

St George's Healthcare



NHS Trust

the e t t e n z a n g o

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New technology saves lives



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Front page picture shows the new CT scanner situated in the accident and emergency department.

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SMARTER WORKING: Joanne Harding, assistant chief pharmacist and Dr Linda Murdoch, lead clinician for paediatric intensive care with a smart pump for PICU

Smarter working with smart pumps

responsible

The pioneering 'smart pump' project has now been rolled out across the trust and is providing a safe and standardised way to prepare and administer intravenous medicines.

The pumps function with a built-in drug library, which already contains critical drug information. Use of the drug library will alert staff when errors occur such as drug miscalculations or incorrect drug units, thereby increasing the safety for both patients and staff.

St George's is the first hospital in Europe to use such extensive drug libraries and the project has been led by Joanne Harding, assistant chief pharmacist and Dr Linda Murdoch, lead clinician for paediatric intensive care.

Pharmacy and clinical teams have worked hard to develop the drug libraries and accompanying preparation guides which standardise practice across the trust and it is essential that these preparation guides are followed.


All smart pumps are colour coded under six colours – each relevant to a specific area (see below diagram). It is imperative that staff use the correct drug library for their area.

ADULT WARD = BLUE LABEL
ADULT ICU = RED LABEL
ADULT ONCOLOGY = GREY LABEL
PAEDIATRIC ICU = GREEN LABEL
PAEDIATRIC WARD = ORANGE LABEL
NEONATAL UNIT = YELLOW LABEL

Dr Linda Murdoch said: "Failure to choose a pump with the appropriate drug library for the clinical area could lead to serious errors in infusion rates.

"The drug X function, which is used when the drug being administered is not in the library or has to be given in a way that the library does not allow, should be rare. This function should only be used where there is a good clinical reason for not using the methods outlined in the preparation guide and can only be used after approval from the doctor or pharmacist.

"Local practices that differ to the new preparation guide need to be revisited and brought in line with this guide. The indications for the use of the drug X function are in the medicines management policy."

 For further information, please visit the IV drugs administration page or the medicines management policy on the intranet.

SMART PUMPS: GETTING IT RIGHT

- Check correct preparation guide
- Choose correct smart pump for your area (colour coded)
- Choose correct drug library entry
- Set concentration and rate then double check
- If you are unsure, ask senior nurse or pharmacist. Don't be afraid to ask!
- Recheck infusion rate running correctly

Refer to medicines management policy (2010)

A word from David

“ I would like to kick-off the first gazette of 2011 by wishing everybody a happy New Year and saluting our staff for the lengths they have gone to maintain services in what has been an exceptionally difficult winter period.



David Astley, chief executive

The manner in which we have risen to the seasonal challenges of norovirus, flu, bed shortages, severe weather and high levels emergency activity over the last couple of months both in the hospital and in the community has made me especially proud to be part of the St George's family.

As the winter pressures ease and the year progresses we must not lose sight of the need to continue to push ourselves ever harder to manage the financial challenges that the public sector faces. For St George's Healthcare, our plans to become a foundation trust in 2011 hinge on our ability to meet the targets set out in our cost reduction programme. Becoming a foundation trust is crucial to our future and this issue of the gazette updates staff on our progress.

As we work to improve patient care and develop new ways of working, so the role of our clinical leaders becomes increasingly important. In this edition our view from the top focuses on Ken Anson, divisional chair for theatres, neurosciences and cancer and his key priorities for the division for 2011.

Integration with community services Wandsworth (CSW) means that St George's Healthcare responsibilities now include prison health, and this month the gazette gets an insider view from Jim O'Gorman, head of prison healthcare.

The gazette also provides fascinating insight into the world of radiology, news of our HSJ awards finalists, a thoroughly deserved award for Dr Jonathon Round and the launch of the new visions and values awards.

I hope you enjoy reading *the gazette* and would be pleased to hear your thoughts on any of the content.

Please email me via communications@stgeorges.nhs.uk.



STUDENT AMBASSADORS: Students from St George's, University of London have been recruiting members as part of the trust's bid to become a foundation trust. The seven students didn't go unnoticed in their bright blue shirts – with their help St George's Healthcare has now signed up more than 3,600 public and patient members

All staff to become foundation trust members

By the end of February all members of staff will automatically become members of the trust unless they decide to opt out. Membership is free and will include all those on permanent or fixed term contracts of 12 months or more and volunteers who are registered with the trust.

All new members of staff will be informed of staff membership as part of their induction.

Membership will enable the public, patients and staff to have a greater say in how the trust provides and improves its services.

When St George's Healthcare becomes a foundation trust, members will be able to vote in the elections for staff governors to represent their views and even

stand as a candidate themselves – there will be five posts available for staff governors. The council of governors will act as a critical friend to the executive board and hold the trust to account on behalf of the membership.

As a member you will be sent an electronic copy of the *Membership Matters* newsletter four times a year, keeping you up-to-date with key areas of work including news from your governors.

The trust needs to complete three phases to become a FT, and is currently in the post-consultation stage of phase one. We are aiming to become a foundation trust by the end of 2011.

For more information email members@stgeorges.nhs.uk or contact the membership office on 020 8266 6132.

10:10 the final effort

There are now only two more months left until St George's Healthcare reaches the end of its 10:10 commitment. While we have done well, there is still more work to do. Neal Deans, director of estates and facilities, said: "It is so important that staff make these last two months count and make a few small changes to their work and home lives so we can reach our goal of saving ten per cent of our carbon emissions by the end of the financial year."



New values awards scheme for staff

In 2010 the trust launched four new values: excellent, kind, responsible and respectful as part of ongoing work to improve the culture for patients and staff.

The work to drive the values has been ongoing and has now been embedded into the induction process, staff handbook and soon they will also be included in an integrated CSW and trust appraisal system.

The success of the values relies on the support of staff who play a pivotal role in enhancing our reputation. An example of the work we are doing is the *One Team* programme, a joint partnership project between the trust and Staff Side.

To acknowledge the good work of our staff, a new awards scheme has been created to recognise those who exemplify the trust's values. The scheme is generously sponsored by the St George's Hospital Charity.

