Seasons Greetings and Happy New Year
Staff and patients have moved into the new £29m Oxford Heart Centre, at the John Radcliffe Hospital.

Up to 20,000 patients a year are treated for heart conditions at the hospital and the new Heart Centre enables staff to treat many more in new and innovative ways. The Heart Centre is a regional referral centre of excellence offering a wide range of cardiothoracic surgical and medical services including:

- Coronary intervention
- Heart surgery
- Arrhythmia treatment
- State-of-the-art imaging
- Basic science research into understanding heart disease and genetics research into causes and cures
- A 24/7 heart attack service
- Innovation in treatments including percutaneous aortic valves and drug-eluting stents.

The Oxford Heart Centre is near the Children’s Hospital on the left side of the hill going up to the John Radcliffe’s main entrance and car parks. Staff and visitors to the hospital will have seen the building going up over the last two years.

Moira Logie, Director of Operations, said, “Staff are so pleased to have moved into these new facilities. They were in very cramped conditions before this, and spread out around the hospital. We now have our own purpose-built space and feel sure patients will really appreciate the much improved conditions.”
Ashok is an Inspiration

Mr Ashok Handa, a consultant vascular surgeon at the ORH, made it to the final three of the NHS Award for Inspiration category of the national NHS Leadership awards nominations.

These awards are a new scheme to recognise examples of outstanding leadership at all levels of the NHS, and encourage future leaders from all backgrounds.

Mr Handa qualified as a doctor in 1987, from St Mary’s Hospital London. He trained in Reading, Bristol and Sussex, and then was appointed as Lecturer in Transplantation at the Royal London Hospital in 1994. He moved to Oxford in 1998 and has been a practising consultant surgeon at the ORH for eight years.

As well as his surgery, Ashok has also taken on leadership roles in management and education as Clinical Director for Performance Improvement and Clinical Reader at Oxford University, amongst other high profile positions.

One of Ashok’s great achievements is his work in identifying and supporting individuals (from trainees to consultants) who have leadership potential. This was demonstrated when Ashok jointly founded the Fellowship in Clinical Management programme: an innovative way of enabling doctors in training to gain experience in health services management and clinical leadership. Under Ashok’s leadership, the Clinical Fellows have made real differences in improvement projects across the Trust.

Mr Handa said, “I am delighted and humbled to have been shortlisted from the many hundreds nominated who work hard and provide leadership for the NHS nationally. The NHS has come a long way, and we need to continuously strive for better care for our patients. By treating every patient the way we would want a member of our family or close friend treated, we can also radically change bottlenecks in the system.”

The award ceremony, held in London on 25 November, was introduced by NHS Chief Executive David Nicholson and compered by friend of the ORH’s Charitable Funds, Rory Bremner. The winner of Ashok’s category was Tricia Hart of South Tees Hospitals NHS Foundation Trust, who was ORH Chief Nurse from 1998 until 2001.

Rock music raises money for Children in Need

Local band ‘Juliet the Sun’ played to patients in the Children’s Hospital to raise money for Children in Need.

Steve Crook and Lionel Williams toured local hospitals performing acoustic sets in children’s wards and in-between songs taught the children to play the guitar. The band played songs from their upcoming album, including the single ‘Time for Heroes’ from which all the proceeds will be donated to Children in Need.

Steve Crook, the band’s lead singer and guitarist explained why they were doing this very special tour; “Just to see all the smiles from the children is amazing. They’re an incredible audience to perform for because they give so much back, all singing and clapping along. We’ve had so much fun doing this tour, we’ll definitely be back.”
New Interim Chief Executive for the ORH

Paul Farenden started with the Trust in October.

Previously Chief Executive at the Dudley Group of Hospitals NHS Foundation Trust, Paul has some 40 years of experience in healthcare finance, management and leadership. A qualified accountant, he has been Chief Executive in three NHS Trusts over the last 20 years, where he has led large-scale organisational change. In his first position as Chief Executive, Paul led a first wave NHS Trust, and has successfully led a Foundation Trust application. He has a history of delivering on continuous improvement in organisational performance and quality. This experience has provided him with an in-depth understanding of both the NHS and the wider healthcare system.

Welcoming the appointment, Trust Chairman Dame Fiona Caldicott said, “I am delighted that someone of such significant experience in the NHS is joining us as our Interim Chief Executive. Paul’s leadership, management and financial skills promise to serve the Trust well as it takes forward its immediate priorities of ensuring financial stability, at the same time as continuing to deliver and improve on high quality patient care.”

The ORH is acting now to get finances and performance on track

Interim Chief Executive Paul Farenden explains the problems the ORH is facing and the measures the Trust is taking to improve our finances and performance

Dear Colleagues,

In the short time I have been at the ORH I have been struck by the dedication and quality of the staff here. However, it will not have escaped anyone’s notice that this year we are having to address some very real and pressing difficulties and sometimes this is affecting our services to patients.

This is a large and complex NHS trust and the challenges we face are, although not unique, extremely complicated. We have to continue to tackle them from several fronts at once, looking at efficiency, management, staffing, purchasing – everything. We are not alone in this. There are other hospitals all over the country facing similar challenges. We are working with our main commissioner, NHS Oxfordshire and other partners, to find solutions to the pressures on the local health economy.

Last month we called in help from a nationally available pool of NHS experts who will work with our clinical teams, and we have taken on a Director of Intensive Support, Colin Whipp, who will be with us for the next six months to help us achieve our finance and performance targets for this year and beyond. We believe the hard work we put in now will be of long-term benefit to patients.

The NHS Intensive Support Teams are working in two target areas – the four-hour Emergency Access target and the 18-week referral to treatment pathway. We are currently struggling to achieve both of these targets, but have a goal to be recurrently meeting them by the end of the financial year.

Trust finance and performance

At the ORH, halfway through the financial year, we carried an £8.6m deficit. Had we done nothing, and continued on the current path, we would be facing
an end of year deficit in excess of £20m. Given that we have an internal cost improvement target in excess of £40m for this financial year, even the current deficit means we have actually made significant savings. However, this projection means that we have a significant way to go to meet our goals.

There are a number of factors behind our current position:

- There has been an overspend on pay and non-pay costs.
- The number of people requiring hospital treatment is still above anticipated levels in some areas.
- The number of patients coming from outside Oxfordshire is lower than expected as neighbouring PCTs seek to control their spending.
- We have not reached our planned levels of income from Private Patients.

