



St George's Healthcare



NHS Trust

# the St George's gazette

December 2011  
issue 26

## Sophie Raworth helps celebrate new neonatal unit role

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Front cover page shows BBC newsreader Sophie Raworth with 10-year-old Katie Stevens, a 'graduate' of the neonatal unit at St George's Hospital.  
With thanks to Yusuf Ozkizil for photographic services.

**the gazette** is written and published by the communications unit. The opinions expressed do not necessarily represent those of St George's Healthcare NHS Trust.  
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## A seasonal message

It is so dark and dismal sometimes during November and December in the northern hemisphere that if we didn't have bonfire night, Christmas and other festivals we would have to invent them to light up the darkness and give us a sense of hope for the future when spring returns again!



Hilary Johnson

It is a great joy to see towns, villages and homes and hospitals decorated during this special season, as we get together with colleagues, friends and family to celebrate across the holiday time. Something special about this time of year means that many of us are not content with just enjoying ourselves, we are somehow inspired to reach out to one another in friendship and to be generous with our charitable giving, whether that is our money, our time or our skills.

Each year I am impressed with those who make their own cards and gifts to give to family and friends, it seems such a good way of saying to each one "I have thought especially about you and this is my card/gift for you." It is the time of year that we reach out to those that we have lost touch with or not had time to communicate with much during the other seasons of the year. It gives us the opportunity to mend a broken relationship, but it also can also emphasise the difficulties we are experiencing in a relationship and make us uncomfortable with the way our life is now.

As the chaplaincy team work alongside some of you this Christmas, we shall be celebrating with those who are recovering from illness and injury, and see that they have hope for their future. We shall be with you in supporting and listening to those who are desperate about the difficulties of their situation, providing comfort where we can and offering the strength of our presence to all.

Hilary Johnson, chaplaincy team leader

## Marfan Trust – supporting medical research

**The Marfan Trust supports medical research into the cause and prevention of Marfan syndrome with the aim to provide better treatment for patients.**

Marfan syndrome affects men, women and children, and occurs among people of all races and ethnic backgrounds. It is one of the most common of more than 100 inherited disorders of connective tissue. The primary purpose of connective tissue is to hold the body together and provide a framework for growth and development. In Marfan syndrome, the connective tissue throughout the body is defective and does not act as it should. Marfan syndrome can affect all the body's systems, including the skeleton, eyes, heart and blood vessels, nervous system, skin and lungs.

Dr Anne Child, clinical geneticist at St George's Hospital, and medical director of the Marfan Trust, heads the UK research team. She said: "The research we do provides vital information to answer questions such as 'What signs enable us to predict patients at high risk of aortic rupture?' and 'Why do some affected children have learning difficulties?'"

"It is also our aim to educate everyone about Marfan syndrome through articles and lectures to improve the diagnosis and management of families with the syndrome."

The Marfan trust funded the establishment of the internationally recognised Sonalee laboratory, based at St George's, University of London, which detects Marfan gene mutations to provide the basis for correct diagnosis.

For more information visit [www.marfantrust.org](http://www.marfantrust.org).

## A word from Miles

December's issue of the gazette, my first as chief executive, provides an opportunity to take stock of the challenges ahead as we work to secure our long-term future by becoming a Foundation Trust by 2014. In view from the top this month our chairman, Christopher Smallwood, makes clear his ambition to see the organisation develop and thrive while I also outline the key priorities for the trust which are as follows:

- Delivering outstanding quality and safety
- Becoming a Foundation Trust
- Leadership and partnership across the health system
- Integrated care pathways across acute and community services
- Fulfilling our academic potential

The gazette also provides an opportunity to showcase the contribution of colleagues from across the organisation. This month the spotlight falls on our security team while we also introduce our new neonatal family centred care coordinators, as well as important appointments in the sickle cell team. We also feature a tissue incompatible kidney transplant first for the trust, and reflect on the work of our major trauma centre one year on from its launch.

There is much to celebrate at this time of year, with the Christmas and New Year holidays and other feast days for major religions to be observed. However, this is also a time for reflection and I would encourage colleagues to read the seasonal message from Canon Hilary Johnson, head of the chaplaincy team.

The nature of the NHS means that many of our staff will be working throughout the holiday period to ensure that patients can continue to access expert care. Whether you are working or relaxing with friends and family may I wish you a very happy Christmas and best wishes for the New Year.

Miles Scott, *chief executive*

## New specialist staff will enhance care for sickle cell patients

**Two new specialist appointments are delivering improved care for local sickle cell patients.** Elizabeth Rhodes has joined the trust as sickle cell haematology consultant ensuring that patients living with this condition will receive stabilised and consistent care. Penelope Cream has been appointed as clinical health psychologist, a role that is crucial in supporting patients in the management of their condition as well as dealing with the chronic and acute pain.

Sickle cell anaemia is an inherited, life-long disease and is the most common of the hereditary blood disorders.

Ros Given-Wilson, the trust's medical director, said: "We are transforming our sickle cell services, working closely with NHS Wandsworth, community nurses and GPs to deliver a multi-disciplinary service with more care delivered closer to patients' homes. This will mean that only those patients with the most complex healthcare needs will come into hospital."



