



the  
**gazette**

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

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# Disney visit lights up children's ward

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**MITIE**

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Front page picture shows patient Kasey Abraham with Minnie Mouse.

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## St George's first community open day

**St George's Healthcare NHS Trust and St George's, University of London will co-host a community open day at their shared main site in Tooting on Saturday 18th June.**

The day, which will run from 10am to 3pm, is free to attend and will offer visitors the chance to gain an insight into the work of a busy NHS teaching hospital, the science of the human body and learn more about some of the cutting-edge research conducted at St George's. There will also be information about healthcare and medical education and career opportunities, as well as a variety of fun family activities.

Visitors will be able to explore the work of various hospital departments including CT-scanning and robotic surgery while guided tours will trace the history of St George's and the famous names, such as Edward Jenner,

who were the pioneers of modern medicine.

David Astley, chief executive of St George's Healthcare NHS Trust, said: "The trust and university have an association dating back almost 300 years and I am excited at the prospect of our opening the doors to our local community in this way."

Professor Peter Kopelman, principal of St George's, University of London "The day will offer something for everyone and provide an excellent opportunity to promote the science, healthcare and the leading research that is taking place in Tooting."

A full programme for the day, which is kindly supported by Mitie, will be published shortly on the trust and university websites.

## A touch of magic comes to St George's

**Mickey and Minnie Mouse brought smiles to the children on the paediatric wards at St George's Hospital on Wednesday, 6th April.**

Rosie Littleboy, lead play specialist, said: "the visit was kept a big surprise from the wards until



Baby Thanisha and the Mohamed-Nizam family



(l-r) staff nurses Karen Opoku-Broggy and Shekia Williams enjoyed the visit

the day and the children absolutely loved it. It was great to see the Disney magic work and put smiles on so many faces – both children and adults!"

## A word from David

“ Spring is finally in the air and with that, the start of a new financial year. 2011/12 is going to be an incredibly challenging year, but it is important that we don't forget all the good work that staff do on a daily basis.



David Astley,  
chief executive

This month's gazette announces the winners of the 'living our values' awards (page six), sponsored by St George's Hospital Charity. Nominations are now open for the next award, and I encourage you to nominate a team or individual who you think embodies the value of kind.

In this edition, staff can also read about the work of the palliative care team and MITIE's achievements around catering and cleaning in the two years they have been working with the trust. The view from the top this month focuses on Neal Deans, director of estates and facilities, and the spotlight falls on our mortuary team.

I am looking forward to 2011/12 being another successful and progressive year as we all work together, remaining true to the trust's values, to achieve our goals and ensure that those in our care always come first. ”

## Remaining true to our values Naaz Coker, chair

St George's Healthcare is a very large and hugely diverse organisation. Our workforce consists of a vast range of professions and specialities, which in turn are made up of their own networks of teams and skill sets manned by staff from across the globe. Our patients and service users come from all walks of life, all ages, races and backgrounds.

The trust values of excellent, kind, responsible and respectful unite all corners of the organisation and should provide our guiding principles for our actions and behaviours in working together to deliver the highest standards of care.

Too often large organisations can be guilty of working as a collection of disconnected teams, but it is important that we remember that not one of our services can work in isolation – St George's Healthcare is one interconnected whole system and any change or action in any team will affect other teams in other parts of the system.

Recognising the interweaving nature of our services and how they work together will help us to make the patient experience a positive one. Keeping our values at the core of all we do will help us to ensure that we do not lose sight of this.

For all staff, across the organisation from theatres to the mail room, it must become second nature to constantly set yourself and your team standards that

can only be described as excellent; to be kind to each other and our patients; to be responsible in our decision making and in our use of resources; and to be respectful to each other and to our patients and their families.

Whatever we say about values they will always remain as words and exhortations until all staff learn to live them and challenge each other when they see they are violated.

As such, it is a source of great pride to see our values taking root and becoming embedded within the organisation. I know that many of you already live them each and every day that you come in to work. For example, I recently received a card from a patient who used out A&E and commended the doctor and the team who treated her. The words she used were "excellent care, efficient, professional and kind."

The NHS environment is one of constant change, and remembering these principles and living our values will arm us with the strength we need during challenging times where resources and expertise are going to be stretched.



Naaz Coker, chair

## Foundation Trust delay will ensure quality and safety

**The board of St George's Healthcare NHS Trust agreed at its meeting held on 31st March to delay the timeline for its Foundation Trust (FT) application to April 2013.**

In taking this decision the board acknowledged that, while the trust had successfully met the clinical and governance standards required to become a FT, there is still work required to improve the financial performance of the trust. For the financial year 2011/12 St George's Healthcare faces a £55m efficiency challenge. Moving the FT application back to April 2013 will allow the trust to focus on meeting its financial targets while continuing to provide excellent care to patients.

Naaz Coker, chair of St George's Healthcare said: "We are fully committed to providing the highest standards of care to all the communities we serve. The trust is a major trauma centre, hyper-acute stroke unit and centre of excellence for cancer, cardiac and women's and children's services. In addition, since October 2010, we have been responsible for providing community services in Wandsworth.

"In the last five years we have worked successfully to improve the trust's finances while continuing to develop leading-edge services. However, while we have met the clinical standards to become a FT there is still work needed to ensure that St George's Healthcare

secures its long-term financial future.

"The board recognises that if we put the organisation under pressure to become an FT during 2011/12 then this could impact on the quality and safety of the patient care that we provide. That is a risk that the board is not prepared to take.

"Since formally launching our FT plans in May 2010 we have received an enthusiastic response from our public, patients and staff and the trust's membership numbers currently stand at over 4,000. While our timeline for becoming an FT may have changed our commitment to engage with existing members and recruit new ones continues."

## Record year for reducing infections

**The trust has seen significant reductions in infection rates for MRSA and *Clostridium difficile* (*C.diff*) during the past year.**

Acquiring only nine MRSA infections and 83 *C.diff* infections during 2010/11, the trust remained within its mandatory performance targets for both MRSA and *C.diff*, of nine and 168 respectively. This included a period of over 200 days during the year where none of the hospital's patients acquired MRSA blood stream infection.

The trust's management of infections has been developing over recent years and infection rates have improved consistently since 2006. We have successfully maintained one of the lowest infection rates of any teaching hospital in England and have maintained our position among the best performers in 2010/11.

Infection control lead Rick Holliman said: "Staff have been extremely vigilant this year and have successfully driven the trust's infection rates down. It's a great achievement by our staff to have maintained momentum and increased safety for all our patients.

