

the

the patient voice

issue 25 November 2011

Community Services Wandsworth integration one year on

proudly supported by



✦ contents

- 3 Introduction from Peter Coles
- 3 New chair and chief executive announced
- 3 New lead for procurement team
- 4 Living our Values Awards - celebrating responsible
- 5 Community services - one year on
- 5 Marking history - 40 years of CT scanning
- 6 Spotlight on...Drew Fleming
- 6 Have your say on St Helier plans
- 7 View from the top Stuart Reeves
- 8 Annual Report summary
- 10 Patient feedback
- 10 Past and present – Queen Mary’s Hospital, Roehampton
 - ♥ kind
 - 11 Pioneering stem cell treatment for sickle cell is a UK first**
- 11 Play in hospital week
- 11 Clinical audit - ensuring best practice and driving change
- 12 AGM celebrates staff and trust achievements
 - ✦ excellent
 - 12 Cardiac arrest survival rate among the best in London**
- 13 Macmillan information and support centre
- 13 New resuscitation unit opens
 - ✦ respectful
 - 14 Enhanced service for women having babies at home**
- 14 Cancer team commended
- 14 Celebrating good practice
 - 👤 responsible
 - 15 Saving carbon, saving lives**
- 15 Palliative care team in the community
- 16 Fundraising

Front page picture shows the Brysson Whyte Rehabilitation Unit at Queen Mary’s Hospital, Roehampton

the gazette is written and published by the communications unit. The opinions expressed do not necessarily represent those of St George’s Healthcare NHS Trust. If you are a staff member with a story for the gazette, please email: communications@stgeorges.nhs.uk

Reflection from Naaz Coker, chair, 2003-2011

At the end of October I will stand down as chair after coming to the end of my second term in office. It is eight years since I was appointed chair of St George’s Healthcare NHS Trust and each year has been a great privilege as well as a challenging and learning experience for me.

A lot of good progress has been made during this time and while significant challenges remain I am confident that the future for the trust is a bright one. The trust has long been associated with developing new and innovative ways of working to deliver improved care to all of its patients. We have been associated with many clinical innovations, both medical and surgical and this pioneering spirit can be seen today in many of our clinical departments such as the major trauma centre and hyper-acute stroke unit as well as in our responses to infection control and patient safety. These innovations are possible because of our unique relationship with St George’s, University of London, with whom we share not only our campus but a relationship that goes back nearly 300 years. I am confident that in working together, the greater St George’s will become the even more successful in teaching, research and innovative clinical care. I am proud to have served as a member of Council of the University. Integration with community services Wandsworth (CSW) is also helping to shape new services and more appropriate care pathways for children, adults and older people.

I remain immensely proud of the fact that, in 2009, we were named Large trust of the year by Dr Foster Intelligence. As the NHS adapts to modern day challenges, we must not lose sight of patient safety and quality of care which must be top of all of our agendas. The launch of the trust values makes it clear to staff, patients and visitors alike what kind of organisation we aspire to be and these must be at the heart of everything the trust does.

Our financial performance continues to present the biggest challenge. Whilst we have managed our finances prudently over the last few years and paid off our historic debt, colleagues should be in no doubt that developing a robust financial position is crucial to securing the trust’s long-term future. Our failure, so far, to become a Foundation Trust (FT) is a result of our financial position and this remains a major disappointment to me.



Naaz Coker, chair

Becoming an FT will ensure increased local involvement and provide the trust with more control over its finances. It will also provide a badge of quality care that will increase the confidence of all those who use our services.

I would like to acknowledge the support of our volunteers and charities. A lot of what we achieve would not be possible without the support of our volunteers and the many charities that work on behalf of the trust, in particular St George’s Hospital Charity.

The Grosvenor Wing main entrance, new chest clinic and state-of-the-art simulation centre have all been supported by generous charitable donations. I am very proud of the Grosvenor Wing main entrance which now reflects our commitment to improving the experience for all our users. The area was designed to provide a designated patient transport lounge and a bigger and more comfortable seating area for visitors. It also houses a M&S Simply Food store and cafe, which I’m sure everyone can agree is a big hit with staff and patients alike! It is now hard to remember the dark and depressing entrance and reception area of eight years ago which was not worthy of such a great institution.

Of course, our work would simply not be possible if it were not for the dedication and commitment of those staff who live the trust values and ensure that patients receive the care they need. I would like to take this opportunity to thank you all for the support you have given me during my time as chair.

Looking to the future I would like to wish the new chair, Christopher Smallwood every success and I am sure that he will enjoy his time at St George’s Healthcare as much as I have. I will look back on my time at the trust with happy memories and there will always be a part of me that remains in SW17.

A word with Peter

“It has been just over a year since we integrated with community services Wandsworth (CSW) and to celebrate this, November’s edition of the gazette puts a particular focus on our community division.

This includes a report looking at the changes in care that have been introduced since integration with CSW and an interview with Stuart Reeves, associate chief operating officer for adult specialist and diagnostic services. Queen Mary’s Hospital is showcased in our ‘past and present’ feature providing a fascinating insight into its origins as a military hospital. Readers will also find the 2010/11 summary annual report of interest and are encouraged to visit our website to read the report in full. The report takes the trust values as its theme and these are reflected throughout the gazette. This is a time of change for St George’s Healthcare with a new chair and chief executive set to start in November. This will therefore be my last ‘word’ in the gazette. I would like to take this opportunity to thank staff for their support during my time here and to wish the trust the very best for the future.”



Peter Coles, interim chief executive

New lead for procurement team

A warm welcome to Vince Pross who has joined the trust as associate director of finance procurement.

Vince, formerly director of procurement at Chelsea & Westminster Hospitals NHS Foundation Trust, has worked in the NHS for 28 years. He aims to help improve the patient experience and support the trust’s services by introducing best practice procurement at the trust. High on the agenda is a restructuring of the procurement department and the introduction of divisional procurement managers.