**SPECIALIST CARE:** (l-r) Elizabeth Rhodes and Penelope Cream

## Improved care for COPD patients

**The trust's respiratory team have been successful in improving the quality of care and length-of-stay for patients with chronic obstructive pulmonary disease (COPD) with the help of a successful application for support from the NHS Improvement Team (Lung). This application was jointly applied for by the trust and NHS Wandsworth.**

The project began with the team mapping out patient journeys from the time patients came into A&E, through to their discharge. This process identified gaps and bottlenecks which needed addressing. As a result the inpatients respiratory nurse service has been redesigned and patients are now seen by the respiratory nurse earlier in the admission process. Patients are reviewed, assessed and issued with a COPD discharge pack, all patients on discharge are referred to the community respiratory team for follow up within 24 hours and closer working relationships with the acute medicine unit, geriatrics and respiratory ward have been developed.



**TEAM WORK:** The respiratory team are improving care for their COPD patients

Sam Prigmore, respiratory nurse consultant, said: "This is an important issue to tackle. Around three million people in the UK have COPD and it is the second most common reason for admission to hospital and one of the most costly inpatient conditions treated by the NHS. We are pleased with the progress we've made and would like to thank all wards and departments who participated in the process mapping exercise."

## First for St George's as mum receives daughter's kidney in tissue incompatible kidney transplant

**The transplant team at St George's Hospital has performed its first tissue incompatible (also known as HLA incompatible) kidney transplant on Debra Gouldbourne, who was born with a condition that caused her kidneys to fail.**

Debra's daughter Jade was tested as a match for Debra but, disappointingly, the results showed that her body would attempt to reject the organ. Despite this setback, innovative medicine and the support of a multi-disciplinary healthcare team meant the transplant could still go ahead.

Normally when a donor receives a tissue incompatible organ, the body's immune system will attack the kidney with antibodies and cause it to fail. In Debra's case a complex series of treatments successfully bypassed her body's natural response, allowing her to accept the organ.

A month before her operation Debra was given an infusion which removed some of the white cells – cells responsible for producing antibodies and triggering an immune response – from her blood. She also went through a treatment known as double filtration plasma exchange, which reduced the unwanted antibodies already present in her bloodstream to very low levels.

The low levels of antibodies in Debra's bloodstream allowed the kidney to be accepted and, over four months after the transplant, Debra has fully recovered and there has been no sign of rejection. Though Debra will continue taking immunosuppressive medicines, she is back

to everyday life with normal kidney function.

Debra said: "Accepting a kidney from my daughter has been a very emotional experience for both of us. We spoke to each other over a long period of time and built up to the surgery together, so we shared a huge emotional journey as well as the physical recovery."

Jade said: "I had always known that my mum was sick and may at some point need a transplant, so my brother and I had decided a long time ago that when the time came for another transplant the organ would come from one of us.

"The idea of donating a kidney was scary but the clinical team at St George's were really reassuring and gave me great confidence. They really did everything they could to make both of us comfortable and keep us informed so that we understood what was happening. I can't thank them enough for what they've done for us."

Both Debra and Jade are Jehovah's Witnesses so cannot accept blood transfusions, which made the surgery more complicated, but overall a greater achievement.

Consultant renal transplant surgeon Mohamed Morsy (recipient surgeon) said: "Debra's faith dictates that she cannot receive any blood transfusions. Therefore a key challenge to the theatre team was making sure that we absolutely minimised blood loss during the operation. Though we put into place special measures in line with her faith to control blood loss, she bled very little which was the perfect result for us."



**SUCCESS STORY:** Back row (l-r) Consultant renal transplant surgeons Nicos Kessar and Mohamed Morsy. Front row (l-r) Jade Rockall and Debra Gouldbourne

Nicos Kessar (donor surgeon) consultant renal transplant surgeon and lead in antibody incompatible transplantation said: "The preparation for surgery is what made this whole procedure possible and that is down to the talented multidisciplinary team of doctors, nurses, clinical scientists and surgeons we have at St George's Hospital.

"Debra was perfectly prepared for the procedure when she reached the operating table. Suppressing her immune system so that she could successfully accept Jade's kidney was very challenging and is a huge achievement for the team. It has led to a very positive outcome for Debra and her family and we are very pleased for them."

It is believed that this is the first time in the world that the procedure has been conducted between two Jehovah's Witnesses.

## Speech and language therapists spread the word

**Community speech and language therapists met Justine Greening, MP for Putney, Roehampton and Southfields, to update her on how the trust has been helping people with speech, language and communication needs.** Justine was also given an update on how the team has been working to promote the National Year of Communication and Giving Voices campaigns.

Justine said: "It was great to meet with local speech and language therapists and hear about the valuable service they provide to help residents and their families tackle communication and swallowing problems. I know many residents have benefited from this service."

**The community speech and language therapy team with Justine Greening, MP for Putney, Roehampton and Southfields**



## Major trauma care is saving lives

**Last year single parent Robert Williamson lay in a road with a shattered pelvis, crushed bowel and dislocated hips, wondering if he would ever walk again. Just 12 months later Robert is back on his feet after being taken to St George's Hospital immediately following his accident.**



**HAPPY REUNION:** (l-r) Emergency medical technician Neil Blackwell, Robert Williamson and student paramedic Graham Clark

Robert had been involved in a serious motorcycle accident in Streatham Hill which saw him collide with a central reservation, propelled more than 10 feet up in the air, and end up under the wheels of a 17 tonne lorry – which ran over him twice.

Robert, from Balham, is one of 58 people whose lives were saved in the last year thanks to the capital's four major trauma centres. St George's Hospital is the major trauma centre for the South West London and Surrey Trauma Network and has all the specialist staff and state-of-the-art facilities to care for patients suffering life-threatening injuries, such as stabbings, gunshot wounds and serious road traffic accidents.

