualify for the payments we need to make sure that we measure all the heat from

the boiler, don't heat the outside and that our woodchip is registered on the government's list of sustainable biomass suppliers. Our first delivery is already in the two large silos which automatically feed the chip into the boiler.

"Once these are up and running there will be only a small need to fire up one of the three remaining gas boilers remaining in the boiler house. This has the added benefit of removing the immediate need to replace all of the boilers which, although very well maintained, are now over forty years old."

The green energy scheme is the latest in a long line of energy efficiency projects that have been undertaken over the past five years at NGH, which has received over £1 million in energy efficiency loans from the government's Salix scheme. These have seen changes to lighting, heating, motors, controls and building insulation in addition to the energy saving measures that are incorporated into all refurbishment projects.



Head of estates Stuart Finn with the new CHP boiler

“As well as reducing carbon emissions, it also qualifies for the government's renewable heat incentive scheme.”

The new silos where the woodchip is stored and automatically fed into the boiler

# We're officially Green!

Congratulations to our professional eco-ninja Dr Clare Topping, and everyone involved with the sustainability drive at NGH, on our being awarded 'Green level' accreditation after an audit by Investors in the Environment.



**Dr Clare Topping, our energy and sustainability manager**

The IIE auditor noted that NGH was a 'huge establishment with multiple departments and various waste streams' – and that despite many constraints and increasing workload we had made great progress in reducing environmental impact.



The report said: "By qualifying for the top level Green award you are classed as a green leader, and help to set the standard for the environment amongst businesses. We are proud to have you on board. You are a shining example of what can be achieved in the short and long run."

Among the points commended by the IIE report were:

- ▶ 12.4 per cent reduction in carbon footprint
- ▶ Significant 11 per cent reduction in gas use
- ▶ X-ray recycling, asthma inhaler recycling, use of sharp smart bins
- ▶ Dedicated team of Green champions
- ▶ Good communication via intranet and monthly newsletter
- ▶ Thorough, extensive, well-structured audit documents

And there was a special mention for Clare Topping who they said was "clearly dedicated to improving environmental performance as well as implementing new strategies and initiatives".



IIE also took to Twitter to sing our praises



# 12 months, 12 Challenges

## Jess and Cynthia help tackle dementia

Born and raised in Johannesburg, Jessica Busuttill in the NGH governance team describes herself as ‘an adventure seeker, looking to use my love of all things crazy to make a small difference and test myself to the extreme’.

Her ultimate challenge until now was climbing Kilimanjaro in 2010, which she says tested her mind and body ‘to the max’. But in 2015 Jess is teaming up with her friend Cynthia Valentine to undertake 12 challenges in 12 months, and aiming to raise £36,000 for three brilliant causes close to their hearts – one of which is to support NGH patients with dementia.

The pair, who call themselves ‘Nothing by Halves’ are facing a tough year of challenges, starting with a five-day mountain trek in Africa in January and including firewalking, abseiling, a half marathon, 12 peaks in 12 hours, and coast to coast cycling.

Jess said: “We wanted to do something for a good cause but just couldn’t decide what it was going to be. So we’re doing all these things in one year, and challenging each other and anyone else who wants to join in to raise money.”

Dementia is not a specific disease. It’s an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person’s ability to perform everyday activities. Alzheimer’s disease accounts for 60 to 80 percent of cases. Vascular dementia, which occurs after a stroke, is the second most common dementia type. But there are many other conditions that can cause symptoms of dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.

For anyone, going into hospital can be quite a daunting and scary experience. Now add dementia into the mix and the confusion and anxiety of being in a strange, uncomfortable environment. With a large and increasing elderly population, dementia is a subject that is a growing concern for all. How many people do you personally

know who either have dementia or have a relative with dementia? You can guarantee most people will be able to name at least one.

The dementia fund is in place to help comfort those with dementia and their relatives whilst in a hospital environment. Your donations will assist the charitable fund to put volunteers and aids in place to help create a more easing environment.

To join us in any of our challenges email: [nothingbyhalves2015@gmail.com](mailto:nothingbyhalves2015@gmail.com) or visit our website [www.nothingbyhalves.co.uk](http://www.nothingbyhalves.co.uk) Don’t forget to check out our alternative challenge ideas!

If you would like to donate to the Northamptonshire Health Charitable Fund in aid of dementia please visit our justgiving page: <https://www.justgiving.com/NGHDementia-nothingbyhalves/> or text WORD94 with an amount (£1, £2, £3, £4, £5 or £10) to 70070.

