ORH NEWS
Oxford Radcliffe Hospitals NHS Trust

Winter 2010

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

FREE
Please take one
We value feedback from our patients, their friends and relatives, and we try to make it as easy as possible for people to tell us what they think about the services we provide.

That’s why we have just introduced a new questionnaire which is now prominently displayed at our hospitals’ main entry and exit points so that people are encouraged to pick it up and send it back to us – by Freepost.

Philip Sutton, Head of the Patient Services team, explains, “We can learn so much about how our services function for patients by the things they tell us about their experience in our hospitals. But at the same time, we don’t want to add another layer of anxiety by bombarding people with questions about their care. So, we try to provide as many different opportunities for feedback as we can.

The ORH already has a dedicated email address on our website – feedback@orh.nhs.uk – in the Find us / contact us section (the tab coloured green). We would encourage anyone to talk to a member of staff or PALS (the Patient Advice and Liaison Service) on 01865 221473 for the Churchill and John Radcliffe sites and 01295 229259 for the Horton if they have urgent concerns.

Philip Sutton adds, “Of course, it is great to hear from people when things have gone very well for them in hospital, but we really do also want to hear when the experience has not been as good as they would have expected and hoped.
Let us know your views

You can help us to improve our service to you with your feedback.

If you wish you can take this form away with you, and post it back to us free of charge.

That’s why the new questionnaire has a space for people to give us extra comment rather than just tick boxes – although it’s all helpful to us as a measure – and of course we don’t ask anyone to give us their name, so people can feel free to be as honest as they like.”

The information the Trust collects from the questionnaires is broken down to enable us to spot areas where there may be persistent problems, for instance, overly long waiting times in some outpatient clinics, or perhaps letters to patients from some services that are not as clear as they should be.

The questionnaires are an important part of ensuring that we not only provide the highest standard of clinical care but an environment where all patients, relatives and carers feel looked after and valued from the minute they walk in the door, to the moment they leave.

Front cover picture: Philip Sutton, Head of Patient Services, with the new questionnaires.
At the ORH, the service improvement team is looking at how we can improve efficiency so that people do not spend more time in hospital than they need to – and we can reduce our costs. It’s not an easy task. It’s often the complexity of care that causes the delays but the complexity needs to be broken down so that where delays can be reduced we find a way to do that.

Jude Oliver-Jones, formally Matron for the ORH Emergency Departments and now a member of the service improvement team, told ORH News, “Sometimes we think that the patient doesn’t care about ‘efficiency’. But actually, the patients are the ones that really experience the inefficiencies. I see so much feedback that has nothing but praise for the clinical care, but when you ask for a list of things that we could do better, the same themes come up – delays and poor communications. It isn’t about forcing patients out of hospital before they’re ready – it’s about making sure that when they are medically fit for discharge there aren’t other things that get in the way of going home or onto the next stage of care. So, if we can tackle delays, we have happy patients, and a well-run, less expensive system.”

Standardisation will help by minimising the impact of the natural variation in patients and circumstances that exists. Standardisation is also reassuring for patients because they start their journey with a much clearer picture of the expected route.

More day surgery will also help. Ashok Handa, Consultant Vascular Surgeon and long time champion of service improvement at the ORH, says we need to reverse the way we look at some things. "Instead of thinking about each patient, could I do this as a day case? we should start with the assumption that we can and ask, as the exception, do I need to consider bringing them in for an overnight stay?"

Another area being looked at is patient discharge. At the moment, in many areas there is an assumption that patients need doctors to discharge them. However, nurses often have the necessary skills and experience to discharge patients – it would certainly speed up discharge and free more of the clinicians’ time.

Expectation is also important – for clinician and patient. “It’s amazing the impact you can have on length of stay, by just telling the patient clearly when they are likely to be going home,” says Joy MacDonald from the service improvement team. “Also, by having a clear plan for length of stay on a patient’s notes, the clinical team quickly become aware when things are going off-course.”

As part of the service improvement process, policies are being reviewed and tightened and the Operations Centre at the John Radcliffe...
Hospital has been improved, with digital displays and information to allow more effective day-to-day bed management.

In the Emergency Departments (ED) at the Horton General and John Radcliffe Hospitals, the new ED Whiteboard went live in August. This new system brings together electronic and paper systems and helps the management of patients within the ED and as they are moved to other specialties.

Caroline Landon, Deputy Director of Operational Services who heads up the service improvement team, explains that learning from the people who deliver services is the key to service improvement. “It is the clinical teams that ultimately have the biggest influence on improving efficiency for patients and staff. With our support, the changes that need to happen are gradually taking place.”

Data quality

**The ORH has set up a Data Quality Group to ensure that sufficient priority is given to data quality issues**

The ORH has set up a Data Quality Group to ensure that sufficient priority is given to data quality issues. Data collected by the Trust has a direct impact on patient care and is increasingly important to the organisation.

Patients come to Oxford from across the county and beyond. Last year there were over 600,000 outpatient appointments, 123,000 emergency department attendances and 8,000 babies born at our hospitals. Each appointment, diagnostic test and treatment must be recorded and entered into computer systems so that it can be analysed and used to give the Trust an understanding of how patients are using our services, how well their treatment is going, and how much it all costs. The data is also vital to ensure that we are able to collect all our income to fund the services we provide.