Vince said: “I’m looking forward to introducing some changes in procurement that make a positive impact across the organisation. The divisional procurement managers will be a major change, giving dedicated procurement support and expertise to each of the trust’s divisions.”

Over the last few months the procurement team has been helping to create efficiencies in clinical products and services, including the outpatient antibiotic service, spinal surgery equipment, topical negative pressure wound therapy and endo-mechanical consumables.

Vince explains: “There are other major projects going on, such as the theatre materials management project. This is designed to improve efficiency and safety at the same time as reducing the amount of time clinicians spend ordering and retrieving medical products. Improvements to the aggressive e-commerce system are giving colleagues enhanced access to remote ordering of goods via electronic catalogues. An online contract register is also being developed to ensure that the trust has adequate legal protection and timely renewal reminders when contracts are expiring.”

If staff need any procurement advice or assistance with cost reduction programmes, please contact the procurement team. The team is also asking for staff to email electronic copies of any pricing agreements or contracts to Bridget Boyd at bridget.boyd@stgeorges.nhs.uk to maintain a central record.

Chair and chief executive announced

September saw the announcement of a new chair and new chief executive for the trust, both of whom will take up their roles in November.

Christopher Smallwood (pictured left) succeeds Naaz Coker who has come to the end of her eight year term of office.

Christopher has extensive NHS experience having previously been chair of Kingston Hospital NHS Trust and prior to that, chair of NHS Hounslow. He is a policy adviser to The Prince’s Charities and until 2005, was economic adviser to Barclays plc, following several years as a partner at the City consultancy Makinson Cowell. He was also, until recently, a member of the Competition Commission.

Speaking about his appointment, Christopher said: “I am delighted to be joining St George’s Healthcare at this crucial and exciting time and I look forward to working with the board and staff as the trust continues to develop its services to meet the needs of the modern NHS. I would like to pay tribute to Naaz Coker for her leadership over the last eight years during which time the trust has significantly improved its quality and safety of care, successfully integrated with community services Wandsworth and worked to improve its financial position.”

Towards the end of September the board



appointed **Miles Scott** (pictured right) as the trust’s new chief executive. Miles has been chief executive of Bradford Teaching Hospitals NHS Foundation Trust since August 2005.

Before joining Bradford Teaching Hospitals Miles was chief executive of Harrogate and District NHS Foundation Trust for four years. His career in the NHS has encompassed acute, community and mental health services, the King’s Fund and Trent Regional Office.

Miles said: “St George’s Healthcare is an organisation with a proud history and a strong track record of leading-edge healthcare delivery and development.

“In my new role I am determined to maintain and enhance the trust’s commitment to providing quality care to its patients.

“The long-term future of St George’s Healthcare is dependent on it becoming a Foundation Trust and I look forward to working with the board and staff to achieve this. It is also important for the trust to build strong alliances with local NHS organisations and to develop its partnership with St George’s, University of London.”

Living our Values Awards - celebrating responsible

The *Living our Values Awards* have been embraced by staff across the trust and this month the gazette meets those who won the awards for personifying the trust value of  responsible

Responsible behaviours:

- Have patient safety as our prime consideration
- Be responsible for ensuring good patient experience
- Use resources wisely
- Challenge poor behaviour in others
- Learn from experience including our mistakes
- Say sorry when things go wrong

Annett Blochberger, neuro pharmacist, won the individual award. Annett has been at the trust for 2½ years and is the ward pharmacist for Kent Ward and Neuro day unit. She also interacts with the many specialist clinics which are situated in Atkinson Morley Wing as well as primary care. She manages a team of pharmacists and a technician who look after neurology, neurosurgery, stroke and neurorehabilitation. Annett said: "This award has really taken me by surprise, but it's very nice to receive the recognition and being nominated by one of the consultants is certainly a very humbling and new experience.

"I returned to hospital pharmacy after maternity leave and a stint in primary care and felt very welcomed in my role by nursing staff and doctors alike who made it very easy for me to settle in. Suggestions to improve the service have always been met with enthusiasm and I am gaining more and more support among colleagues which is certainly very rewarding and motivating.

"I enjoy the variety of the different aspects of my job, the interaction with all members of the multi-disciplinary team and the opportunities I have been given with this job to learn and to play a role within this fantastic team."

Annett was nominated by Jeremy Isaacs, consultant neurologist, for demonstrating outstanding professionalism and commitment to patient care in her role as neurosciences lead pharmacist. He said: "Annett's commitment to the service is extraordinary. She is the lynchpin of safe prescribing on our busy neurology ward, displaying initiative and teamwork in developing complex treatment protocols and enthusiastically



contributing to projects for vulnerable patients. In the 20 months I've worked here, she has consistently stood out as an unsung hero of our team."

The team award went to Alexis Powell and Alex Stamp in Central Booking Service, Outpatients. They were nominated by their manager, Doug Treanor. Doug said: "They are an outstanding example of a team fully committed, they never take a short-cuts or shy away from a challenge and they are forever staying late or coming in at the weekend, not because they are being paid but because they have a remarkable sense of responsibility.

"Their priorities are to get the job done as quickly as possible, as efficiently as possible, as accurately as possible and as thoroughly as possible while all the time maintaining the highest level of administrative provision and, in turn, patient care."

This month, the gazette is asking staff to nominate a team or individual who they think embodies the value of:

respectful

When making your decision, please take into consideration the behaviours which support this value and how the person/team incorporates these into their working lives. Download the nomination form from the 'our values' page under the 'about us' section of the intranet and email this to awards@stgeorges.nhs.uk

Winners will be announced in the next edition of the gazette.



RESPONSIBLE AWARD: Annett Blochberger (centre), receives her award from Ros Given-Wilson, medical director and Jeremy Isaacs, consultant neurologist



Community services - one year on

It's been a year since we integrated with community services Wandsworth (CSW) and patients from across the borough are seeing the benefits.

