

# ORH NEWS

Oxford Radcliffe Hospitals   
NHS Trust

*July/August 2006*

*Chief Nurse  
reflects on  
five happy  
years with  
the ORH*

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

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## Home Time...

The latest Celebrate Success award has gone to Jo Marsden and Nikki Woodland who have a job share as Ward Sisters on 7B. They have won, respectively, a Borders voucher and bottle of champagne for leading on the implementation of a range of Performance Improvement measures.

### Planned discharge

As with other pioneer wards, Jo and Nikki have implemented planned discharge dates for almost all of their patients. This means that within a day of coming onto the ward, each patient is given a date to be discharged that the whole team and the patient, need to work towards. Rather than wait until the patient is medically fit and then plan the discharge, the plans can be put in place for when they are medically fit. This reduces length of stay, and enables more organised discharge. Staff can work towards a shared goal and patients are better able to plan aspects of their care such as transport or support from relatives. Jo says, "as medical patients are often older, many of them welcome the certainty of knowing when they're going home." Nikki adds, "being able to better plan also means we pick up issues earlier on in the patient's stay and can respond to them. Against what you might expect, firmer planning actually means more fluid and flexible working."

### Trial discharge

Because of the nature of their illnesses, certain groups of patients ordinarily discharged from hospital may have to be readmitted soon afterwards. This generally means having to come back in through the Emergency Department and then wait whilst a bed is identified for them. There is also extra administration involved in rebooking. With the 24 hour trial discharge, for suitable patients, a bed is kept open so that if the patient needs to come back in, they come back to a more familiar environment and into a team which

knows them. Perhaps counter-intuitively, this doesn't seem to be impacting negatively on length of stay: most trial discharges are very successful, so actual length of stay is reduced. When patients do need to come back in, the process helps to clearly identify the key issues that caused the patient to fail to manage at home. This allows correct support to be given so reducing the likelihood of further readmissions, and patients are assessed over a longer period in their home or care environment rather than the artificial hospital one. The trial discharge initiative has been introduced by Deputy Director of Operations Rosemary Dooley for all inpatient areas.

### Home wards

Another change in life on 7B is the introduction of Home Wards, in which consultants have all their patients on one ward rather than dotted around the hospital. This means that their time is better used, they spend less time going back and forth between different wards, and can develop a closer relationship with the ward staff. Effectively, the patient and staff pathways are matched more closely, a simple example of the 'process mapping' that Performance Improvement is harnessing. Process mapping is a way of reducing the number of steps patient and staff have to go through, which can save time, money and improve team-working.

### Team Working

Jo and Nikki like to stress that it's all about teamwork: "The Admissions office staff have been a huge help in setting up Home Wards, and the Occupational Therapists and Physiotherapists have been really important in planned discharge. Our twice-weekly Multi-Disciplinary Team meetings are now quicker and more informative," says Nikki. "And we're looking forward to when the SpRs will be attending these meetings – this will make a huge difference as we'll have a senior medic present and a good medical management plan known to all. There are still things in the process we know are beyond our control, but having a better overview and more influence has been a great boost."

Jo and Nikki were nominated by Lynda Huard, Senior Nurse Medicine. Deputy Director of Operations Rosemary Dooley, explained, "Achieving the planned discharge dates is a particular achievement as 7B is a medical ward, and it's often difficult to accurately predict the length of stay for medical patients. Nationally this is well recognised. Jo and Nikki have shown the results that can be achieved with these changes, and are great role models for their staff."

## Celebrate Success

Managers and team leaders are being asked to nominate staff who show enterprise and commitment to improving performance for our regular Celebrate Success awards. Winners will receive a bottle of champagne or a Borders voucher, and recognition for their work in ORH News and on the Intranet. You can nominate your colleagues too – just email

[celebrate.success@orh.nhs.uk](mailto:celebrate.success@orh.nhs.uk) with their name, department, and why you think they deserve recognition for their work.

# ORH



*Chief Nurse  
Julie Hartley-  
Jones leaves  
Trust after  
five happy  
years*

The ORH's Chief Nurse, Julie Hartley-Jones is leaving the Trust this month after five eventful and happy years in the post.