For each category a team and an individual will be named as winners. They will receive a certificate and voucher.

This month *the gazette* is asking staff to nominate a team or a member of staff who they think embody the value of **excellent**. 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.

Please download the nomination form from the 'our values' page, under the 'about us' section on the intranet, and email it to awards@stgeorges.nhs.uk

The winners will be announced in the next edition of *the gazette*.



St George's commended for emergency training innovation



HANDS ON: Staff get to grips with the simulation manikin in the new 'simulation' room. (l-r back to front) Dr Ying Cheung, A&E; Natalie Holbery, lecturer/practitioner in major trauma; Liam Stanley, charge nurse, paediatric A&E; Kyleigh Shields, senior staff nurse, A&E and Amy Mills, staff nurse, A&E

SIMULATION SCENARIO: Heather Jarman, consultant nurse in emergency care and assistant clinical director, manages the manikin

St George's Healthcare has been commended by the London Deanery for a pioneering initiative that has seen a major trauma manikin introduced in an emergency environment.

A new simulation room, the first of its kind in London, has been located in the accident and emergency department at St George's Hospital. It allows staff to respond to a 'mock' trauma call as though it were a real-life situation.

As well as testing the whole trauma system from start to finish, the simulation room will help staff to develop key skills for treating with patients with multiple injuries. Staff are assessed on their performance through one-way glass and debriefed at the end of each training session.

The London Deanery's Simulation and Technology-enhanced Learning Initiative (STeLI), is designed to promote excellence in education and innovation in educational methods.

Natalie Holbery, lecturer/practitioner in major trauma care at St George's, said: "Following a successful STeLI bid and access to an education grant we have been able to build a shop-floor high-fidelity simulation suite to enhance trauma education and improve patient safety.

"This provides a fantastic opportunity to host a range of impromptu and planned simulation events using the multi-skilled trauma team." The trust's advanced simulation centre was also recognised for its work in patient safety focused education.

Ink stamps for doctors

A trust-wide audit of health records conducted in 2010 identified a number of issues relating to legibility of handwritten entries and, in particular, the signatures of medical staff.

To address this issue, St George's Healthcare is supporting the use of name stamps to identify staff entering information into health records. Clinical entries will still need to be signed, but the name stamp will help identify people who signed them. More than 200 stamps have been ordered and can be collected in the education centre. At present, the trust will fund name stamps for all medically-qualified employees. The information on the stamp will have the staff member's name and their GMC number. Dr Cleave Gass, director of medical education, is leading on the initiative. Staff who would like a free name stamp, should email Sylvie.Luyeye@stgeorges.nhs.uk with your full name and GMC number.



TECHNICAL TEAM: (l-r) Rob Morgan, consultant interventional radiologist, James Halls, special registrar neuro radiology, and Jane Adam, consultant radiologist, are kept busy with the CT scanner



SAVING LIVES: The investment has made sure that radiology is available on the front line

New technology saves lives: a weekend in the life of the radiology department

Dr Jane Adam, consultant radiologist, recorded the department's activity over a winter weekend to give *the gazette* readers an inside view on the life of the radiology team.

She said: "I spent the weekend in CT under the new consultant system, using the St James Wing scanner, which is now fully staffed 24/7.

"In 24 hours, Saturday morning to Sunday morning, 35 patients were scanned which helped to make decisions about the need for admission, and immediate/emergency treatment.

"This represents a huge increase in the service compared with what we could offer before with non resident staff. Concurrently, there were emergency ultrasound scans and fluoroscopy studies being carried out.

"In the early hours, Rob Morgan, consultant interventional radiologist was

called to a ward in Lanesborough to help a young patient with torrential haemorrhage who was too ill to be moved even to x-ray. The staff transported the x-ray machine to the ward and with help from the interventional registrar, radiographer and x-ray nurse, by 5am they had embolised and stopped the haemorrhage – undoubtedly a life-saving procedure for this young patient.

"On the following day we did CT scans on many sick patients, including a very young child who had been transferred from another hospital, and was scanned under general anaesthetic. The child was taken straight to theatre from the scanning suite while still under anaesthesia, and operated on by the ENT surgeons together with eye surgeons from Moorfields to help with this complex case.

"Another patient scanned was in the process of developing a massive stroke. He came immediately into CT to check he had no haemorrhage and then went straight to thrombolysis to minimise the effect of the stroke. Such very fast assessment using state-of-the-art CT scanning will undoubtedly contribute to better outcomes for patients with stroke admitted to St George's Healthcare in the future.

"Rob came in again on Sunday afternoon to do a procedure on another case – a patient in whom we found evidence of acute bleeding into the chest on the CT scan.

"I think the trust can be reassured that the investment that was made to make sure that radiology is always available at the front line is really paying off for patient care, which actually makes it more satisfying (if tiring) for our staff too."

Help fight crime

The New Year is a good time for staff to think about keeping electronic devices as secure as possible, since IT equipment proved a popular target across the trust in 2010 .

Terry Wynn, security manager, said: "Staff members leaving valuables unsecured, for example mobile phones and laptops, are creating an opportunity for thieves. Please take the time to secure your items and pay particular attention to the security of offices. Staff should remain vigilant by always ensuring that doors are locked when offices are empty and politely

requesting identification from anyone that they do not recognise."

When laptops, mobile phones and other portable storage devices go missing, there can be serious data protection issues, says information governance manager Lech Bogdanowicz. "The trust, and every single staff member, has a duty to protect the personal information of patients at all times. Under no circumstances should patient information be stored on unencrypted laptops or removable media, such as USB memory sticks, CDs, or mobile phones."

"The trust provides encrypted data sticks which can be used to store patient information. These can be requested by staff via their general manager. Otherwise, information should be stored on the trust's network drives or on a securely encrypted trust laptop. Any other devices, particularly those not issued by the trust, should not be used for storing data."

For more information about secure data management, contact Lech Bogdanowicz, or for advice about keeping your office environment safe and secure, contact Terry Wynn, security manager.

Meet Jim O’Gorman,

Wandsworth Prison’s head of healthcare services

The commute into work can be tough for all of us, but we don’t all have to go through a rigorous security screening process every time we step into our workplace. This is what faces Jim O’Gorman and his team every time they step through the front door at Wandsworth Prison, where they provide health services for the 1,665 inmates.

