News for staff, patients and visitors at the Churchill, Horton and John Radcliffe Hospitals

March 2009
PM Gordon Brown visits the new Oxford Cancer Centre

The Prime Minister, the Right Honourable Gordon Brown MP, paid a surprise visit to the new Oxford Cancer Centre at the Churchill Hospital last month. He was greeted by the Trust’s Acting Chair, Dame Fiona Caldicott, and the Chief Executive, Trevor Campbell Davis. He was accompanied by Parliamentary Under Secretary for Health Services, Ann Keen, and the MP for Oxford East, the Right Honourable Andrew Smith MP. They met Vickie Holcroft, Project Director for the £109 million Cancer Centre, and senior clinicians and managers who have been closely involved in planning the new Centre.

Gordon Brown was given a tour of the facilities, including operating theatres, a dedicated intensive care unit and state-of-the-art radiotherapy facilities, as well as a patient garden. He spoke with a range of clinical and non-clinical staff including oncologists, anaesthetists, nurses, fundraisers and members of the team who have organised the relocation of services to the new Centre.

Trevor Campbell Davis said of the visit: “We are immensely proud of these new facilities, and are delighted that at such a busy time the Prime Minister has been able to acknowledge the work of the NHS in Oxfordshire. The Centre is the culmination of several years of dedicated work by the Trust and its partners, and for the first time will bring all cancer services at the Oxford Radcliffe Hospitals into a comprehensive set of buildings and facilities. These will not only enable the delivery of the best in care, but also, with our University partners, be a base for the latest research into a disease that touches the lives of millions.”

See page 12 for more about the new Cancer Centre.
Professor Keith Willett appointed new National Clinical Director for Trauma

Professor Keith Willett, Consultant Trauma and Orthopaedic Surgeon at the ORH and Professor of Orthopaedic Trauma Surgery at the University of Oxford, has been appointed the new National Clinical Director for Trauma Care at the Department of Health.

Professor Willett will take up this newly created position on 1 April 2009 working for the Department of Health three days a week. He will lead in the development of national clinical policy for trauma care, including the implementation of recommendations agreed in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report, working closely with the NHS, professional bodies and the voluntary and independent sectors.

The role of National Clinical Director for Trauma Care has been created in conjunction with Lord Darzi’s Next Stage Review report on the NHS, High Quality Care For All, published in June 2008.

Professor Willett will continue working part-time as Honorary Consultant Orthopaedic Trauma Surgeon at the ORH and Professor of Orthopaedic Trauma Surgery at the University of Oxford.

ORH getting even safer with new cannula

Needlestick injuries are a potential hazard for staff and patients. At the ORH we work hard to reduce the risk by increasing awareness and following best practice in needle use and disposal.

Following a detailed clinical evaluation, the Trust is now converting to the BD Venflon™ Pro Safety IV Cannula. This new device consists of a cannula which is similar to the type currently being used, but with additional features providing protection from needlestick injuries.

You can find out more from:
- Karen Abrams, ORH Clinical Procurement Specialist. Ext: 25626 email karen.abrams@orh.nhs.uk
- Adrienne Cousins, BD Clinical Trainer 07795 978540
- Gemma Bianchini, BD Sales Specialist 07860 470316

Chainsaw carving raises money for ‘special’ babies

A chainsaw carving competition raised over £2,000 for the JR’s Intensive and Special Care Baby Units. Oxfordshire-based ride-on mower manufacturer, Countax, sponsored the event held in Cannock Chase last year, where 25 carvers from around the world spent three days creating unique carvings using chainsaws. The carvings were judged and auctioned, with a proportion of the money raised being allocated for Countax’ chosen charity.

Wendy Short, Company Secretary for Countax, presented the cheque to Ettaline Moore of SSNAP (Support for the Sick Newborn And their Parents). This is a locally based charity which supports the Special Care Nursery at the JR, and raises over £100,000 a year to help with the costs of key equipment, training, parental support and research.

Ettaline Moore (right) is presented with a cheque by Wendy Short of Countax. One of the chainsaw carvings auctioned to raise money for charity.
One of our own ENT (Ear, Nose and Throat) specialists, Dr Mahmood Bhutta, has found a link between sneezing and sex. Dr Bhutta, who has written a paper based on his research, believes the physical response of sneezing is caused by an inherited ‘blip’ in the autonomic nervous system – the part which is beyond our control and regulates things like our heart rate.

