A DOCTOR FOR THE BODY AND SOUL

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REBUILDING LIVES AT THE OXFORD CENTRE FOR ENABLEMENT

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News from around the John Radcliffe Hospital, Horton General Hospital Nuffield Orthopaedic Centre and Churchill Hospital

February 2017 Issue 29
Nominations are now in for **governor vacancies** in the **Rest of England and Wales** and **Non-Clinical Staff constituencies**.

We are delighted with the response from our members to our call for nominations for our two governor vacancies.

We have four candidates standing for election from our **Rest of England and Wales constituency** and 15 from our **Non-Clinical Staff constituency**. Names of the candidates who have put themselves forward can be seen at [www.uk-engage.org/ouh](http://www.uk-engage.org/ouh).

Ballot papers will be issued by UK Engage to public members living in the Rest of England and Wales constituency and Non-Clinical Staff constituency from Thursday 12 January 2017. Votes must be cast by 5pm on Monday 6 February 2017 and the results will be declared the following day. You will be able to see these at [www.uk-engage.org/ouh](http://www.uk-engage.org/ouh).

**LARA NAMED A ‘BEACON OF HOPE’**

A haematology nurse at the Churchill Hospital has been named a ‘**Beacon of Hope**’ by a national cancer charity for the support she has given to bone marrow transplant patients.

Lara Rowley, who was nominated by a patient, received her award from the Lymphoma Association at a ceremony at the Houses of Parliament.

Lara is pictured with the ceremony’s host, BBC Radio 4 presenter Susan Rae.

A citation she read out at the awards said: “Lara is everything that a medical professional should be. She is very switched on technically, very fast at responding, always has a smile and a kind word and has been a sympathetic ear in some pretty dark times. “She always makes time for her patients even when she’s run off of her feet … She is a true Beacon of Hope.”

**WHAT DO THE CIRCLES MEAN?**

You may see these circles on some of the articles. The work of OUH is guided by the following themes:

- **Home Sweet Home**: Delivering excellent health care closer to patients’ homes and enabling them to return home sooner
- **Focus on Excellence**: Prioritising investment in services; developing world-class excellence
- **Go Digital**: Using technology and data to improve patient care across organisations and support self-care and research
- **Master Planning**: Long-term infrastructure plans to support clinical services, research and education for the Trust
- **High Quality Costs Less**: By improving quality of care we do the right thing for patients, release resources for further investment in care, and improve patient and staff satisfaction
Online library a vital part of patients’ care

Did you know that Oxford University Hospitals has a library of over a thousand patient information leaflets, created to inform patients about their conditions and care? We might give you a leaflet at your appointment, or on the ward, but they are also available to read online at [www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information).

Good quality information is vital for patients giving their consent to treatment; it needs to be accurate and up-to-date, written in clear language and available in alternative formats if requested, so that it is accessible to everyone.

To ensure these high standards are met, the Trust has a new Patient Information Policy. This sets out the correct process for producing patient leaflets, videos and other digital media which are professionally produced by Oxford Medical Illustration (OMI) for printing and the web.

**Our efforts are paying off:** one of our leaflets, ‘Cardiac Rehabilitation’, was ‘Highly Commended’ at the 2016 BMA Patient Information Awards (where two patient information videos created by OMI were also ‘Highly Commended’).
The sight, sounds and smells of the Neuro Rehabilitation Service at the Oxford Centre for Enablement (OCE) are very different to any other part of the Trust.

The smell of recently-sawn wood fills a woodwork room where people are making bird boxes and photo frames.

Woodwork is one of a number of different activities and services provided by the Neuro Rehabilitation Occupational Therapy Team at the OCE, which helps people who are regaining their abilities, or adjusting to changed abilities, as a result of a neurological injury or condition such as a stroke or head injury.

“It provides an essential part of somebody’s journey as they transition from experiencing something that is frequently traumatic”, says Jane McKinnon, Clinical Specialist Occupational Therapist.

“It’s often something that has happened out of the blue and causes quite a dramatic change of life for them and their families.”

Jane says many patients are distressed and are grieving over things that are now difficult for them to do either physically or cognitively.

“We look to get people engaging in activities that give them satisfaction and pleasure, the things that many of us take for granted but actually what make us who we are.”

Yvonne has been at the centre for five months after a heart attack affected her brain, and the use of her arms and legs.

“It provides an essential part of somebody’s journey as they transition from experiencing something that is often quite traumatic.”
“This place is brilliant and the people here are fantastic. They’ve helped me to walk and they’ve helped me to eat because my arms were badly affected.

“There are so many activities to do here, there’s oil painting and leisure which is fun and I enjoy it. I do woodwork, a newsletter group which is fun….the team helped me to get back to doing my washing and dressing.”

In the art room Yvonne has just finished a silk painting of a beach. Her sense of achievement is evident.

“It’s gone well and I’m really pleased with it. It was hard work but I really enjoyed doing it. It feels wonderful. It’s nice to think I did this, I’m looking forward to taking it home and putting it on my wall.”

Jo Brown, an Occupational Therapy Technical Instructor, says painting is very useful for Yvonne because actions such as using a brush and reaching for objects require a lot of upper limb movements. This type of activity enables instructors like Jo to recognise the different areas that people need to work on, and then goals are created jointly with the Occupational Therapists. She says it’s not just about improving people’s physical condition, but also their mind and soul in order to aid the recovery.

“In an art room you are lost in the task you’re doing and it doesn’t feel clinical in here. A lot of the patients have spent a long time in hospital, and it can be a long process of rediscovering who you are, and this place takes you away from all of that”, says Jo.

“The patients are expressing themselves and using their imagination, taking themselves away from the everyday medical attention that they have from the doctors, nurses and physios.

