Surgical Emergency Unit celebrates 5th birthday

The day the youngsters took over
The years leading up to the 60th anniversary have seen both growth and uncertainty. Oxfordshire’s hospitals have achieved much. In 2007 alone, we said farewell to the Radcliffe Infirmary and opened a new Children’s Hospital and the West Wing of the John Radcliffe. We saw the foundation of the Oxford Biomedical Research Centre, a partnership between the ORH and the University of Oxford. It enables us to build on our international reputation as a centre of clinical research, in a way that directly benefits patients. These and many other achievements are possible because of the hard work, ingenuity and professionalism of our staff.

There is much to look forward to this year, including the opening of the new Cancer and Haematology Centre. For the first time, it will bring together almost all our cancer services in a building designed with patients, for patients. It will also be a centre for clinical research, further improving the care we deliver to local people.

2008 is also the year when we begin in earnest to implement an electronic health record for all our patients, enabling staff to access information when and where it is needed. Although widely perceived as an IT project, the change is much more than that. It will become an integral part of our clinical services, designed to provide better quality care in the most appropriate setting.

Unlike other 60th birthdays, there is no big (cash) present for the ORH this year. After years of record investment, the NHS now receives more modest amounts from the Government. Increasing value for money is therefore still our watchword; we must sustain our position as one of the most efficient hospital groups in the country. If we do so, the Trust is on course to achieve a surplus at the end of this financial year. Beyond 2008, building on our financial strength will enable us to invest in the services which we wish to develop, and will be important for our authorisation as a Foundation Trust.

It is a great privilege to be the Chief Executive of our busy, successful and dynamic hospitals, and I am very proud of the commitment shown by staff and by our supporters in the local community. Thank you all for your hard work last year, and I hope that you will join me in embracing the opportunities and challenges that 2008 will bring.

This year the NHS turns 60. Often a 60th birthday is when someone starts to take things a bit easier. The NHS doesn’t have that luxury – indeed, we are working to make it busier than ever. Across the country, the NHS now provides more healthcare, to a higher standard and to more people, than ever before.
Transfer lounge official opening

Sir William Stubbs, Chairman, Oxford Radcliffe Hospitals, marks the official opening of the new transfer lounge on Level 2 of the JR.

He told staff, patients and guests, “Going home from hospital can be a stressful, as well as a happy time. This new facility will make going home an easier process.”

In the first seven weeks of opening, the new transfer lounge cared for 556 patients, more than double the number who would have transferred through the old discharge lounge. These patients came from wards and departments across the JR.

The new lounge is being used more and more, and the current expected occupancy is between 20 and 30 patients each day. Its location on Level 2 provides easy access for relatives, friends and the ambulance service, and allows patients to wait in a comfortable environment.

Alex Barnes, Assistant Director, Planning said, “Previously, patients waiting to be discharged either stayed on their ward or waited in a small lounge on Level 5. The excellent facilities in the new lounge have proved to be enormously popular with both staff and patients and have significantly improved patient flow. We can now accommodate up to 20 sitting patients and four patients in beds. We have piped oxygen and suction available, and helpful luxuries like TV and reading materials to help pass the time. This will make a big difference to patients leaving us after their treatment.”

Games, books and magazines needed

If you have any games, books or magazines you would like to donate to the transfer lounge, please contact Sarah Orgill on ext. 22848.

Happy Birthday to us!

The JR’s West Wing and Children’s Hospital celebrated its first Birthday on Friday 25 January.

Chairman, Sir William Stubbs, helped mark the occasion by cutting two huge birthday cakes.

The event was an intimate celebration with staff, patients and fundraisers who have all been involved with the new facilities. The West Wing now houses the majority of adult services that moved from the 18th Century Radcliffe Infirmary last year, including neurosciences, Ear, Nose and Throat (ENT) services and the Eye Hospital. The Children’s Hospital brings together all children’s services in Oxford in a specially designed, bright and child-focussed environment. Slices of cake were handed to staff and patients so all could share in the celebrations.