Mahmood explained, “I started looking into the sex and sneezing connection when a psychiatry colleague of mine told me of a middle-aged man who complained that he sneezed every time he was sexually aroused. I found that there was very little written about this in the medical literature. It then occurred to me that people who had such a symptom may not want to discuss this with their doctor, but may report it anonymously. Internet chat-rooms are a forum for such anonymous correspondence, and sure enough when I looked at websites, several people had discussed sneezing, either in response to sexual arousal or in response to orgasm. I have now been contacted by over 150 people with this symptom, including several doctors. There are other unusual triggers of sneezing – a quarter of the population sneeze when they look at the sun, and a very small number of people sneeze when they have a large meal. All of these unusual triggers of sneezing run in families, and all involve activation of the autonomic nervous system, and so I think there is a genetic variation in the development of the nervous system that is responsible”.

Dr Mahmood Bhutta’s paper was published in the Journal of the Royal Society of Medicine in December.

We have been really delighted that our FT members have also proved to be willing volunteers. Nearly 200 people who have joined have said that they would also like to volunteer at one of our hospitals. Chris Goundry, our volunteer co-ordinator, is contacting people and arranging work opportunities with them.

We want our membership to fully reflect the communities that we serve. Staff are automatically members, but we need to recruit a range of public members to help us provide the best possible services to everyone.

We have compared our membership to the census data for Oxfordshire and our patients’ lists to see how we are doing. We have found some areas where we think we should be doing better. In particular, we would like to recruit more members in Oxford City, more younger members, and more members from the Chinese community and people who are of Irish origin. We will do some work on this, but all new members are very welcome!

For more information see our website
www.oxfordradcliffe.nhs.uk
Email: orhmembers@orh.nhs.uk
Telephone: 01865 743491

Students get tea and cake

The Academic Block at the John Radcliffe Hospital has been the source of the most wonderful baking smells recently. It’s because the medical students have been tucking into tea and cake in their new common room at the bottom of the stairs (in the room that used to be Blackwells Book Shop).

Andrew Carpenter, who already runs the coffee shop in the George Pickering Education Centre on Level 3, explained to ORH News what’s been happening. ‘I opened up this new students’ common room because the one they were using in Osler House is closed for refurbishment, a development which is expected to take about a year. We bake all our own cakes and make fresh sandwiches every day so it does smell rather tempting to anyone walking past and I know the students are particularly enjoying our chocolate brownies.’

Andrew Carpenter and café manager André Carvalho
A Healthcare Commission survey shows that patients have a positive view of the emergency departments at the John Radcliffe and Horton Hospitals.

Nine out of ten patients questioned rated their care at our emergency departments (EDs) as good, very good or excellent. We scored above the national average in nearly all categories, and in the top 20% of all trusts for a number of the questions asked. The ORH did not feature in the bottom 20% of trusts for any rating.

Areas for which patients judged us as among the best performing include:

- feeling involved in decisions about patient care and treatment
- cleanliness of the emergency departments and toilets
- being told how long the wait would be
- receiving information about who to contact after leaving the emergency department
- ability to find a convenient place to park in the hospital car park
- not feeling bothered or threatened by other patients.

This patient survey follows a report in September 2008 by the Healthcare Commission that recognised Oxfordshire as having one of the best performing systems for the delivery of urgent and emergency care.

In addition, in October the Healthcare Commission awarded the ORH ‘excellent’ for its overall quality of patient care – the highest score possible.

Over the last year there has been a sustained improvement in our EDs’ performance, and the department is currently running a development programme to make sure that we offer the best quality care, not only now but also for the future. Our EDs are also viewed as national leaders in the prevention of violence and reducing harm from alcohol and drugs, and they are soon to feature in a primetime BBC series on this subject.

Dr Melanie Darwent, Clinical Lead for the EDs, said: “Nobody likes to have to go to the ED, but it’s encouraging to know that our patients rate us highly when they do need to be treated by us.”

ORH Chief Executive, Trevor Campbell Davis, said: “It is gratifying to know that as well as being officially recognised as a high-performing system, patients also feel that they are receiving a high quality of care in our EDs. Following our recent ‘excellent’ rating by the Healthcare Commission, this shows once again that as well as being a specialist health centre with strong academic links, we are also able to provide high quality everyday care for our local population.”

One of the areas where the Trust scored less well was the perception of the overall length of visit to the ED. This survey was completed in early 2008, when we know that we were not performing as well as we are now against the government’s four hour target (which requires patients to be seen, treated, admitted or discharged in under four hours).