Julie's clinical background is in renal nursing where she worked primarily in Oxford and London from 1983 until 1998. Julie came to Oxford in 1993 to run the Renal Unit and set up Community Renal Services.

She was awarded the CBE for services to renal nursing in the Millennium New Years Honours list. At the start of 1998 Julie was appointed as Director of Nursing at the Radcliffe Infirmary and in 1999 went to the Department of Health as Nursing Officer for Acute and Specialist Services.

In May 2001 Julie returned to Oxford as Chief Nurse to cover Tricia Hart's, the then Chief Nurse's secondment to the National Clinical Governance Support Team. Julie has presented and published widely, nationally and internationally, primarily in her own specialist field. She was President of the European Dialysis and Transplant Nurses Association in 1998.

Julie, who is originally from Leicester, began her nurses training at the London Hospital in Whitechapel and soon realised that renal and transplant work was a particular passion for her. Julie explained, "As a student nurse I was working on a renal transplant ward and one of my patients was a woman in her thirties, she'd had a really difficult time in recent months and had not only just had a transplant but had also recently lost her husband. Her new kidney was being very slow showing signs of working and I will never forget the hug she gave me when the tests first showed it was beginning to work. It really brought home to me the life transforming impact of receiving a transplant." Julie also very much enjoyed the multi-disciplinary teamwork approach in looking after renal patients and this has been something she has championed throughout her career.

In addition to her nursing qualification, she has somehow found time to take a degree in Biology and Physiology and an MBA.

Julie's also enjoyed the management challenges she encountered when she took on her first service manager role in the early 1990's and this experience encouraged her to seek roles combining clinical and managerial. She is a great believer in bring nurses into management and has supported many others in making this transition. Julie also makes a point of wearing her uniform as she feels this reminds people that her role is both clinical and managerial.

Julie is moving to Australia to become Area Director of Nursing and Midwifery and Director of Access for the North Sydney and Central Coast Area Health Service, which includes ten acute facilities including a large tertiary hospital, the Royal North Shore Hospital, and community and mental health services. Julie explained, "I'm really looking forward to living in Sydney, which is a beautiful city, and also to the challenges of my new role, which include overseeing service modernisation and the re-design of patient pathways. My sister, however, who is an animal physiologist, isn't too keen on my move to Australia and is currently going into great detail about the poisonous creatures I can expect to encounter!"

Since her renal days Julie has always wanted to set up rotations in Australia and with this new post will have the opportunity to tackle this from the other side of the world - and the haematology nurses are already keen to be involved so that's where she'll be starting.

Julie added, "I feel really proud to have worked at the ORH - we provide such a high quality of care and have this amazing international reputation - I think we sometimes forget that." Julie added, "I've had so many leaving parties, bouquets and bottles of champagne that I've been overwhelmed by everyone's warmth. I'm going to miss everyone very much and will definitely be keeping in contact."



# Philippine Independence Day

On 11 June Oxford's Filipino community celebrated the 108th Philippine Independence Day at Tingewick Hall at the John Radcliffe. The day's celebrations, which were based around the theme of 'Celebrating the Filipino Spirit', involved a motorcade, a 'muse and flower' parade, an ecumenical celebration of Mass and a cultural show. There was also a huge amount of delicious Filipino food brought by visitors.

The day was organised by the committee members Filcom Oxford, the organisation that represents Oxford's Filipino community, in particular committee members, led by Chair Ariel Lanada and Vice-chair GG Yebra.



asked to speak at this special occasion. I also know that this celebration of home, community and culture is particularly important for those so far away from home."

Haydee Tinamisan, Chair of Communication for Filcom said, "John gave us a very inspirational speech, about the importance of Filipino nurses in the Trust - it really made us feel all the more secure and valued at this time of upheaval."

Haydee added, that "Special thanks should go to everyone has worked so hard to make the day a success. I'd also like thank everyone from outside the Filipino community who joined us – it was wonderful to be able to share so many wonderful aspects of home with so many enthusiastic guests."

ORH Associate Chief Nurse John Campbell was guest speaker on the day and spoke about the importance of Filipino nurses to the Trust. John said, "There is also no doubting the contribution and commitment that the Filipino community has made to Oxford and to the Oxford Radcliffe Hospitals NHS Trust.

