

the **gazette**

Issue 29 | March 2009

St George's Healthcare **NHS**
NHS Trust

**Health Minister
Ben Bradshaw
visits St George's**

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It's certainly been a busy start to 2009 with a ministerial visit and the launch

Stroke and trauma plans go out to consultation

A public consultation by Healthcare for London on proposals to create specialist stroke and trauma centres in the capital is underway.

In 2007, Lord Darzi's report *Healthcare for London: A Framework for Action* set out ambitious plans for improving the quality of health services across the capital. The report identified that outcomes for stroke and trauma patients would improve if they received specialised treatment in dedicated units.

During 2008, bids were invited from London trusts to demonstrate how they would provide services in partnership with other providers.

St George's is in the running to become both a hyper-acute stroke unit, providing emergency care to stroke patients, and a major trauma centre, treating the most seriously injured patients. Implementation of the plans will mean developing stroke and trauma services at St George's.

Stroke is caused when the blood and oxygen supply to the brain is cut, causing cells to die, resulting in brain damage. Nearly 11,000 Londoners suffer a stroke each year and of those around 2,000 will die as a result.

The proposals aim to re-design stroke services to reduce the deaths and disability caused by stroke. A patient would be taken directly to a hyper-acute stroke unit where they will receive expert care, including access to a CT scan and thrombolysis (clot-busting drugs), if this is appropriate for the patient, within 30 minutes. Once stabilised, patients will be moved to a stroke unit within the same hospital, or at a local hospital closer to home.

The strategy also aims to prevent strokes by introducing 24-hour assessment services for patients suspected of having



A map showing Healthcare for London's preferred configuration of trauma networks.

a TIA (transient ischaemic attack, or 'mini stroke') so they can get faster diagnosis and treatment.

Under plans for trauma services, St George's would become a major trauma centre at the heart of a network of trauma centres based at surrounding hospitals in south west London and Surrey. The proposals recommend that the South West London and Surrey Trauma Network (SWLSTN) would be one of four such networks.

By establishing major trauma services, specialist clinical skills can be developed and retained. Patients with serious injuries including severe head injuries, penetrating injuries to neck and chest such as stab wounds, limb amputations and paralysis after an accident would have immediate access to specialist care and the most appropriate treatment. As a result, more people who survive serious injury would be able to resume their normal lives.



Patients from across south west London and Surrey could be brought to St George's for emergency treatment for serious trauma and stroke.

Information on the consultation is available in briefing documents on St George's staff intranet, Healthcare for London's website (www.healthcareforlondon.nhs.uk) and Wandsworth Teaching Primary Care Trust's website (www.wandsworth.nhs.uk). The websites both explain how to submit comments on the proposals. The PCT's website also has dates of local events to promote awareness of the consultation and encourage people to give their views, including a roadshow in Southside Shopping Centre, Wandsworth, on Thursday 26 March.

Recognising stroke symptoms **FAST**



Staff from St George's Stroke service get the message across.

A national newspaper and TV advertising campaign to encourage people to recognise the symptoms of stroke is underway. The media campaign will emphasise that stroke is an emergency, and highlight the acronym FAST (see below) to help people identify stroke victims and to act fast to call an ambulance.

Staff from the Acute Stroke Unit and South West London Cardiac and Stroke Network promoted stroke symptom awareness to staff, visitors and patients with lunchtime stands in Atkinson Morley Wing foyer and the Lanesborough Wing restaurant when the campaign began last month. More than 700 leaflets were distributed.



- F**acial weakness - can the person smile? Has their mouth or eye drooped?
- A**rm weakness - can the person raise both arms?
- S**peech problems - can the person speak clearly and understand what you say?
- T**ime to call 999.

David

of the stroke and trauma consultation among the stories covered in this latest issue of *the gazette*. Then of course there is the open secret that I know you have all been hoping would come true. Yes, I am pleased to confirm that M&S is coming to St George's and will be open for business in the new main entrance from late March. More details and special offers for staff inside this issue of *the gazette*.

I am sure you will be interested to read the thoughts of Professor Peter Kopleman in *View From the Top*. Peter has St George's running through his veins and, as Principal of the University, his ambition to develop and raise standards of education and research compliments our vision to make the Trust a centre of excellence for patient care.

