Prof Andy Carr is using traditional technology to transform surgery – page 10

Tablet technology to improve patient safety

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First Christmas treats for Amy

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Oxford United players spread joy at the Children’s Hospital

Oxford United players brought some early festive cheer in December when they paid their annual visit to the Children’s Hospital to give out toys that had been donated by kind-hearted fans. The club has been visiting the hospital every year with toys for more than 25 years.

Oxford United captain Jake Wright said: “It is always great to meet the staff who do such a wonderful job and the kids we met were all amazing. We hope they will get home for Christmas.”

Organiser Peter Rhoades-Brown, Business Development Manager and former player, said: “The kids were so pleased and the players were able to spend a couple of hours there – I think the nurses were also pleased to see the players.”

Row, row, row your sleigh…

Christmas came early for young patients at the Children’s Hospital when members of the Oxford University Rowing Team visited and handed out toys and presents.

The Oxford ‘Blues’ spent time on the wards talking to the children and wore special blue Santa hats to entertain the children.

Showbiz glamour on the wards

Cast members of the hit musical Miracle on 34th Street took time out from their busy schedule at Oxford’s New Theatre to distribute presents to the Oxford Children’s Hospital.

The theatre asked people to donate the gifts to the box office of the theatre, which were then given out by three cast members and Santa. The cast also raised £1,323 with bucket collections after performances.
Volunteers assist in all our hospitals and make all the difference to our patients during their stay; they are also enormously helpful to our staff and a valuable part of the hospital team.

In December, 97 of our volunteers joined together at the OnThree Restaurant at the John Radcliffe Hospital for their annual Christmas lunch – a record number of volunteers to attend.

Among those present was Ron Watson, who has been a volunteer at the hospital since 1981, and currently works as a guide on the helpdesk at the West Wing reception. Ron was also honoured with the Silver Award in the volunteer category at the OUH’s Annual Staff Recognition Awards in November 2013.

Ron, who volunteers on a weekly basis at OUH, begins his day at 6.20am when he catches the first number 10 bus out of Blackbird Leys to the John Radcliffe Hospital.

Mr Watson said: “I was very pleased to get the Silver Award – it was a great honour and quite a surprise. I am often required to guide people to where they need to go, making them feel comfortable and simply pointing them in the right direction.”

When he first started volunteering at the hospital he helped to look after patients in the evenings as a ward visitor.

Ron was nominated for his hospital award by the voluntary services team and his nomination read:

“I was very pleased to get the silver award”

“His dedication to his role as a volunteer is exemplary. He hardly ever misses a Wednesday and turns out in all weathers. We have known him to walk from his home in the snow. Ron has a wonderful way of dealing with patients, staff and visitors. “He certainly puts patients and visitors at ease to make them feel less anxious about their visit.”
Dr Syed Masud, Emergency Department Consultant and Clinical Director for the Thames Valley Trauma Network (TVTN), has led the way in developing a comprehensive and innovative programme of OxTrauma courses to both staff in the Major Trauma Centre (MTC) and wider network.

The John Radcliffe Hospital, designated as the Major Trauma Centre for the Thames Valley, has treated more patients suffering from complex trauma than ever before. Staff training and education are an integral part of ensuring that these patients receive the high quality care expected in a MTC.

OxTrauma has developed a two-part Trauma Team Leader (TTL) training programme, incorporating a 1.5-day Behavioural Understanding course and a three-day Oxford Advanced Trauma Skills course. The Behavioural Understanding course focuses on non-technical skills in the context of trauma team leadership.

The three-day Oxford Advanced Trauma Skills course incorporates lectures, practicals, and simulation of real-life scenarios held in the University of Oxford’s state of the art purpose built Simulation Centre (OXSTaR).

The TTL will continue to run throughout 2014 and details of all OxTrauma courses can be found on the intranet http://ouh.oxnet.nhs.uk/OxTrauma/Pages/Default.aspx

OxTrauma also offers a programme of specialty-specific study days. The Head Injury study day was attended by around 100 people in December and a Blood Trauma study day is planned for June 2014.

OxTrauma is collaborating with Barts and the Royal London Hospital to offer a bi-annual Paediatric Advanced Trauma Skills Course, the next of which will be held in Oxford in spring 2014.

If you would like to host a study day and/or are running courses relating to the care of trauma patients within the MTC and TVTN please contact sarah.jenkins@ouh.nhs.uk

Joint project narrowly misses out on award

A joint project between OUH and the Improving Access to Psychological Therapies service (IAPT) from Oxford Health called ‘Heart2Heart’ was recently nominated and shortlisted for an award at the HSJ Celebration of Healthcare Excellence.

People with cardiac disease are three times more likely to suffer from anxiety and depression than the general population. This causes significant distress and slows down recovery from cardiac events.

The project is aimed at integrating physical and psychological healthcare for cardiac patients using cognitive behavioural therapy and a stepped care approach to aid rehabilitation and recovery.

Your views welcome

Welcome to the newsletter of Oxford University Hospitals NHS Trust.

We hope you will continue to contribute your news and articles from your teams, departments and divisions and look forward to publicising them in the newsletter.

All items for publishing should be sent to Kelly Whitehead in the Media and Communications Unit, Level 3, John Radcliffe Hospital 01865 231471. Alternatively email kelly.whitehead@ouh.nhs.uk

Designed by Oxford Medical Illustration 01865 220900.

www.ouh.nhs.uk
Tablet technology to improve patient safety

Paper patient record charts could become a thing of the past as the Trust prepares to roll out a new system using iPad-based technology.

The System for Electronic Notes Documentation (SEND) project replaces paper charts and means medical staff use computer tablet technology to record and evaluate patients’ vital signs. The system alerts staff to early signs of patient deterioration and allows patient data to be shared with specialists across the hospitals.