**Improving our performance**

In recent years we have made progress with our waiting times, sometimes by redesigning services, sometimes by putting in extra staff. We have reduced length of stay, and we have increased the amount of day surgery and pioneered new ways of doing things. However, pressures on the NHS do not stand still, and we need to do more to recover some lost ground. As we know, effective, more streamlined patient pathways that work first time not only benefit patients and help us meet targets, they can also be more cost effective. We have examples of patient pathways in our hospitals where this is already the case, but we need to make sure we make these improvements in every area we can.

**Workforce**

It remains our commitment to do everything we can to avoid compulsory redundancy. However, there will be continued and increased scrutiny on every aspect of the pay bill that we can manage, including vacancy control and the use of agency staff.

**Proposals on creating a clinically-led organisation**

Looking to the future, one of the most important aspects of our organisation we need to strengthen as we move forward is the link between the care that people deliver to patients and the available resources. For this reason we remain committed in principle to the move to a new management structure that will give clinicians more authority, and responsibility, to run their services in a way that offers best value for patients.

We consulted with staff about this in September, and the overwhelming majority of responses supported the principles of the proposed changes. The exact timescale and process of how we move forward with this will be subject to review as we tackle the other current issues, but the Trust remains entirely committed to the change.

It is true to say that the Trust is not where we wished to be at this point in the year, but our position will improve if we all act together and swiftly. I look forward to continuing to work with you all.

Kind regards,

Paul Farenden.

_Interim Chief Executive._

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**Intensive support teams in two target areas**

**Emergency Access: four-hour target**

98% of patients must be admitted, treated or discharged within four hours of arrival in the emergency department (ED).

The vast majority of patients (over 96%) are currently being seen within this target. Recently we have been running an Emergency Access Improvement Programme which has already led to improved performance on the ‘minor injuries’ side of the ED and improved the patient experience.

However, hitting the emergency target is a ‘whole system’ issue – affected by the flow of patients at every stage of their pathway through the hospital, including, crucially, effective and timely discharge.

The pressures on our ‘major’ side of the ED are exacerbated by the fact that at any one time there are still a number of patients in our hospitals that no longer need to be there. This blockage at the ‘back door’ means that it is harder to see patients quickly coming in the ‘front door’. We have too many patients in our beds for too long after they are medically fit to go home or to move on to the next stage of their care.

Acute hospital care is the most expensive NHS care there is, so it is in everyone’s interest that when patients are clinically fit, they move on to a more appropriate setting.

**18-Week referral to treatment pathway**

Patients should have their first treatment within 18 weeks of being referred from their GP to a consultant-led service.

The NHS Intensive Support Team are working with clinicians and managers to ensure pathways are sufficiently streamlined for patients to be seen as quickly as possible. This work also involves the whole health economy as we work together to ensure patients are seen in the right place at the right time, first time.

When the 18-Week target came into effect, we used a combination of pathway redesign and extra capacity to get patients through the system quicker. Putting in significant additional resources is not an option this time round – we need to meet the target without over-stRAINing the NHS resources in Oxfordshire by over-performance – which means there is a fine line between succeeding on the target and missing it.

Because of this, our data quality needs to be very robust. A significant part of the work being done by the support team will be to validate our work to date and continue to improve this data quality.
NHS Oxfordshire announces ambitious savings programme

Oxfordshire Primary Care Trust is now called NHS Oxfordshire. The change of name has come about to better reflect the role the Trust plays in healthcare. NHS Oxfordshire is the part of the local NHS that is responsible for purchasing healthcare for patients.

They hold the county’s NHS funds to buy services from hospitals, GPs, dentists and private providers. Social Care is provided by the County Council under a separate budget.

NHS Oxfordshire has announced ambitious savings that need to be made within healthcare in Oxfordshire over the next four years.

The NHS in Oxfordshire has a budget of over £800m and although this will increase by £40m next year, for the following three years it is not expected to increase. However, costs, such as staff salaries and inflation, will increase as will the demand for services.

To address these pressures and allow investment in areas where demand will rise, it is estimated that Oxfordshire’s health system could need to make savings of as much as £80m a year – £240m over three years from April 2011.

Matthew Tait, Interim Chief Executive, NHS Oxfordshire said, “As financial resources become increasingly scarce within the NHS, it is more important than ever to collaborate as a health system, along with our county and district councils in Oxfordshire, to ensure we can provide high-quality sustainable services for the future.”

“We are facing the enormous task of ensuring services are efficient and getting best value for money, whilst meeting the health and social care needs of local people.”

The NHS in Oxfordshire is working with the county and district councils to deliver a programme of work called Creating a Healthy Oxfordshire. This is looking at how we can help support patients to manage their own health; support carers; increase access to GP services by opening later and at weekends; develop services closer to home, open seven days a week, which will help reduce the need for people to go to hospital; stop services that are shown to be ineffective and inefficient and shorten the time people spend in hospital so they can get home quicker.

Drama at the John Radcliffe Hospital

ORH News snapped the crew of Oxford-based detective drama Lewis when they filmed at the John Radcliffe Hospital’s Emergency Department last month. Detective Inspector Lewis is investigating a string of murders during the episode which features the hospital.

Nick Marshall, Location Manager for the series said, “Everyone who watches Lewis knows we make the series as accurate as possible by making sure our outside locations are in Oxford. We would like to thank all the staff at the John Radcliffe Hospital who have helped us to make Series 4 the best yet.”

Cameraman, John Beacham (right), and Director, Nick Renton, of Lewis filming outside the John Radcliffe Hospital’s Emergency Department.
The quintuplets born at the John Radcliffe Hospital in November 2007 are now two years old. They were the first quintuplets to be born in England or Wales for over a decade and their births attracted worldwide media interest.

Live births of such a high number of babies are rare and the risks to the mother are considerable. Treatment for the Artamkin family, who are Russian, was funded by a group of philanthropists after they were put in touch with Consultant Obstetrician Mr Lawrence Impey, who specialises in caring for mothers with high-risk pregnancies.

Proud parents, Dmitry and Varvara Artamkin, have kept in touch with us at the ORH and each year they send a photograph of the five girls so that we can see how well they are progressing back home in Moscow.

More members for Foundation Trust

In the light of the financial situation nationally and locally, the ORH is not currently in a position to apply formally for Foundation Trust status. Nevertheless, we are still recruiting members and putting in place changes that will strengthen our case when we do apply.