"The Trust's Filipino staff have made a significant contribution to helping make the ORH one of the most efficient in the country, and we are grateful for their ongoing support as we go through a period of change.

"The celebration of Filipino Independence Day is extremely important to all Filipinos, and I felt very honoured to be

## Philippines Independence Day - 12th June 1898

During the brief Spanish-American War of 1898, over Spanish rule in Cuba and the Philippines, Philippine rebel leader Emilio Aguinaldo proclaimed Philippine independence after 300 years of Spanish rule. Supported by the United States, Aguinaldo made rapid gains against the Spanish. He also established Asia's first democratic republic, which survived until the United States formally took control of the nation in late 1898. In response, Aguinaldo then launched a revolt against the United States. In 1901, Aguinaldo was captured, and in 1902 an end was declared to the Philippine insurrection. The Philippines finally achieved independence in 1946.





# New patient discharge information

From August this year, new patient discharge information will be rolled out across all wards.

The new form, which has been developed following work by a review group including representatives from the Trust, PCTs and GPs, is now white, with coloured borders to differentiate copies, to improve photocopying, also, a fourth patient copy has now been added.

The review took place following concerns regarding the quality and timeliness of discharge information sent to GPs. This not only had serious implications for the quality of patient care but also meant that under payment by results commissioners would not have to pay for cases where there is missing or poor quality discharge documentation.

Kathy Hulcup, Project Manager, explained, "It is vital for effective patient pathways and good quality care for relevant information to be passed on in a timely manner. The discharge documentation group was set up last year to review the content, format, timeliness and delivery of such documentation to GPs. The review highlighted that there were several different versions of forms in use across the Trust, so we've developed a single standardised document."

All copies of the new form are now printed on white carbonised paper as coloured paper produces poor results when photocopied or scanned - methods that most GP surgeries use when collating patient notes. A coloured border now differentiates between the various copies; green for GP, blue for patient, yellow for health record.

The new form was piloted on a range of wards across the Trust earlier this year and will be rolled out across all wards in August.

Guidelines accompanying the new documentation have been written in consultation with senior clinicians and pharmacy staff. A printed version of these guidelines will be issued to all staff using the forms as well as being presented at inductions, displayed in ward areas and pharmacy. They will also be made available on the intranet.

Supervising consultants will be expected to ensure that the guidelines are followed and that all forms sent to GPs meet the required quality standards. Pharmacists will check forms they receive for dispensing against the guidelines before approving them. GPs will also carry out regular audits of the quality of the forms they receive.

Further guidance of the use of the new discharge documentation can be found in the Discharge Documentation Policy at <http://confidential.oxfordradcliffe.net/>. Hard copies of the document can be obtained from Kathy Hulcup on 20580.

## OCDEM's Patient Participation Forum

OCDEM's Patient Participation Forum, originally the Patient Involvement Group, was set up in October 2000 to improve patients' participation in their own care and to assist the move of the Diabetes, Endocrinology and Metabolism departments from the

Radcliffe Infirmary to the new, purpose-built Centre at the Churchill Hospital. Sarah Baker, group secretary, explained "It is an interactive forum, where the views of patients, staff and local representatives are put forward at our quarterly meetings."

During the transition period from the Radcliffe Infirmary to the Churchill the group was actively involved in the monitoring of transport and parking issues. They worked closely with staff and management to resolve early difficulties, ensuring that changes and improvements were clearly communicated to patients. The group is currently discussing provision of public transport services, the appointments system and suitable catering facilities for patients with diabetes.

A key initiative for 2006 is to improve the quality of time spent by patients between arriving in the atrium waiting area and being called for their appointment. In addition, the group is also promoting the use of 'clinic agendas' whereby patients are encouraged to list questions or issues they would like to raise in clinic including noting any changes to their condition.

Sarah is keen to acknowledge that the group relies on patient feedback. She says, "We have found that a welcome message to patients has resulted in a significant use of the suggestion box. A substantial number of comments are full of praise for the department, its staff and the quality of patient care which is very heartening and all comments are fed back into the quarterly meetings".



## Helen Hamilton awarded CBE

Two years ago, Helen Hamilton, senior nurse in the Department of Vascular Access was made a Fellow of the Royal College of Nursing (RCN), one of the highest honours the RCN can bestow, and she has now been awarded a CBE in the Queen's Birthday Honours List.