The London trauma system was launched in 2010 to improve care for the most urgent cases by providing immediate access to diagnostic scans and technology, as well as consultants who are available 24/7 to treat critically ill patients, to save lives and reduce the risk of permanent disability.

X-rays of Robert's pelvis immediately after the accident showed it was completely shattered and he has had around 20 operations since. He still has two screws in his legs and is having regular physiotherapy to further improve his movement in advance of another operation at the end of this year.

Robert said: "Initially the doctors told me that if I was able to walk again I would definitely have a severe limp.

"Fortunately that isn't the case now, but it was very bleak at the time – I had a lot of extreme pain. If I didn't have access to the major trauma centre I might not be walking at this point. I'm sure most people want to be like me and on the way back to full health after something like this and I put this down to the trauma team."

"My aim now is to get back my health then hopefully get back to work and try and return to a normal life again. I think being sent to a major trauma centre made a difference. If I hadn't had access to the specialist consultant and the team around me, including the nurses, I don't think I would be where I am now."

Martin Bircher, consultant orthopaedic and trauma surgeon at St George's Hospital, operated on Robert and found the type of open pelvic fracture Robert suffered, where there may be contact with the skin or internal organs, to be one of the most dangerous. He said: "When I started treating these sorts of injuries in the late 1980s, the mortality was approaching 50 per cent.

"The concept of getting the right patient to the right hospital as quickly as possible has now become a reality for trauma patients across London. Through the tremendous team work of everybody from roadside to major trauma unit and beyond, Robert's life was saved and his long-term disability reduced. He has also to be congratulated on his amazing bravery and fortitude that not only has inspired us at St George's but also helped other patients on the trauma unit while he was in."

## MITIE's passion for quality

**The MITIE helpdesk and quality assurance team have completed over 6,000 cleaning audits, and handled 52,500 telephone calls since winning the contract to provide cleaning and catering services to St George's Hospital in early 2009.**

The MITIE helpdesk handles around 1,600 catering requests each month, ranging from ethnic foods to snacks. They also take around 660 calls each month for specially trained staff to rapidly respond to cleaning issues such as spills and to clean bed-spaces when patients go home.

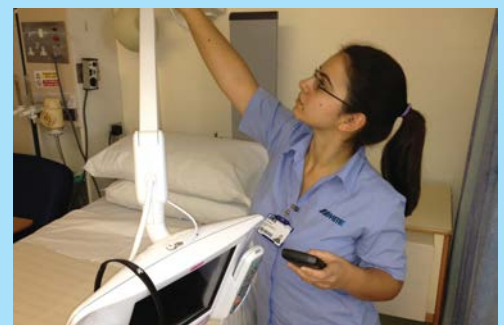
Rute Soares is one of five MITIE team members responsible for managing telephone requests and auditing cleaning standards. She is passionate about progress in cleaning standards across the hospital and said: "Staff often mention that they are impressed to see me thoroughly checking all the curtain rails, under the beds, the dispensers and on top of notice boards. I think they are pleased to put a face to my voice, as most people speak to me on a daily basis on the MITIE helpdesk".

For Rute one of the most important things about auditing is that she is accompanied by ward and departmental staff. During the audit process if an area is found to not meet cleanliness standards, she informs the accompanying supervisor and often has the issue resolved immediately.

The audits undertaken by MITIE are validated by clinical staff and by separate environmental audits carried out by the trust's facilities team. Audits are scheduled to a set frequency using "Vision IT"; MITIE's bespoke monitoring system which allows the management team to produce reports that can highlight areas for improvement.

Achieving excellent cleaning standards is essential to achieving low rates of hospital acquired infections such as MRSA. Rute said: "We all form part of a team who are working together to protect patients and improve their care. We all want to go the extra mile to give the best service we possibly can, and never stop looking for areas where we can improve."

For questions or comments regarding cleaning, catering, or auditing, please call the MITIE helpdesk on extension 4000.



**MITIE AUDIT:** Rute undertakes regular audits

## Spotlight on... hospital security

The site of St George's Hospital in the heart of Tooting covers an area of 15 hectares, the size of 18 football pitches. With thousands of patients, visitors, staff and members of the public passing on site every day security is a particular challenge. The hospital team work around the clock, seven days a week to ensure that the site is kept safe. The gazette met with Neil Dowden, local security management specialist, to find out more about how the team operate.

Neil started by explaining the size of the security team and their key roles, he said: "The team is made up of 22 permanent staff, three of whom are also special constables. They are responsible for all security matters and in addition to regularly patrolling the site they manage the car park and traffic flow around the grounds, attend fire alarms as well as respond to calls from staff who are experiencing abusive behaviour. They investigate any crimes that are reported on site; liaising closely with the police on these matters. They are also responsible for managing the access to all wards and



*Special constables Daisy Gunesh and Robert Brett with Neil Dowden*

departments; issuing swipe cards to new members of staff and ensuring that staff who have left are no longer on the system." The team work closely with St George's, University of London colleagues in supporting safety for staff and students.

Neil, who has been at the trust for 13 years, is also the chair of the board for the local 'Safer Neighbourhood Team'. The hospital is the main 'beat' for this team which is why police officers can be spotted around the trust on a regular basis.

The security role is a varied one and brings with it different challenges as Neil explained: "The best part of the job is that no two days are ever the same. We deal with a variety of stuff. You can't complain of being bored because you never know what you're going to be faced with."