In older people's services, streamlined care pathways and changes such as the development of common processes for falls prevention have had a significant impact.

New models of care have seen patients and staff benefit from increased access to consultant geriatrician expertise. The community ward has also improved long-term condition management and reduced admissions for high risk patients who now receive treatment from a multi-disciplinary and agency team in their own homes.

The 'settling home' and telehealth initiatives are also giving patients access to primary care therapy equipment and urgent care services at home, helping them to manage their conditions better.

In respiratory services, patients are receiving earlier assessment and follow-up on discharge, which has seen both length-of-stay and readmission rates for the services drop by 33 per cent. The improved discharge pathway from St George's Hospital to Queen Mary's Hospital has also saved around 2,000 bed days between April and September 2011.

Dr Andy Neil, consultant geriatrician and associate medical director for CSW, said: "Integration has been a positive experience and change. CSW and St George's Healthcare staff now have a much clearer understanding of each other's priorities, which has helped us to start to clear what were previously some pretty big barriers and is helping us to work together better to improve patient care.



"It has also been good for staff development. Community nurses are benefitting from increased acute consultant supervision, while all staff have greater access to training and gaining experience in other areas."

The work over the last 12 months has laid the foundations for new models of care that will take shape during 2012 in sexual health, diabetes, neurorehabilitation, urgent care and sickle cell and thalassaemia services.

Marking history - 40 years of CT scanning

It was hailed as the biggest medical breakthrough since the stethoscope and the discovery of x-rays. October marks 40 years since the very first clinical use of computed tomography (CT) at the Atkinson Morley Hospital, Wimbledon.

CT scanning is a non-invasive medical imaging method, used to create 3D images of human organs. A CT scanner sends x-rays from one side of an object to the other, allowing it to calculate the density of the object it scans. The technology creates an image 'slice' by measuring an object's ability to block the x-ray beam. These slices are assembled together and the 3D image produced allows clinicians to identify different tissues in the body, such as bone, muscle and tumours.

The world's first CT scan on a patient was carried out on 1st October 1971. It was a brain scan performed by Sir Godfrey Hounsfield and Dr Jamie Ambrose, consultant radiologist. Sir Godfrey was subsequently awarded the 1979 Nobel Prize in Medicine. CT scanning was a revolutionary technology that dramatically improved patient safety by providing a non-invasive method to diagnose illness.

CT scanning remains a core service in the NHS today and St George's Hospital's Atkinson Morley Wing, named after the hospital in Wimbledon which closed in 2003, is still home to

some of the most advanced scanning equipment in the country.

The earliest CT scanners took several minutes to create a still image slice of the body. The most modern machines take just seconds to scan the whole body. The technology today is so fast that in many instances it can replace more invasive tests such as angiography.

Jane Adam, consultant radiologist at St George's Hospital, said: "It is hard to overestimate what an absolute revolution CT was for medicine. Before CT, only really X-ray imaging was available, which could show the bones and lungs, but little else in detail. When the first CT scan was used, the brain tissue inside the skull could be visualised for the first time, and it was soon realised that CT could be used to see the rest of the organs of the body as well.

"Sir Godfrey Hounsfield was an interesting man and an amazing scientist, although personally unassuming and modest. Whenever he travelled, he insisted on sticking with the UK clock, so even in America he would hold meetings at UK times. He understood how important it would be to visualise the internal organs to understand disease. He lived to see his invention revolutionise medicine and contribute immensely to patient care. We have much to thank him for."

Spotlight on... Drew Fleming, consultant plastic surgeon and clinical director for surgery

Drew Fleming has been working at the trust for 11 years. He specialises in children and adults hand surgery and does general plastics on-call work as well as some specialist plastics reconstruction work.

Drew has been praised by colleagues as being an advocate for doctor-patient communication. Ros Given-Wilson medical director said: "Drew leads by example through the compassionate and friendly rapport he has with his patients. This translates through to his relationship with colleagues."

Drew puts this recognition down to his style of working, which he describes as approachable. He says: "I like to discuss, instead of disperse, knowledge so patients feel that they can talk to me about any issues or concerns they may have."

"The more information people have and get, the less likely they are to be dissatisfied with the hospital process. And the process, as we all know, can and does go wrong at times. If people feel that they can trust you they will open up to you. It's also the most rewarding in the long run, because people will actually talk to you about what their fears and concerns are and you can help them through it."

Drew often spends extra time in clinics talking to patients about their concerns. He says: "I often find that the patients who are giving you a hard time are the

ones you need to spend the most time with. If you listen to them, treat them with good manners and respect you'll often find that you reach a common ground and will be able to work through their issues."

He adopts the same style towards his fellow colleagues and is a firm advocate of face-to-face communication.

"If someone has a problem, they should either pick up the phone or organise a meeting face to face. And clinical leaders need to make themselves accessible," he says. "I try to encourage my care group leads, consultants and nurses to come and talk to me if they have problems as I would far rather deal with things face to face instead of hiding behind emails."

As well as accessibility, Drew believes that good communication is also about accountability. "Everyone needs to be accountable for their own actions. All my consultant colleagues are accountable at all levels to their colleagues, junior staff and nursing staff." Drew feels that nursing staff are a key part of improving doctor-patient communication. "It is important that we all engage with one another and talk through any problems or concerns so we're all moving in the same direction. We are, after all, in the same business together – looking after patients!"

This open communication extends to GPs. If Drew has a patient he is concerned



about, he often calls up their GP. He said, "GPs are often surprised to have a consultant call them, but we have a conversation and that helps me to understand my patient a bit better. It doesn't take a lot of time or effort."

Drew worked with Zoe Packman, former deputy director of nursing around improvements following the Picker inpatient surveys. He said: "We had quite a few ideas and did a few surveys in the surgical admissions lounge to find out what people actually wanted there. And I think we've got things much better just by making a few simple changes, like getting patient information out earlier so patients know what to expect and making the lounge a more pleasant environment."