Helen's extensive experience within the field of intravenous therapy spans from an intensive care setting to community care. After many years as a senior nurse in Intensive Care Units throughout the country, she joined the Department of Parenteral Nutrition as a Clinical Nurse Specialist in 1989. Frustration at the length of time patients had to wait to receive intravenous nutrition prompted her to be the first nurse in Europe to insert central venous catheters and, pioneer the first nurse-led central vascular access service within the UK. She has subsequently trained many other nurses to insert central catheters. Helen has published widely on the subject of central venous access and has presented nationally and internationally on this subject

## Debbie Pearman receives Royal College of Nursing Award of Merit



*Photo from RCN Congress 2006 at Bournemouth. Award of Merit, Debbie Pearman, centre. Left, Eirlys Warrington, Chair of RCN Council, on the right Sylvia Denton President of the RCN.*

The Trust's RCN convener, Debbie Pearman has been awarded the RCN Award of Merit in recognition of an outstanding contribution to the work of the RCN.

Debbie Pearman has been involved with the RCN for over 20 years and today is the RCN Convenor for the Trust's 2,000 plus nurses.

Debbie became a full time RCN in 1988 and during her long RCN career she has held a variety of positions, including Chair of the Regional Co-ordinating Committee, Secretary of the South Oxon branch, and a South East Regional Board and RCN Council member.

She has been the lead for RCN members through many organisational changes, including the Knowledge and Skills Framework and Agenda for Change.

**ORH**

# Protecting older patients mealtimes

The Trust's Department of Clinical Geratology has been awarded over £98,000 by the Burdett Trust for Nursing, to undertake research which will have a direct impact on the care that older patients receive at mealtimes. The grant is a result of an exciting collaboration between the Department and the University of Hertfordshire, and builds on a very successful pilot study undertaken on the Linden Unit at the Radcliffe Infirmary, funded by the Foundation of Nursing Studies in association with Pfizer. Carol Welch a team-leader from the Linden Unit, is being seconded to work on the project for two years with Dr Angela Dickinson from the University of Hertfordshire. Nine staff from each of the clinical areas within the department are also directly involved as co-researchers in all stages of the project.

Difficulties around hospital mealtime care continue to feature in the media and patient complaints and it is known that older patients in hospital can be at risk of malnutrition. This is not because there isn't enough food, but because of loss of appetite, refusal to eat, behavioural patterns that have gone unrecognised and poor care at mealtimes. The research project will focus on changing practice and will directly benefit patients by improving their care in this important area.

Yvonne Attry, Matron of the Department of Clinical Geratology explained, "Poor nutrition affects general levels of physical and psychological health and increases the risk of infection, length of hospital stay, and chance of readmission. The research approach will enable nurses to reflect on their current practice and make changes which will then improve the ways that staff address the nutritional needs of older patients. The research team hope to build on the positive outcomes of the pilot work undertaken at the Linden Unit – work which has already had a significant impact on patient care. For example, at the Linden Unit nursing staff have rescheduled activities such as giving out medication to avoid mealtimes and made changes in the physical environment to make it more conducive to successful and relaxed mealtimes."

The team (Carol Welch (Team Leader), Dr Angela Dickinson and Laurie Ager, on the Linden Unit) behind the project have presented their work at a number of conferences, both locally, nationally and internationally, as well as having a paper published in the Proceedings of the Nutrition Society.

Team leader Carol Welch added, "Interviews have already taken place with 50 older patients and focus groups have been undertaken with staff across the Department. So far the study clearly demonstrates that there are areas which could be improved in order to improve patient wellbeing."



## Successful national child accident prevention programme reaches 100,000 children

IMPS, the life saving programme which has helped children save the lives of their family, teachers and friends has just celebrated reaching the landmark of training over 100,000 ten year olds since it started in Oxford in 1994.

IMPS, which stands for Injury Minimisation Programme for Schools, is provided for ten and eleven year-olds and is taught from twelve hospitals across the country with the aim of teaching children how to recognise potentially dangerous situations, to prevent injuries, and also equips them with the first aid and resuscitation skills to respond effectively if an incident occurs.