Oxford University Hospitals’ Critical Care Medicine clinical researchers Dr Peter Watkinson and Dr Tim Bonnici, have worked in close collaboration with the University of Oxford’s Institute of Biomedical Engineering (IBME) to develop and trial the system. The team had previously developed a paper-based Early Warning Score system.

It will undergo further trials on three wards early this year before a phased roll-out across the Trust.

Dr Watkinson said: “Bringing together experienced clinicians and biomedical engineers has allowed us to develop an ergonomic, intuitive early warning scoring system where information is shared in real-time with staff, wherever they are in the Trust, enabling improved patient care.”

The iPad-based early warning system won £550,000 funding from the Safer Hospitals, Safer Wards NHS Technology Fund.

A further £200,000 from the fund has been awarded to the “end-to-end electronic prescribing” project.

It will speed up the preparation of prescriptions for those ready to leave hospital meaning they can return home sooner.

The system will link electronic patient records directly to the hospitals’ pharmacy robot. This means that when a doctor on the ward, or in outpatient clinics, prescribes medicine for a patient to take home, it will be prepared, packed and dispatched automatically by the robot, while still ensuring vital pharmacy safeguards.

New group launched for stroke patients

A new focus group for invited former patients who have had a rare type of stroke has been launched at the John Radcliffe Hospital, providing an outlet for patients who have suffered a subarachnoid haemorrhage (SAH).

An SAH is a type of stroke caused by bleeding in and around the brain. The majority of bleeds are caused by an aneurysm, which is a weakened area of a blood vessel in the brain.

The focus group was launched as a result of a research project into SAH. The research, led by Dr Matthew Rowland, looks at what happens to the brain after a patient suffers a SAH and seeks to find ways of preventing further damage.

Cat Lamb and Sue Concliffe are Senior Staff Nurses in the Neuro Intensive Care Unit at the John Radcliffe Hospital and have been instrumental in developing the new support group. Cat said: “We’ve had some really brilliant feedback from patients who have attended the group, all of them commenting on how helpful it has been for both them and their partners.”
Care Quality Commission inspection teams visiting Oxford and Banbury hospitals

The Care Quality Commission (CQC) inspection of the Oxford University Hospitals NHS Trust is confirmed for the week commencing **24 February 2014**. The Care Quality Commission (CQC) is the independent health and social care regulator for England. They inspect NHS organisations periodically with planned and unannounced visits to check staff and services are meeting those standards. They are responsible for monitoring the standards and they share their findings with the public.

The OUH welcomes the fact that it has been selected to be inspected in wave 2 of the CQC’s new inspection regime, as an aspirant Foundation Trust. In September 2013 the NHS regulator Monitor announced that it would not receive any applications from aspirant FTs unless they had been inspected under the CQC’s new inspection regime.

Chief Executive, Sir Jonathan Michael, said “We asked the CQC to consider our Trust in this next round as we would like to continue with our application for FT status as soon as possible. A lot of work has gone into preparing the organisation for this process and we are happy to welcome the CQC inspection teams here in February.”

A team of CQC inspectors will be visiting the four hospitals in our Trust for a period of two to five days. They will be asking staff, patients and visitors about their views and experiences of our hospital services. The inspectors will be easily identifiable and will introduce themselves. A report will be made public sometime in April 2014.

You may also hear about two public meetings being organised by the CQC on 24 February in Banbury and Oxford when they would like to hear from anyone who has recently used services at our four hospitals. Find out more by visiting [www.cqc.org.uk/listening-events](http://www.cqc.org.uk/listening-events)

Top role with Care Quality Commission

Professor Edward Baker, Medical Director at OUH, will be leaving the Trust at the end of March to take up a new appointment with the Care Quality Commission (CQC) as one of four deputy chief inspectors of hospitals.

In his new role, Professor Baker will support the Chief Inspector of Hospitals, Professor Sir Mike Richards, in championing the interests of patients and ensuring that health services are safe, effective, caring, well-led and responsive to people’s needs.

The Deputy Chief Inspectors will lead multidisciplinary teams that carry out scheduled and responsive inspections across acute, community health, mental health and ambulance services in England.

Professor Baker has in-depth experience of acute hospital services both as a clinician and clinical manager, and with ten years as a medical director. In his new role he will share responsibility for assessing and judging how well providers put the quality of care at the heart of everything that they do. Professor Baker chaired the team of inspectors for one of CQC’s first inspections using its new acute inspection model, at Croydon Health Services NHS Trust.

OUH Chief Executive Sir Jonathan Michael said: “This is an important new national role in leading the monitoring, inspection and regulation of health services across England and we congratulate Professor Baker on his appointment.”

Professor Baker takes up his new role on 1 April 2014.

New Director for HR

Mark Power has been appointed as the Trust’s new Director of Organisational Development and Workforce.

Mark has worked in a variety of roles within the NHS, the private sector and the Royal Navy. Mark joins us in February from Dorset County Hospital and Yeovil District Hospital NHS Foundation Trusts.
Amy Grime, 28, is testament to what a difference the operation can make to a patient’s quality of life. Amy suffers from Crohn’s disease and this Christmas, for the first time in 20 years, she was able to enjoy a mince pie like the rest of her family. Crohn’s affects the digestive system and left Amy unable to eat solid food for most of her life. But last January she underwent a pioneering bowel and abdominal wall transplant at the Churchill Hospital in Oxford.

Since June 2012, ten of these operations have been performed by Mr Henk Giele, consultant plastic surgeon, as part of the intestinal transplant programme led by Professor Peter Friend and Mr Anil Vaidya. Every year, approximately 25 to 30 people require small bowel transplant operations. Half of these patients may need an abdominal wall transplant because of the poor quality of their native abdominal wall muscle and skin due to multiple operations.

