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

Welcome to the Blood Donor Centre

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ORH plans for tough financial decisions

The national and local media has been full of headlines recently about NHS funding and the impact this has on health services in Oxfordshire. In Oxfordshire, these issues have hit the health system earlier than in some other parts of the country.

Acting Chief Executive, Chris Hurst, has given very frank and open interviews to the Health Service Journal nationally and to the local weekly newspapers, the Oxford Times and the Banbury Guardian, to make sure the financial situation at the ORH is explained as widely as possible.

Chief Operating Officer, Andrew McLaughlin has spent time with staff, considering the challenges which we are facing and helping them to find solutions. Here, Chris gives some background to the situation, and Andrew describes the urgent need for action in response.

Explaining the background, Chris Hurst says:

"The challenges which the ORH is facing this year are no different from those which will be facing most health systems and most trusts over the next few years. We often see the impact of changes in the economy and government funding first in Oxfordshire because of our funding allocation per head of population, which, because of the general health of the local population, is much lower than most other areas in the country. Despite this, last year we achieved a small financial surplus and I know that many staff have been asking why we have found ourselves facing financial hardship now. There are several reasons why we have had to plan for a cost reduction programme of £44m when we set the budget for this year. These include:

- The affordability constraints Oxfordshire PCT must live within meant we had to plan to carry out 7% less work this year, compared to the level undertaken last year. This does not mean that patients will not receive treatment, but that the PCT wants more patients to be treated in the community and managed by their GP. Of concern is the fact that we have not seen a reduction in total numbers of patients being referred, or attending our hospitals. This adds to the financial challenge both the ORH and the PCT are facing.

- The Treasury requires all NHS trusts to provide services at 3% less cost than last year (£19m) by improving efficiency and productivity.

- Our investment in the additional costs of the new Cancer Centre in its first year of operation (£13m). The need for this investment is expected to reduce each year as the full capacity of the Centre comes into use over time.

- A substantial increase in the level of premiums chargeable to NHS trusts under the Clinical Negligence Scheme for Trusts, the NHS self-insurance scheme (£5m).

- Other smaller annual cost increases and some reductions in income.

Improving efficiency

This has set a very large challenge for us all this year but the level of cost reduction we have to achieve is smaller, in percentage terms, than the savings we successfully delivered in 2006/07. We were able to make the majority of these savings by improving the way in which we managed patients’ care and treatment, to enable more patients to be treated with the same resources (beds, theatres, staffing, and clinics). As a consequence, we were able to improve productivity and the experience of many of our patients. This continues to be our ambition and approach but, as our principal commissioner can no longer afford us to do more work with the resources we release by improving productivity, we must now trim our service capacity as we improve productivity to enable us to reduce costs (to match the income we can earn).

We can only do this by pulling together, as we did so successfully three years ago, and by promoting and accepting change. I know there are concerns about the potential adverse impact of some of the short term measures and controls that we have had to use over recent months. I share these concerns and would like to strip away these measures. But to be able to do this, we must have confidence and evidence that we are managing within our plan and budgets each month. In April we overspent on our budget for the month by nearly £2m. Since then, we have seen the position improve each month, which is encouraging but we have to make good the slippage over the remaining months. I know that, working together, we can do this and I would ask for your continued support to do so.

Chris Hurst
Acting Chief Executive
In response to this challenge, Andrew McLaughlin, Chief Operating Officer, emphasises the importance of making visible progress soon:

“As I write this in August, the organisation has just over seven months of the financial year left, and most of the mountain still to climb. In the first two months of this year (April and May) we reported disappointing financial results. In June we moved back close to our planned surplus for the month, as our cost reduction measures begin to take effect (as I write, July’s financial results are not yet confirmed). However, as a result of the £3.5m slippage in the first two months, we must now pull back this sum over the rest of the year, in addition to making our other planned savings. This will be very challenging.

While meetings are taking place with Oxfordshire PCT to discuss longer-term solutions to the pressures on the local health economy, we cannot look to others to solve our problems this year. We must get control of the situation ourselves, and quickly. If we do not, the consequences could be that others are sent in to ‘sort us out’ and this is not a situation which any of us would want to see.

Staff costs
We are making progress in reducing our non pay costs, but our pay bill still remains far too high. Last year, we took on lots of extra staff, as we worked to reduce waiting times and meet the 18-week target, and as we moved into the new Oxford Cancer Centre. We must reduce our pay costs if we are to avoid compulsory redundancies, which is why we have been so strict with vacancy controls this year. We also need to make sure that we have the right skill mix in clinical areas, and that we are managing absence, sickness and performance, so that we are getting the best out of all of our staff.

These small measures will not, however, achieve the changes we need. As part of our response to this challenge we will be proposing to move towards a new organisational structure, which will allow services far more autonomy in the way in which they plan and manage their own services. Based on successful pilots last year in maternity and cardiac, ‘service line management’ will see clinical teams taking a greater leadership role in developing their own services and managing their income and expenditure. I will be spending time over the next couple of months talking to staff about these proposals, and how we are going to bring decision-making closer to patient care.

Other new performance measures will affect the way in which staff work, but they are important if we are to avoid redundancies. For example, we are planning to organise our theatre time so that, as in previous years, we capitalise on natural downtime in a way that is least inconvenient to patients and staff. This will mean that no routine elective surgery happens over holiday and Christmas periods. Patients will not be cancelled as a result of this – they will just find that they are not booked during these holiday times. This year, some of our patients may wait a little longer for non-urgent operations than they would have in recent years, although we will, of course, continue to ensure that those who need to be seen urgently get the care they need. We have agreed a raft of smaller measures with our local GPs which are aimed at keeping patient care in the community, rather than in hospital, wherever possible and appropriate.

We are, of course, not the only ones facing hard times. Over the past few weeks both Oxfordshire County Council and Cherwell District Council have announced plans to cut costs and reduce the workforce. These are difficult times for all of us.

We are very mindful of the need to ensure that patients and the public are aware of our plans, and that we are doing all we can to ensure that patients still receive the same high quality services as in the past. Over the next few months, we will be talking to people in Oxfordshire so that they understand our financial situation, and have confidence in the way in which we are tackling it.”

Andrew McLaughlin
Chief Operating Officer
Dear Colleagues

I should like to let you know that Trevor Campbell Davis, the Trust’s Chief Executive, has been offered the opportunity to work in a new international healthcare role and I have agreed a period of leave with him while he puts the necessary arrangements in place. I hope that these plans will be finalised in the near future.

To provide continuity, Chris Hurst, the Deputy Chief Executive, has agreed with the Board to assume the role of Acting Chief Executive of the Oxford Radcliffe Hospitals NHS Trust.