“People tell me that they forget they have an injury when they’re in here because it’s a place where you can be free and lose yourself in an activity. It’s very important that patients can ‘escape’, not only for their wellbeing in here, but for their wellbeing in general.”

Last year the Occupational Therapy team scooped a hat-trick of accolades at the Oxford Brookes 2016 Placement Awards.

The team won Occupational Therapy Placement of the Year, Overall Placement of the Year, and Health Education England in the Thames Valley Placement of the Year.

Amy Stringer, a second-year Occupational Therapy student at Oxford Brookes nominated her placement with Judy Cornish at the Oxford Centre for Enablement (OCE) as placement of the year.

“My placement was truly memorable. I had incredible role models who connected and empathised with patients and built genuine, meaningful rapports, which showed how committed they were to the patients and to the profession of Occupational Therapy”, says Amy.

Judy, a Specialist Occupational Therapist, says the team was delighted with the awards: “All of the Occupational Therapists here have been students at some point so we know how steep the learning curve can be. We remember how we valued being supported and supervised so it’s great to be able to give that back.

“It’s also good for our own learning. It forces you to question your clinical reasoning, to check what you’re doing so it keeps you on your toes. And to see someone blossom, like Amy did, is a real privilege.”
Student placements are coordinated by the Practice Development and Education Team, which act as a bridge between universities and the Trust, and ensures the quality of placements by linking with Divisional education leads, practice development nurses, matrons and ward managers, and liaising with mentors.

In a normal year, we offer the following number of student placements.

- Physiotherapy: 75
- Occupational therapy: 14
- Diagnostic radiography: 51
- Therapeutic radiotherapy: 24
- Operating department practitioners: 27
- Midwifery: 92
- Children’s nursing: 58
- Paramedics: 40
- Adult nursing: 860
- Total: 1,241

Hannah Braun and Emma Stearn – ADULT NURSING

Hannah and Emma are both third year adult nursing students, who’ll qualify at the end of this academic year. They study at Oxford Brookes University and by the end of their course will have had seven placements – totalling 2,300 hours – at the Trust’s hospitals.

Hannah says the chance to do placements at the Trust’s hospitals was a key factor in her decision to study at Brookes: “The fact that it’s a major trauma centre and there are loads of different specialties was one of the key attractions”.

Since doing their first placement together at the oncology department at the Churchill Hospital, they have had a wide range of experience, from neuroscience intensive care at the John Radcliffe and the bone infection unit at the Nuffield Orthopaedic Centre, to working as health visitors in the community. Hannah is currently on a placement with the Geratology department, while Emma is at the Stroke Unit.

Hannah says: “The fundamentals of nursing are the same – you’re looking at the person holistically. But each placement has its own specialty: in oncology, you have palliative care; with upper gastrointestinal, nursing was more geared to the surgical side of things, with post and pre-operative care.”

While the trainee nurses are doing their placements, they still have assignments to do and exams to prepare for. “The academic side is tough,” Hannah says. “You do get really stressed, but the key is organisation. It’s about how you manage your time.”

After getting their qualifications, the pair are determined to stay working in Oxford. While Hannah mulls over whether to apply for an intensive care role or do a general rotation to get more experience, Emma is drawn to A&E: “At the start I didn’t know what I wanted to do. But now I realise I really love emergency care. My placement in A&E was really fast-paced and exciting – I loved it.”
Annie Sanders – ADULT NURSING
“I came here to study but I’ve ended up staying here,” says Annie, originally from Devon and about to start a new job at OUH’s Haematology and Oncology Department at the Churchill Hospital, when she finishes her three-year adult nursing course in January.

“There’s no degree like it; you can walk straight into where you want to work. It sets you up for life,” she says.

During her course, Annie has done placements at the Churchill, the JR and the Horton in Banbury, in specialist departments such as cardiothoracic and as fast-moving as A&E. “As I went through, the different placements developed me with different skills.”

Having completed her last placement at the Jane Ashley and Colorectal Ward, she now has to complete her dissertation – on emotional intelligence and its impact on patient care.

Mansi Amin – PRE-REGISTRATION PHARMACIST
Unlike the student nurses, Mansi already has her degree in pharmacy; she is now completing her one-year registration to complete her qualification.

Mansi is pleased that she chose to do her pre-reg year in a hospital, rather than the high street or industry: “We work more closely with doctors and nurses, and are seen as part of the wider healthcare team. I’d like to end up working here.”

Her typical day is to spend half the day in the dispensary – dealing with outpatient and inpatient prescriptions – and the rest on the wards, working closely with other healthcare staff and advising patients and ensuring they’re on the right medication and know how to take it.

Nishanthan Thisaveersingam – PHYSIOTHERAPIST
Nish is in the first year of his physiotherapy degree at Oxford Brookes University, but he’s no stranger to the John Radcliffe’s Neuroscience Department.

“I have worked here for two years as a therapy assistant and I wanted to progress to become a physiotherapist, and the Trust agreed to second me for three years to study,” he says. “When I have finished my studies I aim to come back here to work as a full-time physio.”

Nish still comes back to work in neuroscience in the holidays, but as part of his course, he could get to do physio placements in musculoskeletal or cardiorespiratory teams.

“Because I haven’t studied for five or six years, going back into it is quite intense,” Nish says. “But I’m really enjoying it and it’s something I want to do.

“The experience I’ve had here for the past two years – seeing the patients in an acute setting – has really helped me on the practical side of things. I’ve just got to knuckle down on the theory!”
The second phase of a groundbreaking gene therapy trial for a type of blindness is under way at the John Radcliffe Hospital.

The trial involves injecting a virus into the eye of 30 participants to deliver billions of healthy genes to replace a key missing gene for choroideremia sufferers.

It will use a new OPMI Lumera 700 Rescan microscope to track changes in the retina in real time to ensure the virus is delivered safely.