Henk Giele said: “An intestinal transplant is both life-saving and life creating. It helps to solve extremely difficult living conditions for patients, many of whom have spent years unable to eat solid food leaving them completely reliant on intravenous feeding for up to 18 hours a day. For these people, being able to eat and taste again is a revelation, so this is truly transformative surgery.”

For patients suffering from severe abdominal scarring following congenital bowel disorders or intestinal failure, an abdominal wall transplant can be an important factor in the overall success of a bowel transplant. By replacing the abdominal wall at the same time as the bowel, it creates more space for the bowel to be easily transplanted.

OUH appoints new Chief Nurse

The Trust has appointed Catherine Stoddart as its new Chief Nurse.

Catherine is currently the Chief Nurse & Midwifery Officer for the State of Western Australia, based in Perth. Prior to this, she held a number of executive nursing roles at state and hospital level in Australia. She also brings a wealth of experience gained from voluntary work for the Global Health Alliance as the country manager for Tanzania and a secondment with Children’s Hope into Action (CHIA), a Non-Governmental organisation providing services to disadvantaged children in Vietnam.

Catherine holds a MBA, MSc and Bachelor of Science in Nursing and is currently completing a PhD. She is also a past beneficiary of the Winston Churchill Memorial Fellowship and a Nuffield Fellowship.

Catherine will be relocating from Australia and is expected to take up her appointment in March 2014. Trust Chief Executive Sir Jonathan Michael said: “We welcome Catherine to the Trust. I would also like to take the opportunity to thank Liz Wright, who has provided invaluable support in covering the Chief Nurse role.”
Renal Service expands

The Trust has expanded its renal service to improve the care of patients needing dialysis from the Swindon area.

The Oxford Kidney Unit has been able to identify space for expansion of its haemodialysis area to an additional four treatment spaces adjacent to the unit within the Great Western Hospital, Swindon.

There are currently about 12 patients having to travel long distances to Oxford for their treatment three times a week who are delighted to hear that they can be treated locally. This means the unit will have space to provide haemodialysis to 42 patients per day.

Making a difference in Ethiopia

Trust Head of Midwifery Jane Hervé is playing an important role in improving the safety of women giving birth in Ethiopia.

Jane is one of six founding members of the charity midwives@ethiopia, set up in 2012. The charity works towards achieving two of the Millennium Development Goals – reducing the number of women who die in childbirth, and reducing the number of babies who die either during labour or birth or in their first year of life. The number of pregnant women dying in Ethiopia is very high, so the charity provides training in safe and clean delivery and updates for midwives. Currently 95% of women giving birth in Ethiopia are cared for by unqualified people, although the government is working to increase the number of midwives across the country. Twice a year, Jane uses her annual leave to visit the country, to run courses for health extension workers (HEW), unqualified women who care for women in rural areas. As part of the training each HEW is provided with a basic delivery kit; this costs about £1 to produce and all the materials are sourced locally. The visits also include update training for midwifery lecturers, supporting them in their role to teach midwives and students.

The charity is funded from grants from the devolved government of Wales, the Sainsbury’s Trust and other donations from supporters. Four of the six midwives who founded the charity live and work in Wales and there are a number of partners working closely together in Ethiopia.

“It is hugely satisfying,” said Jane. “Everyone does a lot of work in this country before we go to prepare for the visit, and when we are there for two weeks we do not have a day off because of the teaching commitments and travel times between towns and villages.”

She added: “We meet midwives and HEW we have taught before, and we see that we are making a difference. Individuals say very positive things about how they now practise and teach which is fantastic.”

One of the more unusual items the charity uses in its work is a knitted uterus – the pattern is on its website used as a simple and cheap teaching aid. Every midwife attending the course is given one to take away to use in practice.

To find out more about midwives@ethiopia and how you can help, visit www.midwives-ethiopia.org.uk

NOC team award

The High Dependency Unit and Recovery team based at the Nuffield Orthopaedic Centre have won the 2013 Oxford Brookes Placement of the Year award.

The team, which was nominated by a 3rd year student who was placed with them between September 2012 - February 2013, was awarded for passion for quality care and positive patient experience.

Eniola Dada, Clinical Nurse Manager for Recovery, HDU and Outreach Services at the NOC said: “The award was so pleasing as it reinforced much of the feedback received from patients and colleagues and continues to inspire us as a team. I am proud of the collective effort and believe in our values.”

The team were also commended for keeping staff motivated and having a great deal of clinical expertise on offer for the teaching and supporting of students who have visited the department.

Thanks for your views

The OUH Public Health Team would like to thank the huge number of people who responded to the consultation on the Public Health Strategy for OUH for 2014/15. The team had a fantastic response to the survey, with 900 people taking the time to share their public health priorities and ideas as to how these might be achieved. Over 800 of these responses were from OUH staff members.

The team is currently working through everything you have told them, and the information will be invaluable as they develop the strategy over the next couple of months. Results of the consultation will be fed back in the next issue of OUH News and through the website.

To find out more about midwives@ethiopia and how you can help, visit www.midwives-ethiopia.org.uk
Meet the Team: Operational Managers

One of the main duties of an Operational Manager is to manage the flow of patients through the hospitals; ensuring patients get the right bed first time rather than multiple moves. This includes managing and booking beds for patients who are admitted to hospital directly from ED or outpatients, as well as patients who are referred to or from different Trusts.

There is an Ops Manager available every hour of every day. They can often be one of the most senior non-clinical members of staff on duty across all four of the Trust’s hospital sites.

On average there are four Ops Managers working across the Trust at any one time and over 20 Ops Managers in the team. Each manager can receive up to 250 bleeps a day which can relate to a variety of different requests, such as; allocating beds for patients, booking transport, speaking to relatives, responding to emergency calls, and initiating the Major Incident procedure on our hospital sites.