As the prison’s head of healthcare services, Jim’s role is to provide primary care and substance misuse service to the prisoners and to coordinate partnership working across a number of agencies, including mental health, drugs services, prison and disciplinary officers, governors and the chaplaincy team.

Wandsworth is the largest prison in the UK. With 40 years of prison healthcare experience in 11 different facilities, there aren’t many people with a better understanding of providing services in such a challenging setting than Jim.

He said: “We have between 80-100 people dedicated to delivering health services to prisoners. This includes the nursing team based at the prison, but also includes GPs, dentists, opticians and other specialists – the whole spectrum of health needs have to be met in prison. The only thing we cannot provide in prison is mainline acute healthcare services.”

“Prisons are a hugely challenging environment to provide health services in because they are not a natural environment for health. Their core function is the safe custody of prisoners. Although we do get a lot of support from the governors, ultimately they have to look at security issues as their priority.

“On any typical day you can arrange a variety of clinics with specialists from a number of fields coming to the prison, but if there is a security alert in the prison then bang, the prison is shutdown and all your plans have been blown out the window.”

Other than the environmental constraints of working in a prison, the needs of the patients provide the most pressing challenges to Jim and his team.

Jim said: “We have to take into account

that a lot of the service users tend to not be people who access health services on the outside, so when they come into prison they are bringing considerable health challenges with them.

“Mental health is a big issue as people struggle to come to terms with their environment. We have a small primary mental health team and there is also a major in-reach mental health service provided by South West London & St George’s Mental Health Trust, who provide a comprehensive secondary service and nursing posts to in-house residential unit of 12 beds.

“Access to illegal drugs and the high value of prescription medicines is a particular challenge, meaning that we have to make real efforts to safeguard vulnerable patients and make sure the drugs are not misused.

“The average age of prisoners has risen dramatically in the last ten years. We now have a large number of prisoners aged 60 or over, some of who will not live long enough to serve their sentence and return to the community.”

Jim shrugs off suggestions that working in a prison is an intimidating experience.

“There is always an element of risk but it is important to recognise that prisoners are normal people like you and I. Their needs are the same and they want to be treated with dignity and respect, the basic things that we would demand.”

Being part of the NHS is a source of great pride for Jim and his team. The NHS only became responsible for prison healthcare services in 2003, and in the last three years the Wandsworth Prison healthcare team have had the upheaval of being transferred between organisations three times.

“Most people don’t expect that once in their career, so for it to happen three times in three years has been hugely unsettling for the staff here. We were superbly supported by CSW when we transferred over from Secure Healthcare, and now we are part of St George’s Healthcare we have been made to feel really welcome.”



Jim and his team are convinced that being part of the NHS is in the best interests of their patients, and will also help the service to develop:

“Prison healthcare was the oldest civilian medical service in the country, but there was always a nagging sense that the prison health services were having to fit uncomfortably into the prison service framework and governance legislation.

“Now we are part of the NHS it is becoming easier to provide integrated services, and we are beginning to see benefits and improvements to the service. Our goal is to make Wandsworth Prison a flagship for prison healthcare services across the country.

“In the past, getting staff to come in and to work at the prison has been difficult. As part of the NHS we have done a lot of work with CSW and now St George’s Healthcare on bringing in students, and people from other nursing areas looking for work experience.”

Jim is a great supporter of students working in prisons in their final year.

“If you can survive everything that gets thrown at you here you will come out a pretty rounded figure at the end of the day. There is nothing that will not appear in some shape or form, the only patients we don’t deal with are children and women. It is a wonderful challenging opportunity and I encourage clinical colleagues to come and see for themselves. Nurses should be proud to have a stint in prison healthcare services on their CV.”

“You never know what is going to come through the door, I love it to bits, it really is the best thing in the world you could ever do.”

Ken Anson is the chair for the division of surgery, theatres, neurosciences, anaesthetics and cancer. He is also a consultant urological surgeon and a reader in urology at St George's, University of London.

What are the key aspects of your role as divisional chair for surgery, theatres, neurosciences and cancer division?

The appointment of the three divisional chairs coincided with the implementation of the new management structure just over a year ago. I see my role as establishing credibility for the divisional chair role and supporting the new management structure.

I think where my role has been most useful is in encouraging clinical engagement throughout the division. I, along with the clinical directors, are trying to provide strong clinical leadership and attempting to demonstrate how clinician-manager partnerships can be successful. My working relationship with Chloe Cox, divisional director of operations, is therefore critical, as we attempt to develop and mirror that relationship at all levels of the division.

I also see my role as a 'middleman' in enabling two-way communication between the executive directors and the clinical directors, and hope that this is reflected down the line in the teams that the clinical directors manage.

I have been in post a year now, and perhaps the most pleasing aspect of it so far has been the establishment of a full team of clinical directors working closely with their general manager partners. The clinical directors, general managers, care group leads and specialist managers are the ones doing all the work and I really enjoy having the opportunity to work with such talented individuals.

How is this balanced with your role as urology consultant?

I do my role as divisional chair one day a week. Chloe and her team are fantastic at helping me actually achieve this by respecting my clinical time and



concentrating my meetings on that day. It's taken awhile, but Tuesday is now my 'divisional chair' day and usually consists of back-to-back meetings, discussions and groups that I am needed in. Having an allocated day allows me freedom for my clinical work on the other days when I'm a working clinician, although obviously there are emergencies and problems that arise inevitably at other times.

My biggest challenge is catching up with emails! One of the upsides of the job also happens to be one of the downsides. That is, being involved in and gaining an insight into the high-level business going on around the trust and being able to provide some input into that. This does mean that I am copied into all sorts of emails though, and so end up sorting through these in the evenings and at weekends. The secret to managing the management / clinical balance seems to be through delegation and time management!

What are the key priorities for your division in 2011?

The key priorities that we are looking at are the establishment of a central storage system for theatres, the productive operating theatre initiative and

supporting the major trauma centre and stroke and hyper-acute stroke unit. We are also looking to boost the profile of all cancer works in the trust as well as improving relationships with our neighbouring hospitals.