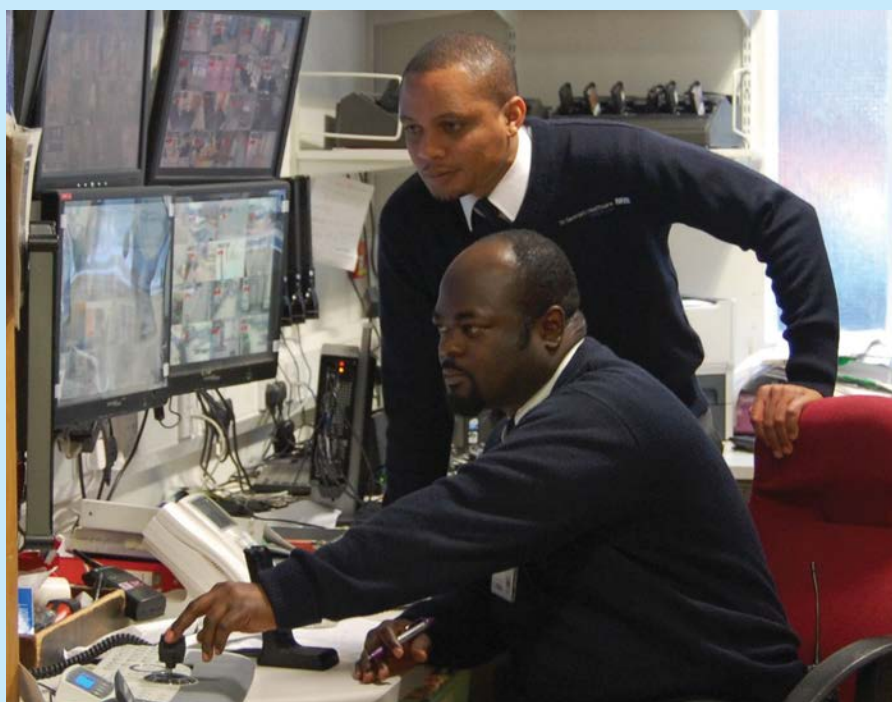
A big challenge that the team faces is trying to meet the needs of everyone on-site – patients, public and staff. Neil said: "We work in a trust that has over 7,000 colleagues and the perimeter road is more than a mile in length, so it is a massive site to be patrolled on a daily basis. But we overcome that by holding security lectures and offering training to staff to raise awareness so they become our eyes and ears out there and they can contact us whenever they need to. We also have the help of CCTV and have access to cameras belonging to Wandsworth Council on the outskirts of the hospital site. This helps us in situations such as when you have a missing patient as you can inform the police of the entrance they have left the site from."

After 10 o'clock, all the entrances to the hospital are locked except for the main entrance in Grosvenor Wing and A&E. This allows the security team to vet anybody coming through the main doors. A&E has a permanent security presence throughout the night until all the doors open again at 5.30am.

The biggest security problem on site is opportunist theft and staff are urged to be vigilant and to remember to keep valuables in a safe place and to keep "swipe access only" doors closed.

Staff can also play their part by wearing their identity badges, Neil said: "Our advice for staff is to make sure that you wear your ID badge at all times – this will help us identify suspicious people and also gives staff the confidence to challenge anyone who they may not recognise in their area."

The security team offer regular training lectures and the new schedule for 2012 will be published in January. Staff are encouraged to contact the team to find out more information about these lectures by calling 020 8725 0044.



*Wayne Powell and Clinty Joseph keep an eye out on the surveillance cameras*

## St George's mortality rates among the lowest in England

St George's Healthcare NHS Trust has been named as having one of the lowest mortality (death) rates in the country in an annual study published by Dr Foster, the independent healthcare intelligence group, on Monday 28<sup>th</sup> November.

The Dr Foster Hospital Guide 2011 named St George's Healthcare among trusts with a 'better than expected' outcome for Hospital Standardised Mortality Ratio (HSMR). Publication of the new NHS-wide summary hospital-level mortality indicator (SHMI) also shows the trust to have 'lower than expected' mortality. The SHMI measures the ratio of observed deaths to expected deaths and the trust is one of 14 identified as having the lowest mortality rates in England. Miles Scott, trust chief executive, said: "The public can take confidence in the fact that our mortality rate is significantly lower than the national average. We were one of the first healthcare organisations anywhere to monitor mortality to ensure that we could understand the death rate for every individual area of practice. Our rates are published on our website and this approach ensures that we have the clearest possible picture to help us maintain low mortality rates.

"We are also pioneering new care for life-threatening conditions such as stroke. As one of eight hyper-acute stroke units (HASUs) serving London we ensure that patients get rapid access to specialist care. Across the capital the introduction of HASUs has resulted in the numbers of patients dying within seven days of admission to hospital falling by 25 per cent."

## Long service awards dinner celebrates staff

*OUTSTANDING SERVICE: Naaz Coker congratulates a member of staff on their award*

**The annual dinner for long serving members of staff and special achievement award winners took place in October.**

The dinner, held in the Hyde Park Room, was attended by more than 120 award winners, their guests and senior members of staff.

Long service members received a gift from Naaz Coker who in her speech thanked everyone for making her last awards dinner as trust chair so memorable.