Jules Stockbridge, Lead Nurse in charge of Operational Services teams at Oxford University Hospitals, she said: “The Ops Managers work incredibly hard to provide invaluable help and support to patients and staff across the entire Trust, to ensure that the hospital runs as efficiently and effectively as possible.”

Friends and Family Test Update

During 2013, the national Friends and Family Test (FFT) provided patients with the opportunity to feed back about their experiences.

The FFT team continues to work to improve response rates from patients, celebrate positive commentary, and learn from constructive feedback. Some wards and departments have already met the 20% response rate target and other areas are working hard to meet this goal. Sisters and Matrons continue to lead FFT on their wards, and committed ward clerks and housekeepers are often the key to FFT success: they are consistently ensuring all patients receive an FFT form and explaining why their feedback is important. This has had a tremendous effect on staff morale through collecting more positive feedback.

Patients’ constructive and helpful feedback has helped staff to improve services, for example: reducing noise levels at night, working towards a faster discharge process and making amenity improvements.

Most of the FFT comments received over the year praise the hard work, professionalism, and compassion of staff. The FFT team has been delighted to share patients’ heartfelt and grateful feedback, highlighting the compassion and care of individuals and teams. The comments below are a couple of examples of the positive feedback received this year.

‘To all the Juniper Ward staff, I would like to say thank you for your care and understanding when I needed people. Thank you so much. I have nothing but love for you all. You don’t judge. Thank you.’

‘The care and attention I received was absolutely first class. Everything was explained so well, which made me feel so safe whilst going through something so emotional and traumatic. Many thanks to everyone.’ (Gynaecology Ward)
An innovative “surgical patch” that promotes rapid regrowth of tendon tissue could transform the success of shoulder repair operations.

The patch will be used by surgeons to repair torn tendon tissue to bone, and patient trials are expected to begin later this year.

Made from a new material developed by a team of surgeons, engineers and bio chemists in Oxford, the “smart-patch” promotes rapid regrowth of damaged tissue by mimicking the environment that cells require to mount a successful repair. The team hope this will allow injuries to heal more quickly and more successfully.

The fine mesh is created by a state-of-the-art electro-spinning device, with the woven cover created using a manually operated wooden handloom (see front cover picture).

The project is a collaboration between Oxford University Hospitals NHS Trust and the University of Oxford, and is funded by the National Institute for Health Research (NIHR) Oxford Biomedical Research Unit and the Medical Research Council.

Andy Carr, an Oxford University Hospitals surgeon and Nuffield Professor of Orthopaedic Surgery at the University of Oxford, led the development of the patch, which has been designed to repair damage to the rotator cuff, the group of tendons and muscles that control movement of the shoulder.

More than 10,000 rotator cuff repairs are performed in the UK each year and the group’s own research has shown that between 25 and 50 per cent will fail to heal properly.

Prof Carr said: “Around a third of the population will suffer from shoulder pain due to tendon disease at some time in their life, making it the third most common musculoskeletal complaint. “This type of injury will not kill you but it can seriously affect your quality of life.”

With an expected price tag of less than £1,500, the new patch could offer effective treatment at a fraction of the cost of alternatives such as the use of stem cells.

Hear Professor Andrew Carr, along with Professor Tonia Vincent and Dr Fiona Watt, talk about cutting-edge science tackling osteoarthritis.

Public talk: “From bench to bedside” – strengthening the fight against osteoarthritis

Tuesday 11 February, 6.30pm - 7.30pm

lecture theatre, Nuffield Orthopaedic Centre, Headington.

Free, open to all.

For more information please visit: www.oxfordbrc.nihr.ac.uk

A partnership of Oxford’s world-leading NHS trusts and academic institutions will tackle the major healthcare challenges of the 21st century.

Oxford Academic Health Science Centre (OxAHSC) brings together Oxford Brookes University, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust, and the University of Oxford.

Combining the institutions’ individual strengths in world-class basic science, translational research, training and clinical expertise, it will allow scientific discoveries to move rapidly from the laboratory to the ward, operating theatre and general practice.

It will also drive economic growth through partnerships with industry, including life sciences companies.

Oxford Academic Health Science Centre is one of six centres announced by the Department of Health. The centres will work to research new treatments and improve health education and patient care.

Sir Jonathan Michael, Oxford University Hospitals NHS Trust Chief Executive, said: “This is a tremendous boost for the patients we serve and it is international recognition of Oxford’s excellence in medical research and clinical delivery. The partnership will further strengthen the joint working between our four institutions. Together we have the people, the expertise, the facilities and, most importantly, the determination to tackle the major challenges facing healthcare.”

OxAHSC will focus on six core themes which are central to a sustainable and successful healthcare system.

• Big Data: Delivering the Digital Medicine Revolution
• Building Novel NHS, University and Industry Relationships
• Modulating the Immune Response for Patient Benefit
• Managing the Epidemic of Chronic Disease
• Emerging Infections and Antimicrobial Resistance
• Cognitive Health: Maintaining Cognitive Function in Health and Disease.

Health Minister Lord Howe said: “When the NHS and universities come together they can achieve great things.”
OUH adopts blood flow monitors to improve patient care

Blood flow monitors that can help accurately manage patients’ fluid levels during major surgery by measuring the stroke volume of the heart using sonar technology have been successfully implemented in theatres at OUH.

In 2011, NICE published new guidelines which recommended the use of Oesophageal Doppler machines and similar techniques in major and high-risk surgery.

An Oesophageal Doppler monitor assesses the stroke volume of the heart. It works by placing a small probe into the throat via the mouth or nose which sits in-line with the patient’s heart. The device then generates a low-frequency ultrasound signal which is reflected by red blood cells travelling down the aorta. This signal allows anaesthetists to accurately maintain the amount of fluid in the body.