As we move towards more electronic systems, the information we collect has to be of the highest level.

New systems like the electronic patient record (EPR) which will be introduced in our hospitals next year (see page 9) will only work if the information is accurate and precise.

Andrew Stevens, Director of Planning and Information said, “To provide high quality patient care, to understand how we are performing and to have the detail necessary to plan and manage patient care, the data we use to analyse our services must be of the highest level.

“We need to make sure we are collecting the right data in the right way and the new Data Quality Group will monitor how this is being done and make improvements where necessary. By doing so we can reassure ourselves that we are following the national guidelines and developing the insight necessary for improving efficiency, providing training, performance monitoring and ultimately improving patient care – which, of course, is the top priority of all.”
ORH and NOC in discussions about joining forces to form a single NHS Trust

The Boards of the ORH and the Nuffield Orthopaedic Centre (NOC) have agreed to develop proposals to integrate the two trusts and the services they provide.

This will mean creating an overarching acute provider for Oxfordshire, that is better able to achieve Foundation Trust status within the next three years, and better placed to ensure that patients continue to receive access to the world-class services provided by both organisations.

Under the proposals, the different hospital sites will retain their current names and identities, within the overarching new NHS Trust.

The ORH and the NOC have been developing closer relationships for some time, and collaborate in a number of clinical services. Sir Jonathan Michael, Chief Executive of the ORH, said, “This is good news for both trusts and for patients. With all the changes happening within the NHS now, both Trust Boards believe that the moment is right for both organisations to come together to serve the common goals of excellence in patient care, research and clinical education.”

A joint project steering group, chaired by an Executive Director from the NOC, has been established, and a business plan is being developed for submission to the Department of Health for approval.

The business plan will be considered by both Boards in the New Year.

About the Nuffield Orthopaedic Centre

The Nuffield Orthopaedic Centre provides care for patients with disabling long-term musculoskeletal conditions and those suffering neurological disability. Patients are referred to the NOC not just from Oxfordshire and neighbouring counties, but from across the UK and overseas.

Each year, more than 20,000 people are referred to the hospital with a range of conditions affecting bones and joints. Specialist services include children’s rheumatology services, limb reconstruction, spinal surgery and the treatment of primary malignant bone tumours and sarcomas.

The NOC also undertakes innovative rehabilitation work to assist those who have lost limbs, suffered a deformity, or who have neurological and neuromuscular problems through, for example stroke or head injury, at the Oxford Centre for Enablement (OCE).

Each year at the NOC

- Knee replacements: 750
- Hip replacements: 670
- Arthroscopies: 1,400
- Patients attending the specialist rehabilitation unit: 3,500
Working with GPs

The relationships that have developed between GPs and hospital doctors, often over many years, are hugely important when it comes to delivering high quality patient care.

The changes being made to the structure of the NHS are about to make these relationships even more important, because by 2013 PCTs will be abolished and GP consortia will be commissioning hospital services for their patients.

To support this new way of working and improve communications, we have set up a number of new channels to encourage a two-way exchange of ideas.

A good example of this is the series of half day seminars held over the course of a year to give GPs the opportunity to meet consultants and hear from hospital staff about what has been happening in specific clinical areas.

These events have been used to showcase our core services, share information about new developments, facilities and clinical protocols, and increase the opportunities for the exchange of new ideas between hospital staff and colleagues in primary care. So far they have been well attended and feedback from GPs has been positive about the relevance to their practise.

The most recent session was held in Adult Respiratory Medicine at the Churchill Hospital. Dr Lesley Bennett gave an overview of the range of services they provide and covered specific topics of interest to GPs such as:

Which asthma patients need referral?
By Dr Bettinson

A practical approach to the management of chronic cough
By Dr Bennett

Chronic Obstructive Pulmonary Disease (COPD) – local implications of the national strategy
By Dr Hardinge

Lung cancer and effective use of the two week wait
By Dr Breen

GPs were particularly keen to follow up this session with more detailed discussions on interpreting spirometry tests. In response to this the department organised a ‘drop-in clinic’ over lunch in mid-October so that GPs could bring in readings and discuss the possible findings with experts in that specialty.

Other initiatives include setting up a section of the Trust’s website specifically ‘for clinicians’ and a bi-monthly e-bulletin that has been distributed to all Oxfordshire practices for the last two years. This electronic newsletter provides timely and relevant information for GPs and locums on new consultant appointments, performance and quality indicators, service changes and improvements and Trust-wide news and information.

More events are planned in the future and details can be found on the Trust’s website.
**EPR Update**

An electronic patient record for the NOC and ORH –

Plans for the introduction of an electronic patient record for acute NHS organisations in Oxfordshire are progressing; the NOC will be upgrading its existing system in early 2011, and the ORH will implement the Electronic Patient Record (EPR) at the end of next year.

The implementation of the EPR will revolutionise how we see and treat patients, smoothing their journey through the healthcare system.

Staff are going to need some support while the new systems are implemented so Cerner, the software company who supply the EPR software (called ‘Millennium’), have been on site talking to staff about current working practices so that they know how best to support us.