"I think our biggest problem is that doctors have become too remote from their patients and staff. It's about getting back to doing what doctors were all about – being people's people."

Have your say on St Helier plans

In November the trust board will decide whether to submit a bid for integration with St Helier Hospital, including Sutton Hospital and Queen Mary's Hospital for Children.

Since being invited to tender for integration, the trust has been busy talking to staff, patients and carers, GPs, local authorities and MPs about what their hopes and concerns are for any potential merger to help us shape our bid. These discussions have included public and staff events at St George's and St Helier Hospitals.

Mike Bailey, clinical lead for the potential integration, said: "Merging with St Helier would allow us to build on the success of existing clinical and academic networks, and give us the opportunity to establish new networks in areas where none exist. We believe that this would help us to improve health outcomes for people from across southwest London."

It is not too late for you to have your say and let the project team know what you think about a potential integration with St Helier Hospital. Fill out the online form at www.stgeorges.nhs.uk/aboutsthelier.asp or contact Suzanne Marsello, project director, at suzanne.marsello@stgeorges.nhs.uk

→view from the top

Stuart Reeves, associate chief operating officer for adult specialist and diagnostic services

That's a long job title – what does it mean?

Basically, it means I am responsible for most of the services based at Queen Mary's Hospital, Roehampton including radiology, rehabilitation and urgent care, and for some specialist services provided in the community like dentistry. I am also responsible for all the Queen Mary's service level agreements and business management.

How long have you worked at Queen Mary's?

I started working at Queen Mary's as a student nurse back in 1983 before qualifying as a staff nurse in 1986 and working on R Ward under Sister Sibthorp. I went on to work for Johnson and Johnson Orthopaedics and Kings College Hospital for a few years, but as soon as the opportunity to come back in 1995 arose, there was no stopping me.

I would never have thought on day one that I would be back here nearly 30 years later managing the place!

How do you go from being a student nurse to running the hospital?

I have always been really keen to learn and develop so that I can do the best job possible for my patients. While I have always been happy to take on extra responsibility, I certainly never set out to



become the man that people look to for answers. Over the years I have developed a skill set that fits this job and have not been afraid to tackle the challenges head on.

I don't get to treat patients any more, but my job now means that I can influence and improve services for more patients than I could have ever seen as a nurse. Last year the services I am responsible for treated 175,000 patients, so I still get to go home and feel proud at the end of the day.

What are your biggest achievements?

The opening of the new Queen Mary's in 2006 is right up there. The old hospital was a very different place, it was a huge sprawling site of ancient buildings

cobbled together by a very long corridor, nothing like the modern hospital we have now. I was heavily involved in designing what services should go where and the decant from the old site to the new. It was a great upheaval for staff, so perhaps what I am most proud of is that the special atmosphere and great sense of camaraderie still exists five years after the move.

I am also particularly proud that Queen Mary's brings together community health services that do not traditionally sit together, meaning that we can meet most patients' physical, mental or sexual health needs locally.

What does the future hold for Queen Mary's Hospital?

The demand for services that have traditionally been delivered in bigger hospitals like St George's and Kingston to be provided closer to patients' homes means we will see more of these services come to Queen Mary's to serve people from Roehampton, Putney and Richmond.

We already have a state-of-the-art day case unit and rapid access diagnostic unit, and since integrating last year we have started to treat patients with more complex needs .

We are also working with local GPs to provide primary care services from the Minor Injuries Unit and to look at other areas we can develop further.

What do you do to relax?

I'm a big football fan and get along to watch the real Dons (AFC Wimbledon) as often as I can.

I'm a keen motorcyclist and often ride my Suzuki 1250 Bandit to work. I also ride a much less reliable Royal Enfield Bullet when I have the time.

Texas team A group of nursing students from Tarleton State University, in Texas visited the trust to learn about the UK healthcare system. The visit is an annual trip undertaken by US nursing students to learn about the differences in the UK and US healthcare systems.



Time to get your flu jab

The flu vaccine protects staff and patients and is recommended by the trust, professional bodies and the Department of Health. Staff who had the flu vaccination last year will still need to have the vaccination this year, as some of the flu strains that will be circulating this winter will be different from last year. Staff need the latest vaccine to protect you from these different strains.

Dates and times of flu vaccination clinics are available on the intranet.



Annual report summary

Introduction from Peter Coles, interim chief executive



St George's Healthcare is one of the country's largest healthcare organisations, with nearly 8,000 staff caring for patients across 17 different sites in southwest London.

The past year has given us much to be proud of, with many exciting developments that have helped to strengthen the trust's reputation as a leading provider of care.

Of course, we are not immune to the financial challenges that all NHS organisations are facing, and we will need to find new and more efficient ways of working while not losing sight of the importance of patient safety and excellent quality of care.

These are interesting times for the trust as we work to develop new services and forge partnerships and alliances with local organisations who share our values. Inspired by the opportunity to develop care pathways provided by our integration with Community Services Wandsworth, we are also building a key strategic alliance with Kingston Hospital NHS Trust. Our partnership working with St George's, University of London will also ensure that patients benefit from our collaborative research and development teams.

None of this would be possible without the continued dedication and commitment of our staff, who I know will continue strive to maintain and improve on the high standards we have set ourselves.

A full version of the annual report is available online: www.stgeorges.nhs.uk

Our year in numbers

7,862 members of staff

12,993 training courses funded

250 volunteers working across the trust

11 health centres

536,403

5,308 babies born at St George's Hospital

community appointments

117,577 A&E patients

9 MRSA infections – the second lowest in London teaching hospitals

9 per cent reduction in carbon emissions

1,400 prisoners at Wandsworth Prison

523,901 outpatient appointments at St George's Hospital

315 major trauma cases

6,421 people helped by PALS

2 hospitals – St George's Hospital in Tooting and Queen Mary's Hospital in Roehampton

respectful



We are here to support patients with life-limiting conditions and their families to make sure that all patients are treated with dignity until the end of their lives.

excellent



Last year St George's Hospital managed 315 major trauma cases, with a further 85 trauma cases each month.