**In Oxfordshire IMPS reaches 4,000 children from 135 local schools each year and teaches children about accidents in the home, road safety and water safety.**

Chairman of IMPS Professor Keith Willett from the ORH, said "To reach over 100,000 children is a tremendous achievement and a testimony to the programme as one of the only evidence based education injury prevention programmes in the world."

IMPS is a charity with centres funded from donations and support from local government and Primary Care Trusts. The majority of centres rely on fundraising and grant applications.

For further information contact Oxfordshire IMPS coordinator Lynn Pilgrim on 01865 228939.



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# Bob Bunce Retires After 41 Years with Oxford's hospitals



Princess Margaret greeting Bob at the official opening of Thame Community Hospital

*After 41 years with Oxford's hospitals, Bob Bunce, Head of Corporate Services for Estates & Facilities, retired on 26 May.*

Bob joined the United Oxford Hospitals (UOH) in 1965 as a Building Clerk at the Radcliffe Infirmary on a starting salary of £785 a year and nostalgically remembers the era of the all-powerful matron. Bob progressed through the ranks over the years and by the early 70's was working as a Senior Administrator, a position similar to today's Operational Managers and in which on-call duties were included.

In 1974, Bob joined the UOH planning team and participated in the final commissioning of the JR's Women's Centre. He was then involved in the planning for the main JR buildings. Reorganisation took place in 1974 and Bob was appointed Area Capital Planning Officer overseeing the capital programme for the Health Authority until 1982. This work included commissioning a wide range of NHS buildings across the county including providing new health centres in Bicester, Wantage, Abingdon and Temple Cowley. In 1982 when District Health Authorities came into being, he moved to the role of Estates District Works Administrator and began working on the development of Ambulance stations at Didcot and Kidlington and Community Hospitals at Thame, Burford and Watlington. His duties included overseeing the District's capital programme.

When the ORH was created in 1994, Bob was asked to run the Technical Services Agency and was instrumental in setting up service level agreements with other Trusts in Oxfordshire including the Nuffield Orthopaedic Centre, and the Mental Health Trust. When Ian Humphries joined the Trust as Director of Estates and Facilities, he asked Bob to focus solely on the huge job of capital and revenue budgets for the Estates Department.

Over the years, Bob has worked on a considerable number of projects. These include the Transplant Centre, Oncology and Dermatology at the Churchill; A & E, the Chapel and the Children's Ward at the Horton; the ED and the Trauma Unit at the JR; and Renal Satellite Units at Milton Keynes, High Wycombe and Swindon, to name but a few.

Early retirement will be bringing new experiences and a change of pace for Bob and his wife Maureen, as they are moving to the South Coast. In preparation for purchasing a boat, Bob has been taking his Skipper's Certificate at Bicester College. Bob reflected, "The past 40 or so years have been pretty busy! I'm making sure that I'm going to have lots of opportunities to meet new people and do new things. I've really enjoyed all the challenges I've had in my career and have especially enjoyed knowing that my work over these years has helped improve services for patients. Boating and bowls will be offering new challenges now!"

"I would also like to extend a heartfelt thank you to everyone who sent messages of congratulations, contributed so generously to my retirement gift and attended my leaving do. The vouchers will be put to good use for the new house and boat. I was honoured to receive an engraved carriage clock from the Trust, especially as I am told I am only the third person to receive one."

**ORH**



# ORH No Longer In the Dark

A new way of working nightshifts – Hospital at Night – is being rolled out across the Trust. The Churchill hospital has been leading the way in July, with the John Radcliffe, Horton and Radcliffe Infirmary following in August.

Hospital at Night has been developed to combat pressures placed on staff by traditional methods of night-time working, and to improve patient safety. This has been given impetus by changes in working practices brought about by the European Working Time Directive and 'New Deal' for Junior Doctors. Putting it into practice will bring benefits to patients, staff teams and hospital efficiency. It is a national scheme championed by the NHS Modernisation Agency and led by the London Deanery. At the ORH, the Hospital at Night project Manager is Jane Hervey.

Typically, junior doctors in the NHS often spend the nights in the hospital without a clear pattern of work. Their activity is dictated by who bleeps them – and often who is most insistent with it. As several nursing teams bleep the same on-call doctor, requests will come in regardless of clinical priority or the level of skill appropriate to deal with them. Historically, planning for the night ahead can also be inadequate and haphazard as the handover tends to be informally conducted between doctors, without involving other core members of the night staff.