It is also important to let you know that Chris Hurst has learned that he has been successful in his application to become the national Finance Director for Health and Social Care in Wales. We expect Chris to take up this role in the autumn and we have begun the process of recruiting a new Finance Director. An interim Finance Director has been appointed to support Chris whilst he is Acting Chief Executive and, depending on timescales, I will also be exploring other interim options in case they are required.

During this period it would not be appropriate to appoint a new Medical Director and Dr James Morris has kindly agreed to remain in post for the time being. We are considering with James the additional support that he requires, given the wide range of his current responsibilities and our decision to resubmit our application to become an Academic Health Science Centre.

I realise that the coming months will be a time of uncertainty and change, when we are also facing many financial and operational challenges. I have been greatly impressed by the resilience and commitment of the executive team and staff to provide patients with the best possible care, and I have every confidence that these management changes will not undermine this determination.

Over the next few months, I hope members of the Board of Directors, will have an opportunity to meet staff groups throughout the organisation and to hear directly from you about the ways in which you continue to maintain the high quality of patient care that you provide in a complex and challenging environment.

With my warmest thanks for your contribution to the work of the Trust.

Fiona Caldicott
Chairman

New interim Finance Director

An interim Finance Director has been appointment. Jo Farrar, who is on secondment from NHS London, replaces Chris Hurst who is Acting Chief Executive.

Jo is an experienced finance professional who spent the first 12 years of his career with KPMG, rising to Associate Director in Transaction Services, and was subsequently at Monitor for two-and-a-half years, latterly as its Head of Compliance (Regulatory Operations). For the last three years, Jo has been Director of Regulatory Operations at the NHS London Provider Agency, fulfilling the role of Acting CEO for the last six months, in the run up to its reorganisation. He will initially be with us for six months.

Medical Director, Dr James Morris was due to retire this year but has kindly agreed to remain in post for the time being, certainly until after the two top executive posts are filled.
OMI is an NHS department providing high-quality photographic, graphic design, audiovisual and print room services to the Trust, Universities and outside clients.

The department's high-tech facilities, including photographic and video studios, are located just off the bustling level 3 corridor at the John Radcliffe Hospital.

It’s a busy place, with patients pitching up at reception for specialist clinical photography; a steady stream of clients meeting with the graphic design team to create patient information leaflets, annual reports, posters, exhibition materials, maps and more. In the video studio, AV professional Jim Tustian films clinical examinations used for teaching student doctors and patient testimonies, used to provide valuable feedback to staff to help improve services; there is also video conferencing technology to link clinicians to other parts of the world, to collaborate and share research. In the print room, Natalie Higgs oversees a bank of state-of-the-art digital copiers/printers as well as providing binding, laminating and folding services to order.
Clinical photography
The team of professionally registered Clinical Photographers provide specialist medical and general photographic services. Patients can be photographed in OMI’s studios, on wards and in clinics or operating theatres. The Head of Clinical Photography, Warwick Baggaley, said, “Departments like Orthodontics and Plastic Surgery rely on our services to record the progress of their patients’ treatment, plan future surgery and conduct audits and research. Often patients are really quite nervous when they arrive, but the mix of having a patient-friendly studio and professionally trained photographers and reception staff help to reassure patients that they are in safe hands.”

OMI photographs over 6,000 patients and stores over 70,000 digital images securely on Trust servers each year. It also offers a photography service for promotion and marketing.

Graphic design
Jackie Love, Head of Graphics, explains how the team of experienced graphic designers generate the Trust’s patient information, promotional material and corporate literature materials. “We aim to provide design solutions that are creative, meaningful and reach the target audience. We are always aware of the need to adopt clear design that is easy to read and navigate (particularly for patients) but also ensure that each document reflects the professional-patient-focused values of the Trust. We’re also really aware that budgets are tight and have Trust approved contracts in place with external printers to make sure that you get best value for money and a reliable print service.”

Audiovisual (AV)
Jim Tustian, Head of Audiovisual, explains how his team are providing patient information DVDs on the Trust’s website so that patients can access them freely. “The DVDs we produce really help to demonstrate to patients the treatment they are about to have, or that they need to administer themselves, such as physiotherapy exercises.

“We also manage the new video links from operating theatres to seminar rooms. We can transmit surgical images, such as a laproscopic procedure, from an integrated operating theatre in the West Wing or Churchill Hospital, to the lecture theatre and seminar room at the John Radcliffe for students and trainee surgeons to view. It’s extremely rich interactive teaching.”
Patient Panel

The Patient Panel at the ORH is made up of volunteers who work with the Trust to provide a patient perspective, which helps us make our services even better. Panel members have particular input into the documents and leaflets OMI produce and are often asked to look at them before they go to print or are uploaded on the ORH website.

Members of the Patient Panel were invited to OMI recently to meet the staff and see how the department supports the Trust’s work. Roddy McColl explained, “It was great to have the Patient Panel tour OMI. We demonstrated how we take standardised photographs of patients, how to design a page for print and how to edit a video. They were really amazed to see the number of different services we provide and the way we use our skills to benefit patients. They asked some really good questions and made us think about how patients view our services. I think the visit was a real success for both OMI staff and the panel.”

Print

Natalie Higgs manages the print room and makes sure the high-speed colour and black and white copiers/printers are working at maximum efficiency, to ensure that thousands of patient information leaflets, forms and reports are produced daily. Natalie said, “On these machines we can run off 100s of copies in a tenth of the time a normal office copier would take and at a fraction of the cost.”

Staff can either hand in or email work to Natalie or they can come and use a self-service copier. Natalie also provides scanning, binding and lamination services to Trust and University customers.

Contact Natalie
Email: printroom@orh.nhs.uk

Oxford Medical Illustration (OMI)

Level 3
John Radcliffe Hospital
Headington
Oxford
OX3 9DU

Tel: 01865 220900
Fax: 01865 220897
Giving blood at the John Radcliffe Hospital couldn’t be easier – there’s a Blood Donor Centre, open during office hours, right next to the main entrance.

Staff, patients and visitors who want to give blood can book ahead or call in and make a donation – it only takes an hour! – and you get free tea and biscuits afterwards.

Sarah Leach, Donor Relations Manager with the National Blood Service, told ORH News, “We have a fabulous Blood Donor Centre at the John Radcliffe Hospital where we can cope with up to three donors at a time. Over 8,000 people work for the ORH in Oxford and over 600,000 people attend outpatient appointments each year. Add to that the visitors who come past the Donor Centre and you have a huge pool of potential blood donors, literally on the doorstep. Practically anyone can become a blood donor, giving 470ml (that’s one unit, almost a pint) of blood each time.”