Read the full St George's Healthcare annual report at www.stgeorges.nhs.uk

Living our values

We launched our staff values in April 2010 and have been working hard to establish them throughout St George's Healthcare. These values set out the standards of behaviour we expect from all our staff.

responsible



Our children's speech and language therapists help children with their communication skills whilst supporting their families, teachers and other health professionals.

kind



Last year we treated 600 of the most vulnerable babies from across south west London.

Feedback

Every year St George’s Healthcare cares for more than 800,000 patients across its sites and many of those patients take the time to write and express their thanks. Each month in *the gazette* we publish a selection of those letters.

● **FAO the delivery suite**

I’d like to say a huge thank you to the senior consultant and delivery team who worked on the birth of our second son.

The delivery was nerve racking for us as expecting parents, but team were great and the senior consultant in particular was absolutely amazing.

Mum and baby are doing very well, baby is growing and developing every day – he’s brilliant.

● **FAO the hand unit**

I received excellent service from the St George’s hand clinic. The staff were prompt, friendly and my doctor seems to have done an excellent job in mending the injury I had to my hand.

● **FAO endoscopy**

I wanted to say a big thank you to all the staff in endoscopy who treated me, in particular Dr Chakrabarty and nurses Rosanne, David and Cynthia who were very supportive, kind and reassuring.

● **FAO the MITIE catering team**

This is just a short note to say how much I appreciated the food I had during my stay in Keate Ward. Good choice, tasty, adequate amounts, nicely presented – the standard, especially when compared with the days of yore, was really impressive. Congratulations to all concerned.

● **FAO the breast unit**

I would like to convey mine and my wife’s tremendous appreciation for the care, efficiency and consideration my wife has recently received from all at the breast screening unit, staffed by breast care nurses Eve, Sarah, Maria and Claire. Many thanks indeed.

● **FAO the Walk-in Centre**

I wish to pass on my heartfelt thanks to the centre and to the two nurses to deal with my wife, not only were they truly professional but in my opinion they were fabulous to both my wife in her present state of health and myself.



MILITARY HOSPITAL: A group of World War one amputees in the garden of Queen Mary’s Hospital in 1917

Past and present – Queen Mary’s Hospital, Roehampton

Originally a 200 bed military hospital, Queen Mary’s opened its doors to its first 25 patients in 1915. It was founded by Mary Eleanor Gwynne Halford whose vision was to provide a place for people who had lost a limb to come and be rehabilitated and be fitted with the most scientifically advanced limbs possible.

Throughout the First World War (1914-1918) the reputation of the hospital grew and it quickly became known as one of the world’s leading limb fitting and amputee rehabilitation centres, providing not only treatment but also training opportunities so that patients could find employment. This made the demand for Queen Mary’s services so high that by the end of the war in 1918 it had 900 beds and a waiting list of over 4,000 people.

During the 1920s the type and age of patients being treated by the hospital was expanding rapidly and in response to the changing needs of patients a fully equipped hospital was built on the current Roehampton site, with x-ray, electro-therapy services and a gymnasium.

Queen Mary’s continued to see developments right up to the opening of the new hospital in February 2006.

Today, Queen Mary’s sees over 130,000 patients a year and offers more than 60 services. The hospital’s best known set of services are its amputee rehabilitation ones which come together in the world famous Douglas Bader Unit. The unit is an established international centre of excellence and a national leader in the field of research and development of rehabilitation techniques.

As well as offering outpatients services, Queen Mary’s today has 20 beds in the rehabilitation centre, 69 mental healthcare beds and 50 elderly and intermediate care beds.



SPECIALIST CARE: the Douglas Bader Unit at Queen Mary’s Hospital provides specialist care and rehabilitation for amputee patients



Pioneering stem cell treatment for sickle cell is a UK first

A pioneering stem cell transplant treatment used for sickle cell patients has been successful in curing 23-year-old Remmy Kamy of this crippling disease.

The treatment, which is a UK first, was led by Dr Mickey Koh, director of stem cell transplants and consultant haematologist at St George's Hospital in London.

Sickle cell anaemia is an inherited, lifelong disease and is the most common of the hereditary blood disorders. Red blood cells are produced by stem cells within the marrow found inside the bones. Healthy red blood cells are biconcave discs which can bend and flex easily. In those with sickle cell disease, faulty stem cells produce red blood cells that are crescent shaped. These are rigid, unable to squeeze through smaller blood vessels, and prone to causing blockages that deprive parts of the body of oxygen, leading to periods of intense pain.

Management of sickle cell disease has always focused on treating symptoms with the only cure up until now being a stem cell transplant, where the abnormal red blood cells are replaced with new healthy ones from a donor. To do this, high levels of chemotherapy are given to the patient to kill off the unhealthy blood cells and to ensure that the donor's tissue is not rejected. For this reason these transplants are often restricted to children as the levels of chemotherapy may be too toxic for an adult, especially if their organs are already affected from the disease.

The new procedure is novel because it does not use any chemotherapy in the transplant regimen. Instead, it relies on low dose radiotherapy and antibody which modulates the immune system. This makes the treatment tolerable to the patient while minimising graft rejection and other potential serious complications from the transplant. This treatment was initially pioneered in America.

Mickey said: "This is an exciting development as it opens up the possibility for more patients affected by this disease to be potentially cured by a transplant. This novel chemotherapy free regimen was well tolerated and successful in terms of graft acceptance and the absence of serious post transplant complications."

After his referral, Remmy's family was tested for a suitable donor and his brother came up as a match. He spent around a month in hospital for the transplant as his immune system was quite low. Following the transplant, the new stem cells from the brother have grown well and tests have revealed that his red cells are being replaced by his brother's.