### Staff with 25 years service

- |                      |                     |                     |
|----------------------|---------------------|---------------------|
| • Pearlana Answer    | • Lucille Hill      | • Michael Patton    |
| • Dorothy Attrill    | • Janet Hodgson     | • James Polydor     |
| • Catherine Barrett  | • Paula Hooper      | • Charles Pumphrey  |
| • Christine Bartlett | • Violet Jana-Saker | • Ewa Raglan        |
| • Jacqueline Brady   | • Christine Jones   | • Jill Rumbles      |
| • Jean Chutkha       | • Paul Kensit       | • Margarita Sanchez |
| • James Clarke       | • Patricia Lawrence | • Anne Sheppard     |
| • Martin Coakley     | • Patricia Lovelock | • Edward Smith      |
| • Catherine Collins  | • Henry Marsh       | • Kee Soh           |
| • Margaret Crossley  | • Mary Mayne        | • Gail Thompson     |
| • Natasha Dillon     | • Jane Murphy       | • John Taylor       |
| • Elaine Duffy       | • Alan Nash         | • John Thompson     |
| • Anne Fealy         | • Andrew Neil       | • Margaret Tindye   |
| • Anne Gannon        | • Anne O'Sullivan   | • David Ward        |
| • Mary Goggin        | • Anne Owen         |                     |
| • Jean Gomes         | • Louise Paterson   |                     |

### Volunteers with 10 years service

- |                 |                   |                 |
|-----------------|-------------------|-----------------|
| • Basil Cameron | • Suzanne Davies  | • Albert McFall |
| • Fay Cameron   | • Lilian Harrison | • Neil Robson   |
| • Una Clarke    | • Nell Holiday    | • Ann Rollings  |
| • Doreen Craig  | • Harry Maylin    |                 |

## First joint HR director for trust and university



**Wendy Gay has been appointed joint director of human resources for the trust and St George's, University of London, and will take up her new post on 1<sup>st</sup> February 2012.**

The innovative appointment is part of a partnership programme that is focusing on closer working between the two organisations.

Wendy is currently director of workforce and education at Lewisham Healthcare NHS Trust, a position she has held since 2005. Previous posts include director of human resources and organisational development at Bromley PCT (2003-2005), and head of employee relations at King's College Hospital NHS Trust (1999-2003). Wendy also has a background in human resources within the

mental health and charity sectors. Professor Peter Kopelman, university principal, said: "We welcome Wendy to the St George's team. This joint appointment affirms the strategic intention of both St George's Healthcare and St George's, University of London, to work closer together in a shared goal of providing the highest quality education, training, research and clinical care."

Miles Scott, trust chief executive, said: "This is a crucial role that will support the alignment of workforce planning, education and training across both organisations. It demonstrates a joint commitment to attracting, supporting and developing the most talented workforce in an efficient way."

### Christopher Smallwood, trust chairman

**Christopher Smallwood, trust chairman, took up his post on 1<sup>st</sup> November. *The gazette* met with Christopher to find out more about his background and priorities for the trust.**

#### Tell us a little bit about your background?

My career was in economics, finance and corporate strategy and led me to work for a number of international financial, energy and media organisations. When I retired I wanted to do something with a social pay off and looked to the NHS. I was chair of Hounslow PCT for two years before moving to Kingston Hospital as chair in 2008.

#### What attracted you to St George's Healthcare?

Being chair of a large trust, which also incorporates one of the countries principle teaching hospitals, is an opportunity which doesn't present itself to many people, and I would like to say that it's a great privilege to do this job.

I was keen to come to the trust because it plays such an important role in southwest London providing acute, community and specialist services to people living in Wandsworth, Surrey, Sussex and beyond. How we develop in the future will determine the pattern of healthcare across southwest London, and we are on the verge of making some very important decisions in relation to the proposed integration with St Helier Hospital and becoming a Foundation Trust - so it's an exciting time to be part of St George's!

#### This is a big trust, how will you familiarise yourself with the work and staff?

I attach a lot of importance to visiting all parts of the trust and I'm going to be visiting a different area each Wednesday, so if people see the chairman wandering about looking lost I'm probably trying to



find where I'm going! These are important visits, which I see as a contribution to our quality and safety agenda. I like to tour a particular service area and then sit down with a cross section of the staff and have a conversation about the issues which are top of colleagues' agendas. I always ensure that notes of the main points discussed are taken so they can be followed up afterwards.

I went to A&E during my first week and was extremely impressed by the staff I met there. I was also struck by all the developments taking place in that part of the hospital, which is going to make it a great place to work and importantly improve the patient experience.

#### What are your four main priorities for the trust?

##### **Making the right decision with regards to St Helier will be critical.**

Everybody knows that we are in discussions about merging with St Helier but the board has yet to make a final decision about this. I am keen to assure people that we will not go ahead unless we are convinced that any merger will unequivocally strengthen the prospects for St George's Healthcare and its patients. Having said that, if we can make the merger work then there are lots of potential benefits that could flow from a formal link-up. We would be able to increase specialist care for more people in southwest London and we would be able to expand the reach of the university.

##### **Proceeding with our Foundation Trust application.**

In the past we have stumbled over our Foundation Trust (FT) application by failing to meet financial targets. Finances aside, the hospital is in an excellent position to become a FT and we are going to go ahead with our application as soon as we can. In order to succeed then we have to instil in the trust a culture in which financial and performance targets are met as a matter of course, so that the sort of slippage there has been in the past no longer takes place. A key objective for both myself and Miles Scott, our new chief executive, will be to make sure that this important cultural change is achieved.