Sarah dressed up as Billy Blood Drop, the official mascot for the National Blood Service, especially for our ORH News promotion of the Blood Donor Centre. “We are keen to remind people that we are here. Nationally, only 4% of people eligible to give blood actually do so and we would really like to make a big effort in Oxfordshire to increase this number. Most people can give blood three times a year without any problems and they can book their dates with us in advance if it makes planning easier.”

How blood is used
Whole blood is rarely used these days, only really in instances of severe blood loss. Instead it’s almost always separated into its individual components.

Red cells
These are used in the treatment of all kinds of anaemia which can’t be medically corrected and to replace lost red cells after such things as accidents, surgery and childbirth, not to mention pre-op top-ups for existing anaemic patients and for burn victims.

Platelets
Bone marrow failure, post transplant and chemotherapy treatments and leukaemia are all instances when platelets can be of huge benefit to the recipient.

Plasma
Fresh frozen plasma is used after obstetric loss of blood (which is usually childbirth), during cardiac surgery, and to reverse any anti-coagulant treatment.

It’s also used to replace clotting factors after massive transfusions or when they’re not being sufficiently produced, such as in liver disease.

What happens when you give blood?
• You will be asked to fill in a donor health check form
• A nurse will take a pin prick blood sample to check haemoglobin levels
• About 470ml of blood will be taken – and quickly replaced by your body
• You’ll have a short rest and a drink and a biscuit before you leave

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Frequent patient feedback coming to your ward

The Trust is working with the Picker Institute to conduct a ‘frequent feedback’ programme of patient surveys using hand-held PDAs (Personal Digital Assistants). The Picker Institute conducts our annual patient surveys, and works with trusts to help improve the experience of patients.

Knowing what our patients think about their treatment and experience in hospital is one of the most important tools we have to help us improve the care we deliver, and this programme will give us that information quickly.

Our aim is to interview a sample of patients from the majority of wards, starting at the John Radcliffe Hospital and expanding to the Churchill and Horton General hospitals to get feedback there.

The results will be used to help make the experience of hospital better for patients, as well as to highlight areas where we are doing well and spread best practice. The method used will enable us to report findings at hospital, divisional and ward level, and help direct local improvements. Disruption to staff and patients will be minimal.

If you have any further questions, or if you are willing to occasionally help carry out some of these interviews, please contact Gaynor Parsons on 01865 740458 or gaynor.parsons@orh.nhs.uk

To register for any of these talks and to get the full details of exactly where they will be held, please contact our Foundation Trust office on 01865 743491 or email: orhmembers@orh.nhs.uk

If you are a member of another organisation, and you would like a speaker from the Trust or just some membership forms to give to other people, then please let us know.

Haematologist on How new treatments and drugs are improving the care of blood disorders such as leukaemia [NB Please note change of date and venue for this speaker]

• Thursday 17 September
  Horton General Hospital, Banbury, Elaine Strachan-Hall, Director of Nursing and Clinical Leadership, on Patient safety: serious about safety [NB Please note change of speaker for this date]

• Wednesday 21 October
  Horton General Hospital, Banbury, Dr Paresh Vyas, Consultant on Infection control: understanding how we can beat the bugs

All of these talks will be a 5.30pm arrival for a 6.00pm start.

Foundation Trust members are able to enjoy a series of interesting talks planned for the next few months.

• Thursday 17 September
  Horton General Hospital, Banbury, Elaine Strachan-Hall, Director of Nursing and Clinical Leadership, on Patient safety: serious about safety [NB Please note change of date and venue for this speaker]

• Monday 5 October
  John Radcliffe Hospital, Oxford
  Dr Paresh Vyas, Consultant

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If you would like to be a Foundation Trust member

Jana Folkova in the membership office.

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Clinical audit facilitator, Adeeba Asif, pictured asking the questions of Deborah Woodhouse. Deborah was a patient on level 5 of the Maternity Unit and her baby son was due on the day she was surveyed.
Elizabeth Cox (Fizzy) was the youngest person to become a member of the ORH Patient and Public Panel when she joined in 2008. She said she was interested in the NHS and wanted to give something back to the John Radcliffe Hospital for the treatment and care she’d received over the years.

Fizzy was diagnosed with a heart condition when she was just 18 months old and as a toddler she was in hospital many times. She was offered surgery at the age of 13 but was too scared to proceed. When she went into the Sixth Form at school she began to feel more and more tired after each arrhythmic episode and decided it was time to have the operation. She was in hospital for two days and nights and now says that she’s so happy that she had the operation and that it was far less invasive than she’d thought it was going to be.

While Fizzy felt very happy to be cured and off medication after the operation, she missed hearing and feeling her heart being so fast in her body – as it was a condition she’d lived with for most of her life.

Fizzy decided to use this experience for her final project for the Art Foundation Course at Abingdon and Witney College exploring her own feelings towards her heartbeat, and making other people aware of their own.

Fizzy’s exhibition consisted of four sound reactive lights in bright red; these lights were enclosed in a very small completely white room and they reacted to a recording of Fizzy’s own heartbeat. She’d bought an ultrasound Doppler machine and then, having jogged and jumped up and down many times, she recorded her heartbeat. Standing in the room with the lights reacting to the rhythm of the heartbeats was a magical experience.

Fizzy was chosen by the tutors at Abingdon and Witney College as the Art and Design student of the year.

Fizzy starts a three-year degree course in Visual Arts by Negotiated Study at Birmingham City University this Autumn and she plans to continue using her ‘heart experience’ as a part of this course.

‘She missed hearing and feeling her heart’

Dr Colin Reeves reappointed as Non-executive Director for the ORH

Dr Colin Reeves has been reappointed to serve a further term on the Board of Directors of the Oxford Radcliffe Hospitals as a Non-executive Director. He has also been appointed as Vice-Chairman of the Trust.

Dr Reeves is a self-employed healthcare consultant. He has previously held positions including national Director of Finance and Performance for the NHS in England and Director of Finance for North West Thames Regional Health Authority. His first degree was in Economics at Cambridge University, followed by an MSc in Finance and a PhD in Monetary Economics from the University College of North Wales. He is a fully qualified accountant. Dr Reeves is Honorary Treasurer of the brain injury charity Headway. He was awarded a CBE in 1999 for services to the NHS.
Veteran broadcaster, Nick Ross, presented the programme, titled The Truth About Crime, which aired in July. The Emergency Department (ED) featured heavily in the first programme, which looked at the extent to which alcohol fuels violent crime. Rob Way, consultant nurse in the ED, explained what the programme makers found, “The film crew were with us 24/7 for two weeks. One of the things that brought them to us was the data collection we undertake around alcohol-related attendances. We have been collecting figures for two years now and they are fed into the Oxford Safer Communities Partnership, which helps tackle crime in our community.