Six months on from his transplant, Remmy feels like he leads a normal life now. He said: "I am less tired and have not suffered a sickle cell crisis since!"

This story was featured in the Mail on Sunday on 8th October.



MUSIC THERAPY: children enjoy a sing-along with a visit from Music in Hospitals

Play in hospital week

Play in hospital week took place from 12th – 16th September and provided an opportunity for the play specialists at the trust to highlight the importance of their role.

Rosie Littleboy, the trust's lead hospital play specialist, said: "Play in hospital is very important to normalise and enhance the environment for children and young people.

"To do this we use play therapeutically, for example a child blowing bubbles may have difficulty in breathing; by blowing bubbles it is helping them strengthen their lungs. If a child is having a procedure of any sort done we go into the treatment room, if requested by the family, and use a game or relaxation method to help them cope with the procedure. This allows the child to have more control over the situation and allows the procedure to be done quicker and calmer than if the child was anxious and upset about having it done."

Clinical audit - ensuring best practice and driving change

We all want to improve the care that patients receive and deliver services in line with best practice. Clinical audit is an essential tool that can help us to achieve this. 2011 has seen a number of developments designed to ensure staff make the most of audit and that projects lead to real change.

Kate Hutt, clinical effectiveness and audit manager, leads a team of six clinical auditors who cover each division. She said: "There is a lot of audit going on, with some great projects demonstrating that we are making our services better for patients. However, with increased pressure on people's time we recognised that improvements to how we organise and carry out audit needed to be made."

In May the board approved a strategy designed to maximise the benefit of clinical audit and a key step is the development of a prioritised audit programme. The plan has projects identified nationally or by the trust as essential, alongside those seen as priorities for divisions. Kate explains: "Having a programme in place will help us to focus on the most important projects and to make sure that they lead to improvements for patients. The team still need to know about your audits so please register them using the form on our intranet pages."

In addition to providing expert involvement in projects, the team offers a training programme with two half-day sessions every 3 months and short sessions delivered at a time and place to suit individual teams. The new clinical audit policy, essential for our NHS Litigation Authority assessment, is another resource in place to support colleagues.

The clinical audit intranet pages have everything you need to stay up-to-date. You can also find out more by going along to the clinical audit half-day on the morning of Friday 2nd December. Kate said: "This is your opportunity to show off the work that you have been doing and for us all to share best practice. There will be prizes on offer so it really will be a celebration of what we are all doing to improve the services we deliver for patients." To put your audit forward visit the clinical audit page on the intranet or contact the team via clinicalaudit@stgeorges.nhs.uk.

Cardiac arrest survival rate among the best in London

The survival rate of patients brought to St George's Hospital having suffered a cardiac arrest is in the top two in London, according to a study published by London Ambulance Service.

The annual study examines survival rates across the capital and found that between August 2010 and July 2011 the survival rate of patients brought to St George's Hospital was 15.4 per cent (16/104). This is the second year running that the hospital has been in the top two out of more than 30 hospitals included in the report.

Paula McLean, resuscitation service manager, said: "These statistics are encouraging and demonstrate that the service we provide is among the best anywhere. The figures represent patients who have suffered a cardiac arrest outside of hospital – at home or at work – so their hearts stopped beating prior to getting into hospital, which is very serious.

"The survival rate at St George's is the result of complex teamwork between several departments, including A&E, cardiology, resuscitation services and intensive care, combined with the latest technologies. This ensures that patients receive specialist attention as quickly as possible, which ultimately saves lives.

"A specialist heart attack team was set up in July, which will help to coordinate the care of patients suffering heart related illnesses even more efficiently. We are expecting this to have a positive impact on patient survival rates for heart attacks and cardiac arrest in future."

St George's Hospital has one of the biggest cardiology units in the country. It provides emergency care, diagnosis, medical treatment and outpatient services for all heart disorders. This includes heart attacks, heart failure, heart valve disease, heart muscle disease, congenital heart defects, high blood pressure and arrhythmia (irregular heart beat). The hospital is the heart attack centre for southwest London, providing a 24-hour emergency angioplasty service, enabling life-saving treatment to be given to heart attack patients.



TEAM WINNERS: the MITIE team collect their award from Emma Gilthorpe, deputy chair (far right)

AGM celebrates staff and trust achievements

The trust's Annual General Meeting (AGM), held on 29th September, provided an opportunity to showcase the trust's successes during the 2010/11 financial year and also recognised staff for their hard work and commitment.

The event, held in the Monckton Lecture Theatre, was attended by nearly 200 members of the public, patients and staff. As well as updates on trust performance, the audience also heard presentations from staff about older people's services and paediatric intensive care.

The evening ended with the presentation of the Special Achievement Awards to staff and volunteers by deputy chair, Emma Gilthorpe.

Individual award winners

Suzanne Davis, volunteer, haematology/oncology outpatients department
Heather Dennis, stoma care nurse
Jenni Doman, general manager, facilities
Diane Grennan, housekeeper, Keate Ward
Paula Lewis, induction support, education and development
Pat McCole, sister, neuro ITU
Victoria Morrison, nurse, Benjamin Weir Ward
Rachel Pearce, nurse practitioner, trauma and orthopaedics
Abbe Robertson, ward sister, Buckland Ward
Neil Robson, volunteer, haematology outpatient clinic 1
Mary Smith, manager, Keate Ward
Ruth Smith, coordinator, urology multi-disciplinary team
Elisabeth Williams, consultant anaesthetist

Team award winners

Courtyard clinic patient steering group
Implementation of global trigger tool trust-wide team
Medical records volunteers
Microbiology biomedical scientists
MITIE catering and cleaning team
Pharmacy patient experience task group: discharge medicines
Staff and specimen transport team
Traumatic brain injury team
Vernon Ward
William Drummond stroke service
Wolfson Aphasia Volunteers



Macmillan information and support centre opens

The new Macmillan cancer information and support centre, based at St George's Hospital was officially opened in September by Cllr Mrs Jane Cooper, Mayor of Wandsworth and Chris Cotton, chief executive, Royal Albert Hall and a former patient of the hospital.