Research and education are also high on our agenda this year. I am delighted that we have recently appointed Prof Devinder Kumar and Mr Keith Jones to the posts of divisional directors of research and education respectively. These posts are critical to boosting the profile of research and education both within the division and trust-wide.

I think that a teaching hospital such as St George's Healthcare has three roles in essence: service, research and education, with, ideally, equal emphasis on each. Traditionally, the trust has been largely focused on service, so these new directors will be key boosting the profile of research and education. The reason that many individuals are attracted to St George's Healthcare is because they are interested in research and education and I am very keen that we start using staff to their full potential in this respect.

How long have you been at St George's Healthcare and what is your experience of the trust?

I have been at the trust for 11 years. I studied at Barts and went all over the place to do my higher surgical training before coming to the trust.

The real pull at St George's Healthcare is the staff. There are some world-leading clinicians who are modest and hard-working and there are thousands of staff doing really good deeds for patients in sometimes difficult environments.

What do you do in your spare time?

I spend time with my family and my nine month old flat coated retriever. I am a keen salmon fisherman and I also enjoy sailing, skiing and cooking!

Oncology nurses highly commended at 2010 Excellence in Oncology Awards



LEADING LADIES: (l-r) Sonia Malik, Dr Darja Brandenburg and Lorraine Grover at the award ceremony

Congratulations to Barry Quinn, senior nurse for oncology and lead chemotherapy nurse and Lorraine Grover, urology research nurse who, along with Dr Darja Brandenburg, consultant clinical psychologist, and Sonia Malikwere, assistant clinical psychologist, both Pan Birmingham Cancer Service, were highly commended in the Best Patient Support Initiative in the oncology category at the 2010 Excellence in Oncology Awards.

The team was selected for its supportive booklet, *Intimacy and Sexuality for Cancer Patients and their Partners*. The booklet provides practical information for understanding and overcoming sexual difficulties after cancer.

Barry said: "The issue of addressing patients' sexual concerns secondary to disease and treatment is an area of clinical practice that is sometimes avoided by doctors and nurses who feel they lack the skills to address this sensitive area of care. The booklet which has been used widely in a number of cancer networks is aimed at supporting and guiding people with cancer who may have sexual concerns, it is also a helpful tool in supporting members of the cancer team to address the issue."

Equality Act 2010: Strengthening your rights

Staff, patients and visitors may not be aware, but the Government's new Equality Act 2010 is starting to affect us all already. St George's Healthcare is already working to embed the requirements of the new legislation into the organisation.

Britain has a proud history of developing a fairer society and the act provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all. It simplifies discrimination legislation that promotes a fair and more equal society and makes the law easier to understand and comply with.

Most of the provisions of the act came into force on 1st October 2010, with the full range of public sector duties coming into force during 2011 and 2012.

Wilfred Carneiro, equality and foundation trust membership manager, said: "The Equality Act has made legislation much simpler to understand and protects people from discrimination on the basis of 'protected characteristics'. These are: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and

maternity, race, religion and belief/no belief, gender and sexual orientation.

"Equality and human rights is both a legislative and, more importantly, a value-based system, by which we respect each other and pay attention to our behaviour and how our actions impact on others. We all have the right to be treated fairly and be protected under the law."

Following years of planning, a national NHS equality delivery system (EDS) has been developed, which will take effect from April 2012. The EDS sets goals and outcomes for trusts within five broad domains: improving health outcomes; improving patient experience; fair employment; ensuring equality at all levels of leadership; and going 'beyond compliance' – innovating beyond the minimum required by the act. This is providing a framework to help St George's Healthcare embed the requirements of the act into daily practice.

Wilfred admits that, among some people, equality legislation is misunderstood and may be viewed as 'special treatment' for

certain groups, but this isn't the case.

"This legislation affects us all every day and in many different settings. A simple example is the Equal Pay Act of 1975 which set out the principle of equal pay for equal work between men and women.

"All staff can help promote and develop improved equality practice by continuing to be professional at work, treating everyone with dignity and respect and taking an interest in how well your department takes account of the diverse population it serves. Few of us start from the same place, so to help develop a fairer society, we need to recognise and respond to individual and group needs.

"The important thing to remember is that the act recognises everyone's right to be treated fairly, so we should try to focus on this and make it part of our day-to-day attitude".



For more information about the Equality Act 2010 and what it means for you, visit www.equalityhumanrights.com.

Lansley visits local health centre

Secretary of state for health Andrew Lansley launched the public health white paper, *Healthy Lives, Healthy People*, in December 2010 at the Eastwood Centre for Children and Families in Roehampton, with a little help from St George's Healthcare health visitors.

While at the centre Mr Lansley attended a mother's appointment with her health visitor to hear about the benefits of breastfeeding and found out about support available for Wandsworth mothers wanting to encourage their children to eat a nutritious diet.



You can have your say on the white paper's proposals on the Department of Health website www.dh.gov.uk before 8th March 2011.



WHITE PAPER LAUNCH: Wandsworth mums Emma Rose and Carmen Busuttil with Andrew Lansley and Anne Milton, parliamentary under secretary of state for health

Fighting the silent killer

A team of St George's Hospital staff has been working to combat a silent killer which nationally claims more than 25,000 lives a year.

Hospital-acquired venous thromboembolism (VTE) kills more people in the UK each year than the combined total of deaths from MRSA, *C Diff*, HIV and road traffic accidents.

Identified by the Department of Health as a massive risk to patient safety, VTE is a key CQUIN (Commissioning for Quality and Innovation) for all trusts in the UK. St George's Healthcare has been set some tough targets to achieve and in April last year a team from pharmacy, anticoagulation and audit joined forces to tackle the issue head on.

Jyotika Singh, high risk medicines pharmacist and pharmacy VTE team leader, said: "Regardless of national targets, this is a patient safety issue and as a trust we need to demonstrate that we are keeping our patients safe.

"The national target for documented VTE assessments is more than 90 per cent and we have gone from less than 30 per cent documented VTE assessments to more than 90 per cent in the last six months.

"We have to investigate all cases of VTE if they have occurred within 90 days of a hospital admission as they are classified as hospital acquired – it is each and everyone's responsibility."