"However, the work must continue. MRSA and *C.diff* infection targets for 2011/12 are even more demanding so the trust has to continue to improve its processes and reduce infection rates, particularly in the case of *C.diff*. The mandatory target for *C.diff* is 52 for the whole of 2011/12 and the target for MRSA is just six.

"These targets will be a severe test of our ability to prevent both infections and it is clear that, despite having markedly reduced both MRSA and *C.diff* infections, we must strengthen the measures we are already taking and make even more improvements.

"The consistent reduction in these infections in our hospital illustrates that our protocols for managing *C.diff* and MRSA are effective, providing we all follow them correctly. Investigations regularly show that where protocols aren't followed correctly infection rates increase. We need all of our staff to take personal responsibility and show meticulous attention to detail so that we can further reduce infection over the coming year."



## 12 months on

**It has been just over a year since the trust deployed its new clinical information systems at the end of March 2010. This important first phase of the iCLIP programme saw the introduction of Cerner Millennium, a new application which replaced the trust's obsolete patient administration and emergency department systems.**

Since the initial deployment last spring, the project team has made a number of revisions to optimise the application, improve training and simplify workflows for staff. The aim is to successfully achieve a single electronic patient record that will allow clinical teams to plan and manage patient care seamlessly from the start to the end of their treatment.

John-Jo Campbell, director of IT, said: "We recognise that the deployment has been a huge challenge for many departments and it was a significant change for staff which hasn't all been

smooth sailing. A large number of staff have had to change the way they work and get used to a much more sophisticated system, so it has taken a long time for the organisation to adapt. We're still working to improve training and ensure that staff have the correct support where they need it."

Amy Gass, change management lead, said: "One of the positive benefits has been the introduction of printed wristbands across all of the adult wards, which helps to improve patient safety by reducing transcription errors and ensuring that we comply with NPSA guidance."

The second phase of the programme will introduce electronic transmission of discharge summaries, medicines reconciliation, nursing admission assessments and medical clerking, explains John-Jo. "This important next phase is being rolled out in stages so different departments will be affected at different times over the next year or so.

"This means that there won't be the impact across the organisation experienced by staff during the programme deployment 12 months ago. We'll be working locally with departments to improve their software and expect this to begin in early summer, following approval from the trust's board."

## Day surgery unit is model scheme

**NHS London has been described as a 'model blueprint' the reconfiguration of accommodation work that has taken place in the trust's day surgery unit (DSU).**

The new DSU now provides single sex accommodation for patients – for consultations, changing, preoperative waiting and before they are discharged.

Roger Norman, day surgery manager, said: "The work has enabled us to provide the upmost privacy and dignity for patients – they still have the option to sit in the general waiting area if they want to be with relative or loved ones, but we make it clear it is their choice."

The DSU reconfiguration, carried out to ensure the trust was compliant with the directive for single sex accommodation, has become an example for other trusts looking to achieve the same high standard.





## Palliative care team

**St George's Healthcare's palliative care service plays a vital role in the care of patients who have a life-limiting disease. This includes patients with COPD (chronic obstructive pulmonary disease), heart failure, elderly patients and oncology patients.**

The team, made up of clinical nurse specialists, consultants and a counsellor, offer a seven-day week service during office hours and a telephone service out of hours. Palliative care services need to be provided "seamlessly" across all sectors and for this reason the palliative care team work closely with community services colleagues and local hospices.

Palliative care is increasingly recognised as an important factor in the delivery of a high quality patient experience as there is a strong emphasis on ensuring that patients are cared for and die in their preferred place. This could be at home, hospice, nursing home or hospital. The importance of palliative care as a "quality marker" is emphasised by the adoption of CQUINs (Commissioning for Quality and Innovation) for this aspect of care in 2011/12.

The team take referrals of adults from any ward or department within the hospital and patients are assessed within 24 hours. Berit Moback, clinical nurse specialist, said: "We are an advisory service, we don't take over the care, we support and advise the team. And we take referrals by phone, there is no written referral and this is to ensure that it is easy to access us."

Once a referral is made, the team then assess the patient's needs, which may include symptom control; as well as emotional, spiritual, psychological and social support. They also provide support for the patient's family and involve the staff

caring for the patient in these meetings to assist in their ongoing care. "We do a lot of one-to-one teaching with junior staff on the wards, how to look after the patients, what to think about and communication with families," explains Berit.

The team have rolled out a number of very successful initiatives over recent years including the End of Life Discharge Home Service, which aims at getting patients who have a prognosis of weeks or less to live and want to die at home are discharged within 48 – 72 hours.

Berit said: "Our team did an audit on where patients would prefer to die which revealed that more patients would prefer to die at home. We realised we could improve on this aspect of our service, so we set up a meeting with our colleagues from community services, commissioners and hospices to see what we could do about this."

The outcome was the end of life discharge home service. The service is supported by a clinical nurse specialist - whose post is jointly funded by the NHS South West London Sutton and Merton and Wandsworth borough teams - who facilitates the urgent discharge of a patient by liaising closely with community services, GPs, district nurses, continuing care departments and community palliative care to ensure that a care package is developed quickly so that the discharge can be approved within a matter of days. The nurse escorts the patient in the ambulance to their home and undertakes a comprehensive handover with the district nurse to ensure that all the patient's needs are met.

The team have recently launched the

**PROVIDING TOP QUALITY END OF LIFE CARE:** (l-r) Karen Brown, Team secretary, Dr Paddy Stone, consultant, Berit Moback, Senior palliative care nurse and team leader, Helen Macallan, Counsellor, Dr Sarah Laing, Palliative Care Registrar, Lucie Taylor, Palliative Care Clinical Nurse Specialist, Gretchen Gordon, Palliative Care Clinical Nurse Specialist, Paula Denham, Palliative Care Clinical Nurse Specialist. Members of the team not present in photo: Dr Charles Skinner, Consultant Palliative Care, Dr Catherine McGowan, Consultant Palliative Care, Ruth Gerrard, Clinical Nurse Specialist Palliative Care, Kate Harries, Clinical Nurse Specialist Palliative Care

Liverpool Care Pathway version 12, a national initiative of good practice, for patients who are expected to die within a few days. The pathway places greater emphasis on key areas such as patient comfort, dignity, spiritual needs, communication, nutrition and hydration.