The centre provides free information and support for anyone affected by cancer and is staffed by two specialist nurses; a Macmillan cancer information manager and a Macmillan cancer information officer, who are available to answer any questions. Patients or carers can drop in, without the need to make an appointment.

GRAND OPENING: Left to right: Chris Lewis, member of Improving the Cancer Experience (ICE) group; Chris Cotton, chief executive, Royal Albert Hall and former patient; Beverley van der Molen, information and support manager for the centre; Cllr Mrs Jane Cooper, Mayor of Wandsworth and Carol Fenton, Macmillan general manager for London, Anglia and the South East

New resuscitation unit opens

In September the Mayor of Wandsworth, Cllr Mrs Jane Cooper, officially opened the new £1.4m resuscitation unit at St George's Hospital.

The unit, the most modern in London, provides eight resuscitation bays each with a large bed space to allow emergency care staff to manage the most complex of cases. The unit also houses a dedicated overhead x-ray system built into the ceiling of the

department. The Mayor toured the whole of the accident and emergency department at St George's before officially opening the new unit. She said, "The people of Wandsworth should be proud that this state-of-the-art facility is based at St George's

Hospital. "As a major trauma unit the hospital cares for patients who are in need of urgent and specialist care. In visiting the A&E department, I was struck by the professionalism and dedication of all the staff that I met."



NEW TECHNOLOGY: Phil Moss, clinical director for A&E, and Heather Jarman, consultant nurse in emergency care, demonstrate to the Mayor of Wandsworth how the new overhead x-ray system works



MORE CHOICE: Community midwife Dianna Fairman-Campbell (back) with a family who used the expertise of the rainbow team to have their baby at home

Enhanced service for women having babies at home

In April 2011, the trust's maternity service launched the Rainbow team for women who choose to have their babies at home.

The team, based at Brocklebank Health Centre on Garratt Lane, operates across Wandsworth and Merton.

This enhanced service is open to all women who are expected to have a non-complex pregnancy, including first time mothers. Women can refer themselves online or direct to the midwives at Brocklebank Health Centre so don't need a GP referral. Women who are on booked to give birth at St George's Hospital can choose at any point in their pregnancy to have a home birth.

All the care is offered by the midwives' in patients' homes or at local clinics,

although the original booking is taken at the Brocklebank Health Centre.

The team is lead by community midwife Dianna Fairman-Campbell under the guidance of Maria Brown, lead midwife community and antenatal clinic. Other members are Jodette Holly, Diane Mack, the team also has a link obstetric consultant Polly Hughes.

Speaking about the service Dianna said: "It is great to give women a choice as some women just hate the idea of hospitals. With our team, they receive all their care in the comfort of their own home and choose a variety of different ways to give birth, such as water births or hypno births."

For more information, call the Rainbow Team on 020 8812 5456.

Cancer team commended

Congratulations to our cancer services team, with particular input from the Macmillan Clinical Nurse Specialists (CNS), who have been commended by the NHS National Cancer Action Team (NCAT) for their participation as a beacon site in the cancer Information Prescription Programme.

The programme offers high quality information tailored to individual patient's needs in the form of an information prescription. The team, based at St George's Hospital, was commended for their level of engagement in the 'train the trainer programme'. The majority of the trust's Macmillan CNS's and other members of staff who work with cancer patients, have now been trained how to use the system. Their knowledge can also be passed on to other members of the cancer team. NCAT also acknowledged the partnership approach of learn and share events with The Royal Marsden and Croydon NHS Trust. These learning exercises have provided invaluable learning to the wider national programme.

Beverley van der Molen, Macmillan information and support manager, said "The Information Prescriptions Service (IPS) is a tool to support clinical teams offering condition and treatment specific related information to their patients. It enables staff to tailor information to the needs of patients and aims to improve the overall experience at St George's. The IPS is hosted by NHS Choices and can also be accessed by patients and their families."

Although cancer services is leading the way in the implementation of this resource it is important to realise that the IPS is available for other conditions such as diabetes, dialysis, heart disease and sexual health to name but a few.

The IPS is an online resource available for anyone at www.nhs.uk/ipg



MEDICINE MANAGEMENT: members of the pharmacy department were on hand to answer questions

Celebrating good practice

September's patient safety week provided an opportunity to celebrate important safety initiatives that have been put in place by staff across the trust.

The highlight of the week was the patient safety conference which featured national experts Dr Suzette Woodward, Director of the National Patient Safety Agency and Jane Carthey, human factors expert. Staff also heard the harrowing story of Clare Bowen who lost her daughter Beth in an untimely, tragic and avoidable error during an elective surgical operation to remove her spleen.

A number of safety initiatives were launched at the conference including, the pressure ulcer prevention pack, a new early warning observation chart, and a protocol for variable rate insulin. A safety dashboard has also been launched on the intranet.

Yvonne Connolly, head of patient safety, said: "Patient safety is important every day of the year but patient safety week is a good opportunity to highlight some of the important initiatives that can help to make our patients safer all the time. Thanks to many enthusiastic staff the events were a great success and have promoted safety messages across the organisation."

Saving carbon, saving lives

Helping the trust drive energy efficiencies and meet government statutory and legislative requirements is Rathan Nagendra, energy and sustainability manager.



ENERGY MANAGER:
Rathan Nagendra

Rathan, who has a degree in mechanical engineering, has worked in the NHS for nine years and said of the role: "I try to look at the trust holistically and ensure that energy efficiency is in the basics of everything we do – from procurement to capital projects. These energy savings obviously translate into efficiency savings. We have all the building blocks in place, but the only way we can achieve carbon and cost saving is by working together."