We are also doing further work to reduce the waiting time for patients with minor injuries. Although not all patients’ medical needs are critical, we recognise that seeing these patients quickly not only improves their experience but can also help the EDs run more smoothly. In Banbury, local GPs base their out-of-hours service at the Horton Hospital, so patients who attend the ED with non-emergency primary care problems can immediately be referred to the service which is best able to deal with their needs. We are working with our colleagues in primary care to see whether we can set up a similar system in Oxford.
The environment and lessening our impact on it has always been a key priority for the Trust. With the support of our staff, patients and visitors, more can be done to reduce our carbon footprint across our three hospital sites.

In line with the national NHS Carbon Reduction Strategy for England, the Trust is launching a new Energy Awareness Campaign. It will look at further ways of increasing understanding and being smart about energy consumption, bringing both environmental and financial benefits.

Mervyn Phipps, Assistant Director of Estates and Facilities, said “We have always been ahead of the game in reducing the impact our hospitals have on the environment. Ideas that we implemented twenty or so years ago are only now being recognised as good practice across the health and business industry, but we are not complacent.

“Most of the work so far has been behind the scenes, for example, improving the automatic control of our main heating systems. These may sound like small, technical changes but they have a big effect. Our biggest source of new ideas, however, is from our 10,000 staff, and this is where the new Campaign comes in.”

Over the years, the Trust has set itself very challenging energy reduction targets. In 2007, it met its energy reduction target of 7% and it met a further 3% target last year. This equals hundreds of thousands of pounds worth of savings and has been achieved through a variety of projects, including:

- energy saving controls being fitted to the pumps that distribute hot and cold water around the hospitals’ heating and cooling systems
- old lighting systems being replaced with more efficient, modern technology in wards
- upgrading heating and ventilation equipment.

In addition to making improvements to existing hospital facilities, all new hospital buildings are designed to be as green as possible. The most recent example is the Cancer Centre on the Churchill Hospital site which has won an award from the Carbon Trust for being the most energy-efficient healthcare building in the UK. The Centre will require 70% less energy and emit 60% less CO₂ than an equivalent hospital of the same size.

A rolling programme of events will start in March 2009, launching the new Campaign. Mervyn explains “We are very excited about this new initiative. We know that our staff have some great ideas and we want to use these to make further improvements. That’s why one of the key aims of the Campaign is to find ambassadors that can raise awareness and engage with their colleagues about new ideas. We are planning to start off the campaign with a Trust-wide survey to find out how we can support staff working in a more energy-conscious way, and from that determine what we need to do next.”

Once the survey is complete, a number of different activities are planned, including:

- mini exhibitions around all aspects of energy awareness
- global email updates on what is being done to achieve energy saving targets
- walk-around energy surveys with senior staff
- Intranet site with the latest information and tips on how to reduce our carbon footprint and energy use.

Mervyn continues, “In addition to these measures, we plan to set up an email account where staff, patients and visitors can give us suggestions on how to reduce our energy consumption. This is the key, as by working together we can make this a real success”.

How much energy do we use?

In 2008, the ORH spent around £7 million on energy and water:
- 42 million kWh of electricity
- 64 million kWh on mains gas
- 1.4 million litres of oil

How much energy have we saved?

Since 2007, the Trust has achieved a 10% reduction in energy use. In real terms this has meant:
- 8% reduction in electricity use
- 14% decrease in gas usage
- 5% reduction in oil usage
- 22% of water saving.

Share your NEW ideas

Contact the Estates and Facilities Team at lighterfootprint@orh.nhs.uk

Telephone ext. 22101
Innovating, improving, developing…

This special pullout for ORH News tells just some of the stories of service development and innovation that are taking place across our hospitals.

There are more projects and new ways of working than are mentioned here, but the following articles will give you a flavour of the innovation taking place.

To find out more or get involved in service development in your area contact alison.murray@orh.nhs.uk or any of the Clinical Fellows or the service development team.
The ORH is leading the way in involving clinicians in service development through our Fellowship in Clinical Management programme. Piloted with a single appointment in August 2007, the programme takes junior doctors in training and offers them the opportunity to be involved with clinical management as an alternative to the more traditional options of research or clinical training alone.

Consultant Vascular Surgeon Mr Ashok Handa, who initiated the programme with Director of Performance Improvement Andrew Murphy, says: “As the NHS changes, we need much more clinical involvement in management and leadership, and at the moment, most doctors are not being exposed to this during their specialist training. This programme seeks to change this, bringing benefit to patients, the Trust and the trainees.”