Patient case study

Rosie Littleboy, lead hospital play specialist, was diagnosed with DVT (deep vein thrombosis) for the first time in January 2008.

She said: "I was at work as a play specialist in a different hospital and during a meeting my legs started aching and I could not sit comfortably.

"I was advised to get checked out and after some tests, including an ultrasound, I was told that I had clots in my calf and thigh. I had to stay in hospital for one and a half weeks on bed rest – it was important not to move too much so the clot did not break off. If I wanted to walk anywhere I had to use crutches as it was so painful.

"I was then found to have another clot later in the year, just behind my knee. It was painful, my legs ached a lot.

"From my understanding it's not always easy to tell if you have a DVT – some people have swelling and heat patches where it is, however the first sign I had was a very strong ache, but I couldn't pinpoint the ache to any particular point of my leg. Other than that I felt fine and a bit like a fraud when I went down to A&E!

"It was a bit of a shock when they admitted me and it also took some getting used to having to inject myself with fragmin before I went onto warfarin, however the nursing staff were very patient with me which really helped.

"The most frustrating thing for me was the lack of communication once I left the hospital. I had my bloods done, handed my book in, got it back and then went home...no-one ever spoke to me. Maybe if I had seen the nurse or doctor occasionally I would have felt a little better.

"Now I have blood tests on a regular basis to check my medication levels which can get a little tedious, but you just get on with it. I can pretty much work and live a normal life."

Productive community services

Four teams from the CSW division took their first steps down the productive community services (PCS) path in December 2010.


PCS is a division-wide programme that supports staff who deliver frontline services such as community nurses, therapists and health visitors. It focuses on those areas where teams can make the biggest difference, quickly, for the largest number of patients.

The programme is a practical application of lean based techniques that will increase the capacity and capability for continuous improvement of each team that goes through the process, it follows hot on the heels of the productive community hospital programme that was piloted at Queen Mary's Hospital in 2009 and 2010.

The first set of teams to go through the programme are the primary care therapy and integrated falls team, wheelchair services based at Queen Mary's and the

Nelson Hospital, community nursing teams based at Brocklebank and the cluster 11 community nursing team.

Michelle Micklewright, occupational therapist in the primary care therapy team at St John's Therapy Centre, said: "The whole team has found the first module really useful and we are seeing some really positive benefits already. We have rearranged the office, including the stationary and stock cupboards, so now everything is more intuitive and accessible which means we don't have to disturb the team administrator so much, so she can concentrate more on the really important things."

 For more information on the productive community services programme and to find out when your team might be able to take part, email Sue Danks, programme lead, at sue.danks@stgeorges.nhs.uk

Sarah on Board

The St George's Healthcare board welcomed Sarah Wilton in January when she joined as associate non-executive director. Sarah had been non-executive director at NHS Wandsworth since 2007 and oversaw the recent integration of Community Services Wandsworth as co-chair of the joint integration programme board.

Sarah has been appointed to the nominations and remunerations and finance committees and to the foundation trust and information management & technology steering groups.

Sarah said: "I am absolutely delighted to be joining St George's Healthcare at such an exciting time in the organisation's history. I got to know the organisation whilst working at NHS Wandsworth and I am particularly looking forward to learning all about the vast array of services provided by St George's Healthcare and getting more involved in the foundation trust bid."

Past and present

Dr Charles Pinckney

Dr Charles Pinckney was the first paediatrician to be appointed at St George's Hospital. He was described as an engaging and delightful individual who never lost his temper.

Born in 1901, Dr Pinckney studied at Cambridge and St George's Hospital. After he qualified, he held various positions at St George's and in 1929 became resident assistant physician. In 1932 he was appointed physician to the Victoria Hospital for Children in Tite street, in west London. He worked there until the hospital closed in 1964 when he then helped to transfer the beds to the new St George's Hospital site in Tooting.

He was appointed physician in children's diseases and remained in this post until his retirement at the age of 65. Shortly after this, Pinckney was persuaded to return to St George's for a further four years, to look after staff. He died in 1982, two years after the ward was named after him.

Today, Pinckney ward cares for haematology, oncology and infectious diseases patients. Frances Small is the ward sister on Pinckney and has worked on the ward for 16 years. She is due to retire this year.

She said: "I've got a wonderful team of nurses here on Pinckney Ward. The nurses stay for a long time on the ward; a lot have been here for over ten years. I believe that this is because we have good working relationships and always work together as a team; including the medical staff. We get donations from the families of the children we look after, for example we have refurbished a parent room with money that has been donated. We still have chocolates that we received as Christmas presents and Pinckney can never have enough chocolates!"



TEAM EFFORT: Frances Small (middle) and some of the staff nurses on Pinckney Ward



VICTORIA HOSPITAL: Pinckney worked here until the hospital closed and moved its services to St George's Hospital



New role for learning disability nurses at the Wolfson

SPECIALIST CARE: (l-r) Emma Burgess-James and Lauren Bowller

Newly qualified nurses specialised in caring for patients with learning disabilities are bringing about a different approach to patient care at the Wolfson Rehabilitation Centre.

Emma Burgess-James and Lauren Bowller have recently joined the team at the centre to work with patients who require intensive therapy following acquired neurological conditions resulting in physical or psychological disabilities.

This includes patients who have had strokes, traumatic injuries to the brain or spine, anoxic brain damage, diseases or infections of the nervous system, and long-term conditions like multiple sclerosis.

Lauren said: "During our training as learning disability nurses, Emma and I worked with a variety of patients with both complex physical health needs, as well as mental health and communication difficulties across a variety of settings.

"When challenging situations arise, our training has helped us to 'think outside the box' when problem solving and also to work in partnership with other professionals in the team. As learning disability nurses we strive to care for all patients with a person centred approach, which aims to give patients more control and choice over their care.

Having learning disability nurses at the Wolfson not only aims to enhance the care of people with learning disabilities accessing the service, but also to enhance the care of all patients. This is done through supporting other nurses on the team to approach care in a more holistic manner. It also means sharing the knowledge and experience that Emma and Lauren have in working with people with complex disabilities to successfully manage their needs in a rehabilitation service, and promote multidisciplinary

working. Equally, the adult nurses have shared their knowledge and experience to enhance their skills in the areas that Emma and Lauren need to develop.