Some projects on the agenda for 2011/12 include:

- **BMS building management system** – this controls heating, ventilation and air conditioning to the whole site. Rathan is looking at way to minimise the hours it is used so we use less energy, and also reduce on maintenance costs.
- **Combined heat and power plant (CHP)** – this is an energy conversion process where heat and electricity are produced in a single process; this allows the trust to produce its own electricity to feed the hospital instead of importing it. Rathan is looking at ways to increase the efficiency and availability of the plant, which has been on the site since 1994, and exploring the potential for using the thermal energy of waste gases to heat the site.
- **Smart metering** – this is an electrical meter that records consumption of electrical energy in intervals of an hour or less and communicates the information back to a central point for monitoring and billing purposes. Over the next few months, Rathan will be looking at building by building energy usage to see how much is being used, and how it can be reduced.
- **Lighting projects** – A new lighting system that uses light and movement sensors has been installed across several areas of the trust, so the lights automatically turn off during the day and during unoccupied times, if there has been no movement for 20 minutes, the lights switch off. This project will be rolled out to other suitable areas.
- **Energy patrols** – Rathan and Jenni Doman, general manager for facilities, have been completing energy patrols, outside office hours to assess departmental energy behaviour patterns. Rathan is looking at ways to automatically turn computers on and off during unoccupied hours so that it does not disturb business continuity.

Palliative care team in the community

The community nursing teams (of which there are 19 based in four community wards across Wandsworth) deliver palliative care to patients across the borough.

Gillian Best, clinical team leader for community nursing, explains how the service operates: "End-of-life care is a significant part of our work and involves the multi-disciplinary team (MDT). This usually includes the GP, community nursing team, night service community nursing team, clinical nurse specialists from the acute sector and from the hospices, as well as therapists and social services.

"We provide all the hands-on care for patients, right up to and including their last day of life if they have chosen to be cared for at home. We also receive specialist advice and support from the clinical nurse specialists in the hospices who are part of the MDT, but are not actively hands-on.

"We also play a vital role in helping to discharge patients from hospital who would prefer to die at home. Such arrangements need to be organised quickly and the team work hard to ensure that this happens.

"Good communication is crucial throughout the process. Once a palliative care patient is identified a nurse will discuss their 'preferred place or priority for care' and also asked for the patient's decisions on whether they wish to be resuscitated or to die naturally. These conversations are quite complex and advanced training is offered to all nurses to support them. "The nursing teams will also access and co-ordinate any additional resources, such as Marie Curie nurses and the 'Trinity at Home' service, which is currently being piloted in Wandsworth. Trinity at Home is for patients who may need additional support for more complex physical and emotional needs, or where the family and carers need the additional support.

"The teams have also worked with commissioners to develop a 'Yellow Communication Book'; which has created an accessible and easy way to gather and store all the documents and information. This folder is unique to the teams' patients and is being used increasingly in the community. It contains personal information, including all contact names and details of the MDT and details of hospitals, appointments and specialist nurses. Important information such as the Preferred Priority for Care, the do not attempt resuscitation agreement and, for the last days of life, the Community Care Pathway are also all kept in the yellow book. In addition information sheets for patients are also included.

"As the folder belongs to the patient, they are also able to keep other bits and pieces such as a will or a 'letter of wishes'. After a patient has passed away, we keep the Care Pathway information for our nursing records, but the folder and other contents are left with the patient's family."

"The care we provide for this group of patients is probably the most privileged and rewarding aspect of being a community nurse."

*fundraising

Go girls!

There was a terrific atmosphere in Hyde Park at the beginning of September when a team of women ran, jogged or walked the annual Ladies 5k.

There were some 16,000 runners in all, including a team of enthusiasts from across St George's, (pictured) including estates and facilities, accommodation services, fundraising, the University, and further afield.

Liz Woods, head of fundraising, explains the team's collective motivation: "Given that this is a ladies event, we wanted to support something that will be of benefit to women in particular (but not exclusively). So, the money we raise will go towards a piece of artwork for one of the counselling rooms in the new state-of-the-art breast diagnostic unit, due to open at St George's Hospital this autumn. It's here that patients learn about their diagnosis, so the environment needs to be conducive."

You can still show your support by making a donation at the team's Justgiving page: www.justgiving.com/stgeorges5kteam

At the same time as the 5k, Lisa Lewington (pictured) from the playroom was taking part in the London to Brighton bike ride. Lisa completed the 54 mile challenge, raising money for St George's Hospital Charity respiratory equipment and education fund.

"It was amazing!" says Lisa.



Tour de St George's

A local school rivalry was re-ignited by staff members Colin Davis and Alan Thorne, who completed a marathon cycling challenge around the perimeter road at St George's Hospital during August.

Their 26.3 mile cycling race raised funds for St George's Hospital Charity and Help for Heroes.

Throughout their preparation for the challenge the two swapped banter about their old schools and the intention was to race to the finish to settle the dispute, but on the day Colin, who was representing Elliott School and Alan, sporting the colours of Wandsworth Comprehensive, came over the finish line together!



Cheesy choons

July saw the culmination of several months' work by a group of friends and mothers at a local primary school at Wimbledon Chase, when they held a fundraising event at the David Lloyd centre in Raynes Park.

Louise Bellamy, Mandy Bynon, Helen Somerville and Denise Yamaguchi presented 'The Vinyl Countdown' to their friends and family, an evening of 'cheesy choons' from the past few decades, which packed the dancefloor all night. However they still found time to host a raffle, a silent auction, an excellent buffet and of course the wine flowed

Inspired by the fantastic care that one of their children received when he spent time on Nicholls Paediatric ward, they have managed to raise over £4500 plus donations of equipment making the value of their gift to Nicholls Ward around £9000!

In September the team returned to St George's with their children for a thank you event. This gave sister Julia Sexton and her team from Nicholls ward and Rosie Littleboy and her colleague from play therapy the opportunity to show their appreciation for the benefits that this fundraising will bring to the children they will care for in the future.