Even though we are not proceeding as quickly as we hoped with our formal application, we are still recruiting members. Recently, Susan Brown from the Foundation Trust membership office spoke to the local Chinese community in Oxford and we have gained about 50 new Chinese members as a result. It is important that our membership reflects our local communities.

The Foundation Trust membership office also continues to organise talks for members. This autumn we have enjoyed talks from Elaine Strachan-Hall, Director of Nursing and Clinical Leadership on Patient Safety, Dr Paresh Vyas, Consultant Haematologist and Reader in Haematology, on How treatments and drugs are improving the care of blood disorders such as leukaemia and most recently, Dr Derrick Crook, Consultant Microbiologist and Lead Clinician for Infection Control on Infection control: understanding how we can beat the bugs. More talks are planned for the New Year.

If you would like to be a Foundation Trust member please contact us on 01865 743491 or email: orhmembers@orh.nhs.uk

Tuesday 26 January
Oxford BRC are sponsoring a talk on Swine flu and Vaccines by Professor Andrew Pollard, Honorary Consultant Paediatrician at the Children’s Hospital.

Thursday 11 February
The Changing Face of Newborn Care by Dr Eleri Adams, Director of the Neo Natal Unit.

Wednesday 10 March
Oxford Biomedical Research Centre are sponsoring a talk on Advances in imaging by Dr Fergus Gleeson, Consultant Radiologist.

All talks will be held in Seminar Rooms 2A and B in the George Pickering Postgraduate Centre at the John Radcliffe Hospital, Oxford.

Refreshments will be served from 5.30pm and the talks will start at 6pm.
Cardiac rehabilitation booklet wins award

A new booklet for cardiac rehabilitation patients at the ORH has won the British Medical Association (BMA)’s Patient Information Award for best NHS Trust publication.

The booklet is an integral part of the rehabilitation service and is used by nurses when they see patients on the wards after a heart attack or heart surgery. When patients leave hospital they have written information that backs up what they have been told about their care and treatment and how to look after themselves and improve their health and fitness.

“It’s really important that we give people information in writing for when they leave hospital because often there is so much to remember and when you’re unwell, it’s not always easy to keep track of what you have been told,” Marion Elliot, senior nurse, cardiac rehabilitation, explained.

“This new booklet has been designed so that patients can also record their own health information from GP visits, such as blood pressure and cholesterol, and set realistic targets for lifestyle changes such as healthy eating plans.”

Helen Nolte and Carol Schofield, cardiac rehabilitation nurses, worked with clinical colleagues, Graham Cooper from the Trust’s graphic design team, and Eileen Benn, the Trust’s Patient Information Coordinator, to produce something that’s extremely user-friendly. Eileen added, “We are really pleased to get this award. We thought we had done a good job but to actually get recognition for it from a national organisation is fantastic, and we are thrilled.”

More ORH leaflets won awards

Highly Commended leaflets
• Chromosome and genetic testing in pregnancy (Jackie Lovstrom).

Commended leaflets
• Anterior cruciate ligament reconstruction – physiotherapy advice (Anna Beardshaw, Laura Penhaul, Niamh Kennedy, Lizzie Clayton, Nichola Wheeldon)
• Carotid Endarterectomy (Lindsay Thompson and Linda Hands)
• Colposuspension (Caroline Owens and Vic Rai)
• CT virtual colonoscopy (Helen Nicholl and Andrew Slater)
• Epidural injection for pain relief (Carol Kovari and Kate Ovenden)
• Information and advice after a surgical procedure under a general anaesthetic (Lynne Beeson)
• Information for Continuous Positive Airway Pressure users (Joy Crosby and Debbie Smith)
• Oral surgery – Information for parents (Jackie Campbell)
• Testing for Down’s syndrome in pregnancy (Annie Roberts)
• The TVT procedure (Beverly White and Simon Jackson)
• St. George’s Ward, Wallingford Maternity Unit (Caroline Blamey and Nicola Wiggins)
• Urodynamics – a test to find the cause of bladder problems (Beverly White).

Commended for the leaflet Information and advice after a surgical procedure under a general anaesthetic; from left to right: Staff Nurse Carly Bernert, Student Nurse Josie Brooks, Staff Nurse Gill Whittingham, Sister Lynne Beeson, all at the Horton General Hospital Day Case Unit.
Fundraising makes a big difference

Mike Fleming, Director of the Horton General Hospital, congratulates fundraisers on their support

“The Horton General Hospital has a catchment population of about 180,000 people from within Banbury and surrounding areas, and that population has raised huge amounts of money over the years for their local general hospital.

As the current Hospital Director, I feel very privileged to be here and would like to take this opportunity of thanking everyone who continues to contribute so generously to the Hospital and to share with ORH News readers some of the benefits this generosity has brought to our hospital.

Donations are received from a wide range of fundraising events, street collections and legacies, and the money is used to benefit both NHS staff and patients. I have listed below some examples of how charitable funding has been used at the Horton General hospital over the last few years. Many have also been supported by the Horton League of Friends and/or the ORH’s Trust Capital Programme.

We try to get the very best benefit and value for every pound kindly donated to the Horton and I am pleased to be able to say Thank You to all of those people who have expressed their thanks to the hospital in such a tangible way.”

Mike Fleming, Director, Horton General Hospital.

All money raised and donated to the Horton General Hospital can only be used for the Banbury Hospital. So far, it has supported the following projects:

- New resuscitation training facility, opened in May 2004
- Air conditioning installed in the Special Care Baby Unit in May 2004
- Air Conditioning installed in Pharmacy in January 2005
- Refurbished Accident and Emergency Department X-Ray facilities with new equipment in November 2005
- Delivery Suite refurbished in February 2006
- New League of Friends shop opened in a central position of the Hospital in March 2006
- All patient railed screening curtains were replaced across all Acute General Medical Wards in March 2006
- Maternity Unit birthing pool completely refurbished in November 2006
- Ex League of Friends shop has now been refurbished to provide a new authorised volunteer reception area at the Oxford Road entrance
- Physiotherapy – new reception area with security screen and doorway.
- New CT scanner installed in November 2005. This was a replacement for the previous scanner installed in 1995 following a local fundraising campaign.