### Jessie’s 12 Challenges

- ▶ Mount Toubakal Winter Trek
- ▶ Beyond Everest indoor climbing challenge
- ▶ TM London
- ▶ Northampton Lift Tower Fwd Abseil
- ▶ Grand Union Challenge
- ▶ Coast to Coast Cycle
- ▶ Snowdon Challenge
- ▶ Welsh 3000’s
- ▶ 12 peaks in 12 hours
- ▶ The Swim
- ▶ The Sky dive
- ▶ Firewalk challenge



### Cynthia’s 12 Challenges

- ▶ Wellingborough MT Dirt Run
- ▶ Beyond Everest Indoor Climbing Challenge
- ▶ MK Festival of Running
- ▶ TM London
- ▶ Northampton half Marathon
- ▶ Northampton Lift Tower Abseil
- ▶ Welsh 3000’s
- ▶ Coast to Coast Cycle
- ▶ Snowdon Challenge
- ▶ 12 peaks in 12 hours
- ▶ Winter Wolf Run
- ▶ Firewalk challenge



## Introductory Free Lectures & Reiki Demonstration

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Reiki is the only therapy that is as effective when treating yourself as others. Children as young as 7 years old can attend the class at the discretion of the teacher.

**Saturday 31st January at 2pm  
& Thursday 5th February at 7pm**

Seminar Weekend:

**Saturday 7th & Sunday 8th March 2015**

50% reductions for NHS staff and healthcare professionals!

Venue: Cardigan Close Community Centre, Dallington, Northampton, NN5 7DH.

Enquiries and to reserve your free place:

Tel: 01604 624515 ■ [www.christinegould.com](http://www.christinegould.com)



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**Our ‘Do it for Dementia’ campaign is currently being established by Helen Hale and Rachel Lovesy in collaboration with Northamptonshire Health Charitable Fund.**

# More choice for young cancer patients

Northampton General Hospital has been formally approved as a designated centre for treating teenage and young adult cancer, meaning that many young people now have a choice in where they are treated.

National guidelines recommending that teenage and young adult (TYA) patients are cared for in an age-appropriate setting have led to an expansion in the availability of services for young people with cancer over the last few years. New units within hospitals in Leicester and Nottingham jointly operate as the principal treatment centre (PTC) for Northamptonshire patients, but Northampton General still plays an important role in the treatment of TYA cancer patients.

NGH consultant haematologist and TYA cancer clinical lead, Dr Angela Bowen, who has been heavily involved in planning and implementing the changes, explains: "All patients aged between 13 and 18 who are diagnosed with cancer are referred for further investigation and treatment to Leicester or Nottingham PTCs. But patients between 19 and 24, and sometimes at 18, are offered a choice between referral to the PTC or being managed locally here."

At Leicester Royal Infirmary, a unit known as 'Ward 27' has been specifically designed and equipped for teenagers and young adults. Staff there provide specialist age-appropriate care and emotional, psychological and social support.

Dr Bowen says: "We completely understand why young people would choose to be in a unit with others of their own age group, and Ward 27 is a great asset, but some people do not want to be that far away from home. At this age (19-24) they may have children of their own, or may wish to carry on working locally during their treatment, so would not want to travel.

"Patients treated here at NGH have priority admission to a side room on Talbot Butler ward when inpatient treatment is required, unless another specialist ward is judged preferable. Now that we have been officially designated as a treatment centre, this provides some additional support and funding which will enable us to bring in more facilities to help young people feel comfortable in their local environment.

"We also have access to a TYA cancer nurse specialist who provides expertise at looking after this age group, and who can be available from the patient's first cancer diagnosis consultation. Patients also have telephone access to youth worker and social worker services, so local people may benefit from these services.

"The important thing is that young people can have that choice in where they are treated, and it's important that they know this flexibility exists.

"The changes also mean that local patients who have chosen to go to the Leicester PTC for outpatient treatment can still come in to NGH if they have an acute problem or need a blood test, to avoid having to travel further each time. We are liaising all the time with the PTC and we are happy to do whatever is more convenient for the patient. The system is working very well, and it is a good example of organisations sharing their expertise and working together flexibly for the benefit of patients."