Mary Weisters, the pilot Fellow and Surgical Registrar worked on projects with the Churchill day surgery unit and the Surgical Emergency Unit (SEU).

With clinical and management mentorship, and close working with the departments, Mary was able to achieve a big improvement in day case rates for both laparoscopic cholecystectomy and inguinal hernia repair, and supported a project that achieved significant decreases in the length of stay and time from admission to investigation in the SEU.

On the basis of this first successful pilot, four further Fellows in Clinical Management have been recruited from disciplines as diverse as radiology, primary care and surgery. Mary has also chosen to stay on for a second year and is enrolled in a Masters in Health Services Management at Warwick University whilst continuing to be involved in a range of projects.

Each of the Fellows has a clinical and management mentor allocated, and the ambition is to link up with the NHS Education South Central training programmes in clinical leadership and management. It is hoped that this kind of role can become more common in the NHS – and Trusts in London are already following where the ORH has led with its Clinical Fellows programme.

“The Darzi report shows that the future of the NHS is going to be more not less clinical involvement in management,” says Andrew Murphy. “And this programme is about combining the best of both worlds. It’s good for developing management skills in clinicians as well as bringing clinical insight to management practice – not to mention the benefits for patient care.”

Some examples of their projects are found on these pages.
**Extraordinary developments**

Our emergency departments (EDs) have always been high profile in our hospitals, and the four-hour emergency target was one of the biggest goals that has been set for the NHS. Achieving the target isn’t just about the ED itself, but about how it interacts with the other hospital services and primary and social care.

Results of a Healthcare Commission patient survey published in January showed that nine out of ten patients questioned rated their care at EDs in Oxford and Banbury as good, very good or excellent.

“None of this means that there isn’t always work that can be done to improve the departments and related hospital systems,” says ED Clinical Lead Dr Melanie Darwent. “Both in terms of making it more straightforward and less stressful to achieve the targets, and also keeping focus on what matters to patients.”

‘ED: Extraordinary Developments’ is a programme aimed at doing just that – in particular at the John Radcliffe department. Developed from two away-days that the ED team took at the end of 2008, the project is owned and driven by staff in the department, with support from two of the Clinical Fellows, Lloyd McCann and Ele Lambert. It is looking at a range of areas in ED, such as the departments’ role and purpose, patient flow in minors side, EDs’ relationships with inpatient specialities, the Clinical Decision Unit (CDU) and department teaching and training.

The overall purpose of Extraordinary Developments is to improve and sustain performance, both in terms of standards of patient care and waiting times. The focus is on problem solving and is driven by frontline staff to ensure that improvements are sustainable – and always keeping quality and patient safety in mind.

To date initiatives have included:

- the development and delivery of a referrals workshop for new junior doctors, involving inpatient specialty registrars
- the development of a ‘New Doctor’s Handbook’ which covers departmental and hospital specific protocols and procedures
- the re-introduction of a JR minors side nursing coordinator and operational manager who is dedicated to Level 1 of the JR.

A pilot, of a single point of assessment for minors’ patients is also being carried out. Specific environmental improvements to the CDU are in the pipeline, as well as a review of usage and patient flow.

**Lean Listening**

Application of ‘Lean’ management philosophy has played a large role in service improvement at the ORH in the last two years. Lean, for the uninitiated, is a proven method of providing the best possible care to patients, with no delays, in a way that is cost-effective and easy for staff.

In employing Lean in CT Radiology at the John Radcliffe, the aim has been to improve this area for staff and patients at the same time as giving the service improvement team more experience in applying Lean techniques. Although the CT department is relatively small and self-contained, it is a hub of activity, and contributes to the smooth running of other areas in the hospital. This project has also been an opportunity to review the current processes to influence the development of new CT scanning facilities.

Robin Jones, Radiology Business Manager, one of the project leads, says: “One of the most important things about the work was the amount of time that’s been spent in getting both staff and patients involved – specifically in listening to what patients had to say about their experience there.”
The Lean team of Robin Jones, Joy MacDonald and Mary Weisters carried out an exercise called ‘Voice of the customer’ to understand how the service could be improved from the perspective of inpatients, outpatients, CT staff and ward nursing staff. As a result of this consultation, key actions in the project included:

- separating inpatient and outpatient waiting areas
- improving the department signage
- enhancing the role of the CT Healthcare Assistant so that patients are greeted on arrival and have a point of contact while they are in the department.

Helen Nicholl, Superintendent Radiographer in CT, introduced a scheduling system for both inpatients and outpatients to improve the smooth flow of patients to and from the department.