Emma said, "We regularly link in with the learning disabilities teams in the community to keep up to date with our own branch of specialist nursing and have had great support from the learning disability lecturers at Kingston University in developing our role.

"This unique role at the Wolfson has been challenging but extremely rewarding so far. We are grateful to have been given this wonderful opportunity to promote the developing role of learning disability nurses. The Wolfson team was very enthusiastic about what we could offer and has supported us to develop our role. We hope that it will pave the way for others to recognise that their skills are not only unique but transferable and beneficial to neuro-rehabilitation and other NHS services."



Screening clinic is a UK first

A new cardiac clinic offering free screening for young teenagers (born in 1995 and after) from London and the South East opened at St George's Hospital in December.

The clinic is run by academic consultant cardiologist professor Sanjay Sharma and is funded by the charity Cardiac Risk in the Young (CRY), thanks to a grant from ICAP, the premier interdealer broker.

The clinic will be the first in the UK to provide a 'one stop shop' for young people and affected families who wish to be screened for potentially life-threatening cardiac problems.

At least 12 young (i.e. age 35 and under) seemingly fit people die suddenly in the UK every week from previously undiagnosed heart conditions.

Professor Sharma said: "80 per cent of young people have no signs or symptoms and so the only way to detect a potentially sinister cardiac abnormality is by having a simple screening test."

Experts at the clinic will support teenagers in the journey from screening through to possible diagnosis and treatment and, where necessary, counselling and support, working on the genetics of hereditary cardiac defects and helping families understand their 'heart history'.

World AIDS Day

The sexual health services organised a number of activities to raise awareness of World Aids Day (WAD) on Wednesday 1st December. As well as offering red ribbons and health information leaflets and advice, the Courtyard Clinic had health awareness stands at Wimbledon Station, in the Atkinson Morley Wing and Grosvenor Wing entrances and St George's, University of London. The Roehampton clinic also had a health promotion stand in the main entrance of Queen Mary's Hospital.

Every year the trust receives thousands of thank yous via the PALS office. In each edition of the gazette, a few are published.

● For all St George's Healthcare staff, in particular the staff on Ocean Ward

"Your staff were exceptional, from the start of our stay to the end of it, when my son was admitted to your hospital from Kingston Hospital via your A&E department. We were well looked after by everyone, from the ambulance staff, to the team that admitted us, through to the staff on the ward.

"The paediatric surgeon who looked after us the entire weekend was very caring. He made time to explain the procedure our son had to undergo. He was available to us all weekend; he came with us through all the ultra sounds and took us back to the ward each time, even pushed the cot through the corridors so we wouldn't have to wait for a porter.

"At a very stressful and confusing time for us your staff were calm, informative, understanding and patient. They were wonderful with our son – attentive, hands-on and at all times made it clear that he was as important to them as he is to us.

"The staff work extremely hard with limited resources and I think that they should be commended for that."

● FAO Kimberly O'Hara, matron for cardiovascular services, and the Benjamin Weir ward

"I wanted personally to express my deepest thanks and appreciation for the treatment I received during my recent stay at St George's Hospital.

"I was admitted to the Benjamin Weir ward in the Atkinson Morley

Wing. During my time in hospital I had a quadruple bypass and am now on my way to a full recovery.

"I found the treatment received by all, doctors, nurses, x-ray staff, outpatients department, ancillary staff, was of an exceptionally high standard. Never at any time was any treatment carried out on my without someone explaining in detail exactly what was about to happen.

"If ever I need any kind of hospital treatment in the future I would want to be able to be admitted to St George's. I wish the staff well in the future as they manage to make people's lives much better."

● FAO Ruth Myles unit staff

"I am just writing to send my gratitude to your staff Joel, Marcelo and Amy. My mother was in for plasma exchange and she told me that the staff made her feel very comforted and at ease and the care they gave her was so kind and really appreciated at that very tough time.

"My mother is 82 and I am really pleased to hear this as it really gives you a sense that there are still many very caring individuals who are in this profession and it is these people who make life so much easier while in hospital.

"Your staff should be commended for such a great job."

● FAO Cavell ward staff

"I want to say a huge thank you for the care I have been given by sister Cathy and her team – they are all so amazing, kind and caring.

"Many people moan and groan but honestly I cannot fault the treatment by all doctors, nurses, down to all levels, they are second-to-none.

"The other person who has been amazing is Cathy Edge. Every department I have visited offers the same care and support."



Cardiac patients' comfortable recovery

Cardiac patients are enjoying a more comfortable and speedier recovery thanks to the radial lounge that has been established in James Hope Ward.

Previously hosting only two beds, the lounge has now been transformed into a four-chair recovery room, allowing patients the freedom to move around and use the facilities at their leisure. It also ensures patients' dignity as they no longer need to change into a hospital gown.

Mary Keal, catheter lab matron, said: "On our day case unit this procedure was usually performed through the groin, which meant that patients were required to lie down for several hours after the procedure.

"The time spent in hospital for a radial angiogram procedure via the wrist is much less than before. Patients who would normally have to be here for about seven to eight hours now arrive at 7.30 in the morning and are usually discharged by lunch time. The lounge supports this by creating a pleasant experience for patients to recover in. Having more chairs than beds previously has also meant that we are able to treat more people in a day."

A radial angiogram is a frequently performed diagnostic procedure for coronary artery disease.

Joanne Rungusumy, cardiac nurse practitioner, said: "Patient feedback has been really positive and people enjoy the freedom of being able to walk around and recover in the comfort of a chair."

The team is looking to expand the lounge to accommodate more patients and to allow for visitors.

Warm reunion as 'home away from home' celebrates fifth year in Tooting



It was a warm reunion as staff and guests celebrated the five-year anniversary of Ronald McDonald House (RMH) in December.

Staff welcomed back the Stone family, who stayed at the house in February 2010 when their nine-day-old baby, Sarah, was admitted to St George's PICU with septicemia.

Elizabeth Stone, Sarah's mother, said: "Sarah was taken to St George's and put on maximum support – we were told to prepare for the worst.