Above left: Sir William Stubbs cuts the cake with Katherine Carpenter, Clinical Director of the West Wing and helpers. Far left: Andrew Carter, acting matron neurosciences ward, West Wing, with Katherine Carpenter. Near left: Lord Mayor of Oxford, Cllr John Tanner with Lady Mayoress Sue Tanner.
Surgical Emergency Unit celebrates 5th birthday

The Surgical Emergency Unit (SEU) on Level 6 of the JR celebrated its fifth birthday with a staff tea party and a Ball at Trinity College, Oxford.

David Bailey, Senior Charge Nurse, told ORH News, “We really wanted to celebrate the last five years with an event that staff could enjoy together. We are extremely proud of what has been achieved with the SEU and it was great to get together and give ourselves a bit of a pat on the back. Over 70 staff enjoyed the black tie event and we had the tea party celebration on the actual anniversary day, so we all felt we had marked the birthday. We had a really good time.”

Track and trigger to reduce the chance of cardiac arrest

It is estimated that over 20,000 in-hospital cardiac arrests in the UK could be prevented each year, with earlier recognition.

Track and trigger, a system which uses vital physiological signs taken by nursing staff to track patients who are at risk of deterioration, is being implemented across the Trust. Patients are given a score for each observation and these are added together to provide a trigger score. This then triggers a review and possible treatment by senior nursing and medical staff.

For more information about track and trigger contact Sarah Webb (Adult ICU Outreach Nurse Practitioner/Track and Trigger lead) on ext. 21252 or sarah.webb@orh.nhs.uk

New e-referral system

The paperwork necessary for inter-hospital transfers between the JR’s cardiac department and a number of hospitals in the region, have been computerised to speed up processes and enable more information to be shared.

Essential documentation for transfers used to rely heavily on the fax machine and the sharing of information was often fraught with problems. The cardiac medicine department saw the opportunity to develop a web-based system to relieve these problems and launched the new e-referral system at the end of October 2007, after several years of development.

The new computer based system gives staff access to a much greater range of information resulting in a smoother and quicker transfer for patients. Everyone involved in the care of the patient can view the information on the system, which means they can keep track of progress.

So far, the JR is using e-referral for internal patients and those being transported between the Horton General Hospital, Northampton, Milton Keynes and High Wycombe Hospitals.
The fundraising and charitable funds teams help staff secure private support and manage gifts in accordance with Charity Commission law and best practice.

“The Trust has tremendous potential to attract private support due to the excellence of its care and research,” Alice Hahn Gosling, Director of Fundraising, said. “We are here to help maximise that potential on both a local and strategic level.

“For example, £1 million comes in through the cashiers each year in gifts from grateful patients. Since the money largely comes in without giving forms or donor addresses, virtually none of it is eligible for Gift Aid, meaning a £280,000 lost opportunity in reclaimed tax.”

New giving forms are now available throughout the hospital that will prompt donors to provide the information necessary so we can process Gift Aid and reclaim the tax. It will also enable the donor to indicate the area of the Trust they wish to support and then the gift will be swiftly and securely processed by Charitable Funds. This system minimises the work required by clinical and administrative staff while still allowing them to send more personal thanks.

For more information call 01865 743444 for fundraising queries or 01865 222525 for payment or income queries.

**Tips to Maximise your Charitable Income**

- Make use of charitable funds posters, brochure and giving envelope display stands.
  
  You will be surprised at how many people will make gifts if they know there is a need. For example, Neuro ITU recently commissioned a poster from Fundraising about the need for two pieces of equipment, one for approximately £5,000 and the other for £20,000. Within three weeks, the £5,000 item had been sponsored.

- Whenever possible, ask donors to make their gifts using the giving forms.

- If a patient or family member offers to help, let the fundraising team know – they can give you material to pass on or follow up for you.

Ann Readhead has been collecting such offers of support for months and is finding the list invaluable for her geratology appeal.

Private support for hospital services has a long and distinguished history in Oxford; from the 1758 gift from the John Radcliffe benefaction that built the Radcliffe Infirmary, to Mary Ann Horton’s gift in 1872 to build a hospital in Banbury; and on to the significant community support that made many features of the Children’s Hospital (CHOx) possible.