At the beginning of September, an event called System Review took place at the Cerner offices in London, which provided staff with an important

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**Innovations in the ED**

Clinicians working in the Emergency Departments at the Horton General and John Radcliffe hospitals are now benefiting from a new clinical information system, the ED Whiteboard, which went live in August.

The system enables clinicians to electronically triage patients in real time, once they are registered onto the system by receptionists on admission to the ED. Clinicians can then assess patients and electronically monitor the progress of any investigations, before finally discharging the patient – electronically.

Both doctors and nurses are benefiting from the ED Whiteboard. Tina Murphy, Senior Sister and Emergency Nurse Practitioner, said, “We get more patient information from this system and we get it in a way that makes it far easier to use. It also gives us a better understanding of where the patient is in terms of their treatment and time spent in the ED.”

*For ease of use, Oxford Health Informatics Service (OHIS) have provided Fast User Switching, where users only log-in once to access all of the systems they are registered with. Smartcards can be used to tap-and-go, allowing users to access PCs without having to enter their details each time – in a hectic environment like the ED, this is key to the success of the system.*

*Many thanks to Herb Parker, Mark Pagelly, and the OHIS team who worked so hard to get the system up and running. For further information on tap-and-go, please call the OHIS Helpdesk on 01865 2 22822.*
A big ‘well done’ to all staff who undertook their blood transfusion competency assessments this year helping the ORH reach its target of 100% compliance.

Within the ORH, over 2,000 blood transfusions are administered each month by over 2,000 staff. The competency assessments tested the staff’s competency in both theoretical knowledge and the practical steps in the checking process which prevent errors, improving safety for patients.

Since its introduction in 2006, the take-up of e-learning in safe transfusion practice has been very successful, with over 2,000 staff having passed their modules. The National Blood Service has reported that the ORH has the highest numbers of staff taking part and passing their module in England.

The task of feeding results back to ward managers and members of staff has begun. So if you administer transfusions, your assessment will be making its way to you shortly.

Find out more about EPR at [http://orh.oxnet.nhs.uk/epr](http://orh.oxnet.nhs.uk/epr)
Introducing the new paediatric rota at the Horton General Hospital

Members of staff across the ORH have been working hard to implement the Better Healthcare Programme proposals for the delivery of paediatric and maternity services at the Horton General Hospital. The costs are to be shared between NHS Oxfordshire and the ORH. We have jointly committed to spending £2.5m extra a year to deliver a new service that will ensure that full 24/7 paediatric and maternity services can be retained at the Horton.

Paediatrics
By far the biggest part of the implementation has been the recruitment of 12 new paediatric consultants. Over 30 applications were received and of these, 25 candidates were shortlisted for interview.

As part of the interview process, all shortlisted candidates were invited to spend a day at the John Radcliffe (JR) and Horton General Hospitals. All the new posts will work across both of our hospitals, giving the consultants an opportunity to work in a specialist field at the Oxford Children’s Hospital as well as working in general paediatrics at both the Horton and the John Radcliffe.

At the JR the candidates met some of the specialist paediatricians with whom they could be working. At the Horton candidates met both potential clinical colleagues and members of the local community and GPs who have been so supportive of local services. The day was a great success.

Candidates learned a lot and enjoyed being able to ask lots of questions, including what it is like to live and work in the local area.

Seven consultant paediatricians have now been appointed and a phased introduction of the new rota will start in January. More interviews have been set up for December for the remaining posts.

Anaesthetics
A new resident anaesthetic rota has now started. This has been possible because a number of the existing consultant anaesthetists have agreed to increase their hours. New anaesthetic theatre nurses and staff are being recruited to support the rota.

Obstetrics
In order to make the new obstetric rota work, four obstetric posts working across both the JR and the Horton are needed. However, the implementation group are waiting to hear about possible changes in middle grade numbers as this would mean a different rota would have to be drawn up. It is hoped that this will be known by the end of November and that decisions about recruitment can then be made.

For more details on the Better Healthcare Programme, including agendas and papers for meetings, please see: www.oxfordshirepct.nhs.uk/bhp/

Diary of events: Culture Club
Are you interested in sampling the wealth of Oxford’s culture? Or just informal socialising outside work? The Culture Club offers a range of events – from theatre and cinema visits, to hands-on arts workshops for staff and their friends and families, often with a discount too.

Upcoming events
8 and 16 December Lunchtime concert of Christmas songs and carols, Oxford Cancer Centre entrance, Churchill Hospital

For more information contact Ruth Charity, Arts Coordinator Ruth.Charity@orh.nhs.uk
**Becoming ‘clinically-led’**

The ORH has changed the way it manages its services so that clinicians have a bigger say – and a greater responsibility – for the way they are run.

The new structure means a move from the current three divisions to six new divisions, which bring together our specialties in a way that best reflects the way they work together, their geographical location and how they integrate with the clinical research carried out in our hospitals with Universities.

Each of these new divisions is now led by a practicing clinician, who is also accountable for the quality and operational performance of the services provided. In each division there are a number of directorates, each with a newly appointed Clinical Director. These clinicians continue to be supported by professional NHS managers.

Many key leaders in the Trust were already health professionals of all types. The new structure makes these roles more concrete – granting greater autonomy to services, but also formalising responsibility and accountability. It doesn’t mean that clinical services will be free from the must-dos of meeting quality, performance, and financial standards – but it does mean that each service area can play a greater role in how effective, efficient and safe patient care is delivered.

