A FAST-TRACK TO TREATMENT WITH AWARD-WINNING LINSEY

WHY VOLUNTEERS ARE SO IMPORTANT TO OUR HOSPITALS

Page 4

Page 7

Children’s Hospital’s 10th Birthday

Page 10

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

April 2017

Issue 30

Keeping you informed
COUNCIL OF GOVERNORS NEWS

By-elections for two new governors took place recently and we had an excellent response from members to our call for nominations.

Both seats were well-contested, with four people standing for the Rest of England and Wales, and 15 staff standing in the Non-clinical Staff constituency.

The results were announced by our independent electoral partner, UK Engage, in February. Our new governors are:

Mariusz Zabrzynski  
Staff – Non-clinical

Steve Candler  
Public – Rest of England and Wales

Our newly-elected governors will take part in an induction programme, which will include information about their role, learning from the experience of other governors, and clarity about their responsibilities and those exercised by the Board of Directors.

GET IN, GO FAR – JOIN US AS AN APPRENTICE

We were delighted when one of our apprentices, Merrin Honey, was awarded the title of Health Education England Thames Valley Apprentice of the Year 2017.

As a result of her win, Merrin, who works as an Advanced Business Administration Apprentice in the Assurance Directorate, was entered for National Apprentices of the Year.

Also nominated for the regional awards was Mahrya Zulfaqar, Advanced Clinical Apprentice at the Horton General Hospital. Both apprentices were put forward in recognition of their outstanding commitment to learning.

OUH supports apprenticeships in both clinical and non-clinical departments across the Trust, actively encouraging young people to stay with us when they complete their apprenticeships or move on to higher-level apprenticeships.

In March, the Trust sponsored the Oxfordshire Apprenticeship Awards 2017, both to help raise the profile of apprenticeships in the NHS and to recognise our own apprentices and their contribution to our organisation.

Claire Wardle, Lead Nurse for Learning and Education, said: “Apprenticeships enable young people to experience careers first hand within the NHS, and allow us as an employer to work collaboratively with local businesses, schools and colleges.

“We are also supporting existing staff members in developing their skills and achieving a qualification by undertaking an adult apprenticeship.”

If you would like further details about apprenticeships with the Trust, contact apprenticeship@ouh.nhs.uk

Website: www.ouh.nhs.uk/apprenticeships

WHAT DO THE CIRCLES MEAN?

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

- **Home Sweet Home**: Delivering excellent healthcare 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
PUBLIC CONSULTATION ON FUTURE OF LOCAL HEALTHCARE

Fifteen public consultation events have taken place in the first phase of the ‘Big Health and Care Consultation’ on the future delivery of health and care services in Oxfordshire.

The consultation process is being run by the Oxfordshire Clinical Commissioning Group (OCCG). In the first phase between January and April, public events were held in towns across the county and in Brackley, South Northamptonshire. In total, hundreds of local people came along to hear about a range of plans for delivering NHS services and to ask questions of the OUH clinicians, local GPs and senior OCCG managers who presented the proposals.

The phase 1 proposals, developed as part of the Oxfordshire Transformation Plan, are focused on some of the services at the Horton General Hospital in Banbury, and the way we use our hospital beds. They include:

- developing planned care and investment at the Horton General Hospital so that up to 90,000 more outpatient appointments, diagnostic and day case procedures are available and patients in the north of the county do not have to travel to Oxford for treatment;
- following national guidelines that all acute stroke patients are taken to the specialist Hyper Acute Stroke Unit at the John Radcliffe Hospital in Oxford;
- changes to critical care at the Horton so that patients are treated in the best place for their specific needs, with patients requiring the highest level of care treated at the John Radcliffe Hospital;
- changes to maternity services at the Horton, with all women with a higher-risk pregnancy giving birth at the John Radcliffe Hospital; this is due to the difficulty in recruiting and retaining suitably qualified obstetric staff at the Horton;
- permanent closure of some acute hospital beds to reinvest money in rehabilitation services and care beds in nursing homes closer to where people live, which has proven to result in better medical outcomes.

Next steps

The views of the public, local councillors, partner organisations, health watchdogs and many special interest groups via letters, survey responses, feedback from the events and other meetings will be assessed and analysed by an external company before being considered by the OCCG at its Board meeting in May. A decision is expected after June 2017.

A further set of proposals will be presented in the second phase of consultation on the Oxfordshire Transformation Plan, due to begin later in the year. These will focus on options for emergency departments and emergency care services, children’s services and community hospitals, including midwifery-led units in Oxfordshire.

You can find more information on the Oxfordshire Transformation Plan, the consultation document and an online survey at www.oxonhealthcaretransformation.nhs.uk

The consultation and the work of the Oxfordshire Transformation Programme forms a large part of Oxfordshire's contribution to the wider Sustainability and Transformation Plan (STP) for Buckinghamshire, Oxfordshire and Berkshire West.
VOLUNTEERS: A VALUABLE PART OF THE HOSPITAL TEAM

Whether it’s running a book stall, welcoming visitors or spending time with seriously ill patients, volunteers play a crucial role in the life of our four hospitals.

More than 1,200 dedicated people of all ages volunteer with the Trust and its host charitable organisations, often through a sense of wanting to give something back to their community or the NHS.

“As well as giving themselves a sense of accomplishment, the care and enthusiasm that volunteers bring can often help to improve a patient’s experience of being in hospital,” says Voluntary Services Manager Yvonne Blencowe.

“They are a valuable part of the hospital team, providing extra support for our staff.”

Among the roles that volunteers perform across the trust are: hosting shows on Radio Cherwell and Radio Horton; taking library trolleys around the Churchill and Horton General hospitals; guiding patients and visitors around the hospitals; serving in League of Friends cafeterias; staffing the volunteer book stall, which raised almost £14,000 last year; gardening or helping with administrative tasks.

In last year’s Staff Recognition Awards, Trust volunteers scooped the gold, silver and bronze awards in the Supporter of the Year category – in recognition of all that they do to help us.

“The smiles I get are a great reward”

Stella Dunn says volunteering at the John Radcliffe is “always a challenge, but a very rewarding one”. She has been coming to help on the Bedford and Adams Geratology ward for four years. Her main motivations are “wanting to serve in the community” and to give something back to the NHS.

“After recovering from a potentially life-threatening illness, I promised myself that wherever I lived I would volunteer at the hospital as a way of saying thank you for the treatment I received and, in a small way, help to ensure the NHS continues to treat those in need,” she says.