I can't finish without mentioning the severe winter storms that hit London in February bringing the capital almost to standstill. It is at such times that St George's staff really show what they can do and I was very proud of all your efforts during what was a very challenging few days. While we were not able to operate business as usual we were able to offer care to those who needed it most and I offer my thanks to all of you who worked hard to make that happen.

As ever, if you have any comments on this edition, please email me at david.astley@stgeorges.nhs.uk.

Safer Surgery

for Patients

Incidents where surgery is carried out on the wrong part of a patient's body with serious or fatal consequences are fortunately rare. When they do happen, even if the outcome is not serious, they can be traumatic for patients and their families, as well as the professionals involved in their care.



The final check before surgery involves the whole team

Such incidents reflect badly on the hospital, damaging reputation and resulting in a loss of patient confidence. The key is to ensure that the right checks are carried out before surgery to prevent such incidents happening in the first place.

To help staff to keep themselves up to date the Correct Site Policy has been published on the intranet under the Policies section. The aim of the policy is to check for consistency between the consent form, diagnostic studies, the medical record and the response of the patient, guardian or carer. It details the roles and responsibilities of all relevant staff in ensuring adherence to the policy.

The World Health Organisation Surgical Safety Checklist takes the checks one stage further and incorporates more than just correct site surgery.

In response to the WHO's recommendations St George's will be expanding its existing checks during 2009. The changes should impact on communication, anaesthetic safety and the prevention of surgical site infections. Using the checklist can reduce deaths and complications by more than a third, according to research recently published in the *New England Journal of Medicine*.

Medical Director Mike Bailey says:

“These checks will reduce risk and save lives and, while completing all the checks mean operations may take a little longer, I believe that this is a small price to pay for ensuring the safety of our patients.”

Adverse Incident Reporting

If things go wrong, the Trust encourages staff to report this so that changes can be made to prevent re-occurrence and improve safety for both patients and staff.

The way 'adverse incidents' are reported is changing so that reports can be made online rather than with a paper form.

The online system will automatically trigger an alert to managers and also make it easier to track the progress of investigations into reports. The form includes drop down menus to make filling it in quicker.

Staff members in the Women and Children's Division are receiving training and beginning to use the new system. Other divisions will move across to the new system throughout 2009. Training dates for all divisions have now been published on the intranet. Go to the DATIXWeb homepage from the Units and Departments A-Z.

Getting the training you need

The Trust has a responsibility to ensure that all staff are up to date with safe and legal practices in areas including health and safety, equality and diversity, fire, infection control, risk, child and adult safeguarding and customer care. A new three-day induction has been introduced so all new staff are trained in these areas and catch up seminars have been running, and are still running this month (March) so staff can receive this mandatory and statutory training (MAST) in a half-day session.

The Trust is also keen to ensure that all staff are receiving annual appraisals, sometimes known as performance reviews, to ensure that other training needs are identified, achievements and weaknesses can be recognized and objectives set.

Junior sister on Benjamin Weir ward, Venessa Sookhoo believes appraisals have helped her attain her goals: "Last September during my appraisal with Kimberley O'Hara, my matron, we agreed that I should work towards becoming a junior sister," Venessa says. "This meant increasing my responsibilities in managing staff and in supporting the senior sister. I have also been trained to carry out appraisals so that I can review the performance of other staff. I've been at St George's six years and have had regular appraisals. I have found both the feedback and the opportunity to set goals useful, and hope the people that I will review will find the process helpful as well."

Details about both these projects can be found on the intranet via the Education and Development Department's homepage.

Learning lessons from O₂

The successes of a market leading company in providing quality customer service are to be applied to St George's own Central Booking Service for Outpatient appointments.

Last month, three Trust managers, Shola Adegoye, General Manager for Corporate Outpatient Services, Diane Morgan, Head of Education and Development, and Adrian McCourt of the Transformation team visited the O2 Business Call Centre in Leeds.

The visit was arranged by the NHS Institute for Innovation and Improvement, as part of programme across the NHS to improve patient experience, to see how O2 gets its reputation for providing the best customer care of any mobile phone company.