**The new roles**

The key roles in the new structure are:

- Divisional Directors head up the new divisions and are accountable for the overall performance of each division. They report to the Director of Clinical Services and are part of the Trust Management Executive, which also includes the Chief Executive and Executive Directors. This will be the senior managerial decision-making body for the Trust.

- General Managers support, and are accountable to, the Divisional Directors and their teams to discharge their responsibilities and accountabilities.

- Divisional Nurses support the divisional teams in ensuring the provision of high quality, efficient and effective services and provide senior nurse leadership within the division.

- The Head of Therapies manages the Physiotherapy and Occupational Therapy services.

- Operational Services Managers are accountable to the Clinical Director and, in conjunction with the Matrons, are responsible for ensuring the efficient and effective day-to-day running of each Clinical Directorate.

- Matrons are accountable to the Clinical Director and, in conjunction with the Operational Services Manager, are responsible for ensuring the efficient and effective day-to-day running of each Clinical Directorate and line-managing staff.

There are also specialist and deputy roles in some of the directorates, as defined by their size and specialty.
Executive make up the Trust Board. This is the senior management decision-making body for the Trust. Sir Jonathan Michael, Chief Executive; Edward Baker, Medical Director; Sue Donaldson, Director of Human Resources; Mark Mansfield, Director of Finance; Andrew Stevens, Director of Planning and Information; Elaine Strachan-Hall, Chief Nurse; Paul Brennan, Director of Clinical Services; and the six Divisional Directors (see below).

Division of Critical Care, Theatres, Diagnostics and Pharmacy

Divisional Director
Richard Turner

Cancer Medicine (Oncology)

Clinical Oncology
Medical Oncology
Clinical Haematology, Haemophilia and Thrombosis
Medical Physics and Clinical Engineering
Palliative Medicine

Surgery

Upper and Lower GI
Acute Surgery
Gastroenterology
Breast and Endocrine Surgery
Gynaec-Oncology

Renal, Transplant and Urology

Transplant and Renal
Urology

Theatres, Anaesthetics and Critical Care

Anaesthetics
Adult Critical Care
Pre-operative Assessment
Resuscitation
Pain Service
Theatres and Day Case Unit

Pathology and Laboratories

Pathology and Laboratories

Radiology and Imaging

Pharmacy

Pharmacy

Division of Surgery and Oncology

Divisional Director
Freddie Hamdy

Medical Oncology

Obstetrics and Midwifery

Gynaecology

Acute Surgery

Gastroenterology

Breast and Endocrine Surgery

Gynaec-Oncology

Theatres and Day Case Unit

Our New Structure
Conquering land, sea and sky – staff battle the elements in the name of fundraising

Heart consultant Tim Betts has taken fundraising to a new level. In September, Tim and a friend completed seven torturous marathons – over mountains and through bogs – in just seven days.

The epic 190 mile run, along the Wainwright Route from the Irish Sea to the North Sea, is notoriously difficult and most people attempt it as a hike over several weeks. But in an effort to raise as much money as possible Tim was determined to go the extra mile.

He explained, “This was a once in a lifetime experience. I really don’t think I’ll ever be stupid enough to try anything so mad again. But I’m very proud of what the Oxford Heart Centre already offers and wanted to do something equally outstanding to contribute to the continued development of this world class facility.”

Tim kept friends, family and supporters up to date with the trials and tribulations of his run (number of Gregg’s pasties consumed, wet weather reports, size of hills, latest injuries, adder bites) in a nightly blog which helped to keep the money rolling in as the miles totted up.

At times it seemed almost impossible that the pair would ever complete this heroic act of endurance, so the end of the 190 miles was celebrated in style, “We raised a glass with our feet soaked by the huge North Sea waves rolling up the slipway. The euphoria and relief were overwhelming. I couldn’t believe it was all over and suddenly the whole week seems like an amazing, lifetime achievement rather than a gruelling ordeal! All our goals have been achieved, for worthwhile causes close to our hearts.”

Tim has raised over £7,000 for the Heart Centre as well as gaining masses of media coverage which helped to publicise the campaign. You can read more or sponsor him at www.c2crunners.com

Tim Betts isn’t the only member of staff who has been pushing the fundraising boundaries recently. A group of reconstruction surgeons and trainees are celebrating swimming the English Channel this September.

The team – Mr Henk Giele, Paul Poynter Smith, Sophie Dann, Sally Jay, Paul Stephens, Marc Swan, Greg Thomas and Bill Townley – swam, without wetsuits, in relay across the
23.6 miles of ocean. They set off from Dover at 5.00am on 18 September, and 12 hours 41 minutes later – having avoided the container ships and jellyfish – they reached Cap Gris Nez in France.

The group were raising funds for the Plastic and Reconstructive Surgery Research Fund – with supports research into melanoma skin cancer, Dupuytren’s disease and hand surgery. If you would like to salute their endeavours visit www.justgiving.com/Paul-Poynter-Smith

Staff across the Trust have also been taking part in our ever-popular abseils. The Children’s Hospital Abseil in September raised over £25,000 when staff, parents and supporters took the 100 foot drop. Amongst them were Oxford United Chairman, Kelvin Thomas and Manager, Chris Wilder.