## Fact file

- ▶ Cancer is relatively rare in teenagers and young adults (TYA), accounting for less than one per cent of cancers at all ages
- ▶ In the UK, around 2,200 TYAs are diagnosed with cancer every year
- ▶ Lymphomas are the most common group of cancers in TYAs
- ▶ Lymphomas, carcinomas and germ cell tumours collectively account for more than half of all cancers diagnosed in this age group
- ▶ The UK incidence rate of all cancers in TYAs in the UK has increased by around a fifth since the mid-1990s

(source: Cancer research UK)

For more information about TYA cancer, please see [www.teenagecancertrust.org](http://www.teenagecancertrust.org) [www.macmillan.org](http://www.macmillan.org) [www.clicsargent.org](http://www.clicsargent.org)



Haematology sister Nettie Steele, Dr Angela Bowen, clinical nurse specialist Carly Wrettom, matron Trish Hughes



All donations to the hospital are managed, separately from NHS finances, by the trustees of the Northamptonshire Health Charitable Fund, a registered charity. If you would like to make a donation, or be involved in raising money for NGH, please contact our fundraising office on 01604 545857.

Please visit our website for more fundraising stories and details of how you can get involved [www.nghgreenheart.co.uk](http://www.nghgreenheart.co.uk)



L-R Wendy Ley, Dr Nick Barnes, Claire Newbold and Denise Marchant

# Wedding gifts for Gosset



*Mazie is now a very happy little girl who has just started pre-school.*



Claire and Robert Newbold's daughter Mazie was born at 30+6 weeks while Claire was already admitted to hospital. Thanks to the love and care received and also the technology on Gosset Ward Mazie is now a very happy little girl who has just started her first year at pre-school.

Claire and Robert got married earlier this year at the very beautiful venue of Weston-on-the-

Green in Bicester. As they had already been living together and had all they needed, instead of wedding gifts they asked friends and family to donate to the ward that cared for Mazie. Thanks to everyone's generosity they raised a total of £1,200 to support Gosset Ward.

The ward will use Claire and Robert's donation towards the purchase of a much needed brain

and heart ultrasound scanner. We would like to thank Claire, Robert and all their family and friends for their generous donations.



# Chemo Commandos tough Rock Solid

The Chemo Commandos - a team of over 20 members of staff from the Chemotherapy suite - raised over £3,600 in aid of the refurbishment appeal by taking part in the Rock Solid event at Silverstone in September.

Rock Solid is a cocktail of mud, sweat and team work! Climbing 12ft high obstacles and then jumping into lakes,



*Despite everything we all had a fab time.*



stepping on stones submerged in water anticipating wet punishment, sliding down the Hydroslide which is slick and fast and covered in water... it definitely doesn't sound like it was an easy ride for them during the event!

Chemotherapy manager Adele Williams fractured two bones in her ankle on the very last obstacle and now has a metal plate and ten screws in her foot. Adele said: "Despite everything we all had a fab time. What a team I have - we all got through it together!"

Congratulations to the team on raising such a fantastic amount for the appeal - and best wishes to Adele on getting back on her feet!

## Waendel Walkers continue their support



*The club have now donated around £1,200 to the department.*



Many thanks to the Waendel Walkers Club for their continued support to our ophthalmology department for the second consecutive year. The club have now donated around £1,200 to the department, with their latest cheque for £600 being raised to purchase some new chairs for the outpatients' waiting room.

In the 12 years since they formed, club members have walked thousands of miles and donated over £10,000 to support a number of local charities.

NGH ophthalmology service manager Ian Beattie Service joined the club on one of their popular walks and said that he "thoroughly enjoyed being out in the fresh air with his family".

L-R Ian Beattie, Michelle Byrne, Paul Ollett from Waendel Walkers' Club, and Bobbie Hanlon



## Grandad Rod's 70 mile challenge



Earlier this year grandfather Rod Halliburton set himself a challenge to cycle 70 miles at the age of 70 in 7 hours. He completed what he called the 70707 challenge accompanied by Richard and Tom Halliburton, achieving the 71.4 miles in 5 hours 59 minutes. They raised £1,390 for our Chemotherapy suite refurbishment appeal.

Rod wanted to support the appeal after his daughter Ali received treatment for ovarian cancer. Rod said: "As you can imagine, she and all the family were deeply shocked, but as the weeks progressed we watched Ali rise to the challenges of on-going chemotherapy and all the associated issues of treatment. During this time we have all been helped enormously by the dedication, kindness and professionalism of the nursing staff and especially the chemotherapy team at NGH. Without them we simply wouldn't have coped."