The Brodey Cancer Centre extension Appeal, led by Yolanda Jacob has raised £311,500 and work is expected to start in 2010.
Annual Health Check 2008/09

The ORH has been given a top rating of ‘excellent’ for the quality of services to patients – for the second year running – and ‘good’ for quality of financial management – an improvement on last year.

Trust Chairman, Dame Fiona Caldicott said, “I am delighted that we have received such excellent results again this year. These are very important, as they give patients and their families a measure of the quality of the care that we provide, and that we are focusing our resources on the provision of quality services.

“The Annual Health Check is a complex set of assessments which considers many aspects of healthcare provided by our hospitals. Our clinicians, and all of the staff who support them, work hard to ensure that each of our patients gets the best care possible. My warmest thanks go to them all for achieving these results.

“I would also like to thank the patient groups with whom we work, who have helped us to improve our services over the past few years. Their participation assists us in many ways and provides a hugely valuable patient perspective.”

Interim Chief Executive, Paul Farenden, said, “The Trust has a lot to be proud of. Once again, the Annual Health Check has shown the organisation to be excellent at delivering high-quality services. We have scored well for the ‘quality of financial management’ which we believe is a reflection of the sound judgements made in the last financial year.

“However, we have an ambitious cost-reduction programme this year of over £40m and we have made no secret of the fact that this will be hard to achieve. We are making progress but still have a long way to go and we are doing everything we can to ensure the organisation makes lasting changes that will ensure good services for the future.”

Better Healthcare Programme for Banbury and surrounding areas

Over the past 18 months, the ORH has been working closely with the Primary Care Trust (PCT), GPs, Cherwell District Council and members of the community in Banbury to develop proposals for the future of services at the Horton General Hospital.

The PCT set up the Better Healthcare Programme for Banbury and the Surrounding Areas in 2008 to look at proposals for the future of paediatric, maternity, emergency and trauma services at the Horton General Hospital. It has been the biggest programme of engagement and consultation with the public ever taken on by the NHS in Oxfordshire and has been embraced by the local community.

A Community Partnership Forum, involving clinicians and members of the local community, has been exploring options and working together to develop ideas. A Programme Board monitors progress and has made recommendations to be considered at the next round of ORH and PCT Board meetings.

A possible model for change is now emerging which it is hoped will enable services to be retained and developed at the Horton General Hospital. The Programme Board is undertaking further work to assess the following:

- What a consultant-delivered paediatrics and obstetrics service might look like
- How a single front door model for urgent care might work, and
- Ways of sustaining general surgery and trauma services.

Clinicians and managers at the ORH are working on developing more detail on these proposals and how they meet the criteria of quality of service, cost-effectiveness, accessibility for local people and, also, the deliverability and sustainability of the model. They will report to the Better Healthcare Programme.
Breast Screening team the best in the region

Members of the Oxford Breast Imaging Team travelled to the House of Commons to receive the Team Award from the Regional Society of Radiographers.

Jane Gerrish, Superintendent Radiographer on the unit, explained why she nominated her team. “The move to the new Oxford Cancer Centre was very challenging and I was struck by how well the team worked together supporting each other in that very stressful time. The team is so wonderful I am delighted they have received the recognition that they deserve.”

The Breast Imaging team screens around 25,000 women every year at the Cancer Centre and in the mobile unit that travels around Oxfordshire.

Linda Field, the Breast Imaging Programme Manager said, “We are all chuffed to bits to get this award. People can be very hard on the NHS so it’s nice to get some positive feedback and for staff to know they’re being recognised for their hard work.”

Stoma Care Nurse of the Year

Angie Perrin, ORH lead nurse for Stoma and Colorectal Nursing is Stoma Care Nurse of the Year.

This is an annual award voted by all stoma care nurses in the UK, recognising the outstanding contribution of an individual into the specialist sphere of stoma care.

Angie has been at the ORH since qualifying in 1990. She initially worked on the colorectal surgical ward as a staff nurse then as team leader, before moving into a specialist nurse role in 1994.

“Initially when I started in stoma care there were just two of us. I now head a team of 11 nurse specialists, some stoma care nurses, some colorectal cancer nurses and one nurse endoscopist. I have been the Lead Nurse since 2001,” Angie told ORH News.

“I was given the award at the World Council of Enterostomal Therapists (WCET) conference in October. I was actually the UK Chair of this National group for four years until I stepped down in 2007. It was for changing the face of WCET UK and creating a popular and educational forum for stoma care nurses that I think I was nominated for the award. I am delighted and extremely surprised and honoured.”

Happy Birthday to Witney Day Hospice

The Witney Day Hospice (part of Sir Michael Sobell House in Oxford) is ten years old.

The Hospice, based at Witney Community Hospital, provides services for patients with life-threatening illness.

The Witney Day Hospice regularly sees about eight patients each week, most of whom are cancer sufferers. Mary Franks, staff nurse and manager, who runs the Day Hospice, said, “Coming to the Day Hospice is something our patients really look forward to.”
Profoundly deaf children get double cochlear implants at the ORH

Children as young as a year old are getting double cochlear implants at the ORH. Since July, five children have had the five-hour operation, but it’s expected that 12 children a year will benefit now that funding has been approved by the National Institute for Health and Clinical Excellence (NICE).

Until this year, profoundly deaf children were offered one cochlear implant to maximise their hearing ability. New guidance recommends double hearing implants and children who already have one implant will be offered another one to improve their hearing.

Double implants will also be offered to severely and profoundly deaf adults who are also blind or have other disabilities that increase their reliance upon their hearing.

ORH surgeon, James Ramsden, is performing the operations at the ORH. He told ORH News, “Cochlear implants have been available at the John Radcliffe Hospital since 1995 and over the years the number of patients receiving them has gone up and the age of recipients has gone down. We perform about 35 operations on adults and children, each year.

“What’s different now is that the PCT is funding double implants for children (in line with NICE guidelines). Babies having difficulties hearing are picked up by the Newborn Hearing Screening Programme.”

About one in a thousand babies are born in the UK each year with significant hearing loss. The Newborn Hearing Screening Programme ensures that every baby is screened for hearing loss in the first few weeks of life.

The double cochlear implants cost about £42,000 and last a lifetime. But hearing through a cochlear implant is different to normal hearing and patients have to learn how to hear with them. James explained, “At the ORH, children as young as a year old are having the implants. We are keen to catch children who are profoundly deaf as early as possible for maximum benefit. We have a great team here and we are really pleased to be able to offer this service to people in our area.”