In October, staff from the Breast Cancer Screening Unit and from the public services company, Amey, also abseiled. The screening staff were launching a fundraising drive which seeks to upgrade their equipment from film to digital, whilst Amey was adding to its pledge to raise £100,000 for the Oxford Cancer Centre.

If you would like to discuss your fundraising ideas just call the fundraising team on 01865 743444 or email campaign@orh.nhs.uk

All our fundraising events are on the website www.orh.nhs.uk
Yolanda Jacob, Fundraising Project Manager for the Brodey Centre said, “The expansion of the Brodey Centre at the Horton General Hospital is progressing well. The project has been made possible thanks to the amazing generosity of local people, businesses and other organisations in the Banbury area who raised over £450,000. The structure of the extension and mezzanine floor are now complete. The building is now effectively watertight and the electrical and water supplies are now being installed. The building works are due for completion in November.”

One of the many donations that helped fund the Brodey Centre Extension Fund came from Mr Michael Ayres who kindly donated £610. Mr Ayres raised the money by asking friends and family for donations to the Fund in lieu of presents for his 70th birthday. He is pictured above presenting his cheque to one of the Brodey Centre nurses, Anita Joyce. Also pictured are Fundraising Project Manager for the Horton, Yolanda Jacob and Alice Gosling, Director of Fundraising for Oxford Radcliffe Hospitals.

Yolanda Jacob, Fundraising Project Manager, pictured on the site of the Brodey Centre extension.

Left to right: Yolanda Jacob, Michael Ayres, Anita Joyce and Alice Gosling.

Brodey Centre is nearly ready

Yvonne Uprichard presents the cardiac compressor to Dr John Black.

Air Ambulance’s gift flies in

The Thames Valley and Chiltern Air Ambulance (TVCAA) has a new in flight cardiac compressor thanks to donation from Riseley, Swallowfield and Farley Hill Charitable Trust (RSFCT).

The cardiac compressor delivers mechanical resuscitation freeing paramedic aircrew to deliver other on board treatments. The RSFCT was started by a group of friends near Wokingham in Berkshire in 2004.

Yvonne Uprichard, Trustee of RSFCT, said, “The Air Ambulance has a special place in our hearts being in a rural location with farming and equestrian activities throughout the area. We take pleasure in being able to provide our local Air Ambulance with the in flight cardiac compressor and hope it assists the crew in doing what they do best.”

Yvonne presented the cardiac compressor to Dr John Black, Medical Director of South Central Ambulance Service which deploys the air Ambulance. He said, “I believe this will significantly impact on the quality of care these patients can receive in these challenging circumstances.”
Oxford’s a magnet for the latest treatment

This September, the Radiology department at the Churchill Hospital took delivery of a new 3T MRI magnet.

Toni Mackay, Churchill Radiology Manager, said, "It has taken over two and a half years and a lot of hard work to get to this stage. Everyone was very excited and many members of the team stayed late after work to witness the delivery. This new magnet will allow us to be at the forefront of MRI technology, and participate in research whilst continuing to deliver a high standard of imaging to enhance pathology diagnosis and improve patient care.

The magnet and building works cost a total of £2.5m and were jointly funded by the Trust and the Department of Health’s cancer wave initiative, which is funded by lottery grants.

The new MRI scanner will be available for patients from November 2010.

What is an MRI scanner?

An MRI (Magnetic Resonance Imaging) scanner is a tool to perform imaging of the body for the diagnosis of different conditions.

How does it work?

An MRI scanner uses magnetism, not radiation like an X-ray or CT (computerised tomography) scan. The MRI magnet creates a strong magnetic field, ‘exciting’ the water molecules in your body. These molecules create energy signals which are then picked up by the MRI scanner. The computer connected to the scanner then generates the signals into an image.
The ORH is developing a new vision for the services to be provided from the Horton General Hospital and to set out a new strategic plan for the hospital based on this. The health service is changing and with day surgery becoming more and more the norm, it may be possible to do more day surgery for some specialist services at the Horton. Equally, some services traditionally provided in hospitals will be increasingly carried out in the community, even closer to people’s homes. These are the sorts of things that the ORH will be looking at in relation to the future of the Horton.

The Trust is currently talking to other healthcare organisations, to get a clear idea of what services local commissioners are likely to want for North Oxfordshire and beyond over the next few years. Once the Trust has a clear understanding of these organisations’ strategies and plans for providing health and social care to the local population, these will be fed into the development of the Trust’s own strategy and the emerging vision for the Horton General Hospital.

The Trust will be talking to key local groups (such as patient groups, GP practices in North Oxfordshire and Brackley and our other partners in the local community) about planning for the future.

Nominate your nursing star

Has a nurse, midwife, health visitor or healthcare assistant made a real difference to you or a loved one? Now you can say a big ‘thank you’ by nominating them for a special award organised by Nursing Standard magazine.

The Patient’s Choice Award 2011 provides the public with a very special opportunity to highlight and reward outstanding practice within the nursing profession.

Last year, Nursing Standard received more than 250 nominations, featuring nurses, patients and families from villages, towns and cities throughout the UK.