##### **Developing our links with the university.**

I am keen to gain a good understanding of the university and work to strengthen the links with the trust. We will be developing a research strategy with the university to align with the trust's clinical needs and I see this as an important contributor to the competitive strength of St George's Healthcare.

##### **Realising the benefits of integration with community services**

**Wandsworth (CSW).** Integration with CSW is very important for the trust because a lot of the developments in healthcare involve community based care that is closer to the patient's home. This type of approach is only going to become more important as the NHS changes the way it delivers healthcare and I am keen to see the trust at the forefront of new service development and delivery.

#### What has your experience of the trust been like so far?

I have found everyone to be very friendly and cooperative. I think we have a good executive team here and I believe we have appointed an exceptionally good chief executive in Miles Scott; his experience is exactly what the organisation needs.

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

I play golf, or I should rather say I suffer on the golf course! I enjoy going to the theatre and I read a lot.

## Miles Scott

trust chief executive



### How are you settling into life at St George's Healthcare?

My priority has been to spend as much time getting to know the staff and understand how the trust works across all its various services and sites across Wandsworth. In getting around the organisation I have been made to feel very welcome by everybody I have met.

I have also been meeting with our key stakeholders, including our commissioners and partners in our clinical networks, community and patient groups, MPs and local councillors.

I have come to the trust from Yorkshire and have not had much time for getting to know London and the cultural opportunities on offer here yet, but I am looking forward to exploring the local area more.

### What attracted you to the trust?

Well, first and foremost a first rate acute hospital and community services with an excellent reputation.

With this basis, I believe that there is a real opportunity for the trust to develop into one of the countries leading healthcare teaching organisations. I find that a very exciting prospect.

### What are your first impressions of the trust?

Very positive. I was immediately impressed by the quality of the services, commitment of staff, and the enthusiasm for services they provide to patients.

Now I really want our staff to see that too and to believe in themselves and the services they deliver. If staff truly believe in themselves and apply the commitment and energy that is evident to me into their services there will be no holding us back.

### How important is achieving Foundation Trust (FT) status for the trust?

All NHS trusts are required to become FTs by 2014 so it is absolutely essential to our long-term future.

In becoming an FT we will be more accountable to our local community and also gain increased financial freedom enabling us to invest in new facilities and services.

St George's Healthcare has made great strides towards achieving FT status in recent times, and I want the trust to operate as much like an established FT as possible and as soon as possible.

### What are your other key challenges?

As well as achieving FT status, there are a number of important issues we have to work together on over the coming months:

#### Quality and patient safety

We must look to maintain and build on our fine record of providing high quality care. Only last month Dr Foster identified us as one of the safest trusts in the country with statistically significant low mortality rates.

#### Academic development

In partnership with St George's, University of London there is so much more potential to be realised. The next few months will be a time of great opportunity for the greater St George's to further establish itself as an education and research leader in south London.

#### Community services

Since integration with CSW last year we are now well placed to offer improved patient pathways, providing care closer to and in patients' own homes. This will be a crucial part of improving both quality and productivity in local health services.

#### The future of St Helier Hospital

The future of St Helier Hospital is very important to St George's Healthcare. We have submitted a formal bid for integration with St Helier, but integration must be right for all parties. The Board is committed to doing whatever work is necessary and engaging constructively

with all the relevant stakeholders to inform its decision on whether to pursue this potential integration of services.

#### Finances

The trust has returned a financial surplus for the last four years and it is crucial that we hit our budget target for this year, which requires us to identify where we can be more prudent.

The good news is that we pay off the final instalment on our historic debt in March 2012 and, if we deliver our financial plan, the resulting surplus will provide us with capital funds to invest in developing services during 2012/13.

#### Waiting times

Our problems with the 18 weeks inpatient waiting times target have been well reported and we must achieve the national target this year.

#### Emergency access

It is vital that we maintain emergency access over the winter period. We have one of the busiest A&E departments in the country and we know that the next few months will be challenging. We have a range of facilities opening over the coming weeks that will support A&E. The new acute medical unit, paediatric assessment unit and extra bed capacity will all help us to manage our emergency activity, but success will rely on the whole organisation working to support the emergency team.

### What is your long-term vision for the trust?

Becoming a FT is central to my long-term vision as it will secure our place at the heart of an integrated health system for southwest London and beyond. As the largest healthcare provider in the sector we have an important leadership role to play in modernising services but can only achieve this by working in partnership with other NHS organisations.

I also want us to continue to improve our patient care and develop new integrated pathways across community, hospital and specialist services and work more closely with the university to achieve our academic potential.

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

I love to run and am looking to join a local running club. I am also a big football fan and get along to the Emirates whenever I can to watch the Arsenal.

## Feedback

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

### ● FAO portering

Please do pass on our grateful thanks to your porter, Martin Coakley, who was exceptionally helpful when my disabled mum came to her eye appointment recently. It would be appreciated if you could forward our thanks to the head of personnel, as exceptional assistance should be acknowledged!

### ● FAO community services offender healthcare

I am writing to you as I would like you to know how much I appreciate the care I receive from your colleagues on my wing. I would like to point out that nurses Judy Pitt, Gavin Cook and Claire Twist are all exceptionally helpful, caring, polite and pleasant at all times.

I would also like to add that senior nurses Elaine Mills and Emma Leegood have also helped me out on numerous occasions. Us prisoners are all too quick to complain about the standard of care we receive here in prison. But I just wanted someone at a higher level to know that there are some excellent nurses on my unit.