Stella, a former teacher who lives in Oxford, says the staff “are very appreciative and supportive” of the added value volunteers like her bring.

“Because I had three years in a nursing care home, I am sensitive to the needs of people who have dementia. Sometimes it’s a matter of just sitting and holding a hand, or listening. Sometimes, I’ll make them a cup of tea, or read a book or magazine to them.”

Stella will read out the menus for the next day, and help to give out lunches, sometimes helping those who struggle to feed themselves. “The smiles I get are a great reward.”

Stella will often buy second-hand books, especially ones that are not too heavy and have large print, to distribute to patients. Her ambition is to set up a reading team who can read to people who are blind or partially-sighted.

Providing ‘silliness with permission’ at the Children’s Hospital

Simon Cruden provides “balloon-modelling, magic and ‘silliness with permission’ for the children in the hospital”. He has been volunteering, first at the Radcliffe Infirmary and now at the Children's Hospital, for almost 20 years, spending 10-15 hours a week entertaining the young patients.

Simon, who is partially-sighted, is a familiar and popular figure around the Children’s Hospital, with his bright yellow trousers, multi-coloured waistcoat and bag of balloons and magic tricks.

“Children laugh at different things, and once I find that thing, it’s fine,” he says.

When Simon was 12, he was diagnosed with a brain tumour and had four operations on it over the next four years. After the last one, a cartoonist called Bob came in to cheer up the patients and it left an impression on the young Simon.

“I decided when I was 16 there must be something I could do. I looked at the volunteering possibilities and there was nothing like entertaining the children. So I asked the ward sister and she said yes.”

“Nearly 20 years later I’m still doing it and loving it more than ever, especially with the new Children’s Hospital – there’s always somebody to entertain.

“People assume I do a show, but I see each patient individually,” Simon explains. “It could be a few minutes or a few hours. Sometimes young people come in with a similar brain tumour to me, and I’m asked to speak to them, so I’ll turn up – without the silliness – and say hello.”

“I love it. I’ll continue to do this while I’m still alive and while I can still see.”
NEW ROLE TO SUPPORT CARE AT THE END OF LIFE

OUH has appointed its first Consultant Pharmacist for palliative and end of life care, only the third post of its kind in the UK.

Gwen Klepping has worked for the Trust for 13 years mainly as a specialist palliative care pharmacist based at Sobell House and Katharine House hospices.

End of life care has been identified as a Trust priority, with a new strategy having been written. Sobell House Hospice Charity, working closely with OUH, has granted resources to fund a two-year project to improve end of life care across our four hospitals.

“My appointment ties in with that,” Gwen explains. “I’ll be working with other health partners across Oxfordshire and all parts of the Trust, as well as providing specialist support to the hospices.

“We need to make sure we are providing the best end of life care, which patients and their relatives have a right to expect. End of life care is everybody’s business and we have to do it well.”

A big part of the end of life care project will relate to training and education of anyone – doctors, nurses, pharmacists – who has interaction with patients.

A key part of Gwen’s role is ensuring that patients are identified and given the right care: “Much of the care of these patients is about managing their symptoms at the end of life and ensuring that it’s appropriate, for example, making sure that the right combination of drugs is available for that patient and administered in the right way.”

DRUG DELIVERY HOPE FOR EYE ROBOT

In a world first, a robot has been used to inject a drug into the back of the eye, the latest phase of a landmark clinical trial at the John Radcliffe Hospital.

Prof Robert MacLaren used the remotely-controlled robot to administer a tiny volume of the blood-dissolving agent tPA under the retina to treat a haemorrhage, an accumulation of blood in the eye that causes vision loss.

It was also the first time that robot-assisted eye surgery was performed under local anaesthesia.

The technology has been developed by Preceyes BV, a Dutch medical robotics firm established by the University of Eindhoven, with the University of Oxford, which is also conducting the trial.

In September, the trial made international headlines as it was the first time a robot was used to assist surgery inside the eye.

The technology is designed to eliminate unwanted tremors in the surgeon’s hand – such as through their pulse – so tiny surgical manipulations can be safely carried out within the eye.

The robot has seven independent computer-controlled motors, resulting in movements as precise as 1,000th of a millimetre in scale. The surgeon controls the robot using a joystick and touchscreen, meaning significant movements of the joystick result in tiny movements of the robot.

Prof MacLaren said: “It is still early days, but we hope this milestone brings us closer to our eventual goal of using robotic surgery to deliver gene therapy and stem cell treatments for currently incurable retinal diseases.”
headlines from 2006 onwards. The outbreak was stopped by substantially reducing their use.

Inappropriate use and widespread over-prescribing of the fluoroquinolone group of antibiotics, such as ciprofloxacin, actually allowed C. difficile bugs that were resistant to the drug to thrive; non-resistant bugs in the gut were killed off by the antibiotic, clearing the way for rapid C. difficile growth.

The study included data and genetic analysis from OUH and funding from the NIHR Oxford Biomedical Research Centre (BRC), a partnership between the Trust and University of Oxford.

Concerns about hospital ‘superbugs’ which had become resistant to common antibiotics resulted in the announcement of a programme of ‘deep cleaning’ and other infection control measures in the NHS in 2007.

The study, by the University of Oxford, University of Leeds and Public Health England, and published in The Lancet Infectious Diseases, found C. difficile cases fell only when fluoroquinolones were restricted and used in a more targeted way as part of efforts to control the outbreak.

C. difficile cases in Oxfordshire where the drugs had no impact fell from 67% in September 2006 to 3% in February 2013 after their use was restricted.

Co-author Derrick Crook, Professor of Microbiology at the University of Oxford, said: “Reducing the type of antibiotics like ciprofloxacin was the best way of stopping this national epidemic of C. difficile and routine, expensive deep cleaning was unnecessary.

“However it is important that good hand hygiene continues to be practised to control the spread of other infections.”

The Oxford Centre for Genomic Medicine has officially opened at its new location in the Nuffield Orthopaedic Centre (NOC).
AWARD-WINNER LINSEY DEVELOPS FAST-TRACK TO TREATMENT

“It’s very satisfying that it’s done so well, when you consider we started in a tiny room. It’s happened a lot faster – than people expected.”

Sister Linsey Davis has been responsible for a significant change at the John Radcliffe Hospital. In November 2015 she and her colleagues created the new ambulatory team, which she now manages.