"Being able to stay at the house was great as the family got to stay together, which reduced the stress in a terrible situation.

"The house is a lovely place to be in and we were able to maintain some normality by using the kitchen to cook for ourselves and clean our clothes in the laundry room. The staff are so friendly too."

The occasion was marked with a buffet and celebratory raffle, with winners drawn by Sadiq Khan, MP for Tooting, who officially opened RMH Tooting in 2005.

He said: "It is brilliant to see the house going from strength to strength. Literally hundreds of families have had their lives improved by this home away from home during the most stressful times of their lives."

Families can stay at the RMH while their child is receiving care as an inpatient at St George's Hospital – the length of stay can

LUCKY TICKET: Sadiq Khan, MP for Tooting, chooses a raffle winner with the help of Matthew Martin

vary from a few days to a few months. Families are not charged for the use of the facilities, or for the support services provided. The charity relies on sponsorship and donations from individuals and companies to help maintain its running costs.



For more information about RMHC visit www.rmhc.org.uk



WARM REUNION: Elizabeth Stone and her daughter Sarah join the Ronald McDonald House in Tooting in its fifth anniversary celebrations

Health visitors lead breast feeding charge

The CSW health visiting teams have established a series of breastfeeding groups across the borough to support new mums.

The breastfeeding groups are for socialising and meeting other mums, no matter what age or stage of breastfeeding. A health professional or peer supporter is on hand at each group to answer questions on breastfeeding.

The groups give mums a chance to get out the house and meet other mums in a friendly and informal environment, are free, and you do not have to book, just drop-in during the open hours.

Many mothers and babies breastfeed well from the beginning but for others it can take a little longer to learn. Midwives and health visitors can provide mums with information, support and encouragement.

A growing number of breastfeeding welcome cafés and restaurants in Wandsworth have been established over the last 18 months to make new mums feel more at ease when breastfeeding whilst out and about.

These establishments have been approved by the local NHS as breastfeeding friendly and should provide a comfortable environment in which young mums can breastfeed. Look out for the Breastfeeding Welcome badge in the window of your local eatery.



For more information on breastfeeding support in Wandsworth contact

Helen Simpson, specialist health visitor for breastfeeding, at helen.simpson@stgeorges.nhs.uk or visit the Wandsworth Little Feet website, the one-stop-shop for mums and dads full of information on pregnancy, breastfeeding and weaning, at www.wandsworthlittlefeet.nhs.uk

Give something back - volunteer

A friendly face to meet you at the front desk, a helping hand when you can't find your way, a listening ear when you need to talk – these are just some of the skills you will find on offer among the volunteers at St George's Healthcare.

Susan Taleghany, voluntary services manager, recruits and manages volunteers throughout the trust. She said: "Members of the public will enquire about voluntary placements and staff will request volunteers – the essential element to these requests is to ensure that both volunteers and staff are really happy with the resulting arrangement."

Voluntary arrangements can last from six months to more than ten years.

Long-standing volunteer Terry Norman has an affinity with the trust – he has



HELPING HAND: (l-r) Eustelle St Aimee, feeding assistant on Heberden ward; Terry Norman, volunteer sister's PA and on the reception; and Susan Taleghany, voluntary services manager

been treated here many times over the years for a heart condition. Terry works in the anti-coagulant clinic as sister's PA and on the reception desk in the Grosvenor Wing main entrance.

He said: "Since 1982 I have had two separate heart bypass operations and three stents fitted, I was constantly in and out for check ups. For years it was all about my condition – but then my first wife died of a heart attack.

"I didn't know what to do with myself, I started going for long walks around the area, but I wondered what the point was. Once I was there, I would just turn around and come back. I tried crossword puzzles

but I just couldn't think of the words. Then my son said that I needed to be communicating with people and should think about volunteering.

"I don't get paid but I get so much more – it gives me a reason to get out of bed in the morning, it keeps me active. My first wife was always the one who did the phoning around, I would rehearse before I picked up the phone, now I have to do this on reception. I have gained confidence in certain areas.

"Now I say that St George's has got a lot to answer for – I met my second wife here!"

Eustelle St Aimee has been volunteering on Heberden ward for four years. The feeding assistant also helps with general housekeeping jobs and carries out administrative work for the sister. She said: "I worked for an organisation that was very kind to me and I could not afford to repay them financially, so I decided that I would pay back to the community instead.

"I asked to be placed where I was most needed as I wanted to play an active part, so I was placed on the geriatric ward which can be quite challenging. Patients need almost one-to-one care which makes it difficult for the nurses.

"I deal with patients who don't eat, or who just need some encouragement to eat. You have to relate to them and take time with them. I enjoy being able to help someone, there is a sense of satisfaction."

Criteria for volunteers

- Volunteers need to be 18 years old, with no upper age limit, and able to commit to at least three months volunteering with at least one session per week
- The recruitment process involves the taking up of two references, a CRB (Criminal Records Bureau) check and clearance by the trust's occupational health department
- Good communication skills are essential

2011 - The year of staff health and wellbeing

At the beginning of the year St George's Healthcare launched a new health and wellbeing campaign aimed at improving the physical, mental and emotional health of staff.

The campaign is led by Samuel Thayalan, consultant in occupational medicine.

Samuel works with the occupational health team, the Robert Lowe Sports Centre, MITIE, the catering and cleaning contractor, and external health and fitness providers to ensure that staff have access to the best possible health and wellbeing services.

Several successful initiatives have been introduced in the last few years, including the cycle to work scheme which was coordinated with the facilities department and the introduction of the red, amber, green (RAG) system on pre-packaged food with MITIE to make it easier for staff to choose the healthy option.

Health and wellbeing services available to staff

- **Revitalised** – an online health and wellbeing resource offering staff a combination of personally tailored programmes and general health information and support. This resource can be found on the intranet
- **Staff support services** – provided by the occupational health team, these services include counselling, stress management and harassment and bullying
- **Robert Lowe Sports Centre** – located on perimeter road, the centre offers sports facilities and fitness classes at a subsidised rate for staff
- **Manual handling and back care** – provided by the occupational health team, this training is designed for computer users and office workers
- **Tooting leisure centre** – located at Greaves Place, Tooting Leisure Centre offers discounted membership rates for St George's Healthcare staff



Saying hello to the national year of communication

The CSW speech and language promotion and prevention team launched Hello, the 2011 national year of communication campaign, with a 'words will take you far' balloon launch at Wandsworth Museum on 28th January.