The microscope’s funders include Fight for Sight, National Eye Research Centre, Choroideremia Research Foundation USA, Saturday Hospital Fund and benefactors of the MacLaren Group.

Paul McGuire, 45, from Billericay, Essex, was the first patient to have the operation using the microscope.

He said: “I can’t thank the team at Oxford enough. I’m incredibly grateful to have had the opportunity to potentially halt further deterioration in one eye and I already feel it has made a slight improvement to my vision”.

Consultant ophthalmologist Prof Robert MacLaren, who is leading the trial, said: “If successful this trial can be translated to other conditions such as retinitis pigmentosa, which affects one in 4,000 people. The equipment is being used in exciting new gene therapies for the treatment of patients suffering from incurable eye conditions.”

RECORD HIGH FOR RESEARCH STUDIES

The number of medical research studies at Trust hospitals has hit a record high, new figures show.

The number of studies active in May 2016 was 1,786, up seven percent from 1,664 in May 2015.

The figures – up 222 percent from 554 in May 2008 – show a significant increase in studies hosted by OUH for areas such as cancer, vaccines and cardiovascular conditions.

Many are carried out with the University of Oxford with funding from the NIHR Oxford Biomedical Research Centre (BRC), a partnership between the University and OUH.

Trust Medical Director Dr Tony Berendt said: “We are delighted at our continued progress in increasing the number of research studies in the Trust.

"It is vital that we embed the proven benefits of research into daily clinical care and give more and more patients the opportunity to participate in research to improve care in the future."

Among the studies taking place at the Trust is OxQUIP – Oxford study of Quantification in Parkinsonism, a project being conducted by the University’s Nuffield Department of Clinical Neurosciences at the John Radcliffe Hospital.

This is looking at new ways of measuring symptoms of Parkinson’s Disease as accurately as possible to test the effectiveness of new drugs.

Participants perform a range of tasks while wearing sensors that accurately quantify their performance. This includes measurement of eye movements with infra-red cameras and body movements using accelerometers.

Participants also perform cognitive tasks on a tablet computer, testing for example their ability to deduce the rules governing the movement of shapes on the screen.

Among those taking part is Dr Jim Sheridan, 62, a retired physicist from Reading. His tasks have included wearing a finger accelerometer to measure movement alongside wife Hilary, who provides information from someone without Parkinson’s for comparison.

He said: “When I was approached about the trial I leapt at it. It is exactly what we need. I have tried to quantify some of the symptoms myself but it really needs to be done at a clinical level so the clinician is quantifying it.

“Being involved just makes you feel that you are contributing to the solution. There is a long-term cure we are hoping for, we are hoping for that day when I can say ‘I used to have Parkinson’s’.”
TOWER TURNS BLUE FOR DIABETES AWARENESS

Churchill Hospital staff lit Oxford’s Magdalen Tower blue and hosted a research open day to spread awareness about diabetes.

Staff from The Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM) arranged for the iconic landmark to be lit to mark World Diabetes Day on 14 November 2016, a first for the city. Each year, buildings around the world are lit to spread awareness on World Diabetes Day, an official United Nations Day led by the International Diabetes Federation.

An open day, ‘Eyes on Diabetes: Research and Innovation’, was then held at OCDEM to showcase the centre’s cutting edge work. Visitors browsed interactive stalls to learn about issues including why people develop diabetes, advances in care, new treatments and the role of genetic research.

The centre brings together the University of Oxford and OUH to care for patients with diabetes and conduct research into the condition. Funders include the NIHR Oxford Biomedical Research Centre, a collaboration between the University and OUH.

The Trust’s Diabetes Inpatient Team – which is trained to identify and support patients with the condition – was also officially launched to mark World Diabetes Day. The team’s roles include providing training, referral criteria and care guidelines.

The theme of 2016’s World Diabetes Day was the importance of screening to ensure early diagnosis and treatment of type 2 diabetes to reduce the risk of serious complications. Associate Professor of Diabetes Prof Katharine Owen said: “Our World Diabetes Day events went brilliantly. We welcomed lots of people of all ages who were interested to learn about new advances in diabetes and in many cases keen to offer their help as research participants.”

SPECTACLES DEVICE GIVES HOPE TO EYE DISORDER PATIENTS

A simple spring-loaded device that is attached to spectacles is giving John Radcliffe Hospital researchers hope for people with a condition that forces their eyes to close uncontrollably.

Staff have trialled a device that clips to the arms of the spectacles to exert gentle pressure to the temple.

The outcome of the trial suggests this is an effective way to support people with blepharospasm, an eyelid disorder characterised by excessive blinking and involuntary closure of the eyes.

The condition is treated with small injections of botulinum toxin to relax the muscles controlling the eyelids, usually every two to three months.

However the symptoms of blepharospasm can persist for up to two weeks while the toxin takes effect and can reappear as it wears off in the two weeks prior to the patient’s next injection.

Researchers in the Eye Research Group at the Oxford Eye Hospital at the John Radcliffe have designed the device to alleviate the symptoms during these periods.

In people with blepharospasm the motor cortex, the part of the brain which controls voluntary muscle activity such as the closing of the eyes, becomes over-excited.

The device works by calming the nerve pathway circuits that connect the eyes to the motor cortex, thereby reducing symptoms.

Among those who have used the device is Anne Watson, 68, an Emeritus Professor of Mathematics Education at the University of Oxford.

She said: “When I was working with students one-to-one my eyes would close, they thought I was falling asleep or angry with them. My face wouldn’t respond so it was uncomfortable having those face-to-face conversations. I thought I would have to adjust my working life, or even stop work, so I could live with what I had ended up with.”

She said of the Pressop device: “It is amazing. It is like it reminds the nervous system to behave itself.”

Eye Research Group Clinical Research Nurse Manager Alexina Fantato said: “Patients who have tried the device have reported feeling safer and more confident. We are now seeking financial support to enable us to take this device to manufacture.”