The end of life care steering group has also been set up to implement the National End of Life Care strategy, and its focus is to "promote high quality care for all adults at the end of life", regardless of diagnosis. The team is hoping to raise awareness among colleagues that care of the dying is not just care for the palliative care team but for all teams and advance care planning is therefore crucial.

Dr Paddy Stone, lead consultant for palliative care, said: "St George's is rightly proud of its excellence in the cure and treatment of seriously ill patients. It is equally important that we provide excellent care for those patients who, for whatever reason, do not recover from their illness. We are here to support patients and families with life-limiting conditions and to ensure that all patients are treated with dignity until the very end of their lives."



**DEDICATED TEAM:** The trauma and orthopaedics therapy team

## Living the values awards - celebrating excellence

The launch of the trust's new *living the values awards* attracted entries from across the trust. The awards are supported by St George's Hospital Charity, with the winners receiving a certificate and John Lewis vouchers.



Nominations were shaped around the behaviours supporting the value of

**✳️ excellent** : looking after our patients as we would like to be looked after ourselves, setting high standards and being open to new ideas, being professional in our approach and appearance and promoting and sharing best practice.

Individual winner Barbara Peters is a senior mortuary technologist and perinatal lead, who has been working in the health service for more than 20 years. She has a background in science but wanted to channel her energy into dealing with families as well.

"The letter from the mother (patient feedback) I received was a big surprise as normally in this line of work we do not get that sort of recognition. I like working with people and helping them, but it is not just a solo effort so I don't want all the credit – it is a team effort.

"We treat every family the same, there are no exceptions. Everything is done with the upmost care, respect and dignity.

"The final outcome when you have been warm and compassionate with the family makes the job worthwhile – you can help to alleviate some of their pain. I really enjoy my job and that's why I put 110 per cent in."

Robin Dobinson, mortuary manager, said: "Barbara has made a big impact on the rest of the staff regarding viewings, talking to relatives and looking after their needs. Barbara goes beyond the call of duty to give families peace of mind in their time of need."

The team award went to trauma and orthopaedics therapy team, who were



**COMPASSIONATE CARE:** (l-r) Robin Dobinson, mortuary manager; Barbara Peters, senior mortuary technologist and perinatal lead; David Astley, chief executive; and Dr Phil Wilson, consultant histopathologist and also the clinical director for diagnostics

nominated for their commitment to constantly improving their service as well as their communications with each other, the ward staff and patients – giving everyone a voice.

Susan Menzies, principal occupational therapist, said: "I have worked with this team for four years now and even with the ever changing line up of people (due to rotations, staff coming and going etc) the general approach of this team has never changed. It is continually patient-centred while still taking into account the well-being of the team members... and most of all, we have fun together."



This month *the gazette* is asking staff to nominate a team or individual who they think embodies the value of **♥️ kind**. 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 of the intranet, and email it to [awards@stgeorges.nhs.uk](mailto:awards@stgeorges.nhs.uk).

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

## Doctor on mission to bring aid to the world

The diverse landscape of earthquake-torn Haiti reflects the spirit of those who take aid to its people.

One such person is Solène Aoutin, a doctor from St George's A&E. She visited Haiti from December 2010 for a month to volunteer her skills and learn about cholera epidemics.

Now she talks exclusively to *the gazette* about her experience.

"I choose the trips I go on carefully, so each time I am faced with new challenges. However, there is one common theme everywhere I go – there is not a one-stop-shop approach to healthcare as there is in the UK.

"We are so lucky here – we go to the GP as soon as we have a little lump and it is dealt with so quickly."

Solène, who also has a masters in tropical medicine, said: "People walked many miles to cholera camps to be treated but sometimes died on the way from simple dehydration – strange that basic commodities like running water are a 'luxury' in some countries.

"We would often run out of even the most basic items so lateral thinking was a must; like using an old bed as a work bench, recycled plastic bottles to make up oral solutions and old jars for storage.

"It is amazing how you can completely change someone's life by using simple antibiotics which we take for granted."

Solène worked with GAMAH and Médecins du Monde, humanitarian aid organisations, and a team of other volunteers to help set up cholera camps and help educate locals about



**CHOLERA CAMPS: Bringing aid to earthquake torn Haiti**

hygiene and convey simple health messages.

"Regular cars from the department of health with tannoys circulated local villages daily to educate people about the prevention of cholera. In the cholera camps we employed and educated locals on how to manage the tents."

French speaking Solène, who is originally from Jersey, has worked in the trust since she finished her FY2 here in 2009. "I like it at St George's because staff are friendly and I really enjoy working with my colleagues."

The Haiti trip is the latest in a long-line of aid trips Solène has taken part in. Before medical school she worked in rural leprosy clinics, in orphanages in Madagascar, in street clinics in Calcutta, India and last year on the Mercy Ships in Benin; West Africa. For a time she lived in the USA where she worked in a centre for blind and visually impaired people at the Mayo Clinic.

In London, since 2005 she has worked with Crisis, the charity for homeless people, most Christmases. The busy doctor is planning another festive season with them this year, and hopefully many more aid trips in future years.

## Landmark for kidney transplants

The renal department performed **100 kidney transplants in 2010 – a first for the trust.** On 22nd March all the live donors for the year were honoured with a celebration event to acknowledge their gift of kidney donation. This was attended by the donors, recipients and their families and friends. Guests heard from clinicians on how important their donations had been. 59 live donor nephrectomies took place in 2010, two

of which were from altruistic donors.

Nicos Kessaridis, director of transplantation, said: "The Kidney Donor Day celebration has been very successful. Donors received certificates recognising their achievement. We admire their courage, strength and love they have shown. I would like to thank everybody in the renal department for their hard work in achieving 100 transplants in the year 2010."

## Modernising older people's services

Following integration last year the geriatric medicine care group transferred into the community services Wandsworth division. This transfer has strengthened the link between hospital services such as A&E, the acute medical unit and surgical wards, with services provided in the community including intermediate care and community nursing.

Alison Benincasa, associate chief operating officer for older people's services and neuro-rehabilitation, says that this transfer has helped improve services for patients.

She said: "Having all of the services that deal with the care of older people under one umbrella has allowed us to enhance the pathways between hospital services and care in the community. We have been able to make real strides on important areas like admission avoidance, reducing the length of stay in hospital for older people and improving long-term condition management.

"A joined-up team means we now have a much stronger combined skill and experience base. When you add this to the dedication and commitment of our staff, the results are happier and healthier patients."