"We talked to team managers about how staff are motivated and rewarded to provide a high quality customer service and how they recognise and reward individuals and teams that achieve success," explains Adrian.

"We discovered that these frontline staff members receive significant training when they start and it is actually about a month before they take calls from customers on their own. They also receive regular individual and team coaching and feedback on their customer service skills and general performance.

"Our Central Booking Service receives around 9,000 calls per month and our staff are often dealing with callers who are anxious or distressed. Transformation of this service will improve the patient

experience and reduce unattended appointments which waste time and resources."

Learning from the visit will be incorporated into a new package of training for St George's call centre staff which is already in progress. The training is just a small part of a comprehensive Transformation project which has seen the complete workings of the call centre and its appointment booking process reviewed and analysed.

Planned changes will include equipment upgrades to help manage calls more effectively, extra staffing and a new system of booking appointments which will be rolled out this month.

M&S is a first

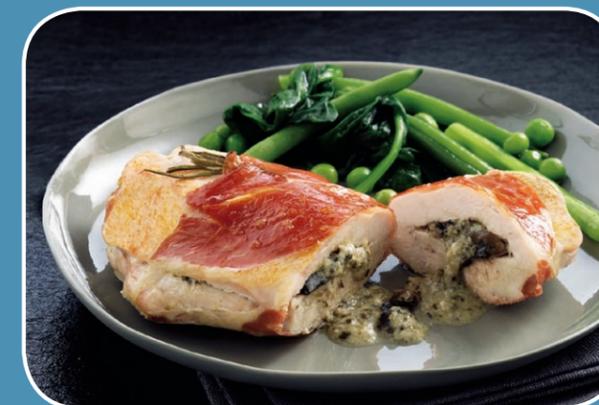
YOUR M&S

The first hospital-based M&S Simply Food store and M&S Café will open at St George's on Wednesday 25 March 2009.

To celebrate the launch, M&S is introducing a series of incentives for hospital staff, including; an in-store competition for employees to win lunch for a year, discount vouchers and reward schemes for high performers. M&S will also be sponsoring a new St George's team award scheme which will be launched later this year.

Situated in the main entrance the 3,000 sq ft M&S Simply Food store and 24-seater M&S Café offers the ideal place for staff to pick up breakfast, lunch or dinner. The café will serve a choice of refreshments including hot food, fair-trade tea and coffee, freshly baked cakes and sandwiches. While the store will offer over 900 M&S Simply Food product lines, including pre-prepared meals, snacks, sandwiches and flowers. The choice for hospital staff has never been better.

Bob Johnson of SSP UK, which has the franchise for the store, said: "The busy nature of hospitals means staff and visitors are constantly on the go and the new M&S offering will provide a more convenient, quality, healthy option to fit with hectic lifestyles."



It's not just food, it is M&S Simply Food.

Welcoming the opening David Astley, Chief Executive, said: "I am delighted that we have M&S on board in the new main entrance. Our research has shown that patients and staff wanted improved retail facilities at St George's and we have answered that call by bringing in one of the market leaders."

The store and café are open seven days a week. M&S Simply Food is open 7am to 10pm and the café, 8am to 8pm.

Meet Kirsty Glaysher, working to ensure that our patient information is accessible to everyone.

"My role is to coordinate patient information across the Trust in line with best practice, whether that is factsheets, leaflets or online information. A key part of this is ensuring that information is accessible to all, including those with learning disabilities, sensory impairments, or whose first language is not English.

"I'm actually an Occupational Therapist by training. I've worked in A&E and at the Bolingbroke Hospital. Although this is not a clinical post, I think my understanding of disability has been useful. I've been Patient Information Manager since 2003, and I've been part-time since 2006 after returning from maternity leave.

"I work with a committee of staff and patients called the Patient Information Group, which reviews patient information for quality and accessibility. Items which have successfully gone through this review are given a PlnG mark.

More than 500 pieces of patient information have been "pinged" but Kirsty is aware that there are many more information resources which are in use around the Trust.