Thank you to Rod and all of his family and friends for their generous support!



At the start



At the finish



Congratulations from Ali



*The swimmers have so far raised over £1,300 with more donations being received.*



Rod's daughter and grandson Beck and Ollie Gordon also showed their support for the Chemotherapy suite appeal by arranging the "Little Fish Swim". A group of 8- and 9-year old children attempted to swim a mile each, that is 65 lengths, to raise money to support the appeal.

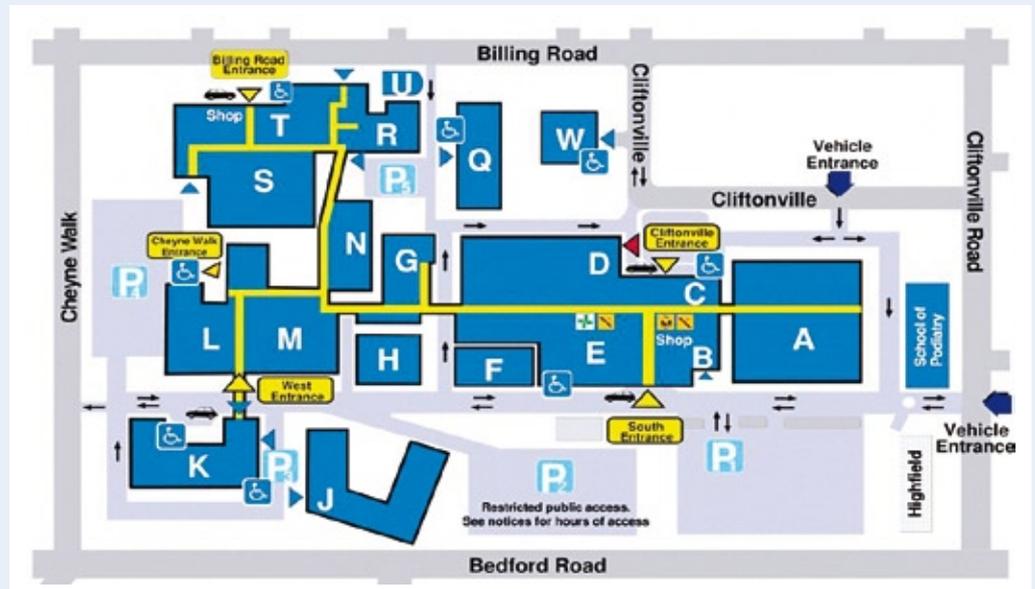
The children had an amazing day and all managed to swim their mile, with one older lad swimming 5000m (200) lengths! So well done to you all! The swimmers have so far raised over £1,300 with more donations being received. Thank you to Ollie, Stanley, Ben, Jamie, James, Thomas G, Thomas J, Sophie and Lucy for swimming all of those lengths!

# Find your way around the hospital

Follow the signs to the area letter, then look for local signs to the ward or department you need

## DEPARTMENTS

- D** Accident & Emergency
- L** Antenatal Assessment Unit
- K** Antenatal Outpatients
- K** Audiology
- W** Billing House
- H** Biochemistry
- K** Blood Taking Unit
- R** Centre for Elderly Medicine
- E** Chapel
- D** Chest Clinic
- L** Child Development Centre
- K** Children's Hearing Clinic
- K** Children's Outpatients
- U** Chiropody
- J** Cripps Centre
- K** Day Surgery Unit
- K** Dermatology
- J** Diabetes Centre
- E** Discharge Lounge
- C** Echocardiography
- K** ENT
- L** Eye Unit
- B** Forrest Centre
- D** Fracture Clinic
- R** Genitourinary Medicine
- K** Gynaecology Outpatients
- G** Haematology
- D** Hand Therapy
- C** Heart Centre
- Q** Human Resources
- B** Integrated Surgery
- W** Limb Centre
- F** Main Theatres Admissions Unit
- A** Manfield day case
- L** Maternity day unit
- R** Maxillofacial Unit
- K** Medical Outpatients
- H** Mortuary and Chapel of Rest
- J** Neurophysiology
- E** Nuclear Medicine
- N** Oncology Centre
- S** Pain Relief Clinic
- R** PALS and Bereavement Service
- G** Pathology
- K** Pre-operative Assessment
- D** Radiology (X-ray)
- D** Rapid Access Chest Pain
- J** Research and Development
- F** Respiratory Laboratory
- E** RESTART
- C** Rheumatology
- W** Sunnyside
- Q** Training & Development