Follow @OUH_Research on Twitter
“Because it’s not a clinical role, patients are free to treat you as a professional but also as a friend. They can open up, knowing it’s not going to affect their treatment.”

Coming in to hospital can be a distressing and anxious time, and the Reverend Canon Dr Margaret Whipp has offered emotional support to countless patients and their families.

She leads the Trust’s Chaplaincy service, a ten-strong ecumenical and inter-faith team of Christian and Muslim chaplains, supplemented by a network of faith and community advisors and a growing network of trained volunteers from a wide range of backgrounds. They are ready to offer confidential pastoral support to the whole hospital community, regardless of a person’s beliefs.

The chaplains are based at all four OUH hospital sites, and Margaret can most often be found at the Churchill Hospital, especially in departments such as oncology and haematology or upper gastrointestinal, where patients may be embarking on long and difficult procedures. “I’ll introduce myself and say I’m around for people to chat to if they want it,” she says. “It’s surprising how many people, when you get to know them, are glad that there’s somebody who’s not part of the treatment team who’s really taking an interest in who they are.”

Most chaplains have had considerable training in counselling, but Margaret is clear they don’t offer psychological therapy: “We don’t want to position ourselves as a diagnostic service.” Rather, their role is to provide ‘pastoral, spiritual and religious’ support.

However, Margaret has an additional insight many of her pastoral colleagues cannot match: “My first profession was in medicine; I trained as a consultant and worked in oncology and palliative medicine for many years.

“Because I was interested in the pastoral dimension of the work, I trained for ordination and studied theology. For many years I did both in tandem and worked half time in the NHS and half time in the church.”

She recalls: “You’d wear your name badge saying ‘Revd Dr’ in the clinic and patients would say ‘are you a doctor of the soul or the body?’”

Margaret gave up practising medicine around 10 years ago to devote herself to theology and church work, including training other people for the ministry.

“Now it has come full-circle.” She has been a full-time hospital chaplain for three years, and says she has left the clinical side behind her.

She feels that chaplains have a luxury that medical staff don’t – the time and flexibility to look after “the soul, the human part”.

“With the best will in the world, the most compassionate clinical team don’t have the time to get to know people and get to the heart of what causes their distress. It’s always so frantically busy.”

There are always two chaplains on call around the clock. The most common emergency is a call-out in the middle of the night for a major trauma in the Emergency Department. “Five or six times a week we’ll be giving blessing prayers for someone who has just died. We’re also often called, sadly, to the maternity unit for little baby deaths,” she says.

Helping others deal with their trauma and fear can be a stressful experience for the chaplains. “Our own spiritual wellbeing is an important part of our training because if you’re stressed, it rubs off on other people,” says Margaret, who has just replenished her reserves with a ten-day silent retreat. “Every year I go on long-distance pilgrimage walking – so a combination of deep quiet and strong physical exercise.”

An increasingly important aspect of the chaplains’ work is supporting staff. This can take the form of discreet ‘corridor conversations’, or facilitating more formal debriefings when a whole team has been affected by a demanding patient or traumatic incident.

You’d think that Margaret would already have enough on her plate, but she is also a canon at Christ Church Cathedral, gives services at Exeter College and her home church in Headington, as well as writing books on pastoral theology.

But, she says with no hint of irony “I try not to take on too much.”

After seeing a patient on a surgical ward, I went to speak to her husband, who just ‘downloaded’ three months’ worth of accumulated stress. He was able to get that off his chest, away from his wife and the clinical team. He’d been heard and that mattered so much.
A public consultation on proposals for the future delivery of health and care services in Oxfordshire is going ahead in two phases.

The Oxfordshire Clinical Commissioning Group will lead the formal consultation on the proposals which have been developed as part of the Oxfordshire Transformation Programme.

The first phase of the consultation starts on 16 January and runs for three months, focusing on proposed changes to:

- the use of our hospital beds and moving more care out of hospital and closer to home;
- planned care at the Horton General Hospital including tests and outpatient care;
- acute stroke services in Oxfordshire;
- critical care at the Horton;
- maternity services for women in north Oxfordshire and options for the future delivery of maternity services at the Horton General Hospital, including obstetrics and Special Care Baby Unit.

Over the past year, OUH clinical teams have worked with our NHS and social care colleagues on the options for the future delivery of services at the Horton. The opportunities for doing things differently have been discussed with staff, stakeholders, patients and the public at a number of engagement events across Oxfordshire.

Our vision for the Horton is to expand outpatient facilities and significantly increase the number of outpatient appointments available at the hospital. We want to increase day case surgery and outpatient diagnostic services reducing the need for patients to travel to Oxford’s departments for tests and scans. Our joint ambition is to better integrate health and care services and to shift resources to enable more services to be delivered locally and to treat people closer to where they live.

It was decided that a two-stage consultation process was necessary to allow for additional work to develop the options for A&Es and emergency care services, children’s services, community hospitals and midwifery-led units in Oxfordshire. These proposals will be consulted on in phase 2.

Currently, obstetric services at the Horton General Hospital are suspended due to problems with recruiting doctors. The maternity unit at the Horton has been running temporarily as a Midwife-led Unit (MLU) since October 2016. As part of the public consultation, it is proposed that all obstetric care, including care for higher risk births, is provided by one obstetric unit at the John Radcliffe Hospital in Oxford.

Obstetricians are doctors who specialise in treating women during pregnancy and childbirth, and also deliver babies. Unfortunately, the Trust has struggled to recruit obstetric doctors to the Horton which is one of the smallest units in the country.

Since April 2016, after vacancies arose at the Horton, the Trust has advertised monthly for doctors, and continues to do so. There are currently three doctors in post out of the nine needed to staff the obstetric service at the Horton maternity unit. It continues to run as an MLU supporting women with low-risk pregnancies.