Roughly 13,000 gifts totalling £5 million are received each year by the Oxford Radcliffe Hospitals Charitable Funds, the registered charity that acts as an umbrella organisation for all the charities that support our hospitals.

The CHOx appeal has raised an additional £13.7 million in the last four years to help build and equip the new Children’s Hospital.

Contact Janet Sprake on 01865 743443 or janet.sprake@orh.nhs.uk if you’d like fundraising ideas or assistance.
Art is recognised as playing an important role in the healing and recovery process of patients. This philosophy plays a significant role in the design and environment of the new £109 million Cancer and Haematology Centre currently being built on the Churchill Hospital site.

From the initial concept, right through to construction, the Cancer Centre has been built with, and around, patient needs - not only in terms of clinical requirements but also considering the effect the environment has on a person’s well-being through the use of lighting, décor, integrated and stand-alone artwork.

In the very early stages of design, patients and the users of cancer services, were consulted, and their input has influenced the colour, use of space and lighting in the final building.

The importance of art is already clear throughout the Oxford Radcliffe Hospitals, the most recent example being the Children’s Hospital on the John Radcliffe site. Artwork there has come from a range of sources and serves many different purposes, from wayfinding, where children’s ideas were turned into the signage for the hospital, through to the use of brightly coloured artwork on the floor coverings, helping to ease the anxiety for young people when they come to hospital.

The artistic theme for the Cancer Centre was ‘Landscape: Bringing the outside in’. This brief was given to all of the local, regional and national artists who contributed with the aim

In the final building there will be over 300 pieces of artwork, from light-boxes in the radiotherapy departments to major art pieces in the courtyards and outdoor areas.
of creating a positive, uplifting and relaxing environment for patients, staff and visitors.

One of the most striking elements of the new building is the feature staircase in the main atrium. This will be surrounded by a series of glass art works, including a glass waterfall and stream, created by artist Andrew Moor; and glass clouds, made by artist, Tanja Entwistle, who also works for the Trust. This magnificent piece of work will be one of the first things you see when entering the Centre.

Another major piece of artwork is the Japanese Willow Pattern plate design (pictured) by artist Robert Dawson. This piece is made up of over 1,000 glazed ceramic tiles, each 15x15cms, that will form the backdrop to the main café and the entrance to the Breast Screening Unit.

Much of the artwork has been inspired by the local area. An example of this is a wall of etched mirror glass created by Liz Rideal, the pattern of which is taken from a photograph of hawthorn bushes growing by the Churchill site. This artwork is 6.5m wide and 2.7m high and will sit in the main entrance of the new building.

The Cancer Centre will also feature six ‘gallery’ walls created by photographers working in the region, two examples of which are pictured. The ocean scene by artist Malcolm Glover, (which is 4.2m long), and the Oxfordshire village scene by artist Judie Waldman, are part of two series of work which will hang in the public corridors.

In addition, the Trust has commissioned and purchased work from local artists, including students from Oxford Brookes University and the Ruskin School of Fine Art and Drawing at the University of Oxford, which will be displayed in many of the patient and staff rooms and treatment areas.

In the final building there will be over 300 pieces of artwork, from light-boxes in the radiotherapy departments to major art pieces in the courtyards and outdoor areas. Ruth Charity, the Trust’s Art Co-ordinator, said, “We hope that anyone coming to the Centre feels the benefit of having a well considered and thought out environment, from the use of space and light to the visual stimulants and artwork.

“Health now is about so much more than just clinical care. Patients and their families have a right to feel comfortable and relaxed and using art can help achieve this, often in a very subtle but effective way.”
Takeover Day
The children took over on Friday 23 November 2007

School Senior Management team meeting – Sophie, Robin, Elliot and Chris
At the school meeting we met the Chair of Governors and the senior managers of the hospital school. We discussed the flexibility of the school day and timetable, and the links between the Hospital and home schools. They seemed interested in our views and what we had to say, and made us feel confident that they would follow up our comments and suggestions.