"We are in the process of carrying out a Trust-wide audit. The Healthcare Commission requires us to have a log of information which has been approved for use within the Trust and I store a mastercopy for reference. The audit will help us identify what we use and what gaps there are. Not all patient information needs to be produced locally. Many organisations publish good quality patient information and, provided those organisations are reputable and have good governance procedures, there is no reason not to use those existing resources."

So what is the process for producing patient information in-house?

"When people contact me for advice about patient information, they often have something in mind that they want to create. I sometimes encourage them to take a step back and think about format, and what that means in terms of storage and production costs.

"I've worked with the design team of St George's University of London to create templates for leaflets and booklets which are in an approved Trust-style but sometimes a simple one-page fact sheet is all that is required.

"The Trust's Patient Information Policy has guidelines which people should read before embarking on creating a piece of patient information but I can also give advice on issues like sponsorship and translation of leaflets.



Kirsty at the Patient Information Group. Also seen is Matron for Medicine and Cardiothoracic Outpatients, Helen McHugh.

"The next step is to draft something which is evidence-based and reflects best clinical practice. This then goes to the Patient Information Group for user-testing - reviewing it from the patient's point of view - and, hopefully, it receives the PlnG mark."

Award-winning work

Kirsty has recently been involved in a multi-agency project to create a 'hospital passport' for people with learning disabilities which contains information about them for staff who care for them. This can be anything from essential information, including brief details of their medical condition and special needs, to their likes and dislikes, such as being afraid of the dark or enjoying a certain TV programme. Trust staff worked with Wandsworth Teaching Primary Care Trust and Wandsworth Council to develop and launch the passport, which won a £2,000 Foundation of Nursing award.

Another of Kirsty's achievements is obtaining a Doctorate in Professional Studies in Health for her research in improving access to healthcare through patient information.

And her final word?

"Giving patients information face to face is always going to be an important part of care but research has shown we retain only about a third of what we are told, and it can be less if we are distressed or upset. Good quality patient information is essential if people are to understand their condition, discuss treatment options with friends and family, and give informed consent."

To contact Kirsty, email kirsty.glaysher@stgeorges.nhs.uk

Peter Kopelman, Principal of St George's University of London

It is almost a year since Peter Kopelman returned to the University where he was a student and where both his parents trained; his father as a doctor and his mother as a nurse. He talks to the gazette about his vision for the future and his interest in St George's history.



Peter Kopelman at a Widening Participation event at the University

What is the role of the Principal?

My role as Principal is akin to that of a Chief Executive in that I manage and direct the strategic and operational business of the university. This covers teaching at an undergraduate and postgraduate level, research and research training, and enterprise. Within the university our undergraduate programmes include medicine, biomedical sciences and bioinformatics. We also share training with Kingston University; a faculty of health and social sciences that covers nursing, midwifery, physiotherapy, radiography, paramedics and social work.

I also work to maintain St George's University of London (SGUL) close and important links with NHS partners, in particular St George's Hospital.

You have been in post for almost a year, what have been your key achievements in that time?

Taking the university through a strategic options review, which has involved looking at the long-term future of the university and resulted in a proposal to merge with Royal Holloway (this was announced in October 2008).

It has been important that everyone can see the benefits of being part of a larger university that encompasses disciplines other than biomedical, which will provide important academic opportunities in teaching and research. A key element throughout the strategic options review has been to engage our staff and students in the proposed changes. It has been our goal to ensure that students and staff have not only been informed of the changes, but have had the opportunity to give their feedback on them.

The merger will strengthen the partnerships that we have formed with the NHS trust and other primary care organisations. This has been made evident by the formation of the South West London Academic Health and Social Care Network. The network, which is led by a steering group, that includes David Astley, Ann Radmore (Chief Executive of Wandsworth PCT) and myself, will facilitate linkage between patient care, health professional training and applied research.

What will the proposed merger with Royal Holloway mean for the future of SGUL as a centre of academic excellence?

The proposed merger will provide considerable opportunities to strengthen our academic vision, particularly by becoming part of a multi-faculty university that includes other science disciplines, social sciences, arts and humanities. The involvement of these other disciplines will broaden our teaching and strengthen collaborative research. It should also help us to develop facilities including laboratories and a clinical research facility.

Through working with NHS trusts and other university partners, the merger will help establish a distinctive network of excellence in south west London and strengthen the presence of St George's, in its totality, in the sector and in London.