Women who need specialist monitoring during pregnancy or who need a caesarean section would need the care of obstetric doctors during labour and birth, and would be cared for at the maternity unit at the John Radcliffe Hospital in Oxford.

Many women with lower risks can give birth under the care of a midwife in an MLU or have a home birth.

For more information see: www.ouh.nhs.uk/hospitals/horton/news

How to have your say

A number of events are being held in towns across the county where the public can hear more about the proposals and share their views. Further information on all of these events, their locations and venues can be found on the website: www.oxonhealthcaretransformation.nhs.uk.

The public can also provide feedback by completing an online survey via the Talking Health public involvement service. Register and complete the online survey at: https://consult.oxfordshireccg.nhs.uk or Email us: cscu.talkinghealth@nhs.net

This consultation and the work of the Oxfordshire Transformation Programme forms a substantial part of Oxfordshire’s contribution to the wider Sustainability and Transformation Plan (STP) for Buckinghamshire, Oxfordshire and West Berkshire (known as BOB STP), one of 44 STPs being developed across the country to support the delivery of the NHS Five Year Forward View.

MATERNITY SERVICES AT THE HORTON

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For more information see: www.ouh.nhs.uk/hospitals/horton/news
Supporting your 
Hospital Charity

CELEBRATING A VERY SPECIAL HOSPITAL
Our 10th Anniversary Children’s Hospital Appeal

Nearly ten years ago the doors opened to a hospital that now holds a special place in the hearts of thousands of families across Oxfordshire and the surrounding counties.

Designed with the needs of children and their families in mind, the hospital offers care for everyday injuries through to the most specialised procedures such as cancer, craniofacial and brain surgery. The Oxford Children’s Hospital is bright and spacious, built with indoor and outdoor play areas and filled with the latest medical equipment – and this was all made possible thanks to a huge campaign that raised nearly £15 million to fund around half the costs of this wonderful local facility.

As we celebrate the 10th Anniversary we are asking for your help once more. Every day our young patients inspire us with their bravery and ambition and we want to keep doing the very best we can for them.

So we are launching a new £2 million fundraising campaign – to make the hospital and children’s services even better for our young patients and their families.

We also plan to make improvements to outside play areas and provide more state-of-the-art medical equipment as well as utilising the latest developments in biomedical science.

All the funds raised will benefit children’s care across Oxford University Hospitals NHS Foundation Trust including the Horton General in Banbury and the Nuffield Orthopaedic Centre.

The year of celebration was given a great start in December at the Dorchester Abbey Christmas Concert, which raised an incredible £50,000!

We hope staff and supporters will get involved with our celebrations and fundraising throughout the year.

Nearly ten years ago the doors opened to a hospital that now holds a special place in the hearts of thousands of families across Oxfordshire and the surrounding counties.
When Douglas Graham became the hospital charity’s CEO he knew that he’d be hitting the ground running. Within weeks of starting his new role at Oxford Radcliffe Hospitals Charitable Funds he has visited all the hospitals in the Trust and met numerous staff. He also has his trainers at the ready, after signing up for the charity’s annual fun run.

Douglas Graham has worked for national charities for most of his career – but the hospital charity is a cause that’s very close to home. Living in Upper Heyford, Oxfordshire, he knows the hospitals well. He explains: “My daughter, Holly, was born in the Horton General Hospital and like any local family we have had plenty of reasons over the years to be thankful for the care we have received – from broken arms to an emergency appendectomy – the hospitals have been there for us, so it is great to be a part of the team putting something back.”

Before joining the hospital charity Douglas spent eight years as the Director of Fundraising at the Motor Neurone Disease Association. He explains: “It was a fabulous charity – because it was focused on the needs of people with MND through delivery of research and patient support – so there are clear similarities to our charity here.”

Douglas has also worked at the British Heart Foundation and held several roles at Oxfam – including developing and launching the ground-breaking Oxfam Unwrapped programme that encouraged supporters to ‘buy a goat’ for Christmas.

In the weeks since he started he has met staff at the Horton General, the John Radcliffe’s Oxford Heart Centre, the Cancer and Haematology Centre at the Churchill and the Oxford Children’s Hospital.

He explains: “I wanted to get a really good feel for the hospitals straight away – and it’s been incredibly useful. I have been repeatedly bowled over by the deep compassion there is from staff for the patients and the incredible humility of the clinicians here.

I was also impressed by the sense of teamwork across the departments.”

“I have found the whole experience inspiring and intend to continue meeting as many staff as possible to learn how the charity can make even more of an impact across our hospitals focusing on three core areas – improving patient care and environment by making our hospitals more comfortable and welcoming; funding specialist research and state-of-the-art medical equipment; and supporting staff development and welfare initiatives.”

‘Scope to do more’

“As a charity we need to be able to react to where the need is greatest, but also look to the long-term and be more strategic, so that the incredible generosity of our donors and supporters can make the maximum impact across the hospitals. I think there is tremendous potential here and real scope to do even more.”

“I feel like I have found a home where I can bring my many years of charity experience and work with the dedicated team here. And I think the clinicians I have met have the key – it really is all about teamwork.”

New charity CEO, Douglas Graham, has already signed up for the OX5RUN – the annual fun run for the Children’s Hospital

If you would like to get in touch with Douglas about the hospital charity email douglas.graham@ouh.nhs.uk
HOSPITAL ENERGY PROJECT GETS GO AHEAD FROM CITY COUNCIL

As work got underway on an Energy Link between the Churchill and John Radcliffe hospitals, an environmental sustainability team from Oxford City Council came to take a first-hand look at how the Trust’s ambitious Hospital Energy Project will result in significant carbon and financial savings.

The Energy Link, which consists of a pipeline that will carry the district heating system, electricity and communications cabling between the Churchill and JR, is a central element of the Energy Project, which will deliver a 21st century energy and heating system for the two hospitals.