CHOMP meeting (Children’s Hospital Operational Management) – Ellie, James, George and Lewis
At the meeting we met a lot of the Children’s Hospital management team. We discussed the topic of privacy and dignity and the way hospital staff act around patients. They asked us questions and listened to our answers, and seemed very interested in our views. Our thoughts and suggestions have been taken into consideration and action has been taken to try and make the hospital experience even better for children and young people.

8.30am: Interview with BBC Radio Oxford
Ellie and Elliot (members of Young People’s Executive) and Bernie (Play Specialist) started the day with an interview on the breakfast show.

9.00am: A busy day at the office begins

“Were asked if we wanted to go to meetings which was good as it shows that the Trust wants to get our views.”

At lunch time we met with patients to get their views on food in the Children’s Hospital, and we served lunches to some of the patients.

Our final activity of the day was reviewing patient information. We looked at websites and leaflets that provide information on medical conditions and gave each one a star rating and filled in a questionnaire about them. The Hospital is now using this feedback of information for children and young people visiting the hospital for treatment.
The Young People’s Executive tell us about their Takeover Day

Oxford - Ellie and Elliot (members of the Young People’s Executive) and Bernie (Play Specialist) started the day off by...
Electronic Immediate Discharge Documentation (eIDD) is coming…

What is eIDD!
Electronic Immediate Discharge Documentation (eIDD) is the electronic version of the patient discharge letter and medication summary - generated by all medical and non-medical prescribers (including pharmacists who transcribe) and authorised by clinical pharmacists.

After processing, the eIDD is sent electronically to the GP via an electronic in-tray. A pilot version of this electronic system is in place, accessed via the clinical intranet, and has been in use for some time on the paediatrics, chest medicine and geratology wards.

eIDD will be the process for discharging patients when it is implemented in March/April 2008 and all staff who complete discharge documentation will need to pass an assessment.

The benefits of eIDD

For GPs
The electronic system will ensure that the eIDD is clearly formatted and completely legible; gone will be the days when GPs struggle to decipher handwriting. The data quality will also be improved, as all fields must be completed or acknowledged, and medication can be selected from a list, which will reduce errors. As the eIDD is sent electronically, it will arrive within 48 hours of discharge, and the GP will be able to access this information instantly via the PC.

For patients
It will help to create an improved clinical pathway for patients, leading to more timely discharges for patients ready and waiting to go home.

For pharmacy
A reduction in errors and time spent checking and correcting the discharge documentation.

For prescribers
When completing the eIDD, it will be possible to search and select drugs instead of writing them longhand, or typing the whole word. It will streamline the process for clinicians, freeing up their time and minimising risk.

Training
Training will be available in March, through “open learning” sessions and via the intranet and internet. You can book a time via the website, or drop-in to one of the training rooms.

Training rooms are available on all three sites
• Churchill and Horton hospitals - IT training room
• John Radcliffe Hospital - OHIS portacabin room D7 or the IT training room in the academic block.

All staff completing discharge documentation will need to pass an assessment before they can use the system. If you are a medical or non-medical prescriber, or a pharmacist, you will need to complete an eIDD training module and successfully complete an assessment before being given access to the new system.

If you need to monitor the progress of the discharge documentation, you will need to know how to view the eIDD, which will be an additional option within Casenotes (where you can already view lab results).

For more information please look at the Trust’s intranet and internet sites or call the CRS communications office on ext. 43245.

Vickie Holcroft MBE has been appointed as the new Senior Responsible Officer for the Oxfordshire Care Records Service project.
Safeguarding vulnerable adults

It is everyone’s responsibility to know about and report abuse of vulnerable people

Who are vulnerable adults?
A vulnerable adult is someone who is not able to care for or protect themselves for any reason. It might be because of age, mental or physical incapacity, sensory loss or learning disabilities. It might be someone who is usually able to manage but is unable to do so because of an accident or illness.

Who is most at risk?
People who are isolated, live alone, have health problems, or are dependent on others for aspects of their personal care and daily life.

Why does it happen?
There are many causes and types of abuse. Each situation is different and can range from the abuser preying on the frailty of their victim, to ignoring the needs of the vulnerable.

What sort of things should I be worried about?
The person’s normal behaviour may have changed and they may be depressed and frightened, withdrawn and anxious. If you see or believe someone is being ill-treated, neglected, or abused in any way - it may be physical, psychological, financial or sexual – you need to share your concerns.