Although hospitals are much quieter at night than during the day (activity at 5am is on average a quarter of the activity at 5pm), between 5pm and 11pm is often a hospital's busiest period – and it's during this period that handovers have to happen. Demand through the night can also often be variable between specialities, resulting in 'silo' working, which can result in some staff being rushed off their feet whilst others are unaware of the pressure. Hospital at night advocates using doctors as a shared resource, who work shifts with support provided by specialists who are on-call.

"We're aware from industry that working at night is particularly stressful and tiring – and if not properly supervised or regulated it can lead to ill health, anxiety, isolation of the individual, and errors in working," said Jane. "It has also been shown that skills learnt under conditions of sleep deprivation are not well retained."

## All Change at the Churchill

Hospital at Night started at the Churchill on 3 July 2006. While this didn't involve any changes to the current night team – a medical middle grade doctor, a medical SHO, a urology SHO and a night nurse practitioner – the way they have been working has changed.

Now, at 9pm, there is an uninterrupted half hour handover in the night manager's office. This is a chance to review the bed state and likely workload across the Churchill for the night and allocate any tasks that can be planned for the night ahead. As the doctors do handover, they can identify patients who are likely to require the largest amount of attention, as well as share perspectives and views on potential treatment.

Although the Churchill is a relatively small hospital in terms of numbers – at night around 30 staff are on duty, with approximately 150 patients – it is spread across a large site, so having an good overview as the shifts change is very important.

Previously, handovers would have been conducted informally: "Doctors met and chatted in the mess or on wards, but having a formal handover area in the night manager's office is important to reinforce that this is a change in the way of working, and more about the whole of the night staff working as a team – nursing, medical and operational management."

Once the night shift begins, any bleep requests are channelled via the night sister, who can decide on their relative urgency and who is most appropriate to deal with them.

"It may seem like small changes, but changing the mentality to working together as a team is a big task," says Jane. "For example, some doctors were unaware of the role and support that the night site can provide, such as venepuncture. There are still barriers to be broken down, so that different teams feel completely happy to share information and workload during the night."

The principles of using resources consistently across the hospital and encouraging better team working are consistent with the principles of the Performance Improvement work profiled in last month's ORH News. "To give a concrete example," says Jane. "If patient care can be better managed during the night, then the planning for morning discharges can run more smoothly."

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# Electronic blood tracking begins roll out across the Trust



Professor Mike Murphy

As reported previously, a team led by Professor Mike Murphy, the lead consultant in transfusion with the Trust and the National Blood Service, has been working with Olympus to develop an electronic system to manage blood transfusion across all the Trust's hospitals. The system is being adopted across the Trust after a successful five year pilot. The roll-out began in early June. Staff will be contacted for training as implementation begins in their area.

The new system which uses a barcode patient identification system will simplify the administration around the transfusion process and improve patient safety.

Wristbands with barcodes are used to identify patients and staff are identified by barcodes on their identity badges. A bedside handheld computer is used to prompt staff through the key steps of the process to ensure the right blood is transfused. The new process significantly reduces the time taken for a transfusion process compared with the previous paper system. In addition, surveys have demonstrated that staff find the system easy to learn and operate and preferred it to the traditional system and patients are happy to be 'barcoded'!

Uses of scanning systems of this sort naturally depend upon patients wearing printed bar-coded wristbands. Wristband printers are being distributed across the Trust as part of a wider impetus to ensure all patients are clearly identified using patient detail direct from the patient administration system (PAS).

The development team was led by Mike Murphy, and included Jonathan Kay, a consultant chemical pathologist with great experience in medical informatics; Julie Staves, Blood Bank Manager, Amanda Davies Transfusion Research Nurse and clinical staff in the pilot areas. The transfusion pathway developed by the team forms the basis of the IT specification for the transfusion in a forthcoming Safer Practice Notice from the National Patient Safety Agency, and has also been adopted by Connecting for Health. The project won the 'Working Smarter' category at the Thames Valley Health Care Awards 2004, and was a regional finalist in the south section of the Health & Social Care Awards 2005.