“Nick Ross was surprised to see that so many of our patients, particularly at the weekend, come to us as a result of an assault fuelled by drink or because they have been drinking themselves. The programme highlights one particular evening when we had more than 20 attendances due to assault and 80 to 90% of our attendances were alcohol related. In the ED we are familiar with this pattern but seeing it on the TV gives it a different kind of reality. I think people will be surprised.”

The ORH receives many requests for documentary filming and participates in numerous programmes. We are currently also involved in filming for the Channel 4 programme Born to Be Different which features Zoe Frew, a child who is being treated by hand surgeon Henk Giele.

Requests come from all over the world, sometimes for general filming but often to speak to specific departments and clinicians. The ORH has some world-renowned doctors who are often asked to provide expert opinions which enhance the messages a programme is attempting to deliver. We are always careful to make sure any patients featured have given their consent and understand how the programme is being put together.

Helen Peggs, Director of Communications at the ORH said, “Some of our clinical teams are in great demand by film companies, perhaps because they work in unusual medical disciplines or because they are involved in pioneering research. Often, clinicians are surprisingly shy when it comes to being on TV and loath to push themselves forward into the media spotlight. It can greatly enhance our reputation as a Trust when we take part in these programmes, so we consider every request very carefully. We are, however, very selective about what we do. We think about the impact on the service and take soundings from staff before agreeing to anything. If we do agree to take part, as a communications team, we try to make sure that the filming has as little impact as possible on the work of the department, and that the programme reflects what staff would like to see.”
New Neonatal Unit being planned

The ORH is putting together plans for a new Neonatal Unit to meet increasing demand for both intensive and special care baby cots. This reflects both national and local increases in demand for these services.

The Neonatal Unit at the ORH is currently the only unit in Oxfordshire, Berkshire and Buckinghamshire offering intensive care for babies together with neonatal surgery, cardiology and neurosurgery. A significant number of babies are transferred to Oxford (many before birth) for immediate surgery and/or intensive care, following delivery.

The current restricted levels of neonatal cots mean that some mothers who are booked for delivery in Oxford may be referred to other hospitals because there are no cots available. It also means that sometimes we have more babies in the unit than would be ideal according to national guidelines, although we continue to maintain very high standards of care.

Dr Eleri Adams, Clinical Director for Newborn Services said, “We are looking after an increasing number of intensive care babies year on year. We are proud that our outcomes for these extremely premature babies continue to improve despite the increasing pressure on cots. We have recognised that, as with other specialised units nationally, we are facing a continual increase in the demand for our services and so we are putting in place plans to make the unit bigger for the future.”

In the past few months, staff have been working up plans to provide more intensive care and special care beds. These plans are still progressing and the Trust is working with both the Oxfordshire PCT and the specialist commissioners who commission the regional service provided at the John Radcliffe for intensive care, to put together the detailed proposals. The Trust hopes to be able to announce plans more formally in the Autumn, including a fundraising drive for the new Unit.

- In 2007 the Neonatal Unit had to turn down 177 requests for newborn intensive care (including 41 babies requiring surgery) and 70 mothers who were booked to deliver at the John Radcliffe had to be transferred out to other hospitals. This is still a very small proportion of the number of births that happened at the John Radcliffe Hospital that year.

- The Intensive Care and High Dependency Unit consist of 16 cots. Intensive and high dependency care activity increased by 87% between April 2005 and March 2008. This is a regional service provided for Oxfordshire, Berkshire and Buckinghamshire.

- The Special Care Baby Unit consists of 18 cots. Over the last five years the local delivery rate has increased by 15.6%.

- Some of the contributing factors for the increase in demand are believed to be:
  - The national and local birth rate was increased every year since 2001.
  - The trend in low birth weight babies was increased in the UK and all developed countries. Partly because of older mothers and partly because of assisted conception.

Essential road works on the John Radcliffe Hospital site

The resurfacing work on our main access road up the hill, past the West Wing and the Oxford Children’s Hospital, is almost completed. It’s work that was badly needed but we have been acutely aware that it would cause disruption and inconvenience to our staff and patients. We chose the summer holidays to carry out this work when traffic onto the site is greatly reduced and we hope this has helped.

Traffic coming to the hospital has been directed via a one-way system which has provided the least arduous route for cars, buses and our blue-light ambulances. Staff, patients and visitors who can avoid arriving by car during this period may consider using the Water Eaton Park and Ride 700 service which stops outside the West Wing and the Children’s Hospital, as well as the main hospital terminus.

The end result should be worth it; a good quality road, which minimises noise for us and for our neighbours.
Patients rightly feel aggrieved when things go wrong in hospitals or their care is not up to the standard they expect, because these are the places we go to get better – “Above all, do no harm” as the Hippocratic oath is popularly summarised.

Part of Lord Darzi’s High Quality Care for All report that came out last year, was the introduction of Quality Accounts that will oblige Trusts, just as they publish financial accounts, to produce public reports looking at safety, patient experience and outcomes.

Mortality rates for hospitals are now published on the NHS Choices website (www.nhs.uk), and recent high profile failings in parts of the NHS have once again reminded us that quality and safety must be at the heart of everything we do.

No one denies that this can sometimes feel difficult when the NHS also has to meet the pressures of performance and value for money – particularly in this challenging year for the ORH. However, it should be remembered that errors are costly – in lost time and money – whether it is having to repeat a procedure, increasing a patient’s length of stay or readmission, or in the worse case scenario, the cost of litigation.

Accordingly, the ORH has been re-energising its safety and quality agenda. The Board of Directors has prioritised safety in this year’s business plan, and at the top of the organisation there is a new Care Quality Board. This group brings together clinical and operational leadership to review the quality of care delivered against measures such as our infection rates, serious untoward incidents, patient-reported outcome measures and other care quality measures. Its focus on improving patient safety and patient experience is supported by a number of pieces of work in the organisation, some of which you can read about here.
Using information to reduce risk

The Safety, Quality and Risk Unit’s Information Team provide support to colleagues using a specialist piece of software called Ulysses Safeguard. This system allows efficient and auditable communications on safety, and provides the Trust with information for trend analysis and organisational learning.

The Trust is also using software from the healthcare intelligence company Dr Foster. It alerts Trusts if their performance deviates from the national average or the expected performance on patient mortality. The Trust can compare its performance against a suitable peer group of hospitals.

Electronic surveying of patients whilst still in hospital is also being introduced. This will allow us to monitor the quality of care from the patients’ perspective. The data promises to give ward areas quick feedback, giving them the information to address local issues promptly.

Safety and quality are measured against a number of Quality indicators – at the Trust, Divisional and Directorate level – and some of these measures are also included in the Board of Directors’ reports so that these strands of work remain joined up. Quality indicators are also monitored by Oxfordshire PCT.
WHO knows how –
*Strengthening surgical safety*

Richard Branson recently said that the NHS could learn lessons from airlines about safety – and however scared some of us might be about flying, the safety record of that industry speaks for itself. One of the essential airline safety procedures is the pre-take-off safety check. In a similar way, surgeons and theatre teams have always conducted a series of clinical and technical checks as part of preparing a patient for surgery.