All agencies have a duty to safeguard vulnerable adults from abuse, to recognise the signs of abuse and to take action where abuse is reported. Abuse doesn’t have to be deliberate, malicious or planned and it sometimes happens when people are trying their best and don’t really know what is the right thing to do.

The Trust policy and associated guidance which sets out the principles to be followed for Adult Safeguarding (Vulnerable Adult), and a free eLearning module about the basic principles of Adult Safeguarding are accessible from the intranet site.

For further information please contact Michael Fanning, Deputy Director of Nursing and Clinical Leadership on ext. 20043.

Staff embark on the patient journey with CRS

Last December, non-clinical staff in Oxfordshire participated in a series of workshops to explore how we work now, and how we will work in the future with the introduction of the Care Records Service (CRS), due in the first half of 2009.

To examine how the CRS will work, staff went through a typical “patient journey” covering each stage in a patient’s healthcare experience.

Ruth Holland-Richardson, Cranio-Facial Coordinator, took part: “Everyone who works in the NHS should get involved and familiarise themselves with the new system at the earliest opportunity so that they can make sure this system works for all of us,” she told ORH News.

Further workshops ran throughout January 2008 for clinical staff, who were able to see some of the clinical functionality.

CRS is an integral part of the service improvement programmes throughout Oxfordshire and the CRS team will be running more events throughout the year. These will be advertised on Now@ORH and the CRS intranet site.

Have you had an appraisal?
The process has now started for all staff to have their annual appraisal. By the end of July 2008 all staff should have an annual appraisal or six month review.

Without an appraisal, you can’t have a Personal Development Plan (PDP) and a PDP is essential if you want to take study leave. It is also an important factor for pay progression. The appraisal is part of the assessment that enables staff to progress up the pay band.

If you haven’t had an appraisal you should ask your manager to make an appointment. If you need to start appraising and don’t know where to begin, contact Pat Giles on ext. 31646 or Ann Hetherington (based at the Horton) on ext. 29372, both in Learning and Development.

For more information about appraisals visit the Learning and Development section on the ORH intranet or ask your HR representative.
Vickie Holcroft, Project Director for Oxford Radcliffe Hospitals, has been awarded an MBE for her services to the NHS. The honour was announced in the New Year Honours List 2008.

Vickie was the mastermind behind the relocation of the Radcliffe Infirmary to the John Radcliffe Hospital site and the building of the Children’s Hospital.

She is currently overseeing the building of the £109m Cancer and Haematology Centre on the Churchill Hospital site, which is due to open this summer and is the Project Director for the implementation of the Oxfordshire CRS project.

Vickie has worked in the NHS since 1971. She started as an administrator working with in-house design teams. One of her first roles was the administrator supporting the JR works team and she remembers being taken into the boiler house and wondering how anyone could design all those pipes! She very soon moved on to capital planning and enjoyed working with clinical staff to develop the project brief to be given to design teams.

Vickie moved to South Bucks NHS Trust in 1990 as Estates Development Manager but very quickly became their Strategic Development Manager and the Project Manager of one of the very first PFI schemes. She joined the ORH in February 2000 and has become a well-known figure in the Trust.

Be part of the news

If you have got something to say that you think might interest others, you might be pick of the pops with hospital radio

Radio Cherwell’s Hospital News programme is looking for interesting interviewees to entertain patients and hospital users. In recent months, the show has aired interviews with nurses, doctors, scientists and even the ladies who knit for the tiny premature babies.

Margaret Lord, one of the show’s hosts, told ORH News, “We are always on the look out for people with an interesting tale to tell. There is so much going on here. I have come across people who have led on innovative improvements to services, people fundraising in ever more daring and unusual ways, people who sacrifice holidays to do good works for charity, both at home and abroad – all fascinating stories which we want to share on our programme. If Hospital News has a philosophy or a “mission statement” it is simply to tell people about how much is being achieved by those who work in, and for, the Trust; so please get in touch.”