It is estimated that the new, more resilient, system will save OUH £470,000 a year, which can be reinvested in clinical care.

One of those visiting was Paul Robinson, team manager for Energy and Natural Resources at Oxford City Council. He said: “The projected carbon savings from connecting the JR and the Churchill, 10,000 tonnes each year, is a really significant amount of carbon for the city, it’s about 1% of the total carbon emissions of Oxford that will be saved and about the same annual carbon emissions as the City Council’s estates and operations, so the scheme is to be applauded.

“By doing the combined heat and power and getting rid of the burning of oil for the heating at the Churchill, it’s going to have benefits for air quality in the local area,” he added.

Mark Bristow, who leads the Energy Project at the Trust, said: “It’s great that the City Council is taking such an interest in our project and the positive impact it will have on Oxford’s carbon footprint and air quality in Headington”. The work will be completed without any interruption to heat and power supplies to either site.

More than £80,000 was donated by the public to help Nuffield Orthopaedic Centre doctors train African medics to treat children born with clubfoot.

The money was donated in a month-long University of Oxford crowdfunding campaign for the Africa Clubfoot Training Project, which has trained people from 18 countries.

More than 30,000 African children are born with clubfoot each year and many will not receive treatment as it is not available where they live.

Without treatment, the condition becomes neglected clubfoot, a painful and severely disabling deformity, even though 95 percent can be treated using the Ponseti method. This involves gentle manipulations of the foot with plaster casting and then a small procedure to divide a tight tendon. The child then wears a brace for a short time.

Professor Chris Lavy, who leads the project, said: “We are very pleased to have raised over £80,000 with even more coming in. “This will be used for further training in clubfoot treatment in several African countries. Because of the public’s kind gifts, children will now be able to walk normally and go to school.”

To donate email clubfoot@ndorms.ox.ac.uk
A senior lecturer at Oxford Brookes University has led an initiative to raise over £12,000 to install 20 new televisions for patients at Sobell House.

Mike Dennis’s wife, Rachel, passed away at Sobell House in August 2014 after living with cancer for 11 years.

“I cannot speak highly enough of the staff and the love and the care they provided for Rachel, me and my family. It is a truly special place.

“When we spent time in Rachel’s room we always said the TV system could do with some TLC of its own!”

Mike organised a number of fundraising events, and Rachel’s family also supported the initiative and raised over £2,000 with a combination of a triathlon, bike rides and family walks.

Tim Harrison, Clinical Lead at Sobell House, says: “We are so grateful to Mike for his efforts and his commitment.

“As well as medical care, one of the most important aspects of hospice care is to ensure that every patient has a home from home feeling. I am sure this will bring some kind of happiness to those people who are suffering with a terminal illness.”

**SOBELL HOUSE GETS A TECHNOLOGY UPGRADE**

**TACKLING ANTIBIOTIC RESISTANCE**

New figures show staff are working hard to address the challenge antibiotic resistance by reducing their inappropriate use in hospitals.

Antibiotics are important for treating bacterial infections, although bacteria can adapt and find ways to survive the effects of an antibiotic.

This means antibiotics are losing their effectiveness at an increasing rate and this has become a major health challenge facing countries worldwide. The more we use antibiotics, the greater the chance bacteria will become resistant to them and they can no longer be used to treat infections.

During World Antibiotic Awareness Week awareness of global antibiotic resistance was raised and best practice and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance.

Figures show 2,454,757 prescriptions were issued in 2013/14 by Oxford University Hospitals NHS Foundation Trust.

“Antibiotics are important for treating proven severe infections and for preventing infection after surgery. A patient admitted to hospital with a serious illness may be given antibiotics before it is certain whether or not they are essential, ‘just in case’,” says OUH Medical Director, Dr Tony Berendt.

“With improvements in our clinical guidelines, our electronic prescribing systems, and the speed with which our Microbiology Laboratory can diagnose or help rule out an infection, we are making great progress in targeting courses of antibiotic treatment only to those patients who need them.”

**£3.7M FOR OXFORD BRAIN RESEARCH**

More than £3.5m is to be invested into brain research at Oxford’s hospitals.

The Trust is to receive £3.7m from the National Institute for Health Research (NIHR) to continue the work of the NIHR Oxford Cognitive Health Clinical Research Facility (CRF). It will fund neuroscience research at the John Radcliffe and Warneford hospitals, and the University of Oxford.

The facility’s research includes anxiety, mood and movement disorders and stroke and neurodegenerative conditions such as Parkinson’s Disease and Alzheimer’s Disease. It also studies the impact of ageing and sleep on the brain.

Figures show 4,766,825 prescriptions were issued in 2013/14 by Oxford University Hospitals NHS Foundation Trust.

“Antibiotics are important for treating proven severe infections and for preventing infection after surgery. A patient admitted to hospital with a serious illness may be given antibiotics before it is certain whether or not they are essential, ‘just in case’,” says OUH Medical Director, Dr Tony Berendt.

“With improvements in our clinical guidelines, our electronic prescribing systems, and the speed with which our Microbiology Laboratory can diagnose or help rule out an infection, we are making great progress in targeting courses of antibiotic treatment only to those patients who need them.”

The CRF is a partnership between OUH, Oxford Health NHS Foundation Trust, which runs the Warneford, the University of Oxford and Oxford Brookes University.

It follows the NIHR award of more than £125m for two biomedical research centres at OUH and Oxford Health to conduct research into acute and psychiatric conditions from 2017 to 2022.
Members of the Young People’s Executive (known as YiPpEe) met the Chief Nurse, Catherine Stoddart, to learn about the Trust’s future plans and the impact these could have on children and young people who use its services.