The use of this technique has previously shown reductions in post-operative complications and inpatient stays (with no increase in the rate of re-admission or repeat surgery) and potential cost savings of £1100 per patient.

Fluid management in patients undergoing major surgery is vital because, during this time, the body is under stress and struggles to regulate its correct fluid balance, particularly in the face of unexpected blood loss and dehydration.

The fluid in the body keeps organs working efficiently and it’s important to know exactly how much fluid a patient needs, when to give it, and over what period of time. If the level of fluid in the body is managed correctly, the patient’s organs are more capable of working effectively which evidence has shown leads to better clinical outcomes for patients including shorter lengths of stay in hospital.

All anaesthetists working in theatres across the four sites have been trained to use this modern technology, and currently all theatre suites have access to the blood flow monitoring equipment.

Dr John Stevens, Consultant Anaesthetist and Clinical Director for Critical Care Theatre and Anaesthetics said: “Anaesthetists are, by and large, technophiles and keen to adopt new equipment, especially if there are perceived patient benefits. Appropriate fluid management and improved post-operative monitoring should improve outcomes, and this technology, combined with other developments such as the Churchill Overnight Recovery Unit, also opened this year, will hopefully deliver this. We plan to report analysis of these factors at the end of the 12-month initiative, and hopefully demonstrate the expected benefits.”

Security Awareness — Who’s in your department?

The safety and security of our patients, staff and visitors is very important and we urge people to be security aware.

Thieves can operate around our Trust by taking advantage of the open nature of the hospitals and the volume of people on our sites day-to-day.

We can all help to reduce the risk of theft by being security aware: wear your ID badges at all times, make sure secure doors close behind you and do not allow people to follow you into secured areas.

If you are in any doubt as to who or why somebody is in your department, contact the Trust security teams on site who will investigate for you.

Further security advice can be found on the intranet site, via the Estates and Facilities pages, or from Rachel Collins, the Trust Security Manager/Local Security Management Specialist via OUH email or extension 21503.
Trust welcomes new consultant in Medical Ophthalmology

Sri Sharma joined the Oxford Eye Hospital in November last year as a Consultant in Medical Ophthalmology. This is a relatively new specialty which covers uveitis, neuro-ophthalmology and medical retina in particular depth.

She comes to the Trust from the USA where she completed two fellowships in uveitis at the Casey Eye Institute and Neuro-ophthalmology at the Johns Hopkins Hospital, in Baltimore. Her training in Medicine and Ophthalmology was at the University of Bristol.

Sri is looking forward to working with both Ophthalmologists and Physicians spanning many disciplines at the John Radcliffe and Nuffield Orthopaedic Centre.

Electronic Patient Record
Role of EPR praised by assessors

In November 2013 the maternity service achieved a level 2 assessment from the NHS Litigation Authority; reflecting a good level of procedures and processes within the service to reduce the risk of harm.

The assessors who awarded the Trust a level 2 rating for maternity services were impressed by the clinical documentation they saw and reviewed in the Millennium EPR ‘Power forms’.

Following the initial launch of EPR Millennium, a number of new features have been added. These include a several new ‘Powerforms’ with mandatory fields which must be completed before the form can be finalised. Clinicians have found the new Powerforms are quick to complete and the mandatory fields ensure essential information is included.

A key component to the NHSLA Level 2 assessment is to provide clear, consistent and well set out record keeping. The design of the Powerforms enabled the team to guide the assessors to the evidence required to demonstrate compliance to our clinical guidelines.

The introduction of mandatory fields and Powerforms sets out the standard required for good quality record keeping. For example, the Operative Delivery Powerforms prompt staff to complete the swab, needle and instrument counts and the WHO surgical safety checklists.

Similarly, mandatory fields on the booking form show precisely when a women was booked for maternity care which allows the service to audit whether service provision is within the national standard timeframe. The mandatory field in the booking forms helps to ensure that all relevant medical, surgical and childbirth history is obtained. This helps guide the clinician on the care pathway to follow, such as whether the woman should be under midwifery or consultant-led care.

Laura Stewart-Maundner, Women’s Directorate Clinical Governance Manager, said: “From a litigation point of view, this level of documentation provides evidence of care provided. This has now set the ‘standard’ of the level of documentation required by OUH staff.”

Flu jab uptake up 8% on last year

• Figures released in December show that 66% of our front line staff have received the flu jab – an increase of 8% on last year’s figures and an amazing 52% up on the first programme which ran in 2008.

• Throughout the programme, which began at the beginning of October, the occupational health team and ward vaccinators have been supported by non-immunisers, who are responsible for setting up the mobile clinics, delivering flu supplies around the Trust and counting and entering the data on all 7,500 forms!

• Patricia Poole, Manager for the Occupational Health and Wellbeing Centre, said: “The whole team committed themselves to this year’s programme – their approach and dedication undoubtedly helps showcase Trust values of ‘delivering compassionate excellence’.”

• The programme has been shortlisted for an award for its innovative use of digital and social media to encourage staff to have their flu jab.
Blood transfusion services at OUH continue to be at the forefront of innovation and technological development with three recent additions to the Trust-wide electronic blood management system.

- Thames Valley and Chiltern Air Ambulances began carrying emergency blood aboard their helicopter in December 2012. Blood transfusions are now carried out ‘in the field’ using the BloodTrack Tx system. A printed wristband identifies the patient with an emergency number and barcode which distinguishes it from OUH inpatient wristbands. The electronic process provides safer and more accurate identification of those patients who have received blood at the scene of an accident.