Oxfordshire Newborn Hearing Screening Programme

95% of babies are now screened within four weeks of birth either in hospital before discharge or at a local community clinic.

In seven years, the Oxfordshire Newborn Hearing Screening Programme has helped to identify 79 children in Oxfordshire with permanent hearing impairment, who have then been able to receive support at a much earlier age than would have been possible in the past.

Until March this year the ORH was struggling to meet its targets for newborn hearing screening due to staffing capacity and increased birth rates. Extra funding has put the programme on track. Local manager, Julie Tucker, said, “The whole team has done really well to catch up on achieving this target. It makes a big difference to the outcomes for these children when their problems are caught early. Lee Cattle and Marion Emmanuel support the clinical teams administratively and have been an important part of our success. We are all really pleased to be able to report such good news.”
What is a cochlear implant?
A cochlear implant is a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing. The implant consists of an external portion that sits behind the ear and a second portion that is surgically placed under the skin (see diagram). An implant does not restore normal hearing. Instead, it can give a deaf person a useful representation of sounds in the environment and help him or her to understand speech.

How does a cochlear implant work?
A cochlear implant is very different from a hearing aid. Hearing aids amplify sounds so they may be detected by damaged ears. Cochlear implants bypass damaged portions of the ear and directly stimulate the auditory nerve.

Cochlear implants, coupled with intensive post-implantation therapy, can help young children to acquire speech, language, and social skills. Early implantation provides exposure to sounds that can be helpful during the critical period when children learn speech and language skills.
Dr Chris Kearns, a Consultant Anaesthetist in the Neuroscience Intensive Care Unit, has been appointed as Clinical Lead for Organ Donation for the Trust. He said, “The issue of donation is one that intensive care teams have been managing sensitively for many years. The taskforce recommendations provide us with more guidance to encourage us to consider donation whenever appropriate, within our intensive care units, and in other areas of the Trust.”

Mrs Elizabeth Jenkins has been appointed as Lay Chair of the Donation Committee. “We are incredibly lucky to have Liz as our chair,” Chris added. “Liz and her husband Barry’s son Richard became an organ donor following his death from a brain tumour at the age of 24. You can imagine how Liz’s personal experience of organ donation brings perspective to the discussions at the Donation Committee.”

Liz characteristically understates her contribution. “On the day Richard was expected to die, we were asked if we had considered Richard as an organ donor. It was extraordinary, but I actually experienced a feeling of hope at a time of such hopelessness, for suddenly I realised Richard’s death need not be in vain. Becoming chair of the Donation Committee is daunting, but I hope I can help to encourage everyone to think about asking families what can be a difficult question.”

Chris Kearns summarises progress so far. “To date, we’ve gathered information about where donation occurs within the Trust, and started to review what we can do to ensure that a discussion about donation features in all end of life care, wherever appropriate, recognising and respecting the wishes of individuals.”

The Donation Committee also provides reports on donation activity within the Trust to the Governance Board. While a national media campaign encouraging organ donation has been launched this autumn, information about donation for all Trust staff will be available within the Organ Donor link from the For Patients section of the ORH website.

More donors needed

The first organ donation campaign to run across the UK is happening now. The campaign aims to promote public awareness about organ donation and increase significantly the number of people on the NHS Organ Donor Register so that many more lives can be saved and transformed.

The need for organs is constant

Currently in the UK:

- More than 10,000 people need an organ transplant
- Of these, 1,000 people – three a day – will die before an organ becomes available.

While 90% of people in the UK say they support organ donation, to date 27% have joined the NHS Organ Donor Register.

What is the NHS Organ Donor Register?

The NHS Organ Donor Register records the details of people who have registered their wishes to donate organs and/or tissue after their death for transplantation. This information is used by authorised medical staff to establish whether a person wanted to donate.

Help spread the word

More than 16.4 million people have joined the NHS Organ Donor Register, but we know that many more haven’t yet got around to signing up.

Please show your support for organ donation by joining the NHS Organ Donor Register and let those closest to you know your wishes about organ donation. Register so that many more lives can be saved and transformed.
How to join the NHS Organ Donor Register

Use the website – www.organdonation.nhs.uk
Make a phone call to 0300 123 23 23
Send a text to SAVE 84118

Anyone can register
Age isn’t a barrier to being an organ or tissue donor and neither are most medical conditions. People in their 70s and 80s have become donors and saved many lives. One donor can save or transform up to nine lives and many more can be helped through the donation of tissues.

Last year 3,513 organ transplants were carried out in the UK, thanks to the generosity of 1,853 deceased and living donors – the highest on record.

Defibrillator needed for Tanzanian medical centre

Doctors and nurses from the John Radcliffe Hospital have just got back from Tanzania where they have been training staff in resuscitation.

Sue Jennings, Practice Nurse Educator for John Radcliffe Hospital theatres, flew out to visit Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania in October with 14 colleagues. They were travelling with the charity OK Links (Oxford and Kilimanjaro Links), which has been formed by a group of Oxford healthcare professionals engaged in a two-way transfer of skills with clinicians in Tanzania.

Sue, who has been a theatre nurse for 13 years, shared her skills with the doctors and nurses at KCMC and held a training session about resuscitation. When arranging the trip, Sue was surprised to discover the medical centre does not have a defibrillator, so she decided to start fundraising. “At the moment, any patient that suffers a cardiac arrest in KCMC has a very poor chance of survival, due to the lack of staff training and a shortage of appropriate equipment. I am going to train the staff, but without a defibrillator, only a small proportion of patients will survive a cardiac arrest,” she explained.

Sue is looking at ways of raising money to raise £1,000 for the much-needed equipment. “A defibrillator will help save hundreds of lives every year and you can’t put a price on that. I am going to try and raise the money to buy one,” she said.

Open day

The Oxford Biomedical Research Centre is holding a public open day on Thursday, 18 March 2010. The aim of the day is to demonstrate to the public how the ORH and the University partnership carries out ‘translational’ research and how this has had a positive impact on patient care.

There will be a range of fun and interactive displays with researchers on hand to demonstrate and talk about their work.

For more information visit www.oxfordbrc.org or contact Alison Barnes on 01865 743348.
Professor Sir John Bell new Non-executive Director

Professor Sir John Bell FRS has been appointed a Non-executive Director of the ORH.