The YiPpEe members also wanted to find out how they could be involved in improving the service and patient experience for children and young people, especially the Trust’s ‘Go Digital’ programme.

This could involve the group helping to design and test apps for patients, working alongside clinical staff to ensure that the needs of young people are met in the final product.

YiPpEe consists of young people aged 11 to 18 with an interest in improving healthcare provided to children and young people. They are involved in work that will benefit patients from Oxfordshire and also at national level. They regularly meet OUH staff and patients, to help them to understand the needs and priorities of young people in hospital.

Scott Lambert, Children’s Patient Experience Project Lead, said: “YiPpEe plays a vital role in helping the Trust to engage with children and young people.”

“After meeting Catherine, there was a buzz of excitement and enthusiasm as they considered how they can help to improve the services and experience received by children and young people using OUH services over the next year, and beyond.”

If you would like to join YiPpEe, or you would like more information about the group, then contact yippee@ouh.nhs.uk

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**MAKE THE TIME – stay on the line!**

Oxford University Hospitals is using an automated telephone reminder system, which phones patients to remind them about their appointments. In October 2016 alone, 5,463 appointments were missed at our hospitals, wasting over £775,000 of NHS funds. Other patients could have taken these appointment slots and waited less time for their care.

Our automated reminder system is already helping us to reduce the number of missed hospital appointments, but we’ve also had some feedback that this system is calling patients too often.

- A patient will receive another call if, the first time we call them, they do not listen to the end of the recorded message, when they are asked to select from a number of options.
- These options allow a patient to confirm their identity, and to tell us that they can make the appointment; if they can’t make it, they can cancel or rebook the appointment. Patients will continue to receive calls if they do not select a number when given an option.
- When a patient makes their selection, their name is ticked off our list and the calls for that appointment stop.
- If you receive an automated appointment reminder call from us, stay on the line and select the appropriate options when asked; if you do this, you will get no more calls about that appointment.
- If you don’t make a choice, the system will carry on phoning you – up to 11 times more!
- If you have voicemail or an answerphone, the system may leave part of a message; you do not need to respond to this, as we will call you again.
- Patients who receive these automated calls will also get a text message reminder two days before their appointment.
- If you prefer, you can opt out of this system altogether, and have reminder letters posted to you instead. Please ask when you book in for your appointment.
A mum who had some of her ovarian tissue frozen after being diagnosed with cancer in the hope that it would help her have another child has urged the public to support the NHS service that helped her.

Isabelle Providence, 28, was supported by the Fertility Preservation Service at the John Radcliffe Hospital, which is the first of its kind in England.

Doctors removed the tissue in March, three days before beginning chemotherapy that is almost certain to leave her infertile.

The tissue has been frozen at an ultra-low temperature, a technique known as cryopreservation, so it can be re-implanted later if Isabelle wishes to try for another child.

The service is provided without charge by the Trust with funding from donations to the Future Fertility Trust, part of Oxford Radcliffe Hospitals Charitable Funds.

Isabelle, mum to two year old Sophia, was planning a second child with husband Jason when she was diagnosed with Hodgkin Lymphoma in January.

She said: “Within seconds of hearing the dreaded word cancer I felt a real chill as I immediately thought about our plans for another child. I was devastated.”

She said of the service: “It felt like a lifeline, to know there was hope and that cancer wasn’t going to destroy my future.”

Friends and colleagues from Deloitte, Reading, took part in an assault course challenge in May and raised £12,500 for the fund, which was then matched by the company.

Husband Jason Providence said: “The cryopreservation procedure made available through the Future Fertility Trust gave great comfort to us during a period of intense stress and uncertainty.”

The service was set up with teams from OUH and the University of Oxford’s Nuffield Department of Obstetrics and Gynaecology.

Service lead Dr Sheila Lane said: “It is something practical and positive which gives hope at a time when patients and their families are fearful of the worst. We see the psychological impact immediately – particularly amongst teenagers and young women.

“We know it means a huge amount to them – giving hope, and a little control back.”

To make a donation visit www.justgiving.com/futurefertilitytrustfund

GENETICS PLAY KEY ROLE IN BIRTH WEIGHT

Genetics can play a key role in determining a baby’s birth weight, Oxford-backed research has found.

At least one-sixth of the variation in birth weight is down to genetic differences between babies, analysis of DNA from more than 154,000 people worldwide found.

Environmental factors such as a mother smoking during pregnancy and her weight can also impact on birth weight, which has been linked to diabetes if too low or high.

Six institutions, including the University of Oxford, carried out the research and funders included the NIHR Oxford Biomedical Research Centre, a collaboration between OUH and the University.

Dr Momoko Horikoshi, from the Wellcome Trust Centre for Human Genetics at the University of Oxford, said: “Our results point to the key role played by genetic differences in connecting variation in early growth to future risk of disease.

“Our next steps will be to gather more pieces of the puzzle, including a better understanding of how the genetic profiles of mother and baby act together to modify the baby’s weight and later disease risk.”
A group of volunteers has planted 456 daffodil bulbs at the entrance to the John Radcliffe Hospital in memory of British military personnel killed in Afghanistan.

One bulb was planted for each service person who gave their life in the conflict.

All of the service person autopsies were carried out at the JR, the coffins brought in a cortège from Royal Wotton Basset or Brize Norton, where there was always a guard of honour at the entrance and a warm welcome for their families in the St Anthony of Padua Church.

Army veteran Brian Crossin, whose idea it was to plant the bulbs, said: “After the repatriations finished and troops came out of Afghanistan, it seemed to me it would be a shame if it was forgotten that 456 personnel came through here. “So this is going to be a living memorial. It will come up every spring, a big blaze of colour and people will know what it is.”

A report has praised the services provided by the OUH’s Oxford Rose Clinic, which offers support to women and girls who have undergone female genital mutilation or cutting (FGM/C), and called for awareness of the clinic to be raised among affected communities and GPs.