Following the project, patients have commented on how much better the service has become, and visitors to the department have been impressed by how calm, uncluttered and organised the area now is. Inpatients are no longer waiting in CT, and the control room is quieter, clearer and more ordered. Helen commented: “The phone no longer rings the whole time with queries about scan times, making it easier to get on with our clinical work.”

Target and Culture

The John Radcliffe has among the best trauma departments in the country, with one of its leading clinicians Prof Keith Willett recently having been appointed as the new national ‘Trauma Tsar’.

There’s always work to be done, of course. With the support of consultants, ward and theatre staff, service development staff, led by Clinical Fellow Imran Anwar, conducted a week-long monitoring exercise where they spent every day in theatre, noting down the processes and timings involved. They then analysed their findings to identify areas for improvement.

One of the main issues was theatre lists starting late in the mornings, resulting in frustrating delays for patients and staff alike. The team initiated a series of simple but effective changes,

- asking anaesthetic staff to attend daily trauma meetings
- ensuring the first case of the day was sent for at a precise and consistent time
- asking theatres to call the ward before sending for patients, to allow them time to prepare the patient and documentation.

Linking the project to the national fractured neck of femur (NOF) 48-hour surgery target has increased focus on both the target and the project. The result has been a successive improvement in the time trauma theatre starts every morning, meeting the NOF target more consistently, as well as strengthening communication and teamwork in the unit.

Collaboration’s what you need

Clinical Fellow Mary Thompson is involved in several pieces of improvement work, looking at how we can collaborate better with our partners in primary and social care. Much of this involves working with the Oxford Clinical Collaborative, a group of hospital doctors and GPs who support demand management and provide clinical advice to inform the commissioning of our services by the PCT.

Related to Extraordinary Developments, work is afoot to improve information sharing between GP out-of-hours service and the ORH emergency departments. The ORH and PCT are also researching the feasibility of having an out-of-hours GP based at the John Radcliffe close to the ED. This system has already been implemented at the Horton to positive effect.

Richard Turner, Consultant Dermatologist and Mary’s clinical mentor says: “It’s great that there is someone as organised and approachable as Mary to spend the time bridging the gaps between primary and secondary care. The projects she’s working on have the potential to be a win for clinicians and patients in both primary care and in our hospitals.”

Mary is also working on end-of-life care, specifically relating to providing more support to nursing homes in their referral decisions and information sharing. It is increasingly recognised that the acute hospital setting is not always the best place for end-of-life care, and this project seeks to gather data on the issue and then look at how the ORH and PCT can support nursing homes in delivering end-of-life care when this is more appropriate and in the patients’ wishes.
Brodey Centre Appeal nearly there

After just one year of fundraising, the Brodey Centre Appeal has nearly hit its £300,000 target. The money will enable the Horton Hospital in Banbury to expand outpatient facilities for cancer patients. Yolanda Jacob has been leading the campaign and she reports that there’s just £30,000 needed.

Yolanda told ORH News, “The Brodey Centre requires more space. We are hoping to double the treatment space, extend the waiting area and provide desk space for the chemotherapy, breast care and palliative care nurses.

“We set out to raise £300,000 over two years, to cover building costs, additional furnishings and medical equipment. The Trust has committed to fund the additional running costs.

“The response to the Appeal to extend the Brodey Centre has been amazing and people have been very generous with not only their money but their time as well. In my experience from previous campaigns at the Horton Hospital, the last bit of money is always the hardest to secure. However, I’m very hopeful with the improving weather and with the continued goodwill and support of the local people of Banbury and beyond, that we will achieve our goal soon.”

Mike Fleming, Director of the Horton, said: “Yolanda has done a great job leading this campaign. The local community are hugely supportive of the Horton Hospital for the benefit of patients who require chemotherapy treatment in the Brodey Centre.”

If you are able to help or know someone who can, please get in touch with Yolanda.

Yolanda Jacob, Fundraising Project Manager, Horton Hospital, Oxford Road, Banbury, Oxon OX16 9AL
Tel: 01295 229058 Mobile: 07775 850119
Email: yolanda.jacob@orh.nhs.uk

Oxford Academic Health Science Centre update

The ORH, the University of Oxford and the Nuffield Orthopaedic Centre have been urged by the Department of Health to continue to develop proposals for an Academic Health Science Centre in Oxford and to reapply in due course. The partners involved in the bid remain committed to working together to align high quality patient care with teaching and research, because of the benefits this will bring to patients, current and future healthcare professionals, and to the Oxfordshire community.