- Patients in the Abingdon area no longer need to be transferred to the John Radcliffe Hospital for blood transfusion following the implementation of the end-to-end electronic transfusion process in the Emergency Multidisciplinary Unit (EMU) based at Abingdon Community Hospital. The process includes printing barcoded patient wristbands, the use of handhelds with software to guide staff in the collection of blood samples for compatibility testing and the administration of blood, and an electronically-controlled blood fridge which stores blood units managed electronically by the OUH Blood Transfusion Laboratory based at the JR.

- The electronic transfusion system has been integrated with the electronic patient record to allow electronic blood ordering by doctors and ‘decision support’ to help doctors use blood appropriately. The process provides doctors with key laboratory results and transfusion guidelines, and will trigger alerts when inappropriate requests are made.

Over the last 18 months this work by the Blood Safety and Conservation Team has been shortlisted for three national awards, culminating in winning the Health Service Journal Award for Pathology Efficiency. The innovative blood management system has reduced transfusion errors and is saving the Trust over £500,000 a year through a reduction in blood usage and wastage, and in nursing and laboratory time.

The award was presented to Professor Mike Murphy and Simon Noel, Project Development Manager, at a ceremony held at the Grosvenor House Hotel, London.

Junior doctors from the Trust have competed in the grand finals of the ‘2023 Challenge’ – an innovation challenge for junior doctors with ideas to improve healthcare.

Dr Asli Kalin scooped second place and a team of doctors led by Dr Rachel Clarke were selected as finalists. Having been shortlisted from 57 entries, six finalists were invited to make one final face-to-face pitch, during which they were quizzed on the finer detail of their cutting-edge ideas. They also stood in the spotlight for 90 seconds, pitching to an audience of around 100 of their peers and mentors during a prestigious ceremony at the Said Business School, Oxford, in November.

Finally, during a day of ‘Dragons’ Den-style’ pitches to a panel of top judges, Dr Kalin was awarded runner-up with her idea for an App to help induct and support junior doctors with the multitude of hospital processes and information. Dr Clarke’s team were praised for their pitch for a new Haematology education and training aid, narrowly missing out on one of the top three places.

One of the judges, Dr Tony Berendt, Deputy Medical Director, Oxford University Hospitals NHS Trust, said: “I’d like to congratulate the finalists for bringing such a superb set of ideas. Not only have they proved their talent for innovation and creative ideas, they have laid down a challenge for us, the older guys – to manage the day-to-day challenges of the NHS while simultaneously making the space to safely develop these sorts of innovations, to make a real difference to patient care.”
Career workshops for support workers

The Support Worker Academy team held two career workshops for staff in December.

During the ‘drop-in’ career clinic, the Academy Team were on hand to discuss with individuals and their managers learning and development opportunities, such as accredited courses that are delivered in-house by the team in a variety of specialties including business administration or clinical healthcare, from Certificate to Diploma level.

The Pre-registration Nursing Programme team from the Open University also attended to discuss the course they have on offer, which commences in September 2014. The course is a part-time programme of four years and three months, during which staff will remain working within the Trust.

For further information on the Open University Pre-registration Nursing Programme please contact Claire Wardle from the Academy Team, mobile number 07823537184.

For Support Worker Academy queries on:
- Assistant Practitioner / band 4 roles
- QCF(NVQs) and QCF assessor training
- apprenticeships
- English and maths classes
- Band 2 competencies
- existing staff training
please contact the team on cswacademyteam@ouh.nhs.uk or 01865 225628.

Off sick? From 1 April there will be a new process to report your absence from work

Absence from work (other than for planned leave) is of concern to all organisations, including ours. It is often caused by illness and is unavoidable, but it is important that we better understand the reasons for absence so that we can identify and introduce ways to better support employees and address any issues that arise.

We have recently evaluated an absence management service provided by a company called FirstCare, a leading specialist in this field. This service will provide you with confidential medical advice and support from Registered General Nurses during your absence from work.

From Tuesday 1 April, 2014 the procedure all OUH staff will use for reporting absence from work (other than for annual or maternity leave) will be changing.

As soon as you know you will not be able to attend work for a continuous period of two hours or more, you should call the FirstCare absence line number. This process will replace the current procedure whereby you have been required to call your line manager. The absence line will be open 24 hours a day throughout the year (including weekends and Bank Holidays).

FirstCare will notify your line manager by email or SMS text of the start of your absence, your estimated return to work date and whether the reason for your absence is medical or non-medical. Please be assured that no further information that you disclose to the FirstCare nursing team will be passed to your line manager or anybody else without your specific consent.

With improved health support for employees and with better information, we will all be able to work towards a safer and healthier working environment, a reduction in sickness-related absence and improve the services we can provide to our patients.

Further information will be circulated to all staff in due course.

If you are a line manager and would like to find out more about this new service please contact Rebecca Mawer on firstcare.queries@ouh.nhs.uk
Promising results in gene therapy for inherited blindness

The first clinical trial of a gene therapy for an inherited cause of progressive blindness has shown very promising results. Nine patients with the condition choroideremia have had one eye treated with the gene therapy in operations at Oxford Eye Hospital, part of Oxford University Hospitals NHS Trust.

The condition is caused by a defective gene that affects light sensing cells in the eye. The gene therapy works by replacing the gene, using a safe virus injected under the retina.

The aim of the initial study, led by the University of Oxford and Oxford University Hospitals, was to deliver gene therapy into cells in the retina without causing damage.

However, results published in The Lancet showed improvements in patients’ vision in dim light and two patients were able to read more lines on the eye chart. The therapy is given in one eye to allow comparison with progression of the disease in the other eye.

The first patient to be treated, 65-year-old Jonathan Wyatt, said: “Now when I watch a football match on the TV, if I look at the screen with my left eye alone, it is as if someone has switched on the floodlights. The green of the pitch is brighter, and the numbers on the shirts are much clearer.”