To nominate a nurse, midwife, health visitor or healthcare assistant, members of the public can visit www.patients-choice.co.uk or call 020 8423 1066 to request an entry form. The closing date for nominations is 21 January 2011.

Looking to move closer to work?

A2Dominion Group has a selection of furnished single rooms available to rent onsite at the Horton General Hospital. These homes benefit from:

- shared bathroom, kitchen and living facilities
- fitted kitchens with oven, hob and fridge/freezer
- onsite laundry facilities
- some parking (available by permit only).

Rents start from as little as £229 per month, inclusive of all utility bills and Council Tax.

A2Dominion Group’s homes adhere to the rigorous standards set out by the government in the housing of health workers, so you can always expect a good quality, clean home, which is both convenient and affordable.

If you’re looking for well-managed accommodation that is close to where you work, contact 01295 229015 Email: oxford.office@a2dominion.co.uk
Information Revolution

An Information Revolution is one of a series of documents for consultation published subsequent to the White Paper: Equity and Excellence: Liberating the NHS.

It is part of the Government’s agenda to create a revolution for patients – “putting patients first” – giving people more information and control and greater choice about their care. The information revolution is about transforming the way information is accessed, collected, analysed and used so that people are at the heart of health and adult social care services.

Secretary of State for Health, Andrew Lansley, says, “High quality health and care services depend on good information. The right person having the right information at the right time can make all the difference to the experience of a patient, service user or carer.

“Good information also enables care professionals to make the process of care safer and more efficient. Information is a health and care service in its own right: it must be freely available to all who need it. Good information is also the basis for genuine shared decision-making: ‘no decision about me, without me’.”

The Department of Health is consulting on the proposals in An Information Revolution until 14 January 2011.

Find out more at: www.dh.gov.uk/en/Consultations/Liveconsultations/DH_120080

Customer Care Charter

Our Customer Care Charter is a reminder that patients are at the centre of everything we do. It demonstrates the Trust’s recognition that looking after patients is about more than good clinical practice. It’s also about recognising that being in an environment where the people you encounter are considerate, friendly and courteous makes a big difference to the way people feel – particularly when stress levels are high.

We want our staff to:

● be friendly, helpful and welcoming
● wear identification, introduce themselves by name and role, and explain what they do
● take time to listen and find out what people really want or need
● actively seek feedback, respond promptly and do what we promise
● find someone else to help if they are not able to
● give each person their full attention
● offer to help, not wait to be asked
● treat everyone with respect, apologising if appropriate
● look for ways of improving and enhancing our services
● tell others what they have learnt.

Elaine Strachan-Hall, Chief Nurse, is the executive director who leads on improving the patient experience in our hospitals. She told ORH News, “We all know how much our spirits are lifted when the people we come into contact with are kind, friendly and respectful; and how low we plunge when people are rude or don’t do the things they said they would.

“In hospital these emotions are often heightened because patients are already feeling vulnerable and anxious. It’s important that our staff remember this and help patients feel relaxed and valued. It’s recognised that reducing stress levels helps people recover more quickly too, and actually, it makes the whole day better for everyone – staff as well as patients.”
Keeping focus on quality

In April, the ORH was registered with the Care Quality Commission (CQC), the national regulator for health and adult social care. As part of the registration process, the CQC carries out planned inspections of all healthcare providers every two years, and the review happened recently at the ORH.

This review meant that we sent a large amount of evidence to the CQC to show that we are still compliant against all the standards that hospitals must meet. This evidence included things like policies and trust documents, staff and patient feedback, and details of communications and activities at the Trust.

Then, in September, the John Radcliffe, Churchill and Horton General Hospitals were visited by CQC representatives, who spoke with staff and patients to see how we are doing on the wards and in departments.

The CQC are checking to see how compliant we are with the standards that all hospitals must meet. There are 16 key standards covered by the review, which include areas such as ensuring that care is effective and safe, making sure our infection control is up to scratch, meeting patients’ nutritional needs in hospital; and supporting our staff.

This review process contributes to our own systems aimed at assuring ourselves and others of the quality and safety of services in our hospitals. Indeed, as part of our move to a new clinical management structure we are also improving our own governance structure so that it is clearer and more effective.

The new governance arrangements are aimed at linking the ‘Board to the floor’ – in other words, having committees that can hear the voices of staff on the front line, and provide these staff with clear parameters within which to deliver treatment and services.

Building this structure will take time, and we have started with looking at the committees that report to the Trust Board and establishing a new Management Executive and the committees that will report into it. You can read more about our structure and governance here: [www.oxfordradcliffe.nhs.uk/aboutus/structure.aspx](http://www.oxfordradcliffe.nhs.uk/aboutus/structure.aspx)

What is ‘governance’?

Simply, governance is about how an organisation is run, what our decision making processes are, the committees that oversee our work, the policies that regulate practice, and the checks and balances that we can bring to bear on difficult organisational decisions.

It can seem like a dry, technical subject, but it is actually about how our staff conduct themselves, and how we assure ourselves and others that we are doing what we say we are. Because we are such a big and complex organisation, it is particularly important that our governance and decision making processes are simple, clear and effective. In order to become a high performing Foundation Trust, we need excellence in our clinical services, and we also need the assurance that comes from having excellence in our systems and processes.