Plans for creating a small number of Academic Health Science Centres in the UK were put forward in Lord Darzi’s Next Stage Review report on the NHS, published in June last year. The ORH, working closely with the Nuffield Orthopaedic Centre, Oxford’s two universities, and other NHS partners, submitted an application in January. Following a short-listing process and a second stage application, representatives of the partner organisations were interviewed by an international panel about their plans.

While the proposals were not accepted in their current form, the panel complimented Oxford on the brilliance of its science and biomedical research, and on the excellent foundations which the partners are establishing for an Academic Health Science Centre. The panel also made a number of specific recommendations for developing the proposals, including further work on aspects of healthcare education and clearer links with community and primary care services.

Each of the organisations involved in the application will consider the feedback before meeting to discuss and agree the next steps.
ORH takes handover of new Oxford Cancer Centre

In January, the ORH took formal handover of the new buildings on the Churchill Hospital site from its PFI partners, Ochre Solutions Ltd. The new buildings, which comprise the Cancer and Haematology Centre, Surgery and Diagnostics and the Wytham Wing, will open their doors to patients from March 2009.

The relocation of services into the new buildings started in mid March, with the first outpatients being seen in their new facilities a week later. The whole of the move programme will take approximately three weeks and the buildings will be fully operational by the beginning of April.

Vickie Holcroft MBE, Director of Relocation, oversaw the project. She told ORH News, "We are delighted to be moving into these fantastic new facilities. A project of this scale and complexity takes years of planning and organisation and I thank all of the hard working staff involved for their dedication and enthusiasm throughout.

"The new Centre and associated buildings will further enhance Oxford’s reputation as a centre of excellence for its cancer care and we hope that our patients and visitors will be as pleased as we are with their new hospital.”

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An Oxfordshire charity, which provides talking newspapers and books for the blind and visually impaired, is celebrating its 30th anniversary this year.

oxtalk (Oxford and District Talking News), is run entirely by volunteers and is eager to hear from anyone who wants to get involved. Margaret Simpson, oxtalk chairman, said, “Our tapes are free to anyone in Oxfordshire who cannot read newsprint. Every week we record articles from local and national newspapers onto tapes using the hospital radio (Radio Cherwell) studios at the Churchill Hospital. The next day tapes are posted to registered oxtalk listeners. Anyone interested in registering for this service should contact us. We would also be delighted to hear from anyone who wants to help with reading onto tape, or helping with some of the technical jobs.”

If you would like to know more about oxtalk, please visit www.oxtalk.org.uk or contact Carol Aistrop on 01865 766442 email: mail@oxtalk.org.uk

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Project director, Roberto Strigi presents the keys to the building to Vickie Holcroft, ORH director of relocation.

- The £109 million buildings will have 200 beds, 10 brand new operating theatres and the latest in leading-edge technology, including state-of-the-art Linear Accelerators and CT suites.

- Extra equipment and facilities have been made possible through a £2 million fundraising campaign, including the purchase of Computerised Integrated Theatres (CIT), which enable surgeons to carry out more complex keyhole surgery. In addition there are a number of outdoor terraces and gardens, which enhance the buildings' natural light and spacious feel.

- The new buildings were recognised by the Carbon Trust, who awarded the Hospital with a Low Carbon Award for its environmentally-friendly design and use of geo-thermal technology, where the building is both heated and cooled by bore-holes dug deep into the ground.

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ORH page 12
The Oxford Comprehensive Biomedical Research Centre (OxBRC) is a partnership between the research expertise of the Oxford Radcliffe Hospitals (ORH) and the University of Oxford. The OxBRC was founded in April 2007 through a competitively awarded grant of £57.5M over five years from the Department of Health’s National Institute for Health Research (NIHR), under the programme Best Research for Best Health. The OxBRC undertakes “translational research”, meaning first-time studies in patients of innovations, intended to improve healthcare.

Almost two years on from its inception, the OxBRC is now funding, or part funding 185 research projects across 14 therapeutic areas, 8 of which are complete. It has recruited an extra 300 (part and full-time) staff to work across the University and NHS to carry out these research projects. Posts range from principal investigators, data entry clerks, research nurses and finance support staff.

The OxBRC’s new Director is Keith Channon, Professor of Cardiovascular Medicine and Honorary Consultant Cardiologist. He took over from Professor Alastair Buchan in October, 2008.

Professor Channon has a strong academic background from the University Department of Cardiovascular Medicine, and this, combined with his clinical work in the NHS as Honorary Consultant Cardiologist, gives him an excellent perspective on the partnership and on the challenges and opportunities for clinical research within the hospital environment.