Professor Robert MacLaren of the Nuffield Laboratory of Ophthalmology at the University of Oxford, and a consultant surgeon at the Oxford Eye Hospital, led the trial.

He said: “It is still too early to know if the gene therapy treatment will last indefinitely, but we can say that vision improvements have been maintained for as long as we have been following up the patients, which is two years in one case.”

Choroideremia is a rare inherited cause of blindness that affects around one in 50,000 people. However, it is now hoped gene therapy could be used to treat other forms of genetic blindness.
A 21st birthday to remember

Lee Jackson was diagnosed with Hodgkin’s lymphoma in March 2013. Surgery and months of chemotherapy and radiotherapy at the Churchill followed.

With his 21st birthday approaching in October last year, Lee and his cousin Lorna planned a joint 21st birthday party and decided it would also be a celebration of life.

Both Lee and Lorna decided they didn’t want presents and instead asked for donations to the Chemotherapy Day Treatment Unit where Lee has received so much of his treatment.

On the night of the party Lee and Lorna placed out donation buckets and managed to raise £1625.45. Lee, who is responding well to treatment, said: “I would like to say a massive thank you to everyone who has helped to look after me and also to all those who came to our fantastic party and were so generous. It was definitely a party to remember.”

Lee is pictured with Lorna and Staff Nurse Nicola Akers.

Support Your Hospital Charity

Whichever hospital cause is closest to your heart, your support and generosity will make a difference – helping to provide pioneering medical research, even more comfortable facilities and advanced medical equipment. Find out how you can help at www.hospitalcharity.co.uk, email charity@ouh.nhs.uk or call 01865 743444.
Short Stay Ward celebrates anniversary

Staff on the Short Stay Ward, Level 6 John Radcliffe, celebrated the first anniversary of the ward’s opening in November.

The ward cares for medical patients who are expected to be in hospital for less than four days, with the average stay being 2.3 days. Typical patients include younger people, those requiring treatments such as rehydration, and those with home care in place after their treatment.

The 36-bed ward typically sees 400 patients per month, with an average of 15-20 discharges per day.

Short Stay Ward Charge Nurse Graham Pike said: “The success of the Short Stay Ward has been down to building a strong and enthusiastic team, so that we can focus on quality and compassionate care whilst also maintaining a rapid turnover of patients.”

The success of the unit was marked with balloons and cake in the staff room on the ward.

New electronic appraisal system launched

The Electronic Learning Management Appraisal System (ELMAS) aims to address both the quantity and quality of appraisals, and to ensure that staff leave their appraisals with:

- Clear objectives that are aligned to organisational objectives and Trust values.
- Clear Personal Development Review (PDR) that supports and motivates them to perform to the best of their ability in their role.
- PDRs and objectives reordered and reported electronically.

If you did not have a chance to attend the staff awareness road shows please visit the L&D Intranet to learn more about the new system.

During the last month the Learning and Development Department has been working with Line Managers to set up the appraisal hierarchies in the ELMAS and to validate the current appraisal dates that have been migrated from the Electronic Staff Record.

**What do we need to do now?**

If you haven’t had an appraisal in the last 12 months please ask your line manager to schedule an appraisal date in the ELMAS for you. You will then be able to start preparing for your appraisal using the ELMAS. User guides are available on the front page of Learning and Development intranet site to guide you through the process. If you need any assistance please email the Learning and Development Support Team.

If you are a new appraiser or would like to update your skills courses are available throughout the rest of the year. To access them please log onto the ELMS and search for the course ‘Appraisal training for Appraisers’.

Oxfordshire Breastfeeding Management Programme

Oxford University Hospitals NHS Trust is seeking to attain ‘Baby Friendly’ status which demonstrates a standard of care and support that women should expect to receive through the early stages of breastfeeding.

As part of this work, a new training programme has been introduced which will benefit more than 160 Maternity Support Workers (MSW) at the Trust and provide them with specialist breastfeeding training, so that they can offer further support to mothers.

The two-day programme, which is mandatory for all MSW, provides information such as the anatomy and physiology of the breast, and offers advice on some of the more practical aspects of breastfeeding skills.

In addition, the Trust has appointed Hannah Torrence as Infant Feeding Coordinator. As a specialist in Infant Feeding, her role includes offering specialist support to women who might have experienced something out of the ordinary and need extra help to breastfeed, such as; babies that are born prematurely, have cleft palate or cleft lip and babies who may have genetic or metabolic disorders.

Hannah added: “I am really excited about the opportunity to change things for women in my local community. I have been listening to their experiences for a long time, and am now in a position to make some positive changes.”
Equality and Diversity at OUH

LGBT History Month

Lesbian, Gay, Bisexual, Transgender (LGBT) History Month takes place in the UK every February. It is an opportunity to celebrate LGBT lives and culture by exploring our own and others’ histories in an LGBT context. It is also an opportunity for learning, discussion and debate around issues identified by LGBT staff and patients.

Look out for local events in February, including the Oxford University LGBT History Month lecture 2014, which will be given by Rev. Professor Diarmaid N.J. MacCulloch, Kt, DD, FBA; Author, Presenter of TV Series ‘A History of Christianity’ and Fellow of Saint Cross College Oxford. The event will be on Thursday 13 February, 2014 at the Natural History Museum and will be introduced by Prof Andrew Hamilton, vice-chancellor of Oxford University.

Raising Concerns (Whistleblowing)

The Trust is committed to acting on concerns raised by staff and patients. Whilst patients should raise concerns through PALS, staff are encouraged to raise concerns through their line manager or using the Raising Concerns (Whistleblowing) Policy. A copy of the policy can be found using a link on the intranet home page, or by contacting raiseconcerns@ouh.nhs.uk. All concerns raised using the policy are investigated and appropriate actions taken. If you have a concern, raise it.