This service, which comprises the Ambulatory Assessment Unit (AAU) and the new Acute Hospital at Home (AHaH) team, has transformed how many patients are now diagnosed and treated, and gone a long way to achieving the Trust’s aim of treating patients closer to home.

So important has the change been that in December Linsey won the Outstanding Achievement category at the Staff Recognition Awards. She was praised not only for setting up the service but for the way she has inspired and coached the new team during a period of considerable change to deliver care in a new way, “giving them something they are proud to be a part of”.

This service sees an average of 40 patients a day and supports them on an ‘ambulatory’ basis, which means they are seen in a similar way to any patient attending hospital as a potential inpatient, but are treated and can usually return home the same day.

This successful approach has also been adopted at the Horton General Hospital, which now has its Rowan Ambulatory Assessment Unit and its own AHaH team.

As well as getting patients home quickly so they are in the safe and comforting environment of their own home, the service has helped to reduce the number of admissions to the hospital and so ease the pressure on beds.

“It was wonderful to be nominated; it felt like I was being rewarded for my hard work,” says Linsey.

After carrying out a great deal of research and feasibility studies, Linsey started “in two rooms in Geratology with one and a half nurses pinched from another unit”. Initially, they were assessing what kind of patients they could take, how the processes would work and what kind of equipment they would need.

In a short space of time, the team was occupying a whole side of Geratology and had to move to a new improved location on the 5th floor of the John Radcliffe.

“AAU covers anybody we think we could treat, diagnose and discharge within the same day, or within 48 hours. So we can treat people much quicker,” Linsey explains.

“Instead of them going through the front door to the Emergency Department, they’re coming through the ‘side door’ to AAU and we can see and treat them quicker and they’re not taking up hospital bed space – but they’re still getting the best possible treatment, because we have our consultants on hand. People have said they’ve noticed a difference in the number of patients that are down in ED.”

More than 40 nurses and doctors now work in the unit, including 13 nurses who comprise the AHaH team, the first time that acute hospital nurses in Oxfordshire have gone out in the community. AHaH, set up in October 2016, has become a key component of the new service.

“AHaH is the next step of the ambulatory pathway. Patients who are nearly ready to be discharged from hospital – perhaps they need antibiotics or further treatment, such as blood tests, which they would normally stay in hospital for – can now have that in their own home through AHaH,” Linsey says.

Most similar services around the country take nurses mainly from emergency departments, but OUH has consciously decided to recruit from a number of teams. “We have ED nurses, geratology nurses trained in dementia care, nurses from gastro and renal, a stroke nurse – so we can call on a range of expertise.”

“AAU and AHaH are a close-knit team. We all share information and look at how we can improve things and everybody is happy to share their skills and expertise to make the service work better,” Linsey says. “We even have a WhatsApp group, which keeps the team working closely together and makes everybody feel involved and supported.”
An exciting new chapter in medical research in Oxford begins on 1 April with the renewal of the NIHR Oxford Biomedical Research Centre (BRC).

The BRC is a partnership between OUH and the University of Oxford to fund medical research that can transform NHS care.

It was established in 2007 with a grant of £57m from the National Institute for Health Research (NIHR), funded by the Department of Health to “improve the health and wealth of the nation through research”.

A further grant of £95.5m was awarded from 2012 to 2017 and in September 2016 it was announced the BRC would receive £113.7m for 2017 to 2022.

This renewal will expand the number of research themes from 14 to 20 in areas such as cancer, genetics, diabetes, vaccines and stroke.

Here, research theme leaders set out their priorities for the next five years.

**Professor Andrew Carr, Musculoskeletal Diseases:**
“Our vision is to build on our strengths in identifying where to target treatment and to develop drugs tailored to each patient’s individual needs in inflammatory joint disease, degenerative joint disorders and in rare bone diseases. We will also further develop Oxford’s promising tissue engineering implants and devices, and regenerative medicine drugs for the benefit of patients.”

**Professor Barbara Casadei, Cardiovascular:**
“Emergency diagnosis and classification of patients for immediate specialist treatment are central to the management of patients presenting with acute stroke or myocardial infarction. We will use state-of-the-art local and national resources to refine the management of patients with acute cardiovascular syndromes and test new drugs based on an improved understanding of chronic and inherited cardiovascular diseases in individuals.”

**Professor Derrick Crook, Antimicrobial Resistance and Modernising Microbiology:**
“Research supported by the BRC has developed a genetic test for tuberculosis that can diagnose the condition from a patient sample in as little as eight hours, compared to weeks using traditional methods. This technique is now being rolled out throughout the NHS and offers us huge opportunities to quicken diagnosis using genetic testing for other conditions such as joint or blood infections.”

**Prof Trish Greenhalgh, Partnerships for Health, Wealth and Innovation:**
“Partnerships are at the heart of the new Biomedical Research Centre. We will work with patients and the public, who the research is aimed to benefit, and with clinical services, to translate research findings into new products and services. We will also work to bring together expertise across the BRC, academic disciplines, industry and Government.”

**Prof Anna Gloyn, Diabetes and Metabolism:**
“By 2025 there will be five million people with type 2 diabetes in the UK alone. We will capitalise on our world-leading expertise to improve our understanding of how to restore and preserve pancreatic islet cells, which produce the insulin needed to control blood sugar levels. And we will evaluate approaches to manage and treat patients with non-alcoholic fatty liver disease, a major cause of liver failure in the UK.”

**Prof Adrian Hill, Vaccines for Emerging and Endemic Diseases:**
“Vaccines have been science’s most efficient way of preventing diseases. We will investigate a better vaccine for group B meningitis and help develop new vaccines for Zika, pandemic influenza, tuberculosis and prostate cancer. We will improve the effectiveness of a malaria vaccine we been trialling and try simplifying the UK’s childhood immunisation programme so children would need fewer doses.”

Volunteer to take part in research at OUH at ouh.nhs.uk/research-volunteer
Richard Hobbs, **Multimorbidity and Ageing across Boundaries:**

“People living with multiple chronic diseases are a major challenge for the NHS, accounting for half of GP appointments, 70% of overnight hospital stays and 70% of the NHS hospital budget. Our research will look at how to detect early, manage and treat some of the most common of these long-term conditions, such as diabetes, hypertension and depression.”