**Safety checklist**

But incidents still occur. Sometimes, though thankfully rarely, these can be serious. In response to this, the World Health Organisation (WHO) has devised a checklist that complements existing processes, and focuses them into short concentrated minutes of final checking. This checklist covers three phases of an operation: before the induction of anaesthesia, prior to the incision of the skin and before the patient leaves the operating room. In each phase, the operating team completes a set of checks designed to augment safe surgical practice.

The process is very simple, but it works. An international study of nearly 8,000 patients showed that it improved anaesthetic safety, ensured correct site surgery, reduced surgical site infections and improved team communication with consequent and significant reductions in post-surgical complications.

This new safety checklist is being introduced into ORH operating theatres. Five theatres at the John Radcliffe, West Wing, Churchill, Horton General and Women’s Centre have been piloting the checklist in June 2009 before its wider implementation in September in all theatres.

Mr Zahir Soonawalla, a consultant hepatologist, has been leading the pilot. He says, “This is more than just a list of safety checks but is crucial to improving communication and team working in theatres. These days, with more movement of staff between theatres, the need to communicate effectively is even greater. This checklist goes a long way to achieving this and should make patient care at the ORH even safer.”

Further information can be obtained from Tim Gustafson in Safety, Quality and Risk, and the National Patient Safety Association website www.npsa.nhs.uk
Safe staff mean safe patients

Keeping our patients safe means maintaining safe hospitals with safe equipment and safe practices – and this is also the environment we all work in, so staff and patient safety go together naturally.

The Safety, Quality and Risk Unit leads on safety for anyone working in or using our premises, and has developed a strategy for continuous improvement in this area. Complementing this is the well-established Occupational Health Service, which offers a comprehensive range of services to help reduce work-related injury and ill health. This includes physiotherapists to help reduce sickness absence and help staff get back to work quickly if they are ill, as well as a counselling service for psychological pressures that staff might face.

Safety action groups

Another key part of the safety strategy for staff has been the creation of the Safety Action Groups that focus on areas where the Trust has identified a need to reduce injury and illness. These include areas such as needlestick injury reduction, falls and slips reduction, and improved staff health and wellbeing. The groups have a remit to improve the implementation of policies and safety actions, to reduce risks and increase the updating of best practice at a local level. The groups are pursuing a whole range of programmes with full action plans. Successes already achieved include:

- Introduction of a new safety cannula to reduce needlestick injuries.
- Developing a manager’s ‘Skin Health Surveillance’ scheme to reduce contact dermatitis from causes including latex gloves.
- Better identification of staff with latex allergy and replacement of latex examination gloves with a non-latex alternative.
- Improved data collection for musculoskeletal injury.
- Improved training programmes in health and safety.
- The running of a pilot, based on a successful Australian model, to understand and reduce patient falls by looking at areas such as patient assessment, medication and environmental issues.

Not to mention things like this article! Raising awareness of safety is one of the most important things we can do to improve it. Safety Risk Manager, Jim Roy, says: “Improving safety is a continuous improvement and is everybody’s responsibility, and safe staff in a safe environment is the bedrock on which maintaining high quality, safe patient care is based.”

Find out more

The Safety, Quality and Risk team have a new page on ORH:
http://orh.oxnet.nhs.uk/SafetyQualityRisk

Their aim is to have all your questions answered in one place, with more information and tools being added all the time.
League of Friends helps to save lives at the Horton General Hospital

A new defibrillator has been bought for the Horton General Hospital by the Friends of the Horton. This hard-working charity group raises and distributes funds to support patient care and comfort. Their generous donation provides the Horton General Hospital with a second manual defibrillator for training, making this more accessible for doctors and other health care professionals based at the Horton.

Lynn Fox, Resuscitation Officer, is pictured demonstrating the new manual defibrillator. She said, “We are very grateful for this donation. Treating patients who have a cardiac arrest is a vital skill for clinical staff and our aim is to support staff in this as well as offer assistance and advice in all other areas of resuscitation. Resuscitation is an essential element of staff training because the sooner CPR is commenced and the patient defibrillated, the greater their chance of survival.

“This new defibrillator will enable more staff to have training on site at the Horton thereby reducing time spent travelling to Oxford. It is already in use and proving its worth and our grateful thanks go to the Friends of the Horton for their invaluable and generous support.”

Grant award pays for new books

Sister Shirley Allen, of the paediatric orthopaedic theatre team, has been awarded a £250 grant from the Anne Harrold Guild of Nurses Charitable Trust for textbooks. The award, which is open to nurses and midwives who trained at the John Radcliffe Hospital, was presented to Shirley at the Guild’s annual reunion. The textbooks – Tachdjians Paediatric Orthopaedics – will be a valuable learning resource for the theatre team.
IMPORTANT INFORMATION ABOUT TREATMENT FOR SWINE FLU

A new strain of Influenza A (H1N1), also known as swine flu, was confirmed in the UK in April and has spread to more than 100 countries around the world prompting the World Health Organization (WHO) to declare a global flu pandemic.

The National Pandemic Flu Service

In order to deal with the increasing number of cases of swine flu in England, the NHS has launched the National Pandemic Flu Service. This is a new self-care service with online and phone access which allows you to check your symptoms and access antivirals if required, or receive advice on symptom-relief. This service is only intended for people who are ill with swine flu. It still allows you to go to your doctor if necessary.

Staying at home and accessing antivirals via the National Pandemic Flu Service will reduce pressure on your GP surgery and local NHS services and prevent you spreading the virus within your community.

How to use the National Pandemic Flu Service

1. Go online at www.direct.gov.uk/pandemicflu or call 0800 1 513 100. A textphone service is available on 0800 1 513 200 (for people who are deaf or hard of hearing).

2. You’ll be taken through a list of simple questions about your symptoms and medical history, and asked to confirm your date of birth, name and address including your postcode.

3. If you are confirmed as having swine flu, you may be given an authorisation number which will allow your ‘flu friend’ (a family member, friend or neighbour) to collect a course of antivirals on your behalf from a local collection point in your area. You will also be given advice on how to treat your symptoms at home.
What are the symptoms of swine flu?
If you have a fever or a high temperature (over 38°C / 100.4°F) and have two of the following symptoms: unusual tiredness, headache, runny nose, sore throat, shortness of breath or cough, loss of appetite, aching muscles, diarrhoea or vomiting, you may have swine flu.

What are antivirals and how can they help?
Antivirals can’t cure swine flu but they can help you to recover more quickly and they can relieve some of your symptoms.