The older people's service has also played a leading role in the successful pilot of the community ward, which sees patients treated by services they would receive as an inpatient in their own home. The pilot has seen improvements in outcomes for patients who had previously been in and out of hospital, and will now roll out across Wandsworth this year.

The integration of acute and community services and the development of the community ward are two of the three main strategic goals Alison believes must be achieved to improve services for older people.

She explains: "Our next goal is to develop a truly integrated health and social care approach, making sure that there is a seamless transition between all of the services that older people use, not just healthcare. We need to think about how all parts of the system can work most effectively together."

To get involved in the development of the care pathways for older people contact Alison Benincasa on 020 8812 7625 or at [alison.benincasa@stgeorges.nhs.uk](mailto:alison.benincasa@stgeorges.nhs.uk)

◆ Feedback

The trust receives thousands of thank you messages via the PALS office each year. In each edition of *the gazette*, a few of these are published.

● **FAO the staff of the urology and oncology departments**

"I am writing to express my heartfelt thanks to the department of urology and oncology for the expert care that my husband has received during the past eight years as a patient at your hospital.

"The care, dignity and respect that my husband received has been outstanding. Mr Watkin certainly knows how to put his patients at ease and has always been able to find a solution to my husband's ongoing issues. His expertise has no doubt kept my husband alive for the past eight years and for that I will be forever grateful.

"I would also like to mention Ms Sarah Henderson, Macmillan nurse specialist in urology. She has supported both my husband and I with our appointments and has guided us many times when things have been particularly difficult either in person at your hospital or over the telephone."

● **FAO A&E**

"I recently visited the St George's Hospital on emergency issue and I was absolutely astonished by the professional but most of all, humane, and openhearted reception I was given!

"I would like to convey my gratitude to the nurses and the medical team.

"I would like to volunteer at the hospital and I am ready to dedicate three hours a week to join your wonderful team!"

● **FAO Danielle Ridley and the midwifery service**

"I would like to send my heartfelt thanks for the excellent support, advice and guidance I received from Danielle Ridley during my recent delivery. She and her colleague were fantastic – professional, supportive and encouraging whilst maintaining my confidence throughout.

"I would also like to send my compliments to the cleaning staff who obviously took pride in their jobs."

👤 responsible

**Whistle blowing – encouraging staff to voice their concerns**

**The trust is a large organisation with high levels of activity and there may be times when staff have concerns about something they see at work. Peter Jenkinson, trust secretary, has been leading a review of how staff can voice their concerns in the workplace and explains the process to gazette readers.**

"Raising something you are worried about at work can be daunting, but we are committed to making staff feel supported and confident enough to raise their concerns before an issue becomes more serious.

"If somebody is worried about the safety of a patient, financial misconduct, poor practice, criminal behaviour or any other risk or wrongdoing, they should talk or write to their line manager or lead clinician. However, we know that this is not always possible so we have tried to make it easier for staff to raise concerns confidentially with the trust

secretary and a non-executive director. "Those issues raised are carefully considered in order to decide what action is most appropriate. This might involve an informal review, an internal inquiry or a more formal investigation. We will always liaise with the member of staff who raised the matter to make sure that we have fully understood their concerns and to give them any support that they may need. We will also write to them after the review to let them know the outcome."

If you want to raise a concern with a non-executive director contact Peter Jenkinson, trust secretary in confidence: by phone on 020 8725 3897 by email at peter.jenkinson@stgeorges.nhs.uk by letter, marked strictly private and confidential to Trust secretary, Room 1.030 Grosvenor Wing, St George's Hospital, SW17 0QT.



online – click the whistle blowing link on the intranet home page.

**Past and present Gwillim ward**

**Calvert Gwillim was born in Ceylon in 1899 and studied at Swansea and St Bartholomew's Hospital. He was appointed gynaecological tutor and assistant medical registrar to St George's Hospital where he showed great ambition and in 1936 he was appointed assistant obstetric surgeon.**

Gwillim was an excellent teacher and a skilled surgeon and devoted his time and energies to his patients and students.

Gwillim's talents were widely recognised and he was renowned world-wide for his knowledge of his chosen specialty. His reputation as a teacher led him to being invited to the Royal College of Gynaecologists and the Universities as an examiner.

Today, Gwillim ward, situated in Lanesborough Wing, is the hospital's post-natal ward, caring for women and their newborn babies. Tina Woodford, matron, said: "Gwillim ward is a busy



**MEMORY LANE: a maternity ward at St George's Hospital, Hyde Park Corner**

postnatal ward. The team on the ward are multidisciplinary and work very hard to support new mothers and their babies. We have recently refurbished our breastfeeding room with tremendous support from St George's Hospital Charity and Friends of St George's. The team have recently introduced extended visiting hours for partners, enabling them to stay until midnight which has proven very popular with the women."



# MITIE

## two years on

**It has been two years since MITIE signed up to provide domestic and catering services to St George's Hospital.**

In 2009 MITIE successfully transferred more than 250 staff from the outgoing cleaning contractor and 40 staff from the trust catering operation to its team, as well as recruiting more than 100 additional staff to help meet the challenge of improving cleaning and catering standards across the trust.



### MITIE clean up

In conjunction with the matrons, MITIE developed cleaning service level agreements (SLA) for each ward area, which detailed routine duties as well as less frequent tasks.

The MITIE healthcare cleaning team led by operations manager Nick Curl, has measurably improved the levels of cleanliness around the trust. Cleaning scores have steadily improved from 85 per cent at the start of the contract to 98 per cent in the areas that MITIE clean.

The cleaning frequencies are publicly displayed in all areas of the trust, and planned cleaning of the hospital fabrication is carried out by a dedicated team using a bespoke cleaning schedule, in accordance with the National Standards 2007.

### More than just food service

It has been a year since the successful refurbishment of the Lanesborough canteen to provide staff, visitors and patients with the modern, bright ingredients restaurant. The menus were reviewed and now feature an impressive

range of freshly prepared, high quality food hot and cold food, including breakfast, lunch, supper and snacks.

This work was completed with two brand new Costa Coffee bars introduced to the St James and Lanesborough outpatients departments.

MITIE's dedicated hostess service at ward level has improved the quality of meal service to patients. In addition MITIE's innovative new food supplier "apetito" has committed to further enhance the mealtime experience for upwards of 900 in-patients each day.

As part of its contract MITIE has 145 key performance indicators with the trust to help monitor and report on performance. Martyn Hearn, MITIE's commercial manager led the team that set up the MITIE auditor and helpdesk system, to ensure compliance with the challenging quality and efficiency targets proposed by the trust.