Professor Bell is Regius Professor of Medicine at Oxford University and is also President of the Academy of Medical Sciences. He founded the Wellcome Trust Centre for Human Genetics in Oxford which was the first to focus on the genetics of common diseases. He then went on to lead the creation of four other clinical research institutes in Oxford. His own research on the immunogenetics of HLA, T-cell receptors and autoimmune diseases has been sustained and groundbreaking.

Professor Bell attended Oxford as a Rhodes Scholar to train in medicine and undertook postgraduate training in London and at Stanford University. At Stanford he developed research interests in the area of immunology and genetics with a particular focus on characterising the molecular events associated with susceptibility to autoimmune diseases. He returned to Oxford as a Wellcome Trust Senior Clinical Fellow in 1987 and was elected to the Nuffield Professorship of Clinical Medicine in Oxford in 1992. In 2002, he became the Regius Professor of Medicine.

Professor Bell sits on a wide range of advisory panels for public and private sector bodies responsible for biomedical research in Canada, Sweden, Denmark, France, Singapore and the UK. He sat on the Scientific Advisory Board for AstraZeneca from 1997 to 2000 and the Scientific Advisory Board of the Roche Palo Alto facility since 1998. He is a Non-executive Director of Roche AG (since 2001). He is also a founding director of three biotechnology start-up companies.

Professor Bell has been a member of Oxford Council of the University of Oxford and MRC Council. He is a Board Member of the UK Clinical Research Collaboration and UK Biobank and is Chairman of the Oxford Health Alliance, a private public partnership that sponsors Oxford 2020 Vision. He chairs both the Partnership Board of the Oxford Centre for Diabetes, Endocrinology and Metabolism, and the Management Committee of the Richard Doll Building for Trials and Epidemiology in Oxford.

Welcoming his appointment, ORH Chairman Dame Fiona Caldicott, said, “We are really delighted to welcome Professor Sir John Bell to our Board. His experience and standing in medicine is second to none and he will perform a valuable role in helping our Trust to meet its targets and maintain its quality. His involvement will help to drive forward our ambitions to become an Academic Health Science Centre and Foundation Trust.”

The appointment has been made by the Appointments Commission’s Health and Social Care Appointments Committee in accordance with the Commission for Public Appointments Code of Practice and is effective for four years, from 1 November 2009 until 30 November 2013.

ORH has ‘Midwife of the Year’
Midwife and student nominate each other for honours

The ORH has been doubly honoured in this year’s Mamas and Papas ‘Midwife of the Year 2009’ awards.

Beverley Montague was awarded a ‘Lifetime Achievement Award’ and Mariamni Yenikeyeff was awarded ‘Student Midwife of the Year’.

Beverley was nominated for the award by her student, Mariamni, whom she had been mentoring at the John Radcliffe Hospital’s Delivery Suite. Mariamni meanwhile nominated Beverley for the ‘Student Midwife of the Year’ award, not knowing her protégé had also made a nomination. They were amazed when they found they had both won in their category.

Midwife of the Year Awards student winner Mariamni Yenikeyeff and Lifetime winner Beverley Montague, with RBS Mark Lucas (left) and Fran Bettesworth (right).
New Community Hospital in Oxford

Oxford’s new Community Hospital has just opened within the John Radcliffe. Patient services are being provided by Community Health Oxfordshire (CHO), the healthcare provider arm of NHS Oxfordshire (the new name for Oxfordshire PCT).

The new hospital known as the City Community Hospital is located temporarily on Level 7 and provides bed-based intermediate (rehabilitative) care from 20 nursed beds.

Moira Logie, Director of Operations (Discharge Planning and Social Care) for the ORH, said, “This is a great example of partnership working. We have worked closely with CHO, local GPs, social services and many other organisations in achieving the successful move of the City Community Hospital from the Churchill Hospital to the John Radcliffe. This is just one example in a series of joint projects which all support a better discharge and transfer of patients benefiting them and the local NHS as a whole.”

Ten years of I.M.P.S at the Horton General Hospital

The Injury Minimisation Programme for Schools (I.M.P.S) has celebrated 10 years at the Horton General Hospital in Banbury.

I.M.P.S is an injury prevention education programme for year 6 children (aged 10-11 years), that provides them with the basic knowledge and skills to:

• Minimise injury
• Provide basic life-support
• Take safer risks.

Local coordinator, Lynn Pilgrim said, “Unintentional injury is a leading cause of death and illness in young people. On average two million children attend emergency departments each year because of accidental injury and every week five children die. Many of these injuries are preventable.”

In Oxfordshire, I.M.P.S trainers teach about 5,000 children every year. The aim is to teach children how to recognise potentially dangerous situations and prevent injuries. The I.M.P.S programme also equips children with first aid and resuscitation skills.

Lynn added, “It’s amazing how receptive children are and how much they can do in difficult situations. Through the I.M.P.S programme we are able to equip children with the necessary information to manage their own risk and to teach them the skills to assist if an injury does occur.

“The Horton General Hospital has been working with us for 10 years and we are really grateful for its support. During that time we have taught over 8,000 children at the Horton General Hospital. We teach life skills that everyone should have and the hospital’s involvement is a big help.”

I.M.P.S is a national organisation, first established in Oxford. It is Chaired by Professor Keith Willett, Professor of Trauma at the Oxford Radcliffe Hospitals NHS Trust. He said, “This is a tremendous Oxfordshire-wide achievement for the health and education of young people and we are really proud of the Horton General Hospital’s involvement.”

Children from Bishop Loveday School in Bodicote visited the hospital to learn life skills that would help them in the event of an accident or injury. Then they enjoyed lunch and a celebratory cake.
**Fundraising**

Judith set a target and kept on going

The team at Charitable Funds is always delighted to hear from ORH staff who have caught the fundraising bug and are going out of their way to raise money for causes across the Trust.

Whether it’s abseiling, running marathons or simply helping to publicise fundraising events – ORH staff can contribute so much to fundraising for our hospitals.

Judith Timber, a radiographer at the John Radcliffe Hospital, was struck by the date of our recent ‘It’s Not Just a Walk in the Park’ event. The Heart and Cancer Centre fundraiser was taking place on the exact 25th anniversary of her own father’s death from a heart attack. Knowing how much cardiac care has moved forward in recent years and wanting to mark her father’s memory she decided to join the event and raise money for the new Heart Centre.