When is it better to contact your doctor?

You should contact your doctor direct rather than using the National Pandemic Flu Service if:

- You have a serious underlying illness.
- You are pregnant.
- You have a sick child under one year old.
- You or your child’s condition suddenly gets much worse.
- Your condition is still getting worse after 7 days (5 days for a child).

What are flu friends and how can they help?
Flu friends are family members, friends or neighbours who can help you if you get ill. They can contact the National Pandemic Flu Service on your behalf to assist with the assessment, and if required they can collect antivirals as well as help with food and over-the-counter medicines. This will avoid you having to leave your home and prevent you spreading the virus within your community, so it’s advised that you nominate at least one friend now.

To use the National Pandemic Flu Service and to collect antivirals, your flu friend will need their own and the patient’s ID (a list of IDs will be available from the online service or the call centre). If you have any underlying health conditions, it’s important your flu friend knows about them when using the service on your behalf.

Where can I go for more general information?
For more information on swine flu visit www.direct.gov.uk/pandemicflu or call the Information Line on 0800 1 513 513.

Flu. Protect yourself and others.
Calls to these numbers are free from landlines. Calls from mobiles may vary, please check with your provider.
The ORH fundraising team is really grateful for all the support given to the Trust especially in such difficult times. When the economy started to slide last year there was some concern on the effect it would have. But so far people are continuing to support our fabulous projects and taking part in our fundraising events.

Alice Hahn Gosling, Director of Fundraising said, “Our supporters really are fantastic. They are sticking by us in these difficult times and we are extremely grateful to them. We try and make fundraising as diverse as we can, organising events that are fun and interesting to appeal to as wide a range as possible.

“In recent weeks the Cancer Centre Campaign has been boosted by a very generous £250,000 grant from the Wolfson Foundation; an abseil that raised over £35,000 and an £100,000 pledge by Oxford-based company, Amey. Supporting the Children’s Hospital, this year’s Oxford Mail OX5RUN has been the most successful to date with 800 runners raising over £55,000. We are hoping to build on this success with our forthcoming events and welcome everyone’s support.”

One great event, two great causes – It’s Not Just A Walk In The Park! 09

Last year 450 people took part in “It’s Not Just a Walk in the Park!” in aid of the Cancer Centre. The event, led by broadcaster Wesley Smith, raised £30,000. Wesley will be back supporting us on Sunday 18 October and this time the walk will help both the Oxford Cancer Centre and the Oxford Heart Centre.

Also taking part in the walk will be 66-year-old Dorothy Jupp who has been treated for angina for the past year at the John Radcliffe Hospital. She said: “I have been very reassured by the level of care that I have received and when I heard about the walk decided this would be a great way to say thank you. I love my belly dancing classes and thought it would be fun to dance round the course with some of my friends.”

Wesley Smith told ORH News, “Last year’s event was truly inspirational as so many of the people walking had been touched by cancer, whether personally or through family members. I was delighted to be asked to join the event again this year, and to learn that it will be supporting the Oxford Heart Centre as well as the Cancer Centre, bringing people affected by the two biggest health concerns together in aid of their local hospitals.”

Entry for this event, which is suitable for all ages, abilities, wheelchair users and buggies, is just £7.50. Participants are asked to try to raise £50 for either the Heart Centre or Cancer Centre – you choose which cause you would like to support. To find out more call 01865 743444 or download an entry form at www.orhcharitablefunds.nhs.uk/events
Abseil for CHOx

Our popular Children’s Hospital Abseil returns on Sunday 20 September. It's a great opportunity to get your adrenalin pumping and – with two ropes running next to each other down the 100-foot drop – you can abseil alongside your friend, family member or colleague.

It costs just £10 to take part and all participants are asked to try and raise £100 or more to support hospital services for children across our NHS Trust.

To find out more call 01865 743444 or download an entry form at www.orhcharitablefunds.nhs.uk/events

Lord Patten supports Heart Centre dinner

The former Governor of Hong Kong, Lord Patten, will be guest of honour at a black-tie dinner in aid of the Oxford Heart Centre on Friday 2 October. Described by the Observer as ‘The best Tory Prime Minister we never had’, he will be entertaining diners at Oxford’s Keble College with his insights into life in the political fast lane. Chris Patten said, “Speaking as someone who had angioplasty 17 years ago, it is perhaps not surprising that I am a strong supporter of the Oxford Heart Centre. The Centre does great work and I am happy to give it all the encouragement that I can.”

Andrew House, Head of Major Gifts at Charitable Funds, said, “We are thrilled that Lord Patten has agreed to be our guest speaker. We know having a fascinating guest makes a real difference to our events – in the last year we have managed to attract Lawrence Dallaglio, Sir Matthew Pinsent, Baroness James and Lord Archer to our fundraising dinners. They have all been fabulous evenings, raising £150,000 for the Cancer Centre Campaign.”

Keble College’s Dining Hall is stunning and, with drinks and a delicious four course meal (including wine), it promises to be a night to remember. The evening costs £120 per person or £100 per person for groups of 10 or more. Call Anu Basra on 01865 743447 to book your place or find out more.
As it turns out, she was the first one to do so, along with another nurse, Chris Gill, who is a Matron from Harrogate District Hospital. Nicki went to Afghanistan in January this year for a three-month deployment. In July, she was presented with a medal in recognition of her service. Nicki and Chris were the only two civilians receiving medals, along with 182 military personnel. It was a proud moment and Nicki took her mum Margaret and her friend Jane along to watch.

Nicki was working with the Royal Naval Medical Services and her medal was presented by Her Royal Highness The Duchess of Cornwall, who is the Commodore-in-Chief.

Nicki told ORH News, “I had never thought about doing anything like this before that email from Elaine came round. I have never been an outdoorsy adventurous type but I knew I had valuable skills and that I had something to offer. I also knew it could be a once-in-a-lifetime opportunity and I really wanted to do it.”

The DMSD initiative – NHS Support to Operations (NHS-S2O) – enables specialist NHS staff to work alongside military clinical personnel without the long-term commitment of joining the DMSD or the uniformed reserves.

Nicki explained, “Chris and I spent five days training in total before we left for our three months in Helmand Province. We were really busy. About three quarters of the people we saw were local sick and injured including children and a quarter were allied forces. It’s a very intense environment and a steep learning curve when you first get out there. But my training and experience after 20 years in nursing and 11 years working in the Intensive Care Unit in Oxford and three years in Hull ICU was invaluable. Part of my role was sharing best practice with colleagues and helping less experienced staff develop their nursing, clinical and managerial skills, so I definitely felt that I made a difference.”