## WARDS

- E** **Abington** (Orthopaedic) 545982, 544945
  - C** **Allebone** (Gen medicine & dermatology) 545536, 545336
  - S** **Althorp** (Elderly rehab) 544410, 544413
  - L** **Balmoral** (Maternity) † 545434, 544826
  - D** **Becket** (Medical short stay) 545981, 544972
  - C** **Benham** (General medicine) 545537, 545337
  - R** **Brampton** (Elderly medicine) 544460, 544462
  - A** **Cedar** (Trauma) 545553, 545353
  - A** **Collingtree** (Orthopaedic) 543944, 543966
  - S** **Compton** (General medicine) 545332, 545532
  - C** **Creaton** (General medicine) 545539, 545339
  - M** **Disney** (Children's) † 545518, 545318
  - C** **Dryden** (Cardiology) 545540, 545340
  - C** **Eleanor** (General medicine) 545804, 544808
  - D** **Emergency Assessment Unit (EAU)** † 545613, 545304
  - D** **Finedon** (Renal) 523530, 523560
  - M** **Gosset** (Neonatal) † 545520, 545320
  - A** **Hawthorn** (Surgical) 545551, 545351
  - S** **Head & neck** 523961, 545509
  - C** **High Dependency Unit (HDU)** † 545544, 545344
  - R** **Holcot Stroke Unit** † 544430, 544432, 544433
  - C** **Intensive Therapy Unit (ITU)** † 545542, 545342
  - M** **Paddington** (Children's) † 545319, 545519
  - M** **Paddington HDU** (Children's) † 545836
  - L** **Robert Watson** (Maternity) † 544928, 544819
  - A** **Rowan** (23-hour surgical) 545549, 545349
  - L** **Singlehurst** (Eyes) 545483, 545083
  - S** **Spencer** (Gynaecology) 545525
  - M** **Sturtridge** (Labour ward) † 545058, 545426, 545898
  - M** **Sturtridge HDU** † 545055
  - G** **Talbot Butler** (Oncology & Haematology) 545534, 545334
  - S** **Victoria** (Elderly Medicine) 545326
  - A** **Willow** (Surgical) 545548, 545348
- Visiting 2.00pm – 4.30pm; 6.00pm – 8.00pm unless marked with † (please check with these wards)

## INFORMATION

Northampton General Hospital, Cliftonville, Northampton NN1 5BD  
**Tel: 01604 634700**  
[www.northamptongeneral.nhs.uk](http://www.northamptongeneral.nhs.uk)

**D Reception**  
 Cliftonville. Open Mon-Fri 9.00am – 6.00pm. Dial 0 from any corridor phone and ask for “operator” when prompted.

**E Restaurant**  
 Hospital Street, open Mon-Fri 7.15am – 7.00pm; Sat-Sun 7.15am – 6.00pm.

**D Café Royale**  
 Main reception, Cliftonville, open Mon-Thurs 9.00am – 3.30pm; Fri 9.00am – 3.00pm.

**WRVS shops**  
**E** South entrance, open Mon-Fri 7.00am – 8.00pm; Sat, Sun, bank holidays 10.00am – 4.00pm.  
**T** Billing Road entrance, open Mon-Fri 9.00am – 4.00pm.

**Buggy service**  
 Guiding and transport service provided by Friends of NGH volunteers Mon-Fri 8.30am – 4.00pm. Dial 88 then 4501 then enter your extension number to request the buggy.

**D Travel office**  
 For car parking permits, and travel info. Open Mon-Thurs 9.00am – 4.30pm; Fri 9.00am – 4.00pm. 01604 545966 or 544600.

**E Bank**  
 Cash dispensers in lift lobby near south entrance and near Billing Road entrance

**E Chapel**  
 Open to all. For details of services or to contact the chaplains, call 01604 545773.



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**SUDOKU**

Fill the grid so that each row, column and 3x3 block contains the numbers 1 to 9.

	8		7		5			3
2			8		3			9
3		1		7			8	6
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	4	3		1		7	8	
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				4				

**HELP STOP NOROVIRUS**

Norovirus – also known as the winter vomiting bug – increases in autumn and winter.

The virus, which causes diarrhoea and vomiting, usually lasts for 24- 48 hours.