How do you see the future relationship between St George's Healthcare NHS Trust and University developing?

I have been most encouraged by the way that the relationship has developed within the past 10 months and there has been progress in the alignment of strategic development. We need to capitalise on the

opportunities within south west London, an important part of this is the Academic Health and Social Care Network.

The process of joint working between the university and the Trust is a real strength, and is unique in London; it is the only teaching hospital and university on a single campus in the capital. From both a teaching and a research point of view this is a strength that is to be envied by other universities.

What interests do you have away from SGUL?

My family. I enjoy spending as much time as possible with them when I am not at work. I also enjoy the countryside, particularly Norfolk. My other interests include music, reading and the theatre.

You are known to be someone with a keen interest in the history of St George's. Can you share with us the story of, and your plans for, Hunter's couch?

John Hunter was a surgeon and Dean of the Medical School in its earliest days in the late 1700s. The story goes that following an argument with the governors over the admission of medical students, Hunter returned to his office and lay down on the couch and perished. I get concerned now when colleagues say I look tired and need a lie down!

We have had the couch restored and plan to put it in a showcase along with one or two other memorabilia. The showcase will go in the main hall where everyone from the university as well as the Trust can enjoy it, as it is an important part of the history of St George's as a whole.

HAPPY BIRTHDAY CARMEN SUITE

St George's midwife-led birthing unit, the Carmen Suite, celebrated its first birthday at the end of January with a party. Parents whose babies were born on the unit were invited back with their children to join with staff in marking the anniversary.

Other special guests included Carmen Brooks Johnson, the midwife after whom the unit is named.

During its first 12 months more than 450 babies have been born on the unit which aims to provide a 'home away from home' environment for giving birth, providing more choice for women who want a delivery without drugs or medical intervention.

Midwifery Sister Rixa von dem Bussche said: "We had babies here from just a few weeks to almost a year so it was a pretty noisy party. It was great for everybody to get together again. We do get a lot of positive feedback from mothers about their birth experience here but it was a real boost to see all those babies who have been born in the Carmen Suite thanks to the care of its experienced midwives."

Eating well

The Dietetics team and senior nurses are seeking to improve the nutritional care that patients receive by changing the way that dietary needs are screened on wards.

The Malnutrition Universal Screening Tool (MUST) is a scheme that has been rolled out nationally. It immediately identifies patients at risk of not eating well, and therefore of losing weight, through a scoring system. The MUST tool can be used across hospital wards and outpatient clinics, and also in community settings such as GP surgeries and care homes which allows for continuity in care.

All wards now have protected meal times to allow ward staff to focus on this essential part of treatment and ensure that patients are not disturbed during allocated meal times. Alongside this, a scheme has been implemented to help nurses easily identify the patients who require special attention at meal times: their food is served on red trays, rather than standard brown ones.

Alison Green, Senior Dietitian, said: "We had our own local nutrition scoring tool but adopting the national MUST tool has put patient assessment on a different footing. The MUST tool introduction, protected meal times and red tray scheme has been a great experience of team working between nursing, catering and dietitians to improve this important part of patient care and treatment".



Staff from Campaign Productions, which produced the DVD, film Siobhan McCawley.

nurses say that is not enough and 90 per cent of those polled said that patient care suffers as a result.

The Productive Ward is an innovative and practical programme of work which aims to help turn around this situation by creating a really strong focus on the processes of care and organising the ward so that space works for nursing staff rather than against them – saving time, effort and money. Eight wards are already progressing through the programme and another five are joining them this month. Five more wards will begin the Foundation modules of the programme in early summer.

Releasing Time to Care

A DVD has been filmed to explain a project which aims to increase the time nurses have to spend on direct care.

The Productive Ward project, led by the Nursing Directorate, is part of St George's overall Transformation Programme.

The DVD *Releasing Time to Care* will enable staff across the hospital to understand the project's aims. "The DVD is a way of celebrating and sharing what we have achieved so far with all sorts of people within the Trust," explained Deputy Director of Nursing, Zoe Packman. "Although the project is called the Productive Ward, it is not just about what happens on the ward, and it is important that we can engage people in the idea of creating changes which will enable staff to spend more time looking after patients. This is better for our patients but also better for our staff."