Accommodation during Nicki’s tour of duty was a tent in the desert. She shared with nine other women and although it was cramped, it was not totally uncomfortable!! “When you live so close to other people you develop really strong relationships and I have made some great friends as a result of this experience,” Nicki said. “I learned a lot about myself and what I am capable of and I think it has changed me. The whole experience was hugely emotional and humbling and I feel so very proud to have played a small part in supporting the brave people who are out in Afghanistan doing such a difficult job. I am also very grateful to the Trust for allowing me to go.”
Patient and public involvement in research
Oxford Biomedical Research Centre strategy launched

Since 2003, the NHS has had a duty to involve and consult people about changes to health services. This duty to involve has now been strengthened with the publication of Best Research for Best Health (2006) and the acknowledgement that engaging patients and members of the public leads to research that is more relevant to people’s needs and concerns, is more reliable and more likely to be put into practice.

The Oxford Comprehensive Biomedical Research Centre (OxBRC) is a partnership between the research expertise of the Oxford Radcliffe Hospitals NHS Trust and the University of Oxford. It was founded in April 2007 through a competitively awarded grant of £57.5m over five years from the National Institute for Health Research (NIHR), which was established to carry forward the Government’s research strategy, Best Research for Best Health. The goal of the strategy is to improve the health and wealth of the nation through research and establish the NHS as an internationally recognised centre of research excellence, by improving research, healthcare education and training. The OxBRC is tasked to undertake translational research – first-time studies in patients of innovations, intended to improve healthcare.

To make translational research meaningful for patients and researchers, the OxBRC has launched its Public/Patient Involvement Strategy (PPI) and has set up a Public Engagement Group (PEG) to take it forward.

PEG Chair, Elaine Strachan-Hall, who is also the Oxford Radcliffe Hospitals Director of Nursing and Clinical Leadership, said, “Involving the public in research is invaluable for engendering a greater understanding of the value and benefits of translational research. It also helps researchers demystify the process and make it more inclusive, and allows patients to offer a unique personal insight of their experiences to clinical research teams.”

For more information or to get involved contact peg@orh.nhs.uk or call 01865 743452

New Face at the Knowledge Centre

Health Care Libraries are pleased to announce that Mary Cunning has recently been appointed to run the Knowledge Centre – the staff library at the Churchill Hospital.

Open to all staff and students working in the Trust, the Knowledge Centre is just five minutes from the main entrance of the Churchill in the Old Road Campus Research Building (the big green one) on Roosevelt Drive.

“I look forward to welcoming all Trust staff to the Knowledge Centre,” said Mary. “Please feel free to contact me for any queries, to arrange a tour of the facilities or to join the library.”

You can contact Mary and the rest of the team on ext 25815 and more information about the Knowledge Centre, including current opening hours (now open to 6pm), can be found at http://www.ouls.ac.uk/hcl
Department of Health on the ‘shop floor’

Keith Young, Head of Policy, Critical Care at the Department of Health visited the Adult Intensive Care Unit (AICU) at the John Radcliffe Hospital to see how the service works.

Jane Woollard, AICU Matron, first met Keith after asking for advice when applying for the Matron position. Once in post Jane invited him to the unit.

Keith explained his roving role to ORH News, “I travel all around the country meeting critical care staff so I can see for myself the amazing work that takes place every day. I was delighted to be asked to visit the unit and even more delighted to meet the incredibly dedicated team here at the John Radcliffe. Talking to staff means they can tell me what is happening on the ground which helps us form our strategy at the Department of Health.”

Do you have a valid car parking permit?
If not, you might be committing fraud

Fraud is anything that takes valuable NHS resources and misuses them, whether that’s patients falsely claiming prescription charges or staff misusing NHS funds.

At the ORH, there have been increasing levels of staff fraudulently using out-of-date parking permits and reusing single day passes. This practice is fraud and will be pursued as such. There have already been successful prosecutions which not only result in a criminal record but can also mean a loss of employment.

The very small minority of staff that do this are not only putting themselves at risk but also ruining it for the vast majority of staff who follow Trust policy and act accordingly. By using out-of-date permits and reusing single day passes, spaces are being taken from staff who have paid for valid permits.

Prosecuting staff is always a last resort and is not taken lightly by the Trust, but when suspected cases of fraud are discovered it is right that these are passed to the NHS Counter Fraud Service for investigation and possible further action. There are a number of cases currently being investigated and action will be taken.

We appreciate that most people do not abuse the parking policy and we are grateful for their continued support.

Andy Lambourn
Local Counter Fraud Specialist

Rachel Collins
Security Manager and Local Security Management Specialist

Fraud in the NHS is taken extremely seriously no matter how big or small the fraud is perceived to be, it is still a crime and subject to legal prosecution. The NHS Counter Fraud Service was set up to deal with fraud cases, involving patients, visitors, suppliers or staff within the NHS.
Proving that not all teenagers are self absorbed and moody, students at Oxford’s Magdalen College School are regularly volunteering at their local hospitals in Oxford.

The group of nine boys, aged 15 to 17, spend a few hours each week helping out at the John Radcliffe Hospital and the Oxford Cancer Centre. The older boys chat with patients in the Cancer Centre and help distribute vitamin protein drinks, whilst the younger ones work on help desks, directing people around the John Radcliffe Hospital.

Fifteen-year-old Toby Hambly said, “It’s nice to be able to show that not all teenagers have “asbos” and are up to no good. Also we really enjoy the friendly atmosphere and getting to know patients and staff.”

Sixteen-year-old Dale Bowers added, “Helping at the hospitals has really built our self confidence and we get a lot out of it. Talking to the elderly and the ill sounds depressing, but actually it really isn’t. Most of the patients are lovely, brave and inspiring and I think they enjoy having young people to chat with.”

The school has been encouraging volunteering for over 20 years and believes it is an important part of education. Teacher Eric White explained, “It started off with boys helping to take a library trolley around the hospital but has really grown from there. Getting them out of the classroom and into the real world is a real bonus.”

The lads aren’t the only ones who help out at our hospitals. Over two hundred volunteers do everything from playing piano and helping elderly patients to keeping notice boards up-to-date.

The ORH is keen to reach out to more schools and young people and is planning a schools outreach programme. Anyone interested in finding out more about how we work with schools should contact Marianne Julebin on 01865 231523.

To find out more about volunteering contact Chris Goundry on 01865 220140 or email orh.volunteers@orh.nhs.uk
The mastermind behind Yeah Baby was member of local band 'The Benbows', James Phillpott. James was inspired to raise money when his fellow musician Andy Boon's son Archie was born with congenital heart defects and treated at Oxford Children's Hospital. “Archie would not have survived without life saving surgery from the Oxford Children's Hospital and Andy and Alice's ordeal was eased considerably through the excellent support and onsite accommodation provided by Ronald McDonald House.”