Norovirus is very infectious and spreads very quickly, particularly when people are in close contact with each other, such as in hospitals. An infection with norovirus is self-limiting and most people will make a full recovery in 1-2 days. It is important to keep hydrated – especially children and the elderly.

You can help prevent the spread of infection by:

- ▶ Staying away from hospital and your GP until you have been symptom-free for at least 72 hours as you may still be infectious
- ▶ Washing your hands with soap and water if you have no choice but to visit hospital. Don't rely on alcohol gel as this does not kill the virus
- ▶ If you have an appointment at a clinic or you are due to come into hospital please contact us to see if your appointment is urgent, or if it can be rescheduled until you are feeling better. There will be contact details on your appointment letter.

To find out more, please visit [www.nhs.uk/conditions/norovirus](http://www.nhs.uk/conditions/norovirus)

**DO SOMETHING AMAZING...**



96% of us rely on the other 4% to give blood. Please don't leave it to someone else.

**Who can give blood?**

Most people can give blood. If you are generally in good health, age 17 to 65 (if it's your first time) and weigh at least 7st 12lb you can donate. You can give blood every 16 weeks, that's approximately every four months.

For more information please visit [www.blood.co.uk](http://www.blood.co.uk)

The next donor sessions at St Giles Church Rooms, St Giles Terrace, Northampton NN1 2BN are:

- Monday 15 December**  
1.30pm to 3.30pm; 4.30pm to 7.30pm
  - Monday 05 January 2015**  
1.30pm to 3.30pm; 4.30pm to 7.30pm
  - Monday 16 February**  
09.30am to 12.30pm; 2.00pm to 4.00pm
  - Monday 02 March**  
4.30pm to 7.30pm
  - Friday 20 March**  
1.30pm to 3.30pm; 4.30pm to 7.30pm
  - Monday 30 March**  
09.30am to 12.30pm; 2.00pm to 4.00pm
- To book an appointment call 0300 123 23 23.

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Yet many people – on average three a day – die before they can have a transplant because there are simply not enough organs available.

Do you believe in organ donation? If you would take an organ, would you be willing to give one and help someone live after your death?

**Register now.**

It's simple to join the NHS Organ Donor Register. Either:

- ▶ go to [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)
- ▶ call **0300 123 23 23** or
- ▶ text **SAVE** to **84118**

**FOR HIRE**

**MARQUEE** The Friends of Northampton General Hospital have a Marquee for hire. The Marquee comes in two sections each measuring 20ft x 10ft with sides. The cost of hire is £20 for each section.

For further information telephone Sheila Baker on tel 01604 545802 or email [friendsofng@ngh.nhs.uk](mailto:friendsofng@ngh.nhs.uk)

**ANNOUNCEMENTS**

**RETIRED** (or soon to be?) NHS Retirement Fellowship (Northampton Branch) meets on first Wednesday of each month at 2.15pm at Northampton East Salvation Army, Northampton, NN3 8EZ. Range of speakers and activities. Open to ex NHS staff, together with spouse or partner. Please contact the chairman Mrs Pat Oliver on 01604 839085.

**BACK ISSUES** of Insight are available online at [www.northamptongeneral.nhs.uk](http://www.northamptongeneral.nhs.uk) - go to About Us > Documents and Publications

**Hospital Carol Service**  
**Thursday 18th December 2014 at 7.00pm**  
in the Day Hospital (Area R) of The Centre of Elderly Medicine  
A Service of Traditional Carols and Readings  
*All are welcome*  
Refreshments and Mince Pies afterwards

**Carol Singing around the Wards**  
**Christmas Eve**  
**Wednesday, 24th December at 7.00pm**  
Please come and sing with us around the wards of the Hospital.  
Meet in the Cliftonville Restaurant at 6.45pm.  
Refreshments and Mince Pies afterwards



## FROM THE ARCHIVE

# 75th anniversary of the Nurses' Home

October 1939

### Need for a home

Early last century it was recognised that a separate nurses' home was needed in the grounds of the hospital. Staff numbers were rising, and nurses' accommodation often consisted of just cubicles adjacent to wards, which were not conducive to relaxation or study.

A campaign in 1923 to reduce nurses' hours would lead to the need to employ even more nurses and for more rooms. The nurses wrote to the Northampton Independent in October 1925 detailing their plight and lack of space.