Professor Channon said: “I look forward to strengthening the capacity and infrastructure that will underpin clinical research, and the opportunities provided by the OxBRC to support research and innovation in many important areas.”

Other changes in management include:

• Professor David Matthews who has handed over the reins of Diabetes research theme leader to Dr Fredrik Karpe, Reader in Metabolic Medicine, Wellcome Trust Senior Clinical Research Fellow and Honorary Consultant Physician. In 2007 Dr Karpe initiated the Oxford Biobank for prospective genetic epidemiological research. The aim is to study human lipid and carbohydrate metabolism to understand the complications of obesity and type 2 diabetes.

• Professor Christopher Kennard, who has been appointed Head of the Department of Clinical Neurology, succeeds recently retired Professor Angela Vincent and takes on the mantle of brain research theme leader for the OxBRC. With his senior colleagues, Olaf Ansorge, Tipu Aziz, Russell Foster, Jackie Palace, Kevin Talbot, Irene Tracy and Gordon Wilcock, Professor Kennard will coordinate the use of NIHR funding for translational research to improve the early diagnosis and treatment of neuroimmunological and neurodegenerative diseases, such as Multiple Sclerosis, Alzheimer’s disease, Parkinson’s disease and Motor Neurone disease.

The OxBRC is also about to launch its public and patient involvement strategy which will be carried out by the newly formed Public Engagement Group (PEG). Its main aims will be to:

• Promote patient and public involvement in research

• Examine the health economics outcomes for patient benefit and the NHS, based on the work of the Biomedical Research Centre

• Support an ethics framework to ensure research is consistently funded on merit, probity and value for money.

To contribute to the aims of this group, Louise Locock has been appointed as a OxBRC Dipex Fellow, on a three year term. Louise started in October and has an extensive background in working with patients to record and analyse their personal experiences of illness.

For more information on Dipex (now known as Healthtalkonline) visit their website at www.healthtalkonline.org or www.youthhealthtalk.org
Dear colleagues,

The severe weather earlier this year caused disruption for many of us. During this time, I was enormously impressed with the commitment of staff, who worked extremely hard in very difficult circumstances to ensure that the majority of patient services, and all emergency services, could continue. I know that many staff made long and difficult journeys into work, stayed on well beyond the end of their shifts, or were prepared to stay overnight.

This is particularly impressive, given that some people were also dealing with difficult personal circumstances brought on by the weather, including the closure of many of the county’s schools. The Trust also benefitted greatly from the co-operative team spirit across the organisation, with staff working flexibly and innovatively with colleagues in other departments to cover absences and maintain services.

On behalf of my fellow Board members, I would like to thank all staff for their contributions during this period. While I hope that we do not have to endure such extreme weather conditions again in the near future, the way in which staff responded reminded me once more of the absolute commitment to patient care, team working and loyalty, which is such a fundamental part of the day-to-day working of the ORH.

Trevor Campbell Davis
Chief Executive
Oxford Radcliffe Hospitals
Academic Health Science Centre
The latest information on AHSCs and Oxford Radcliffe Hospitals NHS Trust.
www.oxfordradcliffe.nhs.uk/foundation/ahsc/

Freedom of Information
The Oxford Radcliffe Hospitals has a new Freedom of Information Publication Scheme:
www.oxfordradcliffe.nhs.uk/foi
The Scheme is a guide to the information routinely published by the ORH. It was created in accordance with Section 19 of the Freedom of Information Act 2000, which promotes greater openness by public authorities. You can use the Scheme to find out about:
- what we spend and how we spend it
- our priorities
- how we make decisions
- our policies and procedures
- the lists and registers that we make available to the public
- links to documents and papers on our site and on other external sites.

The Department of Oral and Maxillofacial Surgery and Dental Departments of Orthodontics and Restorative Dentistry (OMD)
These departments at the John Radcliffe Hospital provide comprehensive care for patients, with a focus on multidisciplinary care. They have a new section on the ORH website: www.oxfordradcliffe.nhs.uk/omd
You can find detailed information about all three departments on the site, along with information about the OMD Laboratory and Nursing Team.

NMO Clinic
Neurosciences in Oxford has a specialist service for patients with Neuromyelitis Optica (NMO) Devic’s Disease. Visit the web page in the For clinicians section of the ORH website for details. See For clinicians/Referring to our departments/neurosciences.

(If you missed the photographs of the Royal Visit in November, type ‘Royal visit’ into the search box in the top right hand corner of the home page.)