Martyn said: "MITIE's passion, and drive for service excellence means we will continue to seek new challenges which add improvements in value and quality to the patient experience at St George's."



### MITIE's green commitment

MITIE has been committed to helping the trust reduce its carbon footprint. Measures include:

- Cleaning consumables deliveries reduced from weekly to monthly
- Paper consumables deliveries reduced from daily to twice-weekly. They are now provided by Kimberly-Clark and are 80 per cent recycled. The remaining 20 per cent is Forest Stewardship Council (FSC) certified
- Vermop mopping system significantly reduces water usage – 14 litres water per clean as opposed to approximately 300 litres used in traditional mopping
- Otex laundry system for mop washing reduces the temperature required for washing and the amount of laundry detergent required
- GOJO foaming soap delivers twice as many hand washes per litre, reducing packaging and transport
- Change in toilet roll pack size and type has significantly reduced packaging
- Vegware implemented as new supplier for sustainable disposable food packaging
- Cooking oil is recycled by a local contractor to be processed become bio fuel
- Meat and vegetables are sourced from London minimising food miles and are Red Tractor certified

**For cleaning enquiries at St George's Hospital (except Atkinson Morley Wing) and all catering enquiries please contact the MITIE helpdesk on 020 8725 4000**

# Spotlight on... the mortuary team

Thanks to popular television dramas we are all now familiar with the world of Crime Scene Investigators (CSI) who, when not hot on the heels of their suspects, are visiting the mortuary to identify vital clues. The trust's mortuary team, based in Jenner Wing, may not receive regular visits from CSIs like Gil Grissom or Horatio Caine but they still play an important role in the work of the trust.

The mortuary's work covers a wide variety of areas including consented post mortems, routine coroner's post mortem to establish causes of death, forensic post mortems and high risk post mortems as well as being a regional perinatal centre (still births and miscarriages) serving south London and southeast England.



Barbara Peters, senior technologist, leads on the perinatal post mortems, and works closely with the maternity services and

bereavement nurses. She said: "The job is nothing like the portrayal you see on the TV, or on the other hand, the stereotypical stigma people associate with mortuaries – we are just very normal people."

The service is provided in a first class facility which includes a specialist room for perinatal post mortems and a main room which can accommodate up to nine post mortems at any one time. Both rooms have a viewing gallery for doctors, medical students and police. The mortuary also has one self-contained post mortem unit, used for post mortems on patients with high risk diseases such as HIV or hepatitis.

The unit has a total of 105 fridge spaces and six freezer spaces, divided between hospital and coroner cases, as well as two refrigeration units for babies.

The unit does not only cater for the deceased, it also needs to consider those left behind, and a modern viewing suite provides an area where parents and family members can pay their respects to their loved-ones.

Barbara said: "The service is a credit to St George's Healthcare; professional

colleagues from other hospitals visit us for ideas for their own viewing suites."

Although the viewing suite is non-denomination, it includes a compass on the floor showing north, south, east and west, so families can use this as a point of reference if their religion dictates it, and artefacts for each of the main religions are available, so the room can be set out as the family would wish.

Robin Dobinson, mortuary manager, said: "Families should come and go without having to see anyone else, so each viewing is as private as possible. We aim to run an excellent department that offers a respectful and professional service."

But apart from the busy day-to-day life they lead, emergency situations do arise and team members can be called to major international emergencies to offer expert advice on identifying bodies.

Robin has been involved with major incidents such as the 7/7 bombings and the Clapham Rail Disaster. He was invited to Buckingham Palace for recognition of work and services during the 7/7 bombings for the three weeks identification process.

The team also provides training for colleagues and in February a seminar was run for midwifery, bereavement and chaplaincy staff who were invited to the mortuary to view the facilities and watch presentations from the mortuary staff. The team is hoping to introduce these seminars as a regular feature, to increase understanding and awareness of the mortuary and their roles among trust staff and external staff.

## The team

**Robin Dobinson**, mortuary manager, started working at St George's in 1978 at Hyde Park Corner as a theatre porter. He became a mortuary technologist in 1980, the year that the hospital moved to Tooting. He became mortuary manager in 2002.

**Matt Haswell**, deputy mortuary manager, started in 2000 in the St George's, University of London anatomy school as a dissecting room technician. He moved to the mortuary in 2003 as a mortuary technologist and was appointed deputy manager in 2009.

**Barbara Peters**, senior mortuary technologist, started at North Bristol Health Trust in 1991 as a biochemistry laboratory technician. She moved to NHS Scotland in 1999 and became a mortuary technologist. From there, she moved to St George's Healthcare in 2009 as a senior mortuary technologist and lead in perinatal services.

**Stephanie Moore**, mortuary technologist, started in 2009 as a trainee mortuary technologist and qualified in 2010

**Claire Robb**, trainee mortuary technologist, started in the cytology department in 2009 as a medical laboratory assistant and became a trainee in 2010. She will qualify in 2012.



TEAM EFFORT (l-r) Robin Dobinson, Matt Haswell, Stephanie Moore and Claire Robb

## →view from the top

### Neal Deans, director of estates and facilities

#### What is the role of the director of estates and facilities?

As director of estates and facilities, I am responsible for managing the trust's property portfolio and much of its support facilities including maintenance, cleaning, catering and transport. I also oversee capital projects, which includes new builds or refurbishments.

#### What are the key priorities for your directorate in 2011?

The key priorities for the estates and facilities directorate in 2011 are continuing to maintain and further improve the fabric of the estate, and also the responsiveness of all of our services.

We have a number of important capital projects taking place over the course of the next year. One of our key projects is the development of a modern stand-alone facility for our breast screening service. This development is significant, as we are also host to the South West London Breast Screening Service and St George's National Breast Screening Training Centre.

We are also looking at building a new extension to the current resuscitation department bay in A&E to meet the extra demands on this department following our major trauma centre status. We will also begin 'phase 2' of the acute medical unit, which involves an extension to Richmond Ward under the canopy of Endoscopy.

A full refurbishment to create an expanded 43 bed ward will be undertaken to provide improved spacing between beds and an increase in en-suite facilities to meet infection control and single sex accommodation requirements. This in conjunction with the Richmond annex will provide a total of 58 AMU beds

A large focus for the directorate in 2011 is looking at how we reduce our spending and identifying areas in which we can implement savings as reducing overheads protects the funding available to front line services.