Prof Masud Hussain, **Neurological Conditions:**

“Some of the biggest healthcare challenges are posed by neurological disorders. Monitoring patients with conditions such as epilepsy or Parkinson’s disease in the community and responding to changes in a timely fashion has been hard. We are going to bring together experts from different disciplines to tackle head-on some of the most difficult areas of medicine to find innovative, new solutions for patient care.”

Prof Susan Jebb, **Obesity, Diet and Lifestyle:**

“Two-thirds of adults are overweight, but even modest weight loss brings surprisingly large clinical benefits. We will study new weight-loss programmes for specific groups of patients to test whether this is an effective approach to manage their condition, potentially adding to, or even replacing, existing treatments.”

Prof Martin Landray, **Clinical Informatics and Big Data:**

“Collecting, sharing and analysing vast amounts of clinical data is a hugely exciting opportunity to help researchers develop new tests and treatments. We are confident this will transform healthcare in the future.”

Prof Xin Lu, **Multi-modal Cancer Therapies:**

“Although there has been great progress in improving treatments for several cancer types, major challenges remain, and we will be tackling two of the big hurdles: how to diagnose cancer earlier and how to tell which patients will benefit from which treatments. Our approach will link the latest molecular scientific techniques with innovative clinical trials and patient screening programmes.”

Prof Paresh Vyas, co-theme lead **Haematology and Stem Cells:**

“Blood diseases can be common, like anaemia, and also rare but potentially devastating, such as blood cancers like acute leukaemia. There has been much progress in understanding the basis of many of these conditions. Our aim is to deepen this knowledge base and, critically, harness it to improve treatments by engaging with patients and their families and through our national and international partnerships.”

Professor Robert MacLaren, **Surgical Innovation and Evaluation:**

“Surgical procedures, like medicines, have a critically important role in maintaining health. This is particularly the case for treating cancers and replacing body parts, such as diseased organs, joints and cataracts. We are using the surgical research in Oxford to develop safer and more effective surgical procedures.”

Professor Stefan Neubauer, **Imaging:**

“We will develop a variety of innovations, for example: high-resolution MRI techniques to assess metabolism and pH, the measure of how acidic or alkaline a substance is; ultrasound monitoring of foetal development; and harnessing big imaging data from population studies. These techniques are expected to benefit patients and society by improving diagnosis and treatment monitoring, increasing efficiency and saving healthcare costs.”

Prof Ian Pardoe, **Respiratory:**

“The theme will focus on identifying common mechanisms involved in respiratory diseases. We hope this will lead to the identification of new treatment opportunities in definable groups of patients with asthma, chronic obstructive pulmonary disease, idiopathic pulmonary fibrosis, pneumonia and pleural infection.”

Prof Peter Rothwell, **Stroke and Vascular Dementia:**

“We are fortunate to already have many of the tools that we need to prevent stroke and vascular dementia. The challenge is not so much ‘how to do it’ but ‘how can we do it more effectively’? We therefore concentrate on studies to better understand known risk factors and to make more effective use of existing treatments.”

Professor Lionel Tarassenko, **Technology and Digital Health:**

“Our theme is focused on delivering cost-effective improvements in patient outcomes through technological innovation. Biomedical engineers and clinicians will work together to develop digital health solutions, from smartphone apps for weight management during pregnancy to machine learning algorithms for identifying in-hospital patients at risk of serious deterioration.”

Prof Ian Tomlinson, **Molecular Diagnostics:**

“Our aim is to refine the classification of disease at a molecular level so that we offer treatment strategies that work and have minimum side-effects. To do this, we will explore how new techniques of molecular pathology and image analysis can be combined to identify specific groups of patients whose prognosis and response to treatment can be predicted accurately.”

Prof Fiona Powrie, **Gastroenterology and Mucosal Immunity:**

“Chronic inflammatory diseases such as inflammatory bowel disease and psoriasis are often complex and difficult to treat. By characterising the cell types and molecules that associate with disease onset, progression and response to treatment, our work will reveal new places to target treatment so we can develop medicines tailored to each patient’s needs.”

Prof Susan Jebb, **Obesity, Diet and Lifestyle:**

“Two-thirds of adults are overweight, but even modest weight loss brings surprisingly large clinical benefits. We will study new weight-loss programmes for specific groups of patients to test whether this is an effective approach to manage their condition, potentially adding to, or even replacing, existing treatments.”

Prof Martin Landray, **Clinical Informatics and Big Data:**

“Collecting, sharing and analysing vast amounts of clinical data is a hugely exciting opportunity to help researchers develop new tests and treatments. We are confident this will transform healthcare in the future.”

Prof Xin Lu, **Multi-modal Cancer Therapies:**

“Although there has been great progress in improving treatments for several cancer types, major challenges remain, and we will be tackling two of the big hurdles: how to diagnose cancer earlier and how to tell which patients will benefit from which treatments. Our approach will link the latest molecular scientific techniques with innovative clinical trials and patient screening programmes.”

Professor Robert MacLaren, **Surgical Innovation and Evaluation:**

“Surgical procedures, like medicines, have a critically important role in maintaining health. This is particularly the case for treating cancers and replacing body parts, such as diseased organs, joints and cataracts. We are using the surgical research in Oxford to develop safer and more effective surgical procedures.”

Professor Stefan Neubauer, **Imaging:**

“We will develop a variety of innovations, for example: high-resolution MRI techniques to assess metabolism and pH, the measure of how acidic or alkaline a substance is; ultrasound monitoring of foetal development; and harnessing big imaging data from population studies. These techniques are expected to benefit patients and society by improving diagnosis and treatment monitoring, increasing efficiency and saving healthcare costs.”

Prof Peter Rothwell, **Stroke and Vascular Dementia:**

“We are fortunate to already have many of the tools that we need to prevent stroke and vascular dementia. The challenge is not so much ‘how to do it’ but ‘how can we do it more effectively’? We therefore concentrate on studies to better understand known risk factors and to make more effective use of existing treatments.”

Professor Lionel Tarassenko, **Technology and Digital Health:**

“Our theme is focused on delivering cost-effective improvements in patient outcomes through technological innovation. Biomedical engineers and clinicians will work together to develop digital health solutions, from smartphone apps for weight management during pregnancy to machine learning algorithms for identifying in-hospital patients at risk of serious deterioration.”