Ronald McDonald House Charity provides housing free of charge for families of children who are being treated in hospital. The Oxford ‘House’ opened its doors to its first families in January 2007 and was the first to be based within a hospital.

Michelle Kelly, Ronald McDonald House Manager in Oxford said, “We are so grateful to the whole Yeah Baby team who organised this fantastic event. Since the House opened we have given almost 1,700 families a free ‘home away from home’, providing them with accommodation and the support they need during the most difficult of times.”

Mr Boon said, “Being close by when your child is ill is essential and RMHC enabled us to do this. Organising the festival was our way of thanking the RMHC for helping us to be seconds away from Archie at all times.”

Oxfordshire Health Services Research Committee (OHSRC)

Would you like a research grant to develop your interests?

Research grants are available to those working in the NHS in Oxfordshire

Grants are made to salaried staff, including those with honorary contracts, and to general practitioners:

(a) To support:
   • clinical research
   • community / primary care research
   • relevant laboratory studies

(b) To provide opportunities for research by Health Service workers arising out of, and closely related to, their day-to-day practice.

(c) To wholly fund small projects or pilot studies, which can be carried out within two years.

(d) To provide opportunities for younger researchers who are in the early years of their research careers.

Most of the Committee’s funding comes from the Nuffield Oxford Hospitals Fund (NOHF), but in addition the Committee also manages the research funds resulting from other charitable donations. Funds are limited and awards are made on scientific merit of the application.

Research Grants of up to £7,000 are given.

The closing date for Research Grants is 25th September 2009

Application forms and further details can be obtained from:

Elaine Cherry
Secretary to the Oxfordshire Health Services Research Committee
Research & Development Office
Room 13, Manor House, John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DZ
Direct Line: (01865) 222147
Email: elaine.cherry@orh.nhs.uk
There are few initiatives in the NHS that have drawn praise from government ministers, nursing leaders and frontline staff, but Productive Ward is one of them – with champions including the UK’s top nurse Christine Beasley, the General Secretary of the Royal College of Nursing, Dr Peter Carter, former Secretary of State Alan Johnson, and Sian Davies from Ward 5F at the John Radcliffe Hospital.

The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care. This improves safety, patient experience, and is more efficient and cost-effective. In other words, it is just the sort of thing that the ORH and NHS need to meet the challenges it is now facing.

But what does this mean in practical terms? Jenny Hayes, who is leading the programme at the ORH, explains, “When we start working with a ward, we first introduce ways to help ward staff measure the effectiveness of current processes. This isn’t performance management – it’s a way to identify time that can be better used.”

This initial assessment is then used for wards to decide which advanced ‘modules’ they want to undertake. “These modules look at different daily ward processes and allow the wards to tackle particular areas of care that are important locally,” says Jenny. “This is crucial in making sure the improvements belong to the staff, rather than them feeling changes are being imposed from above. We’ve all got tough targets and challenges this year, but these are easier to meet if we can devise and own the solution ourselves.”

Simple steps Productive Ward might involve include simplifying layout of the nursing stations and workplace and reorganising storage areas so that everything is in the right place at the right time. Clinically, the programme can look at making the status of the patient more visible, which has potential safety benefits as well as making sure patients wait for less time; or it can concentrate on improving the consistency of nursing procedures such as medicine rounds and patient observations.

Sian Davies from Ward 5F ward said, “By reorganising our sluice we have cut the time down for using commodes by one third – that’s 50 minutes a day, six hours a week, or 303 hours per year for nursing staff to reinvest into patient care. If we can achieve this by just looking at one process, the potential is huge.”

Neurosciences have identified time to be saved in locating notes and equipment, and medical short stay have made better use of space and found better ways to manage stock by reorganising their store room.

At the ORH, the first three ‘showcase’ wards to take on this project are medical short stay, 5F (gastroenterology), and neurosciences. Phase two starts in September in more wards at the Churchill and the Horton General hospitals. Phase three will bring four more wards on board and will start in January.

A ‘Promoting Positive Changes’ day will be run on 29 October, where members of the Productive Ward team, the showcase ward staff and the SHA will be available to discuss the ideas and benefits that this programme brings to the ward.

It is an informal drop-in session from 10 - 3pm in Room 4B at the Post grad centre.

Please come and see us.

For more, including how your area can get involved, visit the Productive Ward intranet site http://orh.oxnet.nhs.uk/ProductiveWard/
Annual Review and Annual Meeting

The Trust held its Annual Meeting in July this year at Banbury Town Hall. Approximately 60 members of the public attended.

Opening the meeting, Dame Fiona Caldicott, Chairman of the Oxford Radcliffe Hospitals NHS Trust, welcomed those present and expressed her pleasure at holding the meeting in Banbury to emphasise the importance to the Trust of the town’s Horton General Hospital.

Chris Hurst, Director of Finance, presented the annual report and accounts for 2008/09, drawing attention to the Trust’s achievements over the year. A lively questions session followed, in which several of the Directors responded to the points raised.

Guest speaker, Julia Cartwright, Chairman of the Community Partnership Forum, spoke on issues of public engagement in the NHS and the importance of listening to peoples’ views.

Copies of the full Annual Review and of the Annual Accounts are available as downloads from www.oxfordradcliffe.nhs.uk/aboutus/reports.aspx

Hard copies of the full document are very limited, because of cost restrictions. If you do need a hard copy, please contact the Media and Communications Unit via media.office@orh.nhs.uk, but please do download the report if you can. A summary version is also available on the website and we can provide it in other formats if required.

Some of the latest New content on the web:

The Department of Medical Physics and Clinical Engineering includes more than 70 healthcare scientists working in physics and engineering applied to medicine. They now have a new section on the Oxford Radcliffe Hospitals website: www.oxfordradcliffe.nhs.uk/medphys

The Horton Library and Information Service supports staff with healthcare practice, health service management, education, research, lifelong learning and continuing professional development. Visit their new website: www.oxfordradcliffe.nhs.uk/hortonlibrary

Maternity Services now have a new, easy-to-remember web address: www.oxfordradcliffe.nhs.uk/maternity

ORHi

There is a new online staff directory on ORHi. If you have not filled in your details, please do so. Remember, if colleagues can track you down through the intranet, they will take some of the pressure off the switchboard staff, allowing them more time to answer external calls.

www.oxfordradcliffe.nhs.uk

All articles/items for publishing should be addressed to Heather Barnett in the Media and Communications Unit, Level 3, John Radcliffe Hospital (01865 231471). Alternatively email heather.barnett@nhs.net

Copies of the ORH News are circulated widely throughout the Trust via special news vendor stands. Copies are also sent to other Oxfordshire NHS Trusts, the local media, patient groups and General Practices. Individual copies are also sent on request. Designed by Oxford Medical Illustration (01865) 220900.

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