Contact Radio Cherwell on ext. 25522 or www.radiocherwell.com

Radio Cherwell’s Hospital News, the radio show presented by Neil Stockton and Margaret Lord, goes out live to patients in the Trust on Monday mornings from 11.00am to midday and is repeated on Monday evenings and Wednesday and Friday mornings.

Christmas raffle

Horton Volunteers raised £60 at their Christmas Party raffle.

The money was gratefully received by Yolanda Jacob, PA to Operations Director Mike Fleming, who is raising funds for the Brodey Centre at the Horton General Hospital. A special thank you goes to Vivienne Manning and Olive Withy for their help.
Calling all healthcare scientists

The Trust has a new Healthcare Scientists’ Board. This group meets on the last Friday of alternate months to discuss issues of concern and feeds back to the Joint Professions’ Board.

If you haven’t heard about the new Board, please ask your manager whether anyone from your department attends. If not, then maybe a representative could be found.

The dates of the next two meetings and main topics for discussion are

- 28 March 2008 - workforce planning and electronic staff record
- 30 May 2008 - training and modernising healthcare science careers.

All meetings are from 9.30 to 10.30am in the George Pickering Education Centre, Level 3, JR.

For more information contact Eileen Palayiwa (Chair) on ext. 21592 or eileen.palayiwa@orh.nhs.uk

Along with doctors, nurses and other professionals, healthcare scientists are essential members of today’s healthcare team.

Healthcare scientists are involved in roles as diverse as preparing an operating room for transplant surgery, analysing tissue samples, or researching how results from the human genome project can be translated into new treatments.

Latex free

The cardiac angiography, pacing and day care unit at the JR are now, as far as possible latex free zones, thanks to a project to eliminate the use of natural rubber latex in hospital supplies.

The decision to make the change was taken after a member of staff became hypersensitive to latex.

Close examination of products used in the unit found that a small number contained latex and the hospital’s procurement team have replaced them with latex free alternatives.

Ruth Titchener, Matron, said, “We all know about latex gloves but latex is also contained in things like syringe caps. The project team representing all staff groups, assessed the risk and through collaboration with the team, were able to try alternatives.”

Dr David Major, Consultant Occupational Physician, told ORH News, “The last few years have seen a dramatic increase in the incidence of latex protein hypersensitivity among health care workers in the UK. The use of latex gloves as a barrier to infection has risen significantly and as this has happened, some people have found themselves to be sensitised. The symptoms vary from person to person. People with a latex allergy can develop symptoms immediately after being in contact with latex. Some people have a delayed reaction which is more likely to be an itchy rash. These people are more likely to be allergic to other substances in rubber production rather than the latex itself.

“The degree of allergic reaction also varies. Some people may have a mild reaction, which might include itchy eyes, sneezing, a runny nose or an itchy rash, while other people may have a severe allergic reaction, even anaphylactic shock.

“It’s something we are monitoring closely and the fact that we have been able to source products that do not pose a risk to hypersensitive staff is a big step forward.”

Latex free

The cardiac angiography, pacing and day care unit at the JR are now, as far as possible latex free zones, thanks to a project to eliminate the use of natural rubber latex in hospital supplies.

The decision to make the change was taken after a member of staff became hypersensitive to latex.

Close examination of products used in the unit found that a small number contained latex and the hospital’s procurement team have replaced them with latex free alternatives.

Ruth Titchener, Matron, said, “We all know about latex gloves but latex is also contained in things like syringe caps. The project team representing all staff groups, assessed the risk and through collaboration with the team, were able to try alternatives.”

Dr David Major, Consultant Occupational Physician, told ORH News, “The last few years have seen a dramatic increase in the incidence of latex protein hypersensitivity among health care workers in the UK. The use of latex gloves as a barrier to infection has risen significantly and as this has happened, some people have found themselves to be sensitised. The symptoms vary from person to person. People with a latex allergy can develop symptoms immediately after being in contact with latex. Some people have a delayed reaction which is more likely to be an itchy rash. These people are more likely to be allergic to other substances in rubber production rather than the latex itself.

“The degree of allergic reaction also varies. Some people may have a mild reaction, which might include itchy eyes, sneezing, a runny nose or an itchy rash, while other people may have a severe allergic reaction, even anaphylactic shock.