#### What are your key achievements since being in post?

Since being in post, we have successfully managed to decommission the Atkinson Morley Hospital and the Bolingbroke Hospital sites. Both disposals have contributed significantly to revenue and capital budgets.

We have also invested heavily in order to improve the cleaning and catering services which are instrumental to the functioning of the hospital. This is ongoing, and we are always looking at ways to improve on other core functions, like estates maintenance and parking.

A recent major refurbishment that I have been involved in was the new main entrance refurbishment complete with M&S Foods, cashpoints and patient transport lounge. The £2.5m project was funded by St George's Hospital Charity and was the first refurbishment of the entrance since it opened in 1973!

The redevelopment of the Grove staff accommodation is another big scheme which, with the help of Thames Valley

Housing, has transformed the Grove into 557 modern flats and 78 shared ownership properties with affordable rents for all St George's Healthcare staff.

Capital projects has also installed a new 3T MRI in Atkinson Morley Wing and a state of the art CT scanner in A&E to support the stroke and trauma services.

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

I joined the trust in 2005. It's my local hospital and two of my sons were born here. It's a great place to work and it's wonderful to be part of a hospital that provides such excellent clinical and specialist care.

#### What do you do in your spare time?

I try and go to as many live sporting events with my family as I possibly can and also enjoy the theatre, even pantomimes!

# One Team awards its participants

**In February a celebration was held for staff who have 'graduated' from the One Team programme since it launched in July 2009.**

One Team is a joint partnership project between the trust and Staff Side. It is an innovative programme of activity aimed at developing a culture of improvement among staff in bands at the trust.

During the celebration event 18 service partners received recognition and 15 managers were acknowledged for their

participation in phase 2 of the managers training programme, which has entered clinical areas, including elderly care, medical wards and clinical areas in outpatients.

The ten members of staff who have completed the service educators training were also acknowledged in the celebration for delivering One Team training as it is rolled-out across the trust. Jane Pilgrim, Staff Side secretary, said: "One Team is completely aligned to the four trust values

of kind, respectful, responsible and excellent, and the training focuses on how we can bring these values to life in everything we do." Alan Thorne, general manager for therapies and joint One Team lead, said: "The team will continue to work with colleagues to incorporate the trust values into all aspects of our working lives, including recruitment, induction and trust policies.

"The One Team motto remains the same, We are all saving lives!"



## With this kidney I thee wed

**Wedding proposals come in all shapes and sizes, but one that captured the hearts of trust staff was that involving patients Dawn Hillier and Melvyn Mather, whose stay in the renal unit was a huge success.**

Melvyn underwent live-saving surgery at the trust in February, for which Dawn donated a kidney.

As Dawn was coming around from the operation, Mel asked her to marry him. After meeting in July 2010, Melvyn told

Dawn about his condition on their second date. Tests for compatibility performed on both Dawn and her 22-year-old daughter Heather, as well as members of his family, amazingly revealed several matches.

Melvyn said: "I have been on a machine for eight hours a night for the last year, and had a kidney function of seven per cent. After my recovery period, which is estimated to be a year, I can get back to normal."

Dawn said: "We did not realise until we were in this situation that live donation was even possible – I hadn't even considered it. Other people do what I have done all the time, for people they don't even know. I just knew if I was compatible I would give my kidney."

Jiri Fronek, consultant transplant surgeon, carried out the operation. He said: "Kidney transplantation from a live donor is the best therapy for most people with end stage kidney failure.

"We would encourage those who know people with kidney failure to consider being assessed for kidney donation - with modern medicines, kidney donors need not be related to each other.

"Last year the renal unit at St George's Hospital performed 100 kidney transplants and 60 of these were from live donors."



**HAPPY COUPLE:** Dawn with Melvyn after his life-saving operation

# Leading the way in fetal monitoring

The trust is a leading centre in fetal monitoring during labour using cardiotocography (CTG) and fetal electrocardiogram (ECG), also known as ST-Analyser or STAN.

Fetal ECG is an advanced technology available only in a few maternity units in the UK.

CTG is used to monitor a baby's heart rate during labour to ensure that enough oxygen is being received. Confidential enquiries into stillbirths have shown that failures in CTG interpretation contributes to intrapartum deaths (death during labour). According to a recent chief medical officer's report, a baby dies every day in the UK with the majority of these deaths due to misinterpretation of CTGs.

Edwin Chandraharan, lead consultant for the labour ward said: "We thought about how best we could train our staff to reduce adverse incidents due to misinterpretation of CTGs and introduced an intensive training programme with competency testing.

"The trust has invested in latest technology to improve patient safety including a central monitor and a fetal ECG, which is used to monitor a baby's heart rate.

"It is mandatory for all clinical staff, of all grades – consultants, midwives and trainees - to pass a CTG and STAN competency test prior to working in our labour ward to ensure that they demonstrate competency in interpreting CTGs correctly. St George's is the first hospital in the UK to develop such a policy on competency in CTG interpretation. We also have mandatory training for our midwives and obstetricians, including attendance in our weekly CTG meetings."

As a result of these initiatives the trust has one of the lowest rates of caesarean sections in London and the South West Thames Perinatal Network. We also have a low incidence of brain damaged babies, caused by oxygen deprivation during labour. Adverse incidents due to CTG misinterpretation are monitored monthly on the maternity dashboard so that lessons could be learnt and immediate action taken to avoid recurrence. There have been no such adverse incidents relating to CTG misinterpretation so far in 2011.

St George's also conducts six courses in intrapartum fetal monitoring every year on CTG and STAN, which are attended by midwives and obstetricians from all over the UK and overseas. In addition to scientific publications on fetal monitoring, clinicians from the trust are invited to conduct training in fetal monitoring in several hospitals across the UK as well as abroad and also represent the UK at the International Expert Panel on fetal monitoring.

a  hospital

## 10:10 the final hurdle

As the trust's 10:10 campaign comes to an end the race to save carbon is still very much on. The gazette outlines some of the trust's innovative projects in place to help save carbon.

### Energy

- Lighting – further installation of low voltage lighting in public areas
- Heating – full review of areas not used at weekends and evening.
- Energy systems – running the combined heat and power plant to generate power more effectively, for longer, to allow the trust to sell electricity back to the national grid
- New energy manager, Rathan Nagendra, has been on site since autumn 2010. Rathan is a technical engineer, and he investigates building more energy-saving systems.