Once the SafeTx development phase was completed, a managed service contract was awarded to Olympus. The roll out of the system is being managed by a project team of staff from ORH; National Blood Service and Olympus together with their commercial partners: Datalog; iSoft and Scanner Services.

Approximately 30,000 blood transfusions are conducted annually at the John Radcliffe Hospital. As patient misidentification is always a risk in any hospital, the main aim of SafeTx is to improve patient safety and this can be demonstrated by monitoring compliance with procedures. It has been shown that compliance with correct pre-transfusion bedside checking to rise from 14% to 100% after introducing the SafeTx system.

The project is being managed in phases; Phase began in June this year and involved Trauma wards 2 and 3A; the Medical Assessment unit, the Emergency Department and Wards 5B and 6F.

Phlebotomists across the Trust are being trained between phases 1 and 2. Phase 2 will begin in September this year and will involve Theatres at the John Radcliffe, the Surgical Emergency Unit, and Wards 5C 5D and 6A.

For further information call 40222 or 40375.

## Project team

Alan Cook  
*Project Director*

Terri Deegan  
*Olympus Project Manager*

Dave Bedford  
*Training Co-ordinator*

Barbara Cripps  
*ORH Project Manager*

## Training Support is provided by:

Amanda Davies  
*Research Nurse*

Edward Fraser  
*Transfusion Nurse Specialist*

Rachel Parker  
*Lead Clinical Co-ordinator in Blood Management*

Oliver Pearson  
*Clinical Co-ordinator in Blood Management*

# ORH

# Improving YOUR working lives

## *Implementing diversity & equality legislation*

Just a reminder that new age discrimination legislation comes into effect from this October – please contact your HR manager if you require advice on how this affects the wording of job adverts, job descriptions and other HR activity.

From December this year the Trust will begin the process of producing a Disability Equality Scheme – further information will be sent out later in the year.

Work is ongoing to impact assess all trust policies for compliance with the Trust's Race Equality Scheme – we would very appreciate further assistance with this process. Please contact Victoria Evans on victoria.evans@orh.nhs.uk if you would like to play a part in this process.

## *Childcare news*

If you are looking for a holiday playscheme place for your children the following sites all offer discounted fees to NHS staff:

[www.Oxfordactive.co.uk](http://www.Oxfordactive.co.uk),

[www.supercamps.co.uk](http://www.supercamps.co.uk)

[www.campenergy.co.uk](http://www.campenergy.co.uk).

All offer a range of sports, team games, drama, arts and crafts to keep your children safely amused during the days you have to work. Details of fees are on their websites but please note the following:-

- When booking with Oxford Active please state which NHS Trust you work for to gain your discount.
- When booking a place with Supercamps please quote the code OXNHS06 to be able to gain the discount.
- When booking a place with Camp Energy please use the on-line booking form on their website, subtract the NHS 10% off the total of the fees and send the booking form back to them.

For Football mad children – Oxford Active are running soccer schools at Cherwell School in Oxford during the holidays and starting a Soccer Saturday Club. Details can be obtained from their web site.

In July the Oxfordshire Children's Information Service (OXONCIS) is publishing a useful leaflet giving details of a wide range of holiday activities and playschemes throughout the county – please contact the ORH Childcare Coordinator, Janice Morrison and she'll send you a copy. Also, the July edition of 'Family Matters', the OXONCIS newsletter, will be going out on global email in early to mid July. If you do not currently receive the newsletter please email Janice and she will add you to the distribution list.

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Janice provides advice on all childcare issues and can be contacted by email at [janice.morrison.oxoncis.org.uk](mailto:janice.morrison.oxoncis.org.uk) or on 01993 880754.

## *In memoriam*

After a long illness Mark Evans died peacefully at home on June 23. Mark, a senior Operating Department Assistant in the theatre department at the John Radcliffe became ill at the beginning of 1993 but returned to work after a prolonged period of sickness. He finally left the department in July 2005.

Mark originally trained at the Churchill, qualifying in 1992 as an Operating Department Practitioner. He married Corynne, a radiographer, in 1993. They went on to have three children Ryan, Megan and Bronwyn.

During his career Mark had also worked at the Radcliffe Infirmary and Stoke Mandeville.