ORH inventor improves patient safety

Dr Fares Mayia, Consultant Medical Physicist at the Churchill Hospital, has invented a device that improves the safety of patients during surgery.

The device, a mains Isolated Power Socket (mIPS), converts existing power sockets to an isolated power supply which ensures increased operational safety. An increasing number of healthcare technologies and procedures (e.g. Cardiology) now demand an isolated power supply. This device is an economical and quick-to-install unit that can be plugged into surgical areas as well as onto mobile units, such as transfer trolleys. By simply plugging it in over an existing socket, this device converts it into a twin isolated outlet. This reduces conventional conversion costs by up to 75%. Fares has worked at the Churchill Hospital for 15 years and is a serial inventor: “I’m delighted that I have been able to get one of my inventions into production for the benefit of our patients,” he said.

As reported by ORH News in August 2008, Fares won ‘Inventor of the Quarter Award’ from NHS Innovations South East for the device. Since then NHS Innovations and the ORH have supported the development of the device and it is in the final stages of production. The mIPS was launched by NHS South East Innovations this October and will soon be available for use throughout the Trust.

Dr Fares Mayia with an early version of his safety device.
The communicating organisation

It is extremely difficult to achieve good communications in an organisation the size of the Oxford Radcliffe Hospitals. With around 10,000 staff, three hospital sites and a large proportion of the workforce working shifts, the communications mechanisms have to be flexible and varied while at the same time being consistent and routine.

ORH News is part of the Trust’s effort to communicate with as wide an audience as possible. We want to encourage people to learn more about what the ORH is doing and to share the successes and developments in services and departments, as well as the achievements of individuals. It’s great to hear from patients and their families as well, so if you are reading this magazine in one of our waiting areas, or in a hospital restaurant or canteen, think of ORH News if you have a story to share.

If you would like to know more about how to get involved with the ORH, please contact communications manager, Susan Brown on susan.brown@orh.nhs.uk Tel: 01863 3 21471

If you have a story you think should be featured in ORH News, please contact communications officer, Laura Carpenter, on laura.carpenter@orh.nhs.uk Tel: 01863 3 21471

Riders raise cash for children

SERV raised over £1,000 for the Oxford Children’s Hospital by abseiling from the top of the Women's Centre at the John Radcliffe. Sarah Vaccari, communications manager for ORH Charitable Funds said, “SERV is a charity itself so it is fantastic that their volunteers have taken time to raise money for the Children’s Hospital.”

12 riders from SERV took part in the abseil including John Stepney.

John Stepney is no ordinary milkman. John is a rider for SERV (Service by Emergency Rider Volunteers) and the bottles he and his colleagues deliver to our hospitals' doorsteps give nourishment to preterm babies.

SERV are dedicated volunteers who have given their time and petrol to transport blood, blood products, samples and other urgently required medical items to hospitals across the South of England since 1981. Now they have extended this service to transport donated breast milk to the John Radcliffe Hospital’s Human Milk Bank.

Sally Inch, Breastfeeding Coordinator at the Women’s Centre, said, “One of the biggest challenges the Milk Bank faced was transporting milk from donors to the hospital before it defrosts. The riders of SERV help us by transporting milk between hospitals so we never have to turn any milk away and we are less likely to ever out.”

John Stepney said, “SERV is available in an emergency from 7pm to 6am, 7 nights a week, 52 weeks a year. We have riders out in all weathers, over Bank Holidays and Christmas holidays. We rely on donations from the public and corporate sponsorship to buy the bikes and maintain them. It’s fantastic to be able to help hospitals who need us in an emergency and we hope we will be able to carry on and expand our services as more people get involved.”

For more information or to donate to SERV visit www.serv.org.uk

John Stepney completed his abseil.
The OxBRC funds an ethics fellow, Dr Mark Sheehan, who advises researchers on ethical issues around clinical research. In August he was invited to be on a panel of experts on BBC Radio 4 ‘Inside the Ethics Committee’ where they talked about ‘how should a surgeon respond when obese patients, who have paid privately for weight loss surgery, seek NHS help when that surgery has unexpected consequences?’ If you would like to listen to this on BBC iPlayer you can find it at: www.bbc.co.uk/programmes/b007xbtd

The research funded by the OxBRC covers ten main clinical areas with four cross-cutting themes.

- Tissue Banking & Cohorts
- Genetics and Pathology
- Imaging
- Bioengineering

One of these themes, Vaccines, was recently rated as number one for attracting the highest total citations to their papers on Meningitis and four authors hail from Oxford: Martin Maiden, Richard Moxon, Derek Hood, and Andrew Pollard (OxBRC-supported theme leader for Vaccines research). Find out more at: http://sciencewatch.com/inter/ins/10/10julmen/

Controlling and reducing infection is an important strategic and operational issue for all NHS hospitals and has a huge impact on healthcare delivery overall. The OxBRC is pleased to be playing a part in supporting Professor Derrick Crook and colleagues in the Infection Theme who have developed new molecular tests to improve the speed and accuracy of diagnosis and tracking of important infections such as MRSA and Norovirus – the winter vomiting bug. They have managed to attract substantial grant funding from the UK Clinical Research Collaboration (£5m) to carry out a programme ofThis nationally leading programme is poised to radically transform microbiological diagnosis and infectious disease management in the NHS.
While BRC-funded researchers have been attracting international recognition for the importance of their research, the ‘back office’ has been rather busy as well.