The report by Healthwatch and Oxford Against Cutting said the Rose Clinic “is clearly an extremely valuable service for women who have experienced FGM/C”, and called for increased publicity for service users about what the clinic offers, as well as greater awareness among health professionals.

Responding to the report, Consultant Obstetrician Brenda Kelly, who runs the Oxford Rose Clinic, said the OUH welcomed anything that raises awareness of the issues surrounding FGM/C and encourages women from affected communities to engage with our services.

More than 150 women have attended the Rose Clinic at the John Radcliffe Hospital since it was created in 2013, and the numbers accessing its services have increased year-on-year.

“We are developing plans with Oxford Against Cutting to launch a concerted effort to engage with affected communities in the coming months to ensure they have increased access to information around FGM/C and the many services that the Rose Clinic provides,” Dr Kelly said.

Women can refer themselves to the clinic or be referred by health visitors, GPs, community midwives or other health professionals. Referrals can be made by emailing oxfordrose.clinic@nhs.net or telephoning /texting 07767 671406. Clinics currently run every two weeks on a Friday.

Further information about FGM/C and details about the Oxford Rose Community Support Network can be found at oxfordagainstcutting.org
Joe Smith, who founded the department of urological surgeons in Oxford and was one of the most influential surgeons of his generation, has died aged 85.

Mr Smith established the Urology Department at the Churchill Hospital upon the appointment of Consultant Urological Surgeon Griff Fellows in 1974 and helped it grow an international reputation for academic and clinical research.

At Oxford, Mr Smith set up an outstanding research programme with Prof Alison Brading, an Oxford smooth muscle physiologist and, together with a succession of young urological research registrars writing their theses, made a significant contribution to the understanding of bladder function.

He was born in Lancaster in 1931 and trained at University College Hospital (UCH), London. There he wrote a thesis which showed that bladder pressure in children was not the result of obstruction. He felt this was his most important contribution to research as it saved many from unnecessary surgery.

A post at St Peter’s Hospital – then one of the leading urological hospitals in London – followed and he then took a place at the capital’s St Bartholomew’s Hospital.

Around this time he assisted Sir Alec Badenoch with Prime Minister Harold MacMillan’s prostatectomy to remove the prostate, a health issue that led to the Conservative Premier’s resignation in 1963.

In 1965 he spent a year at the University of California, Los Angeles (UCLA) and, after a further period in London, began work in Oxford.

Mr Smith was President of the British Association of Urological Surgeons from 1992 to 1994 and was awarded the Association’s St Peter’s Medal for making a notable contribution to the advancement of urology in 1997. He was awarded an OBE for services to medicine in 1996.

He was also a President of Section of Urology at the Royal Society of Medicine, Principal Examiner in Surgery, University of Oxford and President of Medical Defence Union.

In 1957 he married Mafalda, a nurse from Italy. He leaves son Christopher and daughter Gabriella and eight grandchildren.

Security awareness:
Do you know who is in your department?

Thieves operate around our Trust by taking advantage of the open nature of the hospitals and volume of people who are generally wandering around. They blend in and walk around until they see an opportunity to steal.

Criminals take advantage of polite people. Secured doors are only as effective as the last person through them and holding doors open for people allows access to criminals. Always ensure that secure doors close behind you, and don’t allow anyone to follow you through. Don’t be offended if a secure door is not held open for you – thank the person for being concerned for our security.

If we can prevent criminals getting in in the first place they don’t get the opportunity to steal from us. Because tailgating (following someone through a secure door) is so common it is important not to just rely on your main department door security. The most effective defence is having layers to security, so lock offices and staff rooms when they are not in use, and then secure all valuables out of site in lockers or locked draws.

Wearing your ID badge is a vital tool in the fight against crime in the Trust. If everyone wore them in a visible location it would make it easier to spot intruders without them. If you see someone walking around without an ID badge, ask them who they are. Something as simple as asking if you can help them can often lead to a thief making excuses and leaving. If you are in any doubt, call the security team who will investigate for you.

Further security advice can be found on the Security intranet site, or from Rachel Collins, the Trust Security Manager / Local Security Management Specialist via OUH email or 01865 223313.
Young patients at the Children’s Hospital linked up live with Santa Claus in the North Pole.

A live video link enabled poorly children to see and speak to Santa, while his elves handed out presents, including to those who were unable to leave their beds.

Among the youngsters to get face-time with Father Christmas was five-year-old Bailey-May Townsend from Berinsfield, who was diagnosed with leukaemia in May.

She not only got to Skype with Santa, she also spent the morning meeting and playing games with some of his elves around the hospital.

Her mum, Natalie Townsend, who brought Bailey-May’s little brother Jenson to join in the fun, said: “She absolutely loved it. She and the elves had races on trikes in the play area, then she got a video call from Santa.

Natalie praised the staff at the hospital, who she said had been ‘amazing’ at looking after her daughter.

In total about ten elves did the rounds, visiting dozens of children around the hospital, handing out gifts and arranging video calls to the North Pole.

“This was a great opportunity for the Trust to use its advanced digital know-how to bring some Christmas joy to our young patients,” says Peter Knight, OUH’s Chief Information and Digital Officer.

Senior Play Specialist Christine Turner said: “This was a digital first for the Children’s Hospital and it was really special for the children. Our Christmas decorations are up and everyone here is getting in the festive spirit!”

Read OUH & You on your mobile:
1. Download a ‘QR Reader’ app from your app store.
2. Scan the QR code (right) with the app.
3. Read online and enjoy!

Look out for the next edition of OUH & YOU, which will be out in March 2017. If you have any news from your team or department that you would like to be featured, please contact the Media and Communications Unit on 01865 231471 or email ouhnews@ouh.nhs.uk. Deadline for copy is February 24 2017.