The DVD includes interviews with staff on Cavell and Richmond wards taking part in the project pilot giving their opinions on how it has changed their working lives so far.

The NHS Institute, which originated the Productive Ward programme, found that nurses in acute settings spend 40 per cent of their time on direct patient care. Research by the *Nursing Times* also showed that nearly three in four ward

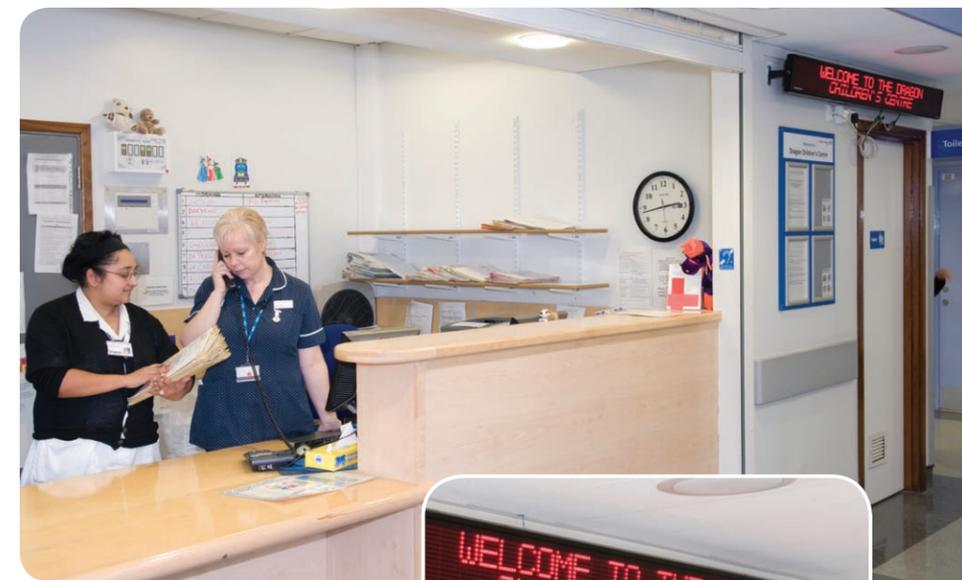
Dragon Centre goes digital

The Dragon Children's Centre recently launched its brand new digital display boards – the first at the Trust – which are making a big difference to both staff and patients in the clinic.

There are two digital displays situated in the clinic waiting areas which are being used to call patients to their appointments and also inform them of any other important information.

The system was originally the idea of Consultant Paediatric Surgeon Mr Eric Nicholls and the hardware was installed during the Dragon Centre refurbishment. After developmental help from the IT department the software to run the programme was installed at the end of 2008 and the system is now in use.

The new displays will bring several advantages to the clinic, as Dr Sarah Thurlbeck, consultant paediatrician, explains: "In our big and spread out clinic area they will encourage more efficient use of clinic time because staff no longer have to fetch each of their patients for appointments; this will allow a faster through-put, with shorter waiting times for children and their families, and allows more patients to be seen per session."



The new digital display board allows clinical and reception staff to display messages for patients.



The software on the PC in each clinic enables the clinician to see at a glance which patients have arrived and when, and to invite them to the appropriate room at the press of a button. The boards can be used to display messages, for example giving information about any delays. As Sarah notes, "The system also addresses a disability issue by aiding communication with those with hearing impairment."

The introduction of these displays forms part of the Trust's overall drive for efficiency and in future we may see the system rolled out across St George's, helping to make the best use of time in all clinics.

NEW Procurement Group

A new Procurement Steering Group (PSG) is to be set up to ensure that Trust products and services are always bought in a way that is demonstrably fair, open and gives best value for money.

The way in which goods and services should be purchased is set out in detail in the Standing Financial Instructions (SFIs) which are within the Policies section on the intranet.

The SFIs cover procedures for tendering and contracting for services, for accepting gifts and hospitality from suppliers, and for receiving equipment 'on loan' or 'free trial'.

They underline the role of the Trust's Procurement Department in ensuring suppliers have a level playing field and in negotiating with suppliers to get the best price.