### ● FAO elderly care

The current media criticism of hospitals for their treatment of elderly patients is completely contrary to my recent experience at St George's Hospital. I am 87 years old and having only recently been treated at the hospital in St James Wing and in Thomas Young ward for a broken hip following an accident, I have nothing but praise for the staff at all grades for their efficiency and kindness and also for the spotless cleaning of the wards. I started off recalling the names of individuals but on reflection that seems to be invidious because they were all so kind.

### ● FAO physiotherapy

I just thought I'd drop a quick line to say how impressed I've been with one of your staff. I've had several physiotherapy sessions with Simon Nicole over the last couple of months. I found him to be friendly, informative, realistic, professional and very competent, giving me a much more complete knowledge of my condition. He helped me to work with it but also gave me the tools and

knowledge to continue long after treatment had finished. I've rarely had such good treatment in my 46 years.

### ● FAO accident and emergency

I would just like to take some time to pass on my thoughts and thanks for the care I received from the time I entered the accident and emergency department on 30<sup>th</sup> July 2011 to receiving a phone call giving me the all-clear on 20<sup>th</sup> October 2011.

I don't think it is quite so easy to lay praise when you are given bad news as opposed to when that news is more positive but I have to say I do not think my care could have been better, given the constraints on time, money and resources in the present climate.

At no point was I made to feel like a mere number and on all occasions and when I was feeling somewhat deflated and at times concerned I just found the standard of treatment I received to have been extremely professional. I am very grateful for all the attention I was given.

## St Helier merger bid submitted

**In November 2011 the trust submitted a formal bid to merge with St Helier Hospital, including Sutton Hospital and Queen Mary's Hospital for Children. The bid was submitted to the special transaction board set up to oversee the demerger of Epsom and St Helier University Hospitals NHS Trust.**

St George's Healthcare was invited to bid for integration with St Helier in July 2011 and has been working to a timeline set by the transaction board to conduct initial due diligence and to produce the required bid documentation. The trust has also used this time to meet with a wide range of local stakeholders, including staff from both organisations, patient and public representative groups, health partners, local council members and MPs, to help the trust develop a bid that reflects the needs of the local community.

Christopher Smallwood, trust chairman, said: "The possible merger with St Helier has the potential to secure high quality services and enhance specialist care for patients from across southwest London.

"However, in deciding to submit a bid the trust board has been clear that any merger must be financially sustainable in the long-term. If we are named as the preferred partner then there will be a further period of negotiation before any final decision is made."

The transaction board is expected to announce whether or not the bids have been successful in early February 2012. Their recommendations will then need to be approved by a number of other organisations, including the Department of Health, with the mergers planned to take place in January 2013.

## 'Better Services Better Value' review highlights need for change

**The 'Better Services Better Value' review, which was launched by NHS South West London earlier this year, looks at how local health services can be improved. It is being led by healthcare professionals, including those from St George's Healthcare, with input from patients and the public across southwest London.**

According to the 'case for change', published on 3<sup>rd</sup> November as part of the review, no change is not an option for healthcare services in the region. The report presents a frank picture of where standards of care are falling short and where the safety of patients may be at risk.

The review seeks to find out how to achieve the highest possible standards of care, providing local people with safe, effective, easily accessible and patient-centred services. In doing so working groups are exploring the patient journey and models of care in five key areas:

- Planned care and end of life care
- Urgent and emergency care
- Maternity and newborn care
- Children's services
- Long-term conditions

For more information or future engagement events visit [www.southwestlondon.nhs.uk](http://www.southwestlondon.nhs.uk)

## Past and present – McEntee Ward

**Dr Charles McEntee was born in Sligo, Southern Ireland in 1900. He studied at Trinity College, Dublin, graduating in 1922 after which he migrated to England.**

In late 1938 he was appointed to the Grove Fever Hospital, Tooting, where he became deputy medical superintendent. When the medical superintendent joined the services in 1940 he became acting medical superintendent at 'The Grove'. The war years were difficult and during the blitz on London bombs fell on the Grove Hospital, destroying six wards.

McEntee developed his expertise in the treatment of infectious diseases at the Grove Fever Hospital and medical students from St Thomas' and St George's Hospitals were eager to get onto his ward rounds to benefit from his expertise.

After the war the Grove Fever and Fountain Hospitals were chosen as the site for the new St George's Hospital and Charles McEntee was key in facilitating this smooth transition. He was appointed consultant physician to St George's Hospital in 1954 and given responsibility for the infectious diseases unit. He was consultant to the Ministry of Health on smallpox and belatedly was elected FRCP (Fellow of the Royal College of Physicians) in 1960. He died in 1969.

Today, McEntee ward is an 18 bed infectious diseases unit; the only purpose built unit of its kind in southwest London. The ward routinely cares for patients with HIV, tuberculosis, tropical and community acquired infections. The ward is staffed by experienced nurses who work closely with their medical colleagues to provide the highest standard of care for their patients.

Linda Smith has been matron for infectious diseases since 2004. She said: "I have a long history with McEntee ward starting my career as a staff nurse on the ward and progressing to ward sister before applying for the matron's role. I am very proud of the nursing team and their commitment to giving the very best nursing care. The support they give their patients and each other is quite unique. Some of our returning patients always say to me that they feel part of a family when they come to McEntee ward and that to me is high praise!

"The ward runs very efficiently and the team are now into the second phase of the productive ward. The ward sister has recently introduced hourly rounding and one of the senior staff nurses has also introduced a 'quiet hour' for patients, which is proving very popular."