### Waste management and recycling

Recycling and correct segregation is always on the agenda in across the trust. Further projects include:

- Recycling bins in wards and departments
- Metal, battery and mobile phone recycling
- Work with IT to reduce the number of print cartridges ordered and disposed of
- Furniture continues to be reused and recycled

### Transport

Improvements to the non-emergency patient transport systems. This includes trialing trackers in trust vehicles which have reduced unnecessary journeys.

Staff are also encouraged to use public transport or to cycle to work. Staff transport is offered between sites and use of pool cars instead of taxis is also encouraged.

### Procurement

The productive ward programme initiative in place on all wards saves £5,000 per ward per year. Productive operating theatres and productive community services are now underway.

This is having a positive knock-on effect in other areas, minimising the numbers of deliveries and transport miles as well as the amount of waste generated in packaging and pallets.

### IT

IT has started a Green Computing project, including the network printing project and automatic shutdown of PCs outside core working hours.

### Capital projects

Improvements have been made in the design of capital project areas, such as the day surgery unit and paediatric intensive care unit including water saving, lighting and heating measures as well as using sustainable finishes.

### Grounds and gardens

The gardening team develops its own composting, used to maintain flowerbeds across the site.

### Partnership working

The trust has strengthened its links with St George's, University of London and community groups to share good practice in all areas including waste disposal and recycling, energy and transport.

Further works are in progress to review other back-of-house areas, such as procurement, to establish further reductions.

Neal Deans, director of estates and facilities, said: "I really hope staff will do all they can to help the trust achieve its target. If everyone made changes in their day-to-day routine, such as close it, turn it off, switch it off, walk or cycle, procure effectively, report faults, reuse and recycle, we would easily save ten per cent of carbon. If you are already doing your bit, encourage your team members to do the same – save carbon, save lives."



For any tips, help or advice of to ask for laminated posters and wipeable stickers for your area, email [ThinkGreen@stgeorges.nhs.uk](mailto:ThinkGreen@stgeorges.nhs.uk)

## New emergency equipment provides privacy and dignity



### Staff were put through their paces in March thanks to the 'next generation' decontamination tent.

The tent, designed to protect patients in cases of chemical, biological, radiological or nuclear (CBRN) incidents, would be erected outside the A&E entrance in an emergency situation. It does not need to be inflated and has a divider down the middle so one half can be used for men and one for women. Each half is divided into three sections – the first section is where patients would undress, the second section is where patients are decontaminated and the third section is where patients get re-dressed before entering the hospital for treatment.

The tent, which costs £14,000, was funded by the trust and NHS London. Three training sessions were run early on the morning of Friday 25th March for nursing, consultant, portering, security and engineering staff. Nearly 40 staff attended, providing the hospital with a good foundation of knowledge about the new equipment, to build on going forward. Hazel Gleed, emergency planning and liaison officer, said: "We are delighted with the new equipment – it is better designed and will help the trust maintain patients' privacy and dignity in what would prove to be very difficult circumstances.

"Although we hope we will never need to use it, we have a duty to protect our patients and our staff in all eventualities."

A full training programme for all staff involved in the initial response of a major incident, including CBRN events, will be rolled out in the coming months, to incorporate decontamination training using the new tent.



## Multi-disciplinary team enhance patient care

**A multi-disciplinary team on the general intensive care unit (GICU) is enhancing patient care and outcomes through a daily round that they have implemented on the ward.**

The team, of Deborah Dawson, consultant nurse in critical care, Catherine Collins, principal dietitian, Susan Menzies, principal occupational therapist for trauma and orthopaedics, Nereshia Maistry, principal speech and language therapist for acute and neurosciences and Olive Wilkinson, senior surgical physiotherapist and the ICU SpR, undertake a round each weekday to provide a multi-faceted care approach to the patients they see.

Deborah Dawson said: "We look at areas where there needs to be a multi-disciplinary approach to care. Generally we concentrate on patients that are likely to have a longer ICU stay and have multiple problems, but we review all patients each day."

The team have been in place for about 18 months and focus on how they can progress the patient. This involves looking at all aspects of the patient's condition and care: how they can mobilise the patient e.g. getting them up and into a chair, how the patient can be weaned off the ventilator, communication and engagement with the patient and nutrition. In having an expert from each specialism on the team, they are able to make decisions quickly and confidently.

Successful progression of the patient means that patients are out of ICU and onto a ward quicker and therefore on the road to recovery sooner. It also frees up the beds on ICU which is a saving to the trust.

Recognition that this type of care is equally important as the medical care is growing through the team's presence on the unit. Anecdotally it appears there is better communication, both verbal and written, better discussion (between staff groups), and that the team are highlighting issues that weren't being raised previously (such as oral diet, regular change of position, collaboration of ventilator weaning and early rehabilitation).

Susan Menzies said: "It is about functional and psychological care and rehabilitation and identifying conditions early on. We're looking at patients with complex problems and it recognises that we all have a role or will have a role to play somewhere in their treatment."

The work of the team has been well supported by the staff on the unit. Catherine Collins said: "Seeing the patients on ICU being cared for so well makes our job easier. Staff on the unit are not afraid to be pro-active in providing early nutritional support and supportive care proven to improve ICU patient outcomes. They have also embraced any training or education we have provided in assisting with quicker recovery."



**JOINT APPROACH:** (l-r) Susan Menzies, Olive Wilkinson, Deborah Dawson and Nereshia Maistry  
**Not present:** Catherine Collins

# VTE improvements rewarded

**Top venous thromboembolism (VTE) achievers are now being recognised for their leadership, ownership and innovation, as part of a monthly awards scheme created by the VTE team.**

The winner, picked each month after a snapshot audit, will receive a certificate and a box of chocolates.

January's winner was Trevor Howell ward, which went from six per cent compliance in the November audit to 100 per cent compliance in January, thanks to the leadership of senior sister Julie Paska.

Julie said: "We decided that we had to nominate a VTE 'champion' who would take ownership and lead on VTE.

"Every morning we have a board round with registrars and doctors and the 'champion' will check all the charts beforehand. If any VTE risk assessment forms are not completed we present them to the board round and they then have to complete it. The champion would then go round again before leaving to check that all the forms had been completed.

"Initially what happened was that doctors got into a good practice of completing the forms upon admission – the fact that we are still checking just drills it in to them.

"This is ongoing, we have to do it every single day, but we each take a turn and know it is it each and everyone's responsibility. Other ward and departments can achieve this too, but someone has to take the lead and decide what works best

for their own unit. We make sure everyone involved knows what is happening, there has to be support across the board.

"It was a really good to reach 100 per cent compliance, now we have to maintain it."