Prof Ian Tomlinson, **Molecular Diagnostics:**

“Our aim is to refine the classification of disease at a molecular level so that we offer treatment strategies that work and have minimum side-effects. To do this, we will explore how new techniques of molecular pathology and image analysis can be combined to identify specific groups of patients whose prognosis and response to treatment can be predicted accurately.”

Prof Fiona Powrie, **Gastroenterology and Mucosal Immunity:**

“Chronic inflammatory diseases such as inflammatory bowel disease and psoriasis are often complex and difficult to treat. By characterising the cell types and molecules that associate with disease onset, progression and response to treatment, our work will reveal new places to target treatment so we can develop medicines tailored to each patient’s needs.”
Royal support as Oxford Children’s Hospital celebrates 10th Anniversary and launches new £2 million appeal

This January we celebrated the 10th Anniversary of Oxford Children’s Hospital and held a party with young patients and their families to mark this important moment.

A local media campaign highlighting our dedicated staff and very special patients was an opportunity to launch a new £2 million fundraising appeal for Oxford Children’s Hospital and Children’s Services across the Trust.

The hospital charity also received a personal statement of support from HRH the Duchess of Cambridge.

She said: “So many areas of hospital life have been touched by the generosity of those donating to the hospital’s charity. It is the efforts and dedication of these individuals, groups and organisations, in conjunction with the tireless work of committed hospital staff that make this 10th Anniversary celebration so very special.”

Lady Baldry, who is the Chair of the 10th Anniversary Appeal, added: “We are thrilled to receive such warm words of support from the Duchess of Cambridge, which will mean so much to the staff and families at Oxford Children’s Hospital and across Children’s Services.

“We hope our wonderful local community will rally behind our fundraising. Please do consider how you, your friends, business, workplace, school or club can get involved and help us celebrate ten years of Oxford Children’s Hospital by raising £2 million to make it an even better place for our young patients and their families.”

Eleanor Jones, Head of Fundraising at the hospital charity, said: “We wouldn’t have this wonderful hospital without the support of our local community who helped raise funds to build the Children’s Hospital in the first place – and we are calling for their support once again.

“Ten years after the hospital opened we have more young patients than ever and there is a real need for extra accommodation for parents and carers. At the moment there simply isn’t enough space for all the parents who so desperately want to stay close to their children. So we are working with our friends at Ronald McDonald House Charities to help fund a new 62-bedroom building to keep families and their sick children close together.

More information and how to donate to the appeal can be found at www.ourchildrenshospital.co.uk

Find out how you can help at www.ourchildrenshospital.co.uk, email charity@ouh.nhs.uk or call 01865 743444.

Registered Charity: 1057295
Thanks to the Oxford Mail for the use of its photos

What better way to celebrate the hospital’s 10th birthday than with a good old-fashioned children’s party, complete with balloons, party bags, cake and a magic show?

PARTY TIME AT THE CHILDREN’S HOSPITAL

Young patients and their parents joined children’s entertainer Colonel Custard for a show that had the children giggling and whooping throughout. Hospital volunteer Simon Cruden (see page 4) kept children smiling with his amazing balloon sculptures. The entertainment was followed by the cutting of a huge cake, provided by Happy Cakes.

Lady Baldry, Chair of Oxford Children’s Hospital 10th Anniversary Appeal, is pictured right with a young patient. She said: “It was a huge privilege to be with all those amazing children at the party. This is what we’re about — making a child’s time in hospital that little bit easier for them and their parents. It was a super way to launch the new appeal. I won’t forget the sound of all those excited giggles for a very long time.”
We simply wouldn’t have the wonderful Children’s Hospital without the generosity of our community who helped to raise nearly £15 million during a five-year fundraising campaign.

Ten years on, the hospital remains a bright and modern building, tailored for the unique needs of our young patients, with most clinical services under one roof, a school and many indoor and outdoor play areas. But we are now supporting more and more young patients every year and this means there is a real need for extra facilities and equipment. So we are asking for your help once again.

Funds raised through this new appeal will benefit children’s care across the Trust, including the Children’s Intensive Care and Emergency areas and the Horton General Hospital’s Children’s Ward.

### Extra accommodation for parents

The Children’s Hospital has some very specialist services that look after children from as far away as Scotland and Northern Ireland. But even local families want to be by their child’s side if they are really poorly.

So keeping families together while their youngster receives treatment – sometimes for many months at a time – is a priority and much of our £2 million fundraising appeal will be supporting this vital project.

At the moment the hospital has a 17-bedroom Ronald McDonald House on site, which gives around 650 parents, families and carers a place to stay each year. However every day many parents have to be turned away as there isn’t enough room.

OUH, our hospital charity and Ronald McDonald House have been working together on a plan to create a new purpose-built Ronald McDonald House to meet the growing demand. Planning permission has been granted for a new 62-bedroom house on the John Radcliffe site. This will have communal areas such as kitchens and lounges so families, including those with newborn babies, can support each other during their time in hospital.

### Bedside monitors for every patient

We want to fund new patient monitoring equipment to go beside every bed in the Children’s Hospital. Monitors can continuously record temperature, heart rate, respiratory rate, blood pressure and level of oxygen in the blood.

Different monitoring systems are currently used throughout Children’s Services, which means children have to be moved from one system to another as they move between departments, wards and operating theatres. This can be time-consuming and add to the stress a child is under in hospital.

This funding would mean a state-of-the-art monitor is always available as soon as a child needs it and they would not need to be moved from one system to another.

### Microbiology scanner

Currently the diagnosis of bacterial meningitis and respiratory infections in children is done using a combination of bacterial culture and molecular tests in the lab and the results can take several days.

A state-of-the-art microbiology scanner will provide accurate diagnosis within hours and minimise the use of antibiotics.

### New outdoor play area

Providing space to play is hugely important in a children’s hospital, and thanks to previous fundraising, the wards at the Children’s Hospital have indoor and outdoor play spaces.

For many children who have to attend hospital regularly for painful and worrying procedures, play provides a welcome distraction.

However around 30,000 paediatric appointments take place every year in our Specialist Surgery Outpatients department and at the moment these young patients have nowhere nice to play.

This project will convert an outdoor courtyard into a covered play area, providing play equipment, suitable flooring and a glazed roof canopy to provide cover not only from rain but also UV rays.

With your help we will be able to fund these projects and much more – to make a real difference for all our young patients.

Help us to raise £2 million
FUNDRAISING UNDERWAY!