The OxBRC office offers a funding, support and administrative function for the £60m awarded by the National Institute (NIHR) to carry out translational research. For the second year in a row it has been accredited as ISO9001 compliant. This means that the OxBRC documents, implements, and maintains a quality management system and continually improves its effectiveness in accordance with the requirements of the ISO 9001:2008 International Standard.

Dr Mark Taylor, General Manager, explained the importance of this quality mark by saying: “We have been entrusted with a large sum of taxpayer’s money to fund and support translational research and we believe it is important to have robust processes and systems to ensure transparency, probity and a clear audit trail.

ISO9001 accreditation means that the systems we have put in place have been externally verified and fulfil the requirements needed to meet this internationally recognised system of checks and balances.”

So, if the house is now in order what else has the OxBRC been up to?

As part of an ongoing commitment to engaging and involving the public in research a number of activities have been held, including a series of public talks and an open day in March of last year. New talks have been confirmed and our theme leaders will be available to give engaging and accessible overviews of the research they are working on. All are welcome and there is no need to register. We are also looking forward to working with our new partners in the Nuffield Orthopaedic Centre and will be holding a joint lecture on 24th May when Professor Paul Wordsworth will talk about his Ankylosing Spondylitis research.

Come to one of the BRC’s public talks

20 January 2011
Prof Paul Johnson – Diabetes Theme
Pancreatic Islet Transplantation for Type 1 Diabetes Mellitus – the bench has reached the bedside.

9 March 2011
Prof Chris Kennard – Brain Theme

24 May 2011 (This talk will take place at the Nuffield Orthopaedic Centre)
Professor Paul Wordsworth – Ankylosing Spondylitis research
Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences

5 July 2011
Prof Peter Rothwell
TIA (Transient Ischaemic Attack)/stroke prevention

For more information on the Oxford Biomedical Research Centre you can visit the website on www.oxfordbrc.org

Bear Givers returned to the Oxford Children’s Hospital to give over 120 of teddy bears to patients this November. Bear Givers is an international charity that brings joy to the lives of children and adults with the gift of teddy bears.

Diane Lembert from Bear Givers said, “We are so delighted to visit Oxford Children’s Hospital again with so many smiling faces, both old and new, to greet us. We give over 50,000 of teddy bears every year to hospitals across the world, to see the children’s faces light up when the teddy bears arrive, is the best thanks we can get.”

Penny Hambridge, Children’s Development Officer said, “Time in hospital can be difficult especially for children. We are very grateful to Bear Givers for their generous gifts, having something cuddly and fluffy to hold on to can really make a difference. The children were over the moon with the gifts.”
What’s new on www.oxfordradcliffe.nhs.uk

Take a ‘virtual view’ of the Oxford Heart Centre

360 degree photographic views of our state-of-the-art facilities.
  • www.oxfordradcliffe.nhs.uk/heartcentre

Annual Reports and our new structure

You can read our Annual Report 2010 in three ways in the ‘About us’ section of www.oxfordradcliffe.nhs.uk
  • Read, print or download our full report in pdf format
  • Read our summary report in a Flash version that ‘flips’ the pages for you
  • Read our online summary report, set up as web pages.

You can also find out all about our new Clinical Management Structure on the website:
  • go to ‘About us’ and click on ‘Our structure’ in the left hand menu.

The ORH website will keep you up-to-date with all our future developments, including the integration with the Nuffield Orthopaedic Centre: but did you know you can also find out about our past, all the way back to the opening of the Radcliffe Infirmary in 1770 when it cost £4,000!

Patient information leaflet library

All the patient information leaflets produced by the ORH can be downloaded from our patient information leaflet library:
  • www.oxfordradcliffe.nhs.uk/patientinformation
    As well as our clinical leaflets you can find copies of general patient information for the John Radcliffe, Churchill and Horton sites, including Easy Read versions for patients with Learning Disabilities.

To find A4 travel sheets, with maps and parking information to print out, visit:
  • www.oxfordradcliffe.nhs.uk/findus
    and click on the link for your hospital site.

Please help us to keep the ORH website up-to-date: email any changes in your department to Frances Bonney at frances.bonney@orh.nhs.uk or call 01865 2 31474.

Oxygen backpacks now in reception areas across the Trust

Thanks to the League of Friends and the Oxford Services Hospital Charity oxygen backpacks are now available at the main reception areas across all three hospital sites. This equipment enables porters to safely and quickly bring life-saving equipment to non-clinical areas that do not have access to resuscitation trolleys.

The oxygen cylinders are lightweight, meaning that porters can carry the oxygen backpack, the automated defibrillator and other equipment more easily to where it is needed.

Catriona Fleming, Senior Resuscitation Officer at the Churchill Hospital said, “All our porters have been trained to bring this equipment to non-clinical areas immediately, so that clinical staff and members of the resuscitation team can start to help those in need at the earliest opportunity. The quicker resuscitation begins the better chance there is of a good outcome for the patient. We would like to thank the League of Friends and the Oxford Services Hospital Charity for this generous donation, it really could be a life-saver.”