A total of £65,000 was needed for the home, a new children's ward and an Ear, Nose and Throat ward. A fundraising campaign by 12 wards of the town saw 40,000 letters and 35,000 contribution cards distributed, and a scheme offered 'bricks for sale' at a penny each to build the home.

### Foundation stone ceremony

On 10 September 1938 a ceremony was carried

out to lay the foundation stones and plaques of the nurses' home. The committee chairman of each of the eleven town wards who had raised funds set their own concrete panel to the right of the entrance. Three roundels were also set to commemorate the event and a thousand local residents attended the ceremony.

### The building

The home had 118 single bedrooms with built-in wardrobes, basins, heated towel rails and radiators. Each floor had a shampoo room, ironing room and small kitchen. The ground floor had a recreation room, writing room, separate sitting room for staff nurses and classrooms. As the outbreak of war was imminent, the main demonstration room was designed to be converted into an additional operating theatre and the cloak-room could become a room for treatment of gas casualties.

The local press were invited a week before the official opening to have a tour of the building and were suitably impressed. The Northampton



**Much has changed since this photo showing the Nurses' Home (top right) was taken in 1940! Note the open spaces to the south – including tennis courts, orchard and allotments**

Independent called the home 'delightful' and said that nurses would find it a real haven of rest after long hours of duty. It noted the cosy sitting-room, comfortable rooms, and the flat roof which offered 'panoramic views of Northampton and the surrounding countryside' and the opportunity to sunbathe. The newspaper also gave high praise to the builders Henry Martin Ltd and local firms who provided the furnishings.

### The big day

The Home was opened on 19 October 1939 by HRH the Duchess of Gloucester, accompanied by Earl Spencer. They were greeted by Mr Ernest Bordoli, who had organised the appeal, and Matron Nelson. After a short service the Duchess was invited to accept an inscribed key with which to officially open the Home.

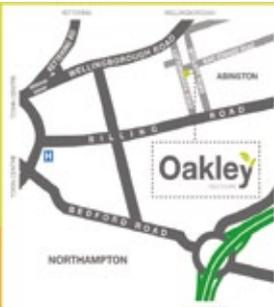
It had been almost 40 years since the first suggestion of a new home was put forward and 75 years later it still serves the same purpose of accommodation and learning. Today there are 72 bedrooms used by University of Northampton nurse students and others, who continue to enjoy the accommodation and comradeship of the home to the extent that many are loath to leave at the end of their training!



**Eight nurses were chosen to escort the Duchess of Gloucester at the opening ceremony of the Nurses' New Home in 1939**

Learn more about the history of the hospitals in Northamptonshire by visiting the Historical Archive at NGH.

Open on Wednesday mornings 8am to 1pm  
Telephone: 01604 544868 Email: sue.longworth@ngh.nhs.uk