The year of celebration was given a great start in December at the Dorchester Abbey Christmas Concert, which raised an incredible £61,000!

Four-hundred guests joined BBC Correspondent John Simpson, star of ‘Miranda’, Patricia Hodge and ‘Doc Martin’ actress, Emily Bevan, as well as the Winchester Cathedral Choir. The evening included a personal reading by 12-year-old Hugh Mortimer, who was born profoundly deaf and has benefitted from years of care from the Paediatric Audiology Department in Oxford.

Concert founder Caroline Compston said: “We are absolutely thrilled that the evening went so well and that people have once again supported this important local cause so generously. “These concerts involve a lot of hard work but to know we have raised so much money for such a good cause makes everything worthwhile. We are truly grateful to everyone who helped bring the event together and all those who supported us by coming.”

NURSERY SUPPORT FOR HOSPITAL

Alan Moulder from Banbury was nearly four when he was diagnosed with Burkitt’s Lymphoma, a rare blood cancer. His mum Angela explains: “It’s hard enough when adults get cancer, but when it’s your baby – there are no words.”

Alan spent three months on Kamran’s Ward, where children with cancer are looked after. Angela adds: “We can’t fault the care Alan has received and the wonderful attention the doctors and nurses have given him. As we spent more time in hospital we learned how much of the very latest medical equipment and the special extras, like a school classroom and play facilities, are funded through the hospital’s charity.”

Alan’s family, friends and local community have got behind the hospital’s appeal. Angela and a group of friends entered the Oxford Mail OX5RUN and Alan’s nursery raised £3,700. Angela also nominated the appeal for this year’s Strictly Banbury event.

“We really hope other families, nurseries and schools across Oxfordshire will show their support for this very special hospital that is there for us all when we really need it,” she says.

Could you get together with a group of friends or colleagues and aim to raise £10,000? All those who raise this amount or more will be included on a fundraising plaque.

BICESTER MUMS ON THE RUN

Rachel Payne, Rebecca Clark and Julia Spargo have their own unique reasons for supporting our 10th Anniversary Appeal – and they are called Ralph, Remy and Beth.

Rachel’s son Ralph was unresponsive at birth and needed to be resuscitated repeatedly before being transferred to the Special Care Baby Unit at the John Radcliffe for treatment.

Rebecca’s son, Remy, was rushed to the JR in July 2014 and later diagnosed with potentially fatal meningitis and sepsis. After months of intensive care treatment, physiotherapy and homecare he now has a clean bill of health.

And Julia’s daughter, Beth, was born with a cleft palate, dislocated hips and respiratory problems. After multiple operations and frequent trips to the Children’s Hospital she is now doing really well and developing a love of ballet.

The three mums, who all live in Bicester, have teamed up to raise £10,000 for the hospital appeal, with a series of running challenges throughout the year.

Rachel explains: “We owe everything to the hospital, so are determined to raise as much as we can during 2017. You never know when you might need their help, so we hope the whole community will get behind the appeal.”

Could you get together with a group of friends or colleagues and aim to raise £10,000? All those who raise this amount or more will be included on a fundraising plaque.

Find out how you can help at www.ourchildrenshospital.co.uk, email charity@ouh.nhs.uk or call 01865 743444.

Registered Charity: 1057295
Supporting your hospital charity

HOW YOU CAN HELP

DONATE ONLINE
or become a regular donor at www.ourchildrenshospital.co.uk
How about donating £10 a month (or more!) to celebrate this special milestone? Regular donations really add up. Call us on 01865 743444 to set this up or visit the website and click ‘donate’.

TEXT A TENNER
by sending the message CHOX10 £10 to 70070

SEND A CHEQUE
made payable to Oxford Children’s Hospital, to: Charitable Funds, OUH Cowley, Unipart House, Garsington Road, Oxford, OX4 2PG

CREATE A FUNDRAISING PAGE
Walk 100 miles, swim every day for a month, keep your room tidy… you can create a fundraising page for almost any challenge, and you’ll be surprised how much you can raise. So whether your ambition is big or small, get started by visiting www.justgiving.com/oxfordradcliffe and click on our 10th Anniversary Appeal to create a page.

CHARITY OF THE YEAR
We are delighted that Oxford Children’s Hospital has been chosen as the charity of the year at three Sainsbury’s stores in Oxfordshire – Kidlington, Headington Local and Sainsbury’s Northgate. Could your business, club or society do the same? We’d love to hear from you. Call 01865 743444.

JOIN THE 10k CLUB
To mark the 10th Anniversary we are asking groups, companies and clubs to get together and aim to raise £10,000. We’re calling this our £10k Club and successful fundraisers will appear on a celebratory plaque.

PUT ON AN EVENT
Dan and Anthony have put on a special golf day for the hospital for many years. Last summer they raised an incredible £13,000 and hope to do it all again on Friday 9 June. Why not join them, or organise your own fundraiser – from dinners to dances, bike rides to balls – choose something you love to do and get involved.

JOIN AN EVENT

Saturday 13 May – Churchill Memorial Concert
An annual concert is held at Blenheim Palace to celebrate the life of Sir Winston Churchill and this year the beneficiary is Oxford Children's Hospital. Guests will enjoy the talents of Oxford Philharmonic and a guest speaker. Tickets will be on sale at www.churchillmemorialconcerts.org

13 and 14 May – Strictly Banbury
Charity dance event at the Mill Arts Centre, Banbury. Call 01295 279002 for tickets.

Friday 9 June – Golf Day
at Studley Wood Golf Club. £280 per four-ball team or £80pp, includes bacon butties and evening meal. Call 01865 743444.

Saturday 9 - 10 September
Thames Path Challenge
Sign up for a range of challenges: www.thamespathchallenge.com

Sunday 23 and 24 September – Abseil for Oxford Children’s Hospital
Get a group together or abseil on your own to support this wonderful cause. Register online at www.ourchildrenshospital.co.uk

Sunday 8 October – Oxford Half Marathon
Run 13.1 miles around the historical heart of Oxford. Visit www.oxfordhalf.co.uk to register and then set up a fundraising page.

There are many other challenge events that you can join – such as Tough Mudder, marathons, mountain climbs and cycling events. Just sign up and create your fundraising page at www.justgiving.com/oxfordradcliffe – and do let us know what you are planning so we can support you all the way!