Richard Eley, Finance Director, said: "There are many good examples of where departments working together with Procurement have secured contracts with suppliers which best meet our requirements and have saved significant amounts of money; in one case half a million pounds.

"But suppliers will often try and circumvent Procurement and deal directly with individuals within departments in order to secure deals. This ties our hands when it comes to negotiating prices. It may also mean we don't get the best product for our needs, and leaves us open to accusations of partiality. The PSG will develop cooperation between Procurement and other Trust departments to promote best practice."

How do you know you are giving patients the best possible diagnosis, care and treatment? How do you demonstrate that changing the way you provide care will improve outcomes and patient experience?

These are the kind of questions that drive the work of the Clinical Effectiveness team. Its aim is to improve quality of care and a key part of this role is enabling staff to carry out the process of clinical audit; that is, assessing care against standards and national guidelines, introducing changes to improve practice, and then re-assessing to see how outcomes are changing.

The team provides assistance with clinical audit projects, training sessions for staff (see text box) and holds an annual Trust-wide Clinical Audit Half Day to celebrate the efforts of staff whose analysis and evidence has led to positive change.

Guest speaker at the last event in December was Adrian Wagg who spoke on the work of the Royal College of Physicians Clinical Effectiveness & Evaluation Unit.

Congratulations go to Andrew Mackinnon and Mark Rickman who were awarded joint first prize for their oral presentations and to Laura Whitney (first), NICU Clinical Audit Team (second) and Farah Lone (People's Choice) for their poster presentations.

The Team would like to thank all those who submitted projects, judged entries and all who attended on the day.



Geraldine Walters, Director of Nursing, Patient Involvement and Infection Control, awards Laura Whitney a first prize for her poster presentation.

Clinical Effectiveness Training coming soon

Introduction to Clinical Audit - **Thursday 24 April**

Evidence-based Healthcare - **Tuesday 24 April**

Data Analysis and Presentation - **Thursday 14 May**

For more information visit the **Clinical Effectiveness Department homepage on the intranet or call ext 2451**

Effort Street is a safer street

Improvements to the Effort Street entrance mean that patients, public and staff now have better and safer access to the hospital's main entrance.

The entrance was given a makeover in June 2008 thanks to a team effort between the Trust and Wandsworth Council.

Rachel Gerdes-Hansen, Capital Project Manager, says: "We have received a number of positive comments from both the public and staff since the work was completed, from an accessibility point of view and in respect of safety. The Trust Security team is also particularly pleased with the enhanced natural surveillance, and figures from the Met police are already showing a downturn in the number of reported crimes in the Effort Street area."



(L-R) Terry Wynn, Security Manager; PC Josh Taylor; Neil Dowden, Deputy Security Manager; Rachel Gerdes-Hansen, Capital Project Manager; Councillor James Cousins, Cabinet member for Regeneration and Community Safety; Steve Jiggins Senior Community Safety Officer; Gareth Llywelyn-Roberts, Head of Environmental Services and Community Safety

Health Minister Ben Bradshaw and MP for Tooting Sadiq Khan visited St George's Hospital in January and discovered how innovative ways of working are helping to improve patient care.

Mr Bradshaw and Mr Khan were taken around A&E by Matron Nicola Shopland who showed them how the electronic Patient Experience Tracker (PET) helps patients to give immediate feedback on the care they receive. They were also taken up to Cavell Ward where Senior Sister Cathy Barrett talked them through the Trust's Productive Ward scheme and explained how the scheme is freeing up staff time by improving ward processes and organisation.

Sadiq Khan MP said: "I would like to congratulate St George's on pioneering new technology in patient care. The Patient Experience Tracker (PET) will enable the hospital to meet the needs and wishes of all patients who visit A&E. I am confident that as the pool of survey responses grows, and clear trends are established, the PET will be a vital tool to hospital staff for eliciting and monitoring patient feedback."



Cathy Barrett explains the 'patient status at a glance' board to Health Minister Ben Bradshaw and MP for Tooting Sadiq Khan. Also pictured are David Astley, Chief Executive, and Geraldine Walters, Director of Nursing, Patient Involvement and Infection Control.