“It’s something we are monitoring closely and the fact that we have been able to source products that do not pose a risk to hypersensitive staff is a big step forward.”
Thromboprophylaxis Committee

The Trust has set up a Thromboprophylaxis Committee, currently chaired by Dr David Keeling, the Consultant Haematologist who runs the outpatient DVT (Deep Vein Thrombosis) and anticoagulation services. This is attended by representatives from medicine, surgery and obstetrics as well as pharmacy, nursing and clinical governance.

Each of these areas have developed or updated guidelines for identifying patients at risk. The Committee is looking into ways of ensuring that all patients are risk assessed, including adding a section on thromboprophylaxis to the new drug chart.

The anticoagulation service has set up a link nurse group for wards, with the aim of each ward having a link nurse to look at all aspects of anticoagulation and thrombosis – if you are interested in becoming a link nurse please contact Patsy Stevens, Haemostasis Nurse Specialist, on 01295 229224.

I.M.P.S launches new website

I.M.P.S (the Injury Minimization Programme for Schools), has launched FirstPoint, an online advice website to help children feel safe and healthy.

The launch was held at the John Radcliffe Hospital and was attended by local MP Andrew Smith, who has been a long-standing supporter of I.M.P.S: other guests included Oxfordshire based cartoonist Robert Duncan, who is behind the website’s cartoons; staff from I.M.P.S in Oxfordshire; representatives from other agencies in the county; and a number of children from local schools who were given colourful finger plasters – the symbol of FirstPoint.

The aim of the new website is to offer support and information to help children make informed decisions for the good of their health and safety.

Debbie Lock, Oxfordshire’s I.M.P.S Development Manager, said, “We hope this website will offer reassurance to young people who want information about staying healthy and keeping safe. The health section offers advice on weight, fitness, drugs and alcohol as well as a host of other health issues and the keeping safe section provides links to websites that offer advice on issues such as bullying and internet safety.”

I.M.P.S is a national charity, with 12 centres in England, working with children aged 10-11 years old (in Year 6 of the education system) to minimise injury, provide basic life support skills and encourage youngsters to take safer risks.

See the website at www.impsweb.co.uk

Restaurant changes

The restaurant on Level 2 of the Children’s Hospital has been temporarily closed but is due to re-open in April. Changes are planned to menus, opening hours and the interior layout.

Carillion would like to discuss with patients and staff what changes they might like to see in the new-look restaurant. So if you would like to share your views, please take the time to attend one of the drop-in sessions being held in the Level 2 restaurant in the Children’s Hospital on Wednesday 27 February at 2.00pm and Friday 29 February at 10.00am.

Refreshments will be available.

Showing off their colourful finger plasters – the symbol of FirstPoint – are:

Above - Debbie Lock, Oxfordshire’s I.M.P.S Development Manager; Lynn Pilgrim, Oxfordshire I.M.P.S Co-ordinator; Andrew Smith MP; Sheriff of Oxford, Councillor Mary Clarkson and Professor Keith Willett, Oxford Radcliffe Hospital’s Trauma Consultant and Chairman of I.M.P.S.

Below - Andrew Smith MP and Matthew Woods, aged 10.

I.M.P.S launches new website

I.M.P.S (the Injury Minimization Programme for Schools), has launched FirstPoint, an online advice website to help children feel safe and healthy.

The launch was held at the John Radcliffe Hospital and was attended by local MP Andrew Smith, who has been a long-standing supporter of I.M.P.S: other guests included Oxfordshire based cartoonist Robert Duncan, who is behind the website’s cartoons; staff from I.M.P.S in Oxfordshire; representatives from other agencies in the county; and a number of children from local schools who were given colourful finger plasters – the symbol of FirstPoint.

The aim of the new website is to offer support and information to help children make informed decisions for the good of their health and safety.

Debbie Lock, Oxfordshire’s I.M.P.S Development Manager, said, “We hope this website will offer reassurance to young people who want information about staying healthy and keeping safe. The health section offers advice on weight, fitness, drugs and alcohol as well as a host of other health issues and the keeping safe section provides links to websites that offer advice on issues such as bullying and internet safety.”