Thank you to everyone who has been in touch to update their sections of the ORH website: the site is our ‘shop window’ and we aim to keep it as up-to-date and accurate as possible at all times. If you would like your section to be updated, contact Frances Bonney, Web Communications Officer.
Telephone ext 31474
Email: frances.bonney@orh.nhs.uk

New intranet for ORH
ORHi is the new intranet for staff at the Oxford Radcliffe Hospitals.
You can see the new site at http://orh.oxnet.nhs.uk

The new intranet has a range of new features and improvements on the old intranet, and departments across the ORH are working hard to populate their content — all old sites are still accessible in the meantime.

Project manager Oliver Francis said, “I hope it’s going to make everyone’s day-to-day work that little bit easier, whether it’s finding an important document, keeping up to date with Trust news and events, or helping staff get important information out to colleagues.”

People from across the organisation — and beyond — have contributed to the new intranet’s design and development, to make sure that it is the resource that the organisation needs, not just being driven by what was technically possible.

“The OHIS web team have done a fantastic job with this site,” Oliver added. “They’ve made great use of the software to meet our organisational needs. The new intranet site provides some features that regular web users will recognise, and others that are special to this new site, which have been possible thanks to a huge amount of developing and programming work. There are also lots of things that the site will be able to do that we’re only just beginning to exploit. What we have now is very much phase one, with more to come over time — collaborative working, networking, online forms and potentially even a full document and content management system for the Trust’s information.”

For further details about this project, and to feed back any comments about the new site, please contact oliver.francis@orh.nhs.uk
New discharge lounge in neurosciences

In the new discharge lounge are (from left to right): Margaret Smith, Manager of the West Wing’s League of Friends café; Pauline White, League of Friends Trustee; Andrew Carter, Matron, neurosciences; Ruth Linighan, Sister, neurosciences.

Neurosciences in the West Wing have a new discharge lounge which enables patients to wait in comfort for relatives or friends to collect them.

It consists of two rooms with comfortable chairs, tables, a TV and magazines. Ruth Linighan, Sister on neurosciences, told ORH News, “We are really pleased that we have been able to create a pleasant area for people to sit and relax while they are waiting for discharge. The League of Friends have been marvellous, supplying the special furniture we needed, like reclining chairs and coffee tables. We are very grateful to them.”

The discharge lounge is supervised by a nurse and a healthcare assistant so that patients can be given their medication and any support they need while they wait for their transport. Ruth added, “There are 90 beds in neurosciences, which includes neurology and neurosurgical specialities, and we discharge, on average, four patients every day. The discharge lounge enables us to run the unit much more efficiently as we can release beds during the day time, accept new patients and arrange for the appropriate clinicians to see them before the end of the day.”

League of Friends provide furniture for new discharge lounge

The ORH is supported by League of Friends groups based at the Horton, Churchill and John Radcliffe Hospitals (the John Radcliffe Hospital has two groups – one based in the West Wing and one in the original hospital). The West Wing League of Friends donated £3,000 for the new furniture in the discharge lounge.

Manager of the League of Friends café in the West Wing, Margaret Smith, said, “Every time anyone buys a cup of tea or a sandwich from our cafés, they are helping to raise money for the ORH. We help fund all kinds of things, from equipment to furniture, toys and books. There are hundreds of League of Friends volunteers in the ORH hospitals and it’s a great thing to do. It’s really exciting to see the projects we help to fund working well for patients.”

Do you want to volunteer? League of Friends contacts

John Radcliffe Hospital – main site: 01865 220997
John Radcliffe Hospital – West Wing: 01865 234802
Churchill Hospital: 01865 225598
Horton Hospital: 01295 250992

DVDs and books needed for children in ED

Children and adolescents in the emergency department (ED) at the JR have fewer sources of entertainment than most youngsters, so a ready supply of good books, DVDs and videos can make a hospital stay a lot less dull.

Jo Rogers, staff nurse, asked ORH News to help her appeal to people who may be planning a spring clean in the next few weeks, to think of the Children’s ED when wondering what to do with their old films, books, puzzles and games.

“With Christmas out of the way I thought now was a good time to ask people to see if they have any old DVDs, books, puzzles, games and videos that we can have. They need to be suitable for children up to the age of 15 years and in good condition. We are also in need of a TV with built-in DVD player (that can be wall mounted) so if anyone has one of those they no longer need, we would be very grateful.”

Contact Jo Rogers on ext (8)57710 or (8)57711