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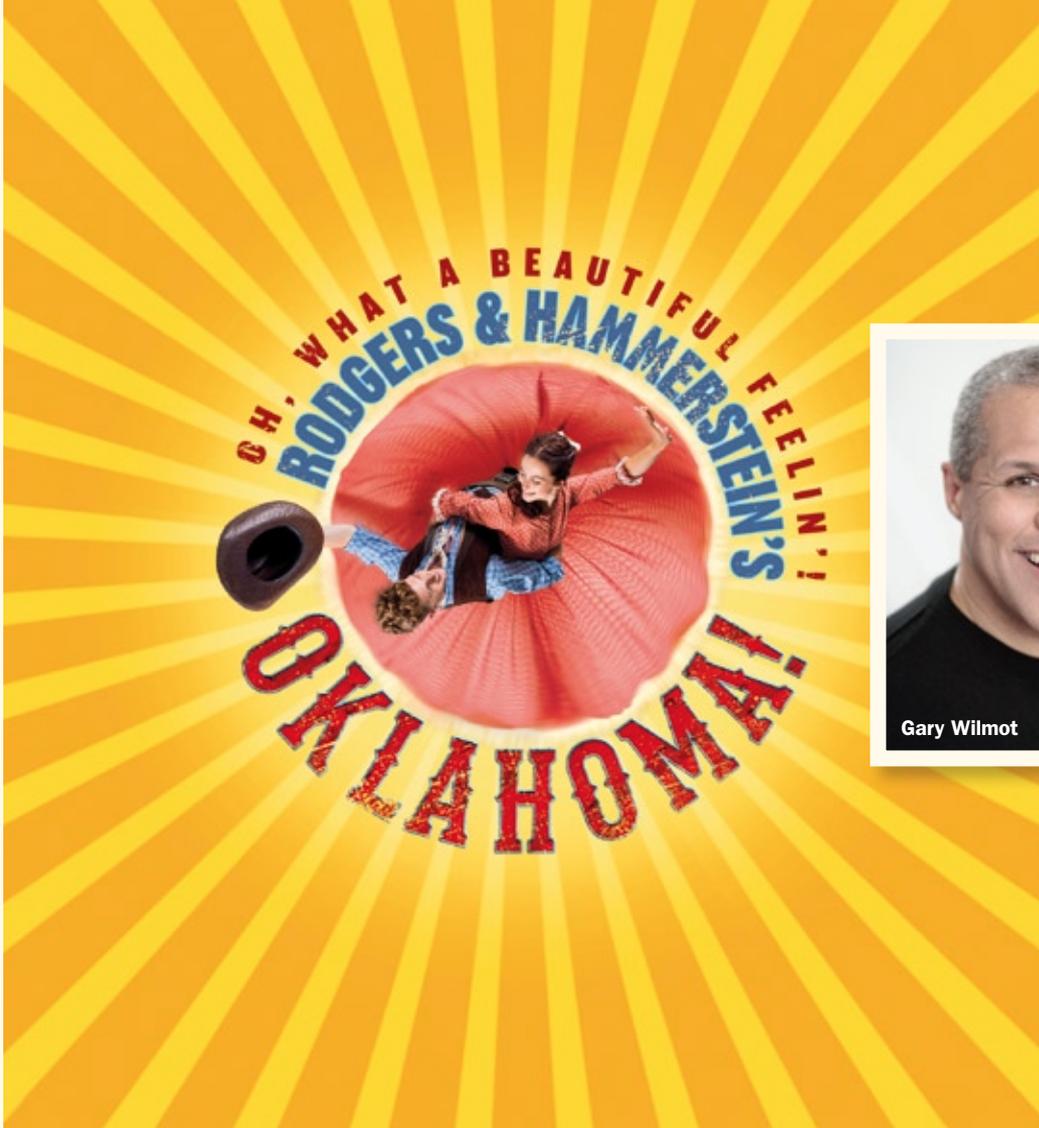
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# Win free theatre tickets Oklahoma!

Royal & Derngate and Music & Lyrics present a brand new production of Rodgers & Hammerstein's Pulitzer Prize-winning musical *Oklahoma!*

As refreshing and thrilling as the day it was written, *Oklahoma!* is the original feel-good musical. From the award-winning producers of the highly successful tours of *The King & I* and *Fiddler on the Roof*, this new production of one of the great classic American musicals will feature a large cast and chorus, directed by Rachel Kavanaugh and with new choreography by Drew McOnie.

The production features some of the best-loved songs in musical theatre history, including *Oh, What a Beautiful Mornin'*, *I'm Just a Girl Who Cain't Say No*, *Surrey With a Fringe on Top*, *Kansas City*, *People Will Say We're in Love* and, of course, the rousing title song itself.

*Oklahoma!* runs from Thursday 19 to Saturday 28 February, with evening performances at 7.30pm and matinees at 2.30pm on Wednesday and both Saturdays. Tickets – priced from £13 to £35\* – can be booked by calling Box Office on 01604 624811 or online at [www.royalandderngate.co.uk](http://www.royalandderngate.co.uk).

\* A transaction fee of £2.80 applies to telephone and website bookings only. Does not apply in person, or to Groups and Friends, and is per-transaction, not per-ticket.

For your chance to win a pair of tickets to the evening performance of *Oklahoma!* on Monday 23 February, answer the five questions below.

Send your entry to arrive by Wednesday 4 February 2014 to [communications@ngh.nhs.uk](mailto:communications@ngh.nhs.uk) – or by post to Insight magazine, NGH, Cliftonville, Northampton NN1 5BD. Please include a daytime telephone number with your entry.

- 1 **Who** awarded NGH 'Green level' accreditation?
- 2 **What** was Rodgers and Hammerstein's first collaboration, originally called 'Away we Go!'?
- 3 **Where** at NGH will you find the new Paediatric Assessment Unit?
- 4 **When** was European Antibiotic Awareness Day in 2014?
- 5 **How** many of the comments we receive from the Friends and Family Test are positive?

► The winner of *'Merlin'* tickets in our last competition was Debbie Head of Little Billing.