Do tell us about your fundraising ideas – call 01865 743444 or email charity@ouh.nhs.uk

Find out how you can help at www.ourchildrenshospital.co.uk, email charity@ouh.nhs.uk or call 01865 743444.
Registered Charity: 1057295
Being in hospital doesn’t mean you have to miss out on learning. Oxford Children’s Hospital at the John Radcliffe boasts a school that teaches around 850 children a year across all four hospital sites.

“We really are part of their recovery,” says Head of Teaching Helen White.

“When children are here for a long time, it can get emotionally very difficult and we play an important part in maintaining that motivation to do things and to learn during really difficult times.”

“We’ve had children who’ve been discharged and have made their parents pay to park longer because they wanted to stay and finish their class. And children have asked the medical team to change their treatment day because they want to come to a particular class.”

There can be up to 45 school-aged children in hospital at any given time, with around 25 well enough to attend classes. Thanks to funding from the Charitable Funds, a second classroom was created to allow pupils of secondary school age to work separately.

But the inpatient classrooms at the Children’s Hospital are only a small part of the school. It covers the whole of Oxfordshire, with an adolescent mental health unit and a home teaching section for children who aren’t well enough to go into school. In addition, a post-16 teacher will visit hospitals across Oxfordshire and support young people of school age who are on adult wards.

It’s a challenging, if rewarding, environment with a rapid turnover of pupils and a lot of liaising with children’s home schools and medical staff.

One of the more stressful times is around exams, as the school has to make preparations for those who might be in hospital when they should be sitting their GCSEs. Helen also walks around the wards every morning during exam time to check if a 16-year-old has been admitted who was meant to be taking an exam that day. Last year, 12 pupils took a total of 22 exams at the Children’s Hospital.

Although it is a separate entity from the Trust, Helen says the school and medical teams work very closely together: “The support we get here is unrivalled – from the play specialists, the safeguarding team, the matron and nurses, and Charitable Funds. We feel so included as part of the hospital.”

Ultimately, the prime purpose of the school is to achieve the best possible outcomes for the pupils. And that is made easier – and more humbling – when children going through difficult times are desperate to learn.

“We have a pupil at the moment who is such an inspiration,” Helen says. “He has got a life-limiting health condition and is really unwell. But every day I see him in the classroom. He’s so determined to carry on with his education. And that’s exactly what we are here for.

“It puts life into perspective and makes you realise what are the really important things in life.”
The Hospital Energy Project is entering its final phase, with the removal of all the old boilers at the John Radcliffe and Churchill hospitals and the installation of new boilers at the Churchill and a Combined Heat and Power (CHP) generator at the JR.

The Energy Project will not only provide cleaner, cheaper and more reliable heating and electricity for the two hospitals; it will save £11 million on backlog maintenance and reduce the Trust’s carbon emissions by an estimated 10,000 tonnes a year – equivalent to taking 2,000 cars off the road.

Most of the Energy Project work at the JR and Churchill has gone unseen, as it has taken place deep below the hospital buildings and in areas where few venture.

For example, a large new pipe already snakes around the Churchill buildings feeding the wards’ and clinical areas’ heating and hot water supply. At the John Radcliffe, the work has included the removal of the old boilers and replacing worn-out piping.

All the while, both hospitals’ heating and hot water supply has remained uninterrupted. Replacing all this infrastructure while keeping the heating on and hot water running has been no mean feat.

Work to install the Energy Link pipeline, which carries hot water, data and electricity between the JR and Churchill, is also in its final phases, and will be complete on residential roads at the end of April.

Work on the Energy Link at the Churchill site will continue until the end of May.

Please note there will be changes to the way that the buses and traffic flow on the Churchill site during this time: the 700 and 900 buses, from Thornhill and Water Eaton park and rides respectively, will take different routes on the site in March and May and will only stop on Old Road from 23 March to 25 April.

More information can be found at: www.stagecoachbus.com/headington

Annual NHS Staff Survey results published

The results of the 2016 NHS Staff Survey have been published and the results are broadly encouraging for the Trust. They demonstrate an overall positive trend, including, for the sixth consecutive year, an increased employee engagement score.

The anonymous survey is an opportunity for staff to speak honestly about what it is like to work for the Trust, allowing us to make the changes required to make OUH a better workplace.

Compared to the previous survey, the number of staff who responded across the Trust rose by 8% to 37.5%. While this is a significant increase, we still feel this number is too low and will be working to encourage more staff to take part in the next survey so we get a fuller picture.

There are a number of positive themes that emerged; there was ‘significant’ improvement in 19 areas, compared to last year, including: quality of care; how we deal with errors and incidents; and more staff reporting that they had received a performance appraisal.

On the other hand, we identified three key themes that require Trust-level and divisional attention in the coming year: staff health and wellbeing; bullying and harassment, and staff appraisals.
CREATING A COMFORT ZONE FOR YOUNG PATIENTS WITH AUTISM

It can be difficult enough for a child coming into hospital, but imagine how it feels for a child with autism.

Autism, a lifelong condition affecting one in 100 people in the UK, affects how a person communicates, relates to other people and makes sense of the world around them. It affects people in different ways – and you can’t always tell if someone has it.

People with autism may love routine, feel uncomfortable with change and find it hard to cope in unfamiliar situations. They may also seem to behave in strange or inappropriate ways.

At the Children’s Hospital we have a team of Health Play Specialists who aim to make our autistic patients’ experience as pleasant as possible.

Sonia Dugmore, Senior Play Specialist, says: “Children on the autistic spectrum may be over- or under-sensitive; for example, they may find background noises, which other people ignore, unbearably loud; or they may enjoy noisy crowded places, and bang doors or objects.

“We create a relaxed, safe environment, and try to minimise waiting time, where possible offering them a quieter waiting area. We make an effort to learn a child’s particular ‘trigger points’ and how to avoid them.”

Angeli Vaid, whose son Theo has autism, says: “Within minutes of us arriving on the ward Sonia produced an iPad to play with, finding games he liked and patiently showing him what to do.

“She tuned into his mood completely. He came in injured and frightened, and left repaired and happy.”

INTERNATIONAL SCIENTIST OF THE YEAR

OUH Consultant Gynaecological Oncology Surgeon Professor Ahmed Ahmed has been named ‘International Scientist of the Year’ by the United Arab Emirates Genetics Diseases Association. Prof Ahmed, Director of the Ovarian Cancer Cell Laboratory at the Weatherall Institute of Molecular Medicine, received the award to recognise his group’s work on ovarian cancer.