I.M.P.S is a national charity, with 12 centres in England, working with children aged 10-11 years old (in Year 6 of the education system) to minimise injury, provide basic life support skills and encourage youngsters to take safer risks.

See the website at www.impsweb.co.uk

Restaurant changes

The restaurant on Level 2 of the Children’s Hospital has been temporarily closed but is due to re-open in April. Changes are planned to menus, opening hours and the interior layout.

Carillion would like to discuss with patients and staff what changes they might like to see in the new-look restaurant. So if you would like to share your views, please take the time to attend one of the drop-in sessions being held in the Level 2 restaurant in the Children’s Hospital on Wednesday 27 February at 2.00pm and Friday 29 February at 10.00am.

Refreshments will be available.
**Pension news**

New pension scheme arrangements come into effect on 1 April 2008, and include a normal retirement age of 65 years for new members joining on or after this date, and new tiered contribution rates for both existing and new members.

**The key changes**

There are two schemes - an updated NHS pension scheme is being introduced for existing members and a new NHS pension scheme for new members.

Both schemes will come into effect on 1 April 2008. Active members of the current scheme will automatically move to the updated NHS pension scheme, with a one-off choice to move to the new NHS pension scheme, currently planned for 1 July 2009 to 30 June 2010.

The updated NHS pension scheme for existing members is still a final salary scheme, with the same normal pension age (NPA) of 60 years (55 for special classes), but with new benefits like the option to take more pension as a tax free lump sum.

A new NHS pension scheme for new members is a final salary scheme, with an NPA of 65 and more flexibilities particularly in the run-up to retirement, like the option for staff to step down to a less demanding role and take part of their pension.

Both schemes will have identical, new tiered contribution rates - individual rates will be directly linked to individual earnings for a fairer way to fund new benefits and future costs.

Seminars were held across the Trust in January but you can still get more information by visiting [www.nhsemployers.org](http://www.nhsemployers.org).

---

**Ultrasound in Witney**

Patients in West Oxfordshire can now have their ultrasound scans at Witney Community Hospital, instead of travelling to the JR. The Oxford Radcliffe Hospitals NHS Trust has invested £50,000 in the purchase of an ultrasound machine, which can be accessed by patients through their GP. About 2,500 patients who currently travel from West Oxfordshire to receive ultrasound diagnostics at the Oxford hospitals will benefit.

Linda Soderberg, Radiology Sciences Directorate Manager said, “We have worked closely with Oxfordshire Primary Care Trust and GPs in West Oxfordshire to provide the new radiology services in Witney and feel sure patients will benefit hugely from the convenience of having this resource in their locality.”

---

**Resuscitation calls**

The format in which resuscitation calls are relayed to switchboard is to be standardised throughout the Trust.

The process of standardisation will begin at the JR before being rolled out across the remainder of the Trust.

Implementation began in January and new posters containing the exact message to be relayed to switchboard will be displayed by telephones in each area.

These posters are available for collection from the Resuscitation Office in the Kadoorie Centre.

Switchboard operators have already started to use standardised forms for receiving calls and have been very proactive in the introduction of the process.

For further information please contact the Resuscitation Department on ext. 21122.
We all know the impact smoking can have on our health, our appearance and our bank balance. So if you're one of the three in every four smokers who wants to kick the habit once and for all, No Smoking Day is for you.

Every year on No Smoking Day more than a million people try to quit, and here at Oxfordshire Smoking Advice Service, we want to offer quitters all the support and information they need to succeed.

That's why our free one-to-one, group support and motivational text message support is on hand to remind you of the benefits of quitting and to provide you with as much support as you need; including nicotine replacement therapy, Zyban or Varenicline on prescription for up to 12 weeks. It can be tough for patients who smoke when they are admitted to hospital and for their visitors too, but it is EVERYONE'S responsibility to remind ANYONE seen smoking on site that the site is smokefree. You could tell them that nicotine replacement therapy is available for patients to help their cravings whilst in hospital.

So give us a ring and find out how you and your patients can get support, and nicotine replacement therapy, to help you to quit.