The balloons were released by children from local community and day centres, West Hill Primary, Garratt Park and St Cecelia's schools. Also releasing balloons into the skies were David Astley, trust chief executive, Jean Gross, the government's communication champion for children, Mayor of Wandsworth Cllr Piers McAusland, and Elizabeth McGovern, star of ITV's Downton Abbey.

In the lead up to the launch staff, patients and their families were asked to choose their favourite words, with the most popular being used on the campaign throughout the year. By the time the balloons hit the skies 'cuddles' was the most popular, but you can still choose your favourite word on the Hello pages of the intranet.

Joanna Hardman, co-ordinator of the promotion and prevention team, said "More than one million children and young people have some form of speech, language and communication need in the UK, and in deprived areas more than 50 per cent of children start school with delayed language skills. Events like this are a great way to raise awareness of this important issue."

Launching the event, Jean Gross said: "The staff at Wandsworth have already done so much to make sure every child gets the support they need as they learn to communicate and I constantly quote their work as an example of outstanding practice that I hope others across the country will follow."



To find out more about how you can spot children who are struggling with communication and what help and support is available, and how to get involved in future Hello events, contact Joanna on 020 8812 4033 or at joanna.hardman@stgeorges.nhs.uk

One night stay for breast surgery patients

Women who receive breast surgery in southwest London are benefiting from the new 23-hour discharge model at St George's Healthcare, introduced in December 2010, which allows them to return home after just one night in hospital.

There has been a huge push by the Department of Health to move towards day-case breast surgery, with 13 pilot sites chosen across England to take forward the more efficient model. St George's Healthcare won the bid for southwest London jointly with the Royal Marsden Hospital NHS Foundation Trust.

More than two out of three patients at St George's Hospital do not need complex reconstructive surgery and therefore have a short surgical recovery period which doesn't require much inpatient care.

Dibyesh Banerjee, consultant oncoplastic breast surgeon, said: "The service is running well and we are currently discharging 70 per cent of all breast surgery patients within one day. We are currently setting up a nurse-led discharge service which will help us to get patients discharged more efficiently over weekends.

"It is still early days at the moment and there have been a number of logistical challenges to making it all work, but I'm proud to say that we at St George's Healthcare are leading the way for southwest London in having this early discharge model in place. Our patients are already benefiting so I'd like to acknowledge the breast cancer team for all their hard work and Felicity Surridge, South West London Cancer Network service improvement project manager for her support.

"Our patients are already benefiting so I'd like to acknowledge the breast cancer team for all their hard work and Felicity Surridge, South West London Cancer Network service improvement project manager, the support of whom has been instrumental in facilitating this important achievement."



SHORTLISTED SERVICE: *The team behind the innovative Outpatient Parenteral Antibiotic Therapy (OPAT) Service which was one of seven finalists in the HSJ 2010 Awards Patient Centred Care category*

HSJ Awards 2010

Congratulations to the team responsible for the Outpatient Parenteral Antibiotic Therapy (OPAT) Service which was one of seven finalists in the HSJ 2010 Awards Patient Centred Care category.

The HSJ received 900 entries, so each category had to be narrowed down to an exceptional shortlist, with only 17 winners on the night. It is a huge accomplishment to be shortlisted – congratulations to all involved.

NHS London won an HSJ award for the reconfiguration of acute stroke services in the Clinical Services Redesign category. The judging panel said that the redesign, which included St George's Healthcare hyper-acute stroke unit, "has been a great success and the improvements in care and outcomes for patients are a fantastic achievement."

Bumper year for St George's Hospital Charity

Following a hugely successful Christmas season, the fundraising team of St George's Hospital Charity is planning a bumper year ahead.

In celebration of this, a new website www.givingtogeorges.org.uk and promotional film were launched in February to make it easier for charity supporters to get the information they need and make donations online.

New features for this year include a Tooting restaurant promotion to mark St George's Day and to support St George's Hospital Charity in April, a "Trekathon" across the South Downs in May, and a London to Paris cycle ride in June.

For more information about these events and many more, or to find out how you can get involved, please call into the fundraising office in the Grosvenor Wing main entrance, or call the team on 020 8725 4916.

Blakley family raise £25,000 for First Touch

The Blakley family have succeeded in raising £25,000 for First Touch in memory of their baby boy, Joel.

The family sadly lost Joel in April 2006, 17 hours and 48 minutes after he was born. He had been diagnosed with a Congenital Diaphragmatic Hernia in his 20-week scan.

In memory of Joel, the family started fundraising for new equipment to be purchased for the neo-natal unit. After a couple of successful events, the family decided in February 2008 that they wanted to aim higher with a goal of £25,000 and have recently reached this target. The money will be used to buy a ventilator in Joel's name.

Sarah Collins, First Touch charity manager, said: "We are truly grateful to the Blakley family for working so tirelessly to enable us to fund a ventilator to help other babies, particularly at such a very sad time in their lives. This is a wonderful and lasting memorial to baby Joel, by an amazing family."



SOUTH DOWNS TREKATHON



FLEET HALF MARATHON



SILVERSTONE HALF MARATHON



LONDON MARATHON



CELEBRITY MASTERMIND:

In December, First Touch patron Ortis Deley appeared on Celebrity Mastermind, coming second and raising £2,750 for the charity. The money is supporting the funding of a vapotherm machine, which helps babies breathe.

Dates for your diary

- February**
- New website and promotional film launched
 - 20th Brighton half marathon
- March**
- 6th Silverstone half-marathon
 - 17th Comedy and band night at the Cavendish Arms, Stockwell
 - 20th Fleet half-marathon
- April**
- 17th London Marathon
 - 15th-23rd St George's Day – charity and Tooting restaurant promotion
- May**
- 7th South Downs Trekathon
- June**
- 5th Tooting 5k and family running festival
 - 11th Ambulance pull and Balham and Tooting community association fun day
 - 15th London to Paris cycle ride