Judith originally set her fundraising target at an ambitious £500, but through using all her contacts and by setting up a fundraising web page she soon surpassed that. She told us, “I really got into it and was amazed by how generous people were. Once I reached £500 I decided to see if I could get to £1,000 and started doing some cake sales in my village and radiology staff room to boost my fundraising. Everyone seemed to love the cakes and soon I had to set my target at £2,000 – I just couldn’t believe it.”

To date Judith has raised more than £2,500 which is a remarkable sum – but just shows what a bit of determination and positive thinking can do. As we always say in fundraising, if you don’t ask you don’t get – and hopefully Judith’s example will spur other staff on to get involved and get fundraising.

The money we raise is all ploughed back into our hospitals, funding state-of-the-art medical equipment, superb facilities for patients and staff and groundbreaking medical research.

Judith wasn’t the only one inspired by October’s Walk in the Park event. Hundreds of people of all ages and abilities came together at Oxford University Parks to walk the three mile route in aid of the new Cancer and Heart Centres.

The event coincided with the move to the new Heart Centre, but in spite of this many cardiac staff managed to come along.

Graham Brogden, Head of Community Fundraising said, “Around 450 people took part and enjoyed the glorious Autumn sunshine in Oxford University Parks. This event was created to be accessible for people of any ability or age and we were particularly heartened by the number of walks completed.”

Walking Wonders
Coming Up

‘Put Your Heart Into It’
is our February fundraiser for the Heart Centre. There will be events taking place across the region at Nexus Leisure Centres and organised by GO Active and we are also providing fundraising packs to help people organise their own events. Call Jan on 01865 743443 for more details.

And here’s another date for your 2010 diaries – Sunday 18 April will be the date for the Children’s Hospital and Fund for Children fundraiser, the Oxford Mail OX5RUN. With plenty of warning there’s no excuse – so start your training for this 5 mile run now!

Register online on the events page of www.orhcharitablefunds.nhs.uk

If you would like to join one of our events or fundraise for your area in the Trust please call 01865 743444 or email campaign@orh.nhs.uk

For a full list of our organised events look on the Charitable Funds site on the intranet or visit www.orhcharitablefunds.nhs.uk

A large group of family and friends from Blackbird Leys walked in memory of Brian Jackson who died last year just 10 days after taking part in the very first It's Not Just a Walk in the Park! Brian's widow, Nicola said, “We were determined to take part again today – and will do so every year, because Brian was so keen to thank the staff who looked after him during his fight with cancer.”

Quite literally going the extra mile was Russell Roberson from Thame, who had not managed to walk further than two miles since having a stroke three years ago. The 75 year old – who walked in support of the Heart Centre – said “I have nothing but praise for the team at the John Radcliffe Hospital. So when I read about this fundraising walk, I decided to give it a go. Proving that I can walk the three miles has been a real challenge but I was determined to show I could do it and raise some money for the Heart Centre along the way.”

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Walkers young and old enjoying the warm-up before the event.

Some of those walking were remembering loved ones who they had lost to cancer or heart disease. Carol Clent and her 15 year old daughter Nicole from Greater Leys, Oxford (pictured with broadcaster Wesley Smith who supported the event) walked in memory of Carole’s mother and aunt who both lost their lives to cancer. Mrs Clent said “It was great to be able to raise funds and have fun, whilst thinking of people we have lost.”

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Walkers young and old enjoying the warm-up before the event.
New NNICU planned

Grateful parents from across Oxfordshire and beyond are supporting plans for a new Neonatal Intensive Care Unit (NNICU) at the John Radcliffe Hospital.

In January this year the NNICU team began planning for the new facility to keep up with the growing demand for NNICU cots. Over the last 10 years there has been an increase nationally of babies being born needing NNICU care. This is due to the increase of multiple births and babies being born too early or with very low birth weights. As the specialist regional centre for Oxfordshire, Berkshire and Buckinghamshire the unit at the John Radcliffe is finding itself with an ever-increasing demand for space in an area designed for only seven cots.

When Emma Gunert’s baby, Jack, was born nine weeks early weighing 3lb 8oz he spent the first 10 days of his life in NNICU at the John Radcliffe Hospital. This is often described as every parent’s worst nightmare, but Emma knew he was in safe hands because this was Emma’s second experience of having a baby cared for by NNICU. Her older child Iona, now four, was also born early and looked after by the specialist team. Iona is now a totally normal and healthy four year old – with her days in intensive care long behind her.

Emma explained why she is backing the new facility. “I have liver and kidney problems myself, and experienced pre-eclampsia with both my pregnancies. Iona and Jack were both born 8-9 weeks before their due dates so I have a lot to thank the team at NNICU for.”

“It’s a scary time when your baby is born so early and so small, and to be honest the last thing you want is to be in the unit – you want to be at home with your child. But you feel so looked-after and you know this really is the best possible care, and that really helps.”

“The staff have just been fantastic, they always explain things so clearly and are incredibly caring towards the parents and the babies. I think it is a really good idea that there are plans to expand the unit and make better facilities for parents. I met parents from as far as London and I think looking after the parents at this scary time is really important.”

The plans for the new unit are still being finalised and the fundraising drive is due to kick off in Spring 2010.

Cardiothoracic services
Cardiothoracic services have a new section on the ORH website to reflect the completion of the Oxford Heart Centre. The site is a work in progress and will expand over time.

http://www.oxfordradcliffe.nhs.uk/heartcentre

Oxfordshire Pain Integrated Outpatient and Inpatient Service (OPIOIDS)
The acute and chronic pain services at the ORH have merged to offer one point of access for all patients and staff, promoting a greater continuity of care and ensuring more comprehensive coverage across our three sites.

You can visit their web pages at:
For patients / Our departments and services / Theatres, Anaesthetics and Critical Care / Pain Management

ORH Charitable Funds schools programme
ORH Charitable Funds has launched a new community programme for schools to help get children and young people more involved with volunteering and fundraising for the hospitals.

www.orhcharitablefunds.nhs.uk and follow the link for ‘Schools programme’

Community midwifery
Wallingford and Wantage Community Midwifery-led Units now have their own new pages on the ORH website.

www.oxfordradcliffe.nhs.uk/maternity and follow the link for ‘Community Midwifery-led Units’

Oxford Radcliffe Private Healthcare: information for GPs
There is now a new section for GPs about facilities for private patients at the Oxford Radcliffe Hospitals.

www.oxfordradcliffe.nhs.uk/forclinicians/private/home.aspx
That was the question posed to patients, visitors and staff when they were invited into an X-Factor style booth to record their views on the subject.