Family and colleagues fondly recall his immeasurable love of life and infinite humour. Mark was well known for his love of pranks, jokes and general mischief – and his love of all things sci-fi. He also had a dangerous animals' license and often took pleasure in terrifying colleagues with his tales of big spiders and scorpions.

His wife Corynne is asking for anyone who has any memories of Mark's pranks, jokes or stories about him to let her have them in written form so that she can keep them for her surviving children Megan and Bronwyn. She can be contacted at [corynne.evans@orh.nhs.uk](mailto:corynne.evans@orh.nhs.uk)



## Get your ear plugs ready

Local rock n roll covers band, the Dirty Earth Band is taking over the New Theatre on Sunday 3 September in aid of the Children's Hospital campaign. After ten years of touring the music circuit, the Dirty Earth Band has come home to celebrate and raise money for two worthy local causes. They will be supported by two opening acts 'The Corsairs' and hot new Oxford band, 'Warm Baby'. All profits will be split between the Children's Hospital Campaign and Witney-based youth charity Base 33.

Tickets are available from calling 070 607 7484 or [www.getLIVE.co.uk/oxford](http://www.getLIVE.co.uk/oxford), they cost £10 for adults, £8 children/OAPs and if you book ten tickets you will get one free.

## Oxford Health Service Retirement Fellowship

If you are retiring from the NHS in the near future, or have already retired, the Oxford Health Service Retirement Fellowship (OHSRF) might be for you. The society is open to all retired NHS staff and their spouses. It meets monthly at the JR for meetings, and organises a range of talks, outings and holidays.

The OHSRF offers the opportunity to meet former colleagues, make new friends and renew old relationships. If you would like to find out more, telephone Rhona Bunce on 01865 775246.



## Fundraising by Bryan Matthews Ward

Staff at Bryan Matthews Ward at the Radcliffe Infirmary are raising funds by selling limited edition prints of the hospital. The original was commissioned by a relative of Bryan Matthews and donated to the ward in memory of his late wife. All proceeds will go to the ward's charitable funds.

Prints cost £125 framed and £75 mounted but unframed – for further information contact

### Did you know?

ORH News is entirely funded by Oxford Radcliffe Hospitals Charitable Funds, from funds donated to the Trust specifically for staff communication activity.

## Delivery suite sister raises over £2K for charity

Anita Hedditch, a delivery suite manager at the John Radcliffe completed the London Marathon in 4 hours 28 minutes. Although she's pleased with the time Anita said "I had hoped to run it slightly quicker but there were crowds of runners massing around me and you have to run with the pack." She added, "There was an amazing atmosphere and as you approach the embankment the screens increase in volume. It was a very emotional day, there were people running with prosthesis. I passed some of the run for glory runners – it was a humbling experience – one of the runners was blind. It made me realise that probably just about anybody could do it."

A keen runner over small distances, Anita began her training schedule in September last year gradually increasing her mileage as the weeks went by. She completed the Grove half marathon in April this year in 1 hour 48 minutes. When pressed on whether she would consider running another marathon she replied "I'd never say never but this is something I'd always wanted to achieve and now I have done it - I'd probably only do it again if I could raise even more money for charity."

The Iolanthe Midwifery Trust is the charity that Anita chose to benefit from her achievement. The figure raised currently stands at £2,050. The Trust is a national charity that aims to enhance the wellbeing of mothers, their babies and families by improving the education and professional development of midwives in the UK. For further information on the trust go to [www.iolanthe.org](http://www.iolanthe.org)

[www.oxfordradcliffe.nhs.uk](http://www.oxfordradcliffe.nhs.uk)

Oxford Radcliffe Hospitals   
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All articles/items for publishing should be addressed to Rachel Yates in the Media and Communications Unit or on 01865 221826 or [rachel.yates@orh.nhs.uk](mailto:rachel.yates@orh.nhs.uk) or to the editor, Mike Fleming, Director, Horton Hospital on [mike.fleming@orh.nhs.uk](mailto:mike.fleming@orh.nhs.uk)

Copies of the Oxford Radcliffe News are circulated widely throughout the Trust via special news vendor stands. Copies are also sent to other Oxfordshire NHS Trusts, the local media, patient groups and General Practices. Individual copies are also sent on request.

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