Cheselden Ward took the prize for achieving 100 per cent compliance in the March audit, through collaborative efforts between doctors, pharmacists and nurses.

Benita Dhanasekaran, said: "We added an extra column for VTE onto our ward list, so for every patient admitted on the ward we could ensure that VTE risk assessment forms were completed."

Vivek Soni, pharmacist, said: "Pharmacists have a vital role as part of the multidisciplinary team in VTE risk assessment. We achieved 100 per cent in Cheselden ward due to collaborative effort between doctors, pharmacists and nurses. We have very good consultants that drive their junior doctors to complete



**CHESELDEN WARD: (l-r) Sister Elaine Connoly, junior sister; Dr Benita Dhanasekaran, HO; Dr Babar Kayani, SHO; and Vivek Sani, pharmacist, took the prize in March for achieving 100 per cent compliance through collaborative efforts between doctors, pharmacists and nurses**

the VTE risk assessment form and ensure that appropriate thromboprophylaxis given."

Ediscyll Lorusso, thromboprophylaxis nurse, said: "These achievements are down to leadership and team working shown by the teams. We are here to help anyone who needs it; they just need to give us a call."

To see the league tables showing the proportion of patients receiving a documented VTE risk assessment by consultant and ward/area, visit the VTE project intranet page.



**TREVOR HOWELL WARD: (l-r) Dr H Siddiqi; Julie Paska, senior sister; Barry Quinn, oncology matron; Srada Gurung, student nurse; and Christine Napa, senior staff nurse was rewarded for its improving its VTE risk assessment compliance to 100 per cent in the January audit**

## New prison unit supports access to treatment

**January saw the unveiling of the newly refurbished central health unit at Wandsworth Prison.**

The reception area and treatment rooms have been converted so that they are more welcoming and relaxing. The work is part of the King's Fund Enhancing the Healing Environment project.

Bernadette McGreevy, Sister at Wandsworth Prison, said: "There has been a really noticeable effect on patients' self-esteem and we are also starting to see improved health outcomes and more inmates willing to access health education and support as well as treatment."

## St George's and JustGiving fundraising family of the year!

St George's welcomed a very special family to a presentation at the hospital last week – the Wallace family, who have been fundraising for St George's for just under a year.

So far the family has raised in excess of £80,000, out of a target of £250,000 which they set for themselves.

Their motivation is the memory of Tom Wallace - son, brother and fiancé – who was tragically killed in a road traffic accident in April 2010. Tom was treated in the neurological intensive care unit at St George's before he died. The Wallace family from Alton in Hampshire unveiled two Licox machines and a trans cranial doppler scanner to staff on the unit, in a special presentation on Friday 18th March.

Platon Raxis, consultant anaesthetist, expressed his sincere thanks and admiration for the family, who had taken on an enormous challenge at a time of deep sadness.

Keren Wallace, Tom's mother, said: "We are delighted that we are able to give something back to the wonderful, dedicated staff in the unit who cared so well for Tom. We are so proud to have reached such a significant point in our challenge of raising £250,000 for the hospital – it has made us even more determined to go all the way."

David Astley, chief executive, spoke of the family's dedication and commitment and described their work as the embodiment of partnership working between families, the hospital and its staff and the charity.

The presentation last week comes just weeks after the family were awarded "Fundraising Family of the Year" by JustGiving, the online fundraising website. The JustGiving Awards celebrate inspiring individuals and charities who have given their time, effort and creativity to raise money for worthwhile causes over the last year.



**TOP FUNDRAISERS:** (l-r) Anna Ireland, staff nurse NICU; Rebecca Masterson, Tom's sister; Keren Wallace, Tom's mum; Sarah Shah, matron NICU; and Pat McCole, sister NICU

## Fundraising for the Wolfson

Ten-year-old Maisie Goodwin-Pratt has raised £55 for the Wolfson Rehabilitation Centre in thanks for helping her grandmother, Gillian Goodwin. Maisie raised the money by running around her local block in Morden 13 times and also helped co-ordinate a game devised collaboratively by Mrs Goodwin and her rehabilitation team to help improve her awareness of her left side following a brain injury. This game was conducted over Mrs Goodwin's weekend at home and served to support both her and her family in developing an understanding of the effects of brain injury.

Patrick McKnight, clinical psychologist, said: "Family and social support play such a key role in helping patients and their treating teams make the most out of a limited time in rehabilitation. Brain injuries can have devastating and complex personal and social consequences and it is great to see younger family members take such an interest in supporting and understanding recovery. We are extremely grateful for Maisie's efforts both in raising money and awareness."



**GOODWIN FAMILY:** (l-r) Vicky Goodwin (daughter), Steve Goodwin (husband), Maisie Goodwin-Pratt (granddaughter), Gillian Goodwin (patient)

## Calling all areas!

James Hope Ward is setting a fine example in fundraising good practice.

Working with the St George's Hospital Charity fundraising office, they have come up with an eye-catching poster to display on the ward to encourage people to make a charitable donation to their ward fund.

If you'd like something similar for your ward, department or clinic, please get in touch with us in the fundraising office.

The charity will cover the cost of printing a poster specific to your area. You can call in to the charity office in the main entrance, or call Katy on extension 4987.



## Spellbinding fashion at Surbiton High School

Glitter, lipstick, high heels and a whole lot of hairspray were the key ingredients for a fabulous night of fundraising fashion at Surbiton High School.

On the 17th February, girls swapped their school uniform for a range of dazzling dresses, many of which had been designed and made by their fellow students, all in aid of Full Circle Fund.

This year's theme was 'love', and the night saw the much-anticipated return of the annual school house fashion competition. Members of each house produced spectacular, colourful routines in a bid to be crowned fashion champs.

A staggering £3,000 was raised, with all proceeds from the night going to Full

Circle Fund. Surbiton High School principal, Ann Haydon, said: "It was wonderful to see girls working together across the year groups, designing, modelling and assisting back stage. I am delighted we raised such a substantial amount for the Full Circle Fund."

Full Circle Fund founder, Suzanne Ruggles, said: "Thank you to all those who dug deep in support, as well as to Surbiton High School for their tremendous efforts in hosting the night. We remain enormously grateful for this valuable opportunity to raise support and awareness of our cause."

The Full Circle Fund provides pioneering supportive therapies for young children and adults with life-limiting illnesses at St George's Hospital, London.

For more information about Full Circle Fund, please visit [www.fullcirclefund.org.uk](http://www.fullcirclefund.org.uk)