He was presented with his award in Dubai by Sheikh Nahyan Al Nahyan, the UAE Minister of Youth and Cultural Development (pictured).

BREXIT ROLE

The University of Oxford has announced that Prof Alastair Buchan, the Head of its Medical Sciences Division, has been appointed to the new role of Head of Brexit Strategy.

The role has been created to ensure that the university’s interests are protected, that it identifies opportunities that might arise as a result of Brexit and it plans for different possible outcomes.

The Vice-Chancellor, Louise Richardson, said Prof Buchan’s wealth of experience across the university and his national and international standing meant he was “uniquely suited to lead this initiative”.

She said that Prof Chris Kennard, Emeritus Professor of Clinical Neurology, had agreed to take on the role of Head of Division on an interim basis.
Security awareness:
violence and abuse is NOT
‘just part of the job’

The safety and security of our patients, staff and visitors is very important. While the Trust does its best to maintain an environment of safety and compassion to provide the best possible care and support to patients and their loved ones, there are unfortunately times when patients may witness abusive, aggressive and sometimes violent behaviour against our staff.

In some cases, a patient’s clinical condition may mean that they are unaware of their actions, but where there is no medical reason, our staff have access to a range of conflict management procedures that provide them with guidance on what can and should be done to address unacceptable behaviour.

These procedures also contain information on what signs to look for that a person may become violent, and advice on how to deal with a range of scenarios.

We encourage our patients, and members of the public who might be visiting our hospitals, to report any incidents of aggressive behaviour that they witness to a member of staff, or one of our security officers.

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.
BEREAVED FAMILY THANKS TRUST STAFF FOR RESPECTING ISLAMIC TRADITION

A Muslim family has thanked staff at the John Radcliffe Hospital for ensuring their mother’s funeral was carried out in accordance with Islamic tradition.

Komorn Nessa died after suffering a stroke. Her son, Aziz Rahman, said: “In Islam when someone passes away your duty is to bury them as soon as possible.

“As soon as my mother passed away, the first thing that came to my mind was ‘who do I get in touch with and who do I need to talk to?’

Mrs Nessa died within 24 hours of being admitted to hospital which meant a coroner’s referral was needed before her death certification could be issued.

The Trust’s Muslim Chaplain, Monawar Hussain (pictured), was about to go home at the end of his work day when he received a call from Mr Rahman.

“Aziz’s primary concern was that he wanted to take his mother home and bury her.

“I found out which doctor would be needed to complete the cause of death certificate and went to see her. Although Dr Delaney’s shift was due to start at midday, she came in at eight o’clock in the morning to do the coroner’s referral to see if the death certificate could be issued promptly to speed up the process.”

Dr Sarah Delaney says: “It’s so important to the family and you can see how much they’re grieving. You just want to do anything you can to lessen that.”

The certificate of death was issued, enabling Monawar Hussain to contact the Central Oxford Mosque in preparation for the funeral prayer and burial. He said: “We had taken this weight and all of that stress off his shoulders so that the next day – well under 24 hours – his mother was buried.”

Aziz Rahman has praised the care he and his family received from hospital staff and Dr Delaney: “She handled it very well. She showed a lot of emotion and she was very comforting.

“It’s such a help and a relief to know you have people in various departments collectively working together to achieve this. It was done in a manner that is expected in our religion and culture and we managed to fulfil it, so I feel like I have done my duty.”

AFTERNOON DIGNI-TEA

Staff and patients at the John Radcliffe Hospital’s Neurosciences department came together in February for an afternoon tea to mark Dignity Action Day.

The national event, launched in 2006, is part of a campaign by the National Dignity Council that aims to ensure people accessing healthcare and social services are treated as individuals and given freedom of choice and a sense of control during their care.

Staff nurse Hannah Ramsdale, who helped to organise the event at OUH, said: “We’re very proud to support the Dignity in Care campaign. Days like this really help to spread the message that we all have a part to play in providing dignified care to our patients, and help to create a culture where patients and their families have their voices heard when it comes to decisions about their treatment and care.”

BOWEL CANCER AWARENESS MONTH

Bowel cancer is the UK’s second biggest cancer killer, and during April we will work to raise awareness of the disease, in particular how treatable and curable it is.

Nearly everyone diagnosed early will survive bowel cancer, and the best way to get early diagnosis is to take part in a bowel cancer screening programme (pictured), available to all people over the age of 60. However, in some areas of the UK, only a third of those who receive a test in the post complete it, so thousands of people are missing out on the best way to detect the disease when it is easiest to treat.

If you are worried about bowel cancer, please speak to your GP. You can get more information at www.bowelcanceruk.org.uk
A bronze bust of the founder of Oxford Eye Hospital has been unveiled in his honour.

Staff from Oxford Eye Hospital came together in January to see a statue of Robert Doyne, which was unveiled by retired Consultant Ophthalmic Surgeons Prof Anthony Bron and Mr Hung Cheng, who have both been very influential in this field.

Doyne, an Oxford GP with an interest in Ophthalmology, established an eye dispensary in a builder’s yard in 1886. After spending some time in Wellington Square, now the site of Oxford University’s finance department, the hospital moved to the Radcliffe Infirmary.

In 1902, Doyne was appointed Senior Surgeon to Oxford Eye Hospital and Consulting Ophthalmic Surgeon to the Radcliffe Infirmary, and 10 years later left the Eye Hospital after 25 years’ continuous service.

There used to be two busts of Doyne at the infirmary, one of which went missing during the move to the Eye Hospital’s current home in the West Wing of the John Radcliffe.

The bust that was unveiled was housed in the Royal College of Ophthalmology in London; they have agreed for it to be put on display in Oxford.

The poster, entitled ‘three Ps in a Pod: preventing maternal mortality: it’s ok to ask’, includes information on how to look out for the physical and psychological symptoms that indicate that a mother may be in need of further medical attention.

It encourages midwives, nurses and doctors to speak to clinical colleagues if they are unsure about a woman’s illness or treatment plan.

As part of a national campaign to reduce maternal morbidity and mortality, midwifery staff have handed over a poster to the John Radcliffe Hospital’s Emergency Department to help remind staff there of the direct and indirect causes of maternal death during pregnancy and the postnatal period.

Midwifery Sister Bea Culligan hands the ‘three Ps’ poster to ED Sister Barbara Crowe

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 June 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 April 24 2017.