Matron Nicola Shopland takes Health Minister Ben Bradshaw around A&E.

Directors on walkabout

The Executive team has started visiting hospital wards as part of a new initiative to facilitate two-way communication with staff and to improve patient safety.

A programme of Directors' Walkabouts has been planned with two Directors visiting an area of the hospital at an agreed time for around half an hour to talk to staff. This provides an opportunity for staff to raise any concerns they have, and for Directors to give feedback and to highlight what is happening in the Trust to improve patient safety.

Directors ask staff a series of questions to encourage them to talk about patient safety. These include 'what prevents you from keeping patients safe?' and 'would you be happy for your family to be treated here?'

Directors report back to the Executive team what they have seen and what actions they think should be taken to rectify any problems.

Director of Nursing, Patient Involvement and Infection Control, Geraldine Walters, said: "Ensuring that we have a safe environment for patients, and systems and processes that work for staff is very important. This is not an area where we should make compromises or where staff should have to work around things which don't work as they should. The aim of the Walkabouts is for Directors to learn from the day-to-day experience of staff members.

"We plan to review the reports from the Walkabouts to identify any themes cropping up across areas of the hospital and to see whether the Walkabouts are achieving what we wanted. This is so staff can have

confidence in escalating issues which stop them doing their job effectively and which may put patients at risk.

"Patient safety is everyone's responsibility, from the ward to the Board, and we want to encourage a culture that is not about blame but is about sorting out problems rather than ignoring or hiding issues. This is not about checking up on staff but about being there to hear people's concerns firsthand."

Tsering Zomkyi, an Advanced Theatre Practitioner, met Geraldine and Chief Executive, David Astley, during one of the first Directors' Walkabouts. She said: "It was good to meet the directors face to face. They asked questions about what we were concerned about and how things could be improved. We did raise some concerns so it was a helpful meeting."



Putting their best foot forward: Marie, Tina and Amit.

With only weeks to go now until the 2009 London Marathon, the pressure is on for everyone taking part this year. Marie Synnott-Wells, Epilepsy Nurse Specialist, Tina Hoyle, Geriatric Nurse Specialist, and Amit Ubhi, Finance Officer, are all set on their training regimes and looking forward to the event, which takes place on Sunday 26 April.

Show your respect and support; sponsor the intrepid runners, who are all raising money for St George's through the St George's Hospital Charity.

Marie is running for epilepsy services (at the time of going to press, Marie was in the process of setting up her website; contact Liz Woods, Head of Fundraising, in the fundraising office on ext 4522 to find out the address);

Tina (www.justgiving.com/tinahoyle) is running for geriatric services and Amit (www.justgiving.com/amitslondonmarathon) for general funds.

Let the fundraising team know if you are running the London Marathon this year, or indeed if you are planning any other sponsored events over the coming months. Call Liz on extension 4522 or Sarah Hart, Community Fundraiser, on ext 4916.

Grand Charity Concert in aid of the Full Circle Fund

A concert in aid of the Full Circle Fund, a charity which supports the quality of life of those receiving treatment at St George's for cancer, bone marrow failure and inherited blood conditions, is being held on Saturday 28 March.

The event at St Peter's Church, St Peter's Road, Croydon, will feature soprano Una Barry, the St Giles Brass Ensemble and the Girls' Choir of Croydon Parish Church. Tickets are £6 and this price includes one free interval refreshment, either wine or soft drink. Tickets can be purchased on the door (event starts at 7.30pm) or bought in advance from the Full Circle Fund by calling 020 8725 5503.

For more information about Full Circle, visit its website at www.fullcirclefund.org.uk

Putting their heart into it



Getting ready to ride: the Cardiac Investigations team outside Atkinson Morley Wing in September.

The Cardiac Investigations team has achieved what it set out to do with its 'St George's to Brighton' cycle ride in September last year – to raise money to buy an exercise machine to replace one that was well past its best.

In what is the first of many fundraising events, the team raised £2,500 towards the exercise system that will benefit any cardiac patients in need of exercise and it's already getting good use.

The team is currently planning further fundraising events – to find out more go to www.justgiving.com/heartsatgeorges Money will be donated through St George's Hospital Charity.