Diversity Calendar 2014

For an informative and beautiful diversity calendar, which would grace any wall, go to www.cumbria.gov.uk/equalities/calendar.asp and print the PDF file. The calendar shows many festivals and events throughout the year.

Bullying and Harassment

Bullying & Harassment Support Colleagues met up to celebrate the anniversary of their relaunch at the end of last year.

The Trust expects all staff to demonstrate the Trust values, standards and behaviour, acting towards others decently and with respect. The Trust is committed to ensuring that the environment in which staff work is free from harassment, bullying and victimisation and that everyone is able to work in an atmosphere in which they can develop professionally and use their abilities to their full potential.

If you find that someone’s behaviour is unacceptable, do something about it. Their inappropriate behaviour does not have to be directed at you, for you to find it unacceptable – you can do something about it. Support your colleagues who experience bullying and harassment and make a difference, for them, for you and the whole team.

To have a confidential conversation about your experiences of bullying and harassment, contact a Bullying & Harassment Support Colleague. They are present on all sites and are ready to support you. A full list of Support Colleagues is available on the intranet, along with a copy of the Trust’s policy in Addressing Bullying and Harassment.
Chariot Rolling

Bringing a human touch to the oncology and haematology waiting areas is the latest chaplaincy initiative to improve the provision of pastoral care at the Churchill Hospital. The Chaplain’s Chariot provides information and advice, puzzles and treats, together with an all-important listening ear to patients and their families waiting for treatment or assessment of cancer. Feedback from staff and patients has informed the design and development of a very attractive facility, and the high visibility of the ‘Chariot’ helps to break the ice for those unsure how to ask for personal support. Further Listening into Action conversations will help to evaluate the accessibility of pastoral care and extend a similar approach into other areas of the Trust.

Revd Dr Margaret Whipp

Resuscitation Department

The Resuscitation Department team have held LiA events across the sites to ask staff their experiences of checking and restocking the contents of adult resuscitation trolleys. All staff and patients expect standardised, fully stocked and functioning resuscitation trolleys when they need them. However, ensuring they are ready for use requires resources. The resuscitation department team has been looking at different models nationally to identify if there are more effective and efficient methods of ensuring resuscitation trolleys are ready for use.

The three events have been hugely effective in identifying the issues that staff face to ensure their trolleys are safe continually. We had staff attend from a wide variety of departments and with different job roles. Many staff want to see a system that is centralised, administered by subject experts, utilising technology appropriately, and one which reduces the amount of time it takes to procure stock and check trolleys so that they can spend more time with their patients.

Staff made many other useful suggestions and the resuscitation department LiA team will now begin to draft a business plan, with the aim to present a final business case to the divisions in March 2014 encompassing all of the invaluable knowledge gained from staff at these events.

Catriona Fleming
Senior Resuscitation Officer

Values Based Interviews

Values into Action is a key element of the Delivering Compassionate Excellence staff engagement framework. It encompasses work on the integration of value based behaviours into recruitment, induction, appraisals and performance management. The work at the moment is focused on the recruitment of new employees using an assessment of values. In 2012 the Oxford University Hospitals NHS Trust (OUH) was selected as one of nine healthcare organisations to receive funding from the Health Foundation’s new Shared Purpose programme.

The Trust received the funding to develop Value Based Interviewing (VBI) as part of its recruitment processes and to provide evidence for the NHS. Value based interviewing seeks to ensure that a trust’s organisational values are reflected in the day-to-day care it provides, through the staff that it appoints.

To date, 189 values based interviews have been logged and 51 new employees have joined the organisation following a VBI. We have trained 96 recruiting managers on how to be interviewers and training will continue in 2014 with 72 further training spaces available.

Please contact Jo Durkin for more information about the project: joanne.durkin@ouh.nhs.uk
Foundation Course for novice critical care nurses

The Adult Intensive Care Unit at the John Radcliffe Hospital runs a one year foundation course for novice critical care nurses. The course aims to orientate them to critical care and help them become safe critical care nurses. This course has been well evaluated and attracts nurses from across the country. Some features of the course are:

- Weekly study days in the class.
- 4-6 weeks supernumerary period.
- Shifts with education team members throughout the foundation course.
- Four month Mock exam and 9 month final exam.
- One year competency programme.
- Designated mentors during the foundation course.
- Full support from education team and team sister.

The Critical Care Unit also has an established education and development programme for nurses of all bands including transfer training, mentorship programme, ICU course and leadership and management programme.

Please contact Lyn Bennett (PDN) at lyn.bennett2@ouh.nhs.uk or Nadeem Khan (Clinical Educator) at nadeem.khan@ouh.nhs.uk for further details.

ITU patients remembered

Relatives and friends of patients who have died at the Trust’s Intensive Care Units remembered their loved ones at a commemorative event in October.

Helen Beveridge from the intensive care units said: “We realise that having a relative on intensive care is a very stressful time and so supporting the relatives and friends of patients becomes as important as caring for our patients. We decided to plan an afternoon tea to invite back the relatives of these patients, to show our ongoing support, and the feedback we have received has been very positive.”

Midwife retires after 44 years

Colleagues gathered in the Women’s Centre to say farewell to midwife Chun Ei Ho, who retired after 44 years with the Trust.

Chun Ei started her general training in 1969 coming from Malaysia. She started work as a midwife in 1974 after a further 18 months training and has been with the Trust ever since. She met the Queen Mother when she opened the Women’s Centre in 1973 and became a sister in 1976. She has been a fixture on the delivery suite ever since and is renowned for delivering the babies of our staff members and her friends from the Chinese Church community.

Her delivery suite colleagues held retirement parties on 6 December and a surprise lunch. Her plans for retirement include dedicating time to her church, travelling and spending time with family and friends.