The booth, which came to the JR in late October, supports the work of the Trust in ensuring that all patients are treated with privacy, dignity and respect when visiting our hospitals. The views given will help the ORH in further improving the patient experience as a whole, above and beyond the clinical care given, when attending hospital.

Your Privacy, Our Responsibility, is a national campaign and forms a key part of the NHS Constitution – a document that sets out the rights and responsibilities that patients, the public and staff should expect from their NHS.

Charlotte Hall, Associate Director of Nursing and Trust lead for the privacy and dignity campaign, explained “Every patient has the right to receive the highest standards of care, delivered with respect and dignity at all times. Hearing first-hand what is important to patients is invaluable. It is only by listening and adapting to patient needs that we can continue to develop and improve upon the overall patient experience”.

National patient feedback shows that a key issue for patients, especially women and older women, is that they are cared for in same-sex accommodation. The Department of Health has provided funding for hospitals across the country to help eliminate mixed-sex wards.

The ORH has successfully undertaken a large number of projects across the John Radcliffe, Churchill and Horton General Hospital and now delivers same-sex accommodation in nearly all areas. Same sex accommodation means providing same-sex wards, bays, toilet and washing facilities where it's clinically safe and appropriate to do so.

As Charlotte goes onto say “We have already made a real difference to the environment for patients. It’s now time for us to take even further the principles of privacy and dignity and apply them to all aspects of the care we provide.”
Young people get involved at the Oxford Children’s Hospital

Our patient group, run and managed by children connected to the Oxford Children’s Hospital, took part in the third national Takeover Day event in November.

Takeover Day gives young people the chance to get involved – on one special day – with organisations like hospitals, councils and businesses. The Oxford Children’s Hospital has been taking part since the project began.

This year, our Young People’s Executive (YiPpEe) took over at the Children’s Hospital, and met with staff to talk about the healthy eating campaign they have been working on as part of their involvement with the Health Promotion Strategy.

What YiPpEe did

“Today we had a meeting with some of the hospital and school management staff. We pitched our ideas on health promotion – showing them our initial plans for a poster and leaflets that we have been working on. The staff gave us some feedback and we have gained more information to put on the posters.

“In the afternoon, YiPpEe met with patients and asked their views on health and health promotion.

“When we started working on the Health Promotion Strategy, we did some brainstorming about what health was and what affected our health. We felt that there were three main areas of health which were physical, mental and social health. In the afternoon of Takeover Day, we took some pictures of a body to some of the patients on the wards to ask them what they thought health meant and what affected their health. We got a lot of feedback.

“YiPpEe also ran colouring competitions and a healthy food quiz for the patients. After lunch, we went to the wards and using the electronic patient survey we asked patients some questions about their hospital stay.

“We also ran competitions for patients on the wards. We finished the day by giving patients some 5 A Day T-shirts and Takeover Day stickers.”

by YiPpEe
William Osler House has reopened after extensive renovation, thanks to the generosity of an Oxford Medical School alumna.

Osler House has been the hub of clinical medical student life for over 60 years, but the facilities were in need of some renovation. So, last year, work started on transforming it with two large glass-fronted extensions, a new office space and landscaped gardens. The original design of the house has been restored with its living and dining rooms.

Peggy Frith, University Deputy Director of Clinical Studies, said, “Osler House is now a fabulous facility. It enables medical students to meet together, to check emails, have lunch, share problems and talk informally with teachers and visitors. We have had great support from former students and we are particularly grateful to Dr Deanna Lee Rudgard for her generous contribution to the cost of this renovation project. Deanna was a medical student at Oxford in the 1960s and has been a really supportive benefactor. We are delighted that she was able to come to the opening celebration and cut the ribbon.”

Osler House is on the John Radcliffe Hospital site near the Manor House building, opposite the Maternity Unit. Medical student Sophie James, President of Osler House, said, “Osler House is in an ideal location for medical students – close enough to the hospital to ensure it is well used and far enough away to feel like you’ve left work. We are really excited about the new facilities and the opportunities it provides for us all.”

Professor Alastair Buchan, Head of the Medical Sciences Division at the University of Oxford, was instrumental in leading the fundraising campaign. Prof Buchan, a former President of Osler House, said, “In my student days, Osler House was at the Radcliffe Infirmary site in the city centre. When we moved to the John Radcliffe site the facilities were far off what we were used to. This renovation is exactly what we have been dreaming of for 30 years. I am looking forward to making it a regular stopping-off point.”

Dr Deanna Lee Rudgard said, “I am really pleased with what has been done to improve Osler House. I know the students and staff have worked really hard to get it looking as good as it does and I am sure they are going to get great use out of it. I have fond memories of my time as a medical student in Oxford, and the time I spent socialising with my friends and colleagues. I wanted to give something back to Oxford and to the Medical School, in recognition of the things I gained from being here. To do something to help students get the most out of their training is really rewarding to me. I am proud to be associated with the University of Oxford and the Oxford Radcliffe Hospitals.”
Swine flu

Over 80,000 people in Oxfordshire will be contacted by their GP this winter about swine flu vaccinations; and ORH staff have been having the jab too. Our Occupational Health teams have been vaccinating staff on all three hospital sites and uptake has been very good.

Small Chair Field

Small Chair Field, an exhibition of chairs made by school children, staff and parents, using a paper template, has been brightening the atrium in the Oxford Children’s Hospital. The exhibition pays homage to artist Antony Gormley’s Field, an installation made up of individual small clay figures. It started last year as an exhibition at Fitzharrys School in Oxford, and has grown from 1,000 to over 3,000 chairs.

ORH News

the Trust’s newsletter for staff, patients and visitors

We have reduced the frequency of ORH News as part of the Trust’s efforts to reduce costs. We now print four issues a year – down from six.

Having fewer issues with more pages is more cost-effective than smaller, more frequent issues.

4,500 copies of ORH News are distributed to all three hospitals and we also publish the newsletter on our website.

Costs are kept as low as possible by keeping the work in-house. The Media and Communications team pull together the content and graphic designer, Graham Cooper of Oxford Medical Illustration (the Trust’s own film, photography and design team) does the design work.

ORH News is the only regularly printed publication produced by the Trust and is an important vehicle for sharing news with staff and patients.

See

ORH News

online in the News section of our website

www.oxfordradcliffe.nhs.uk