**SPECIALIST CARE:** Linda Smith (centre) and staff stand in front of a photo of Charles McEntee on the ward



## Consultation on plans to improve neurorehabilitation services

**At the end of November the trust launched a public consultation on its plans to develop its neurorehabilitation services designed to improve the care offered to patients in southwest London.**

The trust is consulting on proposals to relocate the majority those services currently provided at the Wolfson Neurorehabilitation Centre, Wimbledon, to Queen Mary's Hospital, Roehampton. Patients who require more complex care provided would be treated in a dedicated neurorehabilitation facility to be based at St George's Hospital.

The plans have been designed by consultants, nurses and therapists following a detailed clinical review into how the services are currently provided. Clinicians have concluded that that moving the services to Queen Mary's, a modern hospital designed for rehabilitation services, would provide the best clinical outcomes as well as being the most cost effective option.

The Wolfson Centre, although home to an excellent service, dates back to the 1960s and is no longer fit for purpose.

Modernisation costs of the centre would be in the region of £16 million. The cost of the development work required at Queen Mary's and St George's Hospitals will be covered by selling the Wolfson site, with any excess funds being reinvested in frontline services.

Geoff Cloud, consultant physician and care group lead for neurorehabilitation, says: "We are committed to delivering high quality neurorehabilitation services. We have the opportunity to look carefully at how we provide neurorehabilitation services in southwest London. Our long-term plan is to relocate the majority of the service currently provided at the Wolfson to Queen Mary's where there is already a purpose built facility for rehabilitation services. This will improve accommodation provided to patients. In addition 10 beds would be provided at St George's Hospital, allowing patients that still have acute needs to begin their neurorehabilitation earlier."

It is expected that work at Queen Mary's will take 18 – 24 months and in the interim period the trust will relocate 26 of the 32 Wolfson beds onto a vacant ward at St George's Hospital and the remaining six beds to Queen Mary's.

The consultation is due to end on 23<sup>rd</sup> December. To read the full consultation document and to have your say visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Jumping for George's

**We don't know how they did it! But we do know why...**

...all monies raised as part of this sky-diving feat are going towards Bereavement Services at St George's to help support relatives and friends who have lost a loved one.

The three colleagues; Teresa Allison, bereavement services manager, Sarah Duncan, patient experience manager and Samuel Ridge, senior communications manager; teamed up to do their tandem skydives to raise money for St George's Hospital Charity. They were joined for the day by Jo Leslie, human resources manager, who is also an experienced skydiver.

The jump took place on Saturday 15<sup>th</sup> October at Netheravon in Salisbury. Despite arriving late because of a highly stressful journey to the airfield (which is another story entirely!), the "George's Jumpers" all loved the dive, saying it was "absolutely amazing".

We are truly impressed! And they have raised over £2,000!



**TEAM WORK:** (l-r) Jo Leslie, Teresa Allison, Sarah Duncan and Samuel Ridge

## BBC newsreader helps celebrate new family centred care role at St George's Hospital

BBC newsreader Sophie Raworth was the special guest at St George's Hospital, Tooting, on 21<sup>st</sup> November helping to celebrate the new family centred care (FCC) coordinator role created to provide support for families of premature and sick babies in southwest London.

The innovative role has been created by *First Touch*, St George's neonatal unit charity, for whom Sophie Raworth is a patron and *Bliss*, the national special care baby charity. Both charities are working closely with St George's Hospital and the South West London Perinatal Network.



**FAMILY-CENTRED CARE:** Sophie Raworth (centre) with Lyndsey Hookway and Bobbie Everson, who share the full time family centred care coordinator role.

## St George's Hospital calendar of events

★ **Great Gustos carol singing, 18.00hrs-19.00hrs, Trafalgar Square Friday 16<sup>th</sup> December, free and open to all**

★ **Christmas Festival Concert, retiring collections, various times, Royal Albert Hall Saturday 17<sup>th</sup> December Sunday 18<sup>th</sup> December Thursday 22<sup>nd</sup> December Saturday 24<sup>th</sup> December**

Please contact Katy Worley on 020 8725 4987 or email [katy.worley@stgeorges.nhs.uk](mailto:katy.worley@stgeorges.nhs.uk) if you would like to volunteer for one of the collections

**Grand Christmas Raffle prize draw, 13.00hrs, fundraising office, Tuesday 20<sup>th</sup> December, tickets are available from the Fundraising Office**

★ **Festive tidings to all our supporters and very best wishes for 2012.**

## Festival of Light

**Patients were treated to the first ever organised firework display at St George's Hospital in early November.** The spectacle took place just after dark on Wednesday 2<sup>nd</sup> November in the courtyards of Atkinson Morley Wing and was inspired by Sarah Weatherall, St George's Hospital Charity Performing Arts Officer. Fireworks and specialist effects expertise were supplied by pyrotechnology and refreshments by Peabodys. Our thanks to them and also to colleagues in Estates and Facilities for their "can-do" attitudes and for helping us to make it happen. Here's some feedback from spectators:

"Unexpected treat. Absolutely first-class a bird's eye view from my bed. Quite spectacular and obviously very well-planned."  
*Patient, Ben Weir Ward*

"It gave everyone a lift and something to talk about. You do the music don't you? It's great, we love it when stuff like that happens here".  
*Nurse, Ben Weir Ward*

"Very nice gesture by the hospital, they were great. Well worth doing.

Yes please do it next year". *Relative of patient on Kent Ward*

