

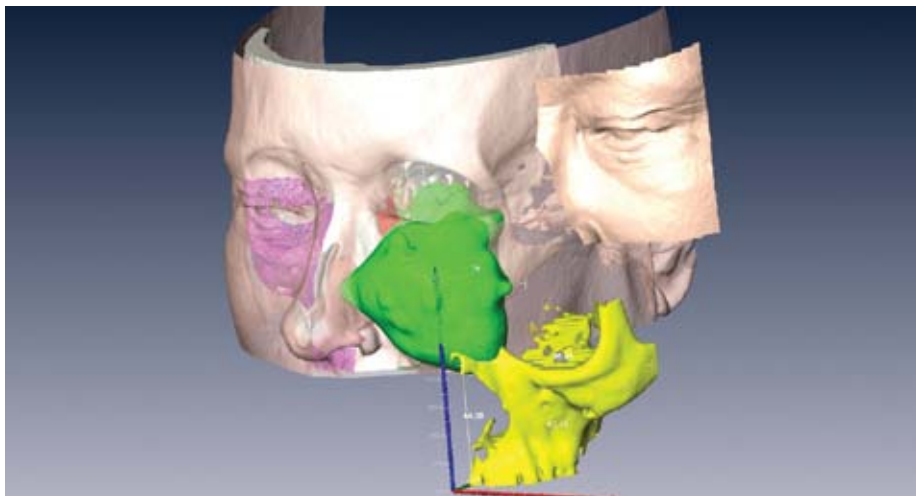
# the D E N E S

Winter 2013/14  
issue 35



## How St George's helped leader of the pack get back on track - full story page 4

# Big screen films inspire new surgery



A 3-D image of Ann's head showing the tumour in green and infected bone

You'd be hard pressed to find a surgeon claiming *Jurassic Park* as an influence but consultant **Kavin Andi** says special effects in the film industry have inspired his use of 3-D imaging in reconstructive surgery.

He cites the influence of directors like Steven Spielberg and James Cameron for inadvertently helping develop technology that has huge crossover potential into medical science.



Patient **Ann O'Sullivan** recovers after life saving surgery

The 38 year-old facial consultant says the special effects used in films like *Toy Story* and *Avatar* have proved inspirational, if unorthodox, reference points to help develop the 3-D application.

Kavin is the one of a handful of surgeons in the UK using the technology which accurately maps 3-D 'before and after' models allowing him to view objects like tumours from any number of angles as well as conduct 'virtual' surgery. This includes making proposed measurements and incisions before going into theatre. He honed his computer skills over the

years from his initial efforts as a teenager modelling items such as wine glasses and fruit to his first surgically applied application repairing a fractured cheekbone in his chosen field of maxillo-facial surgery.

Images are initially gathered via CT and MRI scans and then uploaded into a software packages for modelling and analysis.

Kavin had a childhood encounter with a lamp-post to thank for his chosen career path when he lost a tooth and shattered the bone above his mouth leading to several years of reconstructive surgery.

His confidence - and willingness to smile in photographs - returned with a replacement tooth and he chose a career in dentistry before specialising in maxillofacial surgery which uniquely combines the skills of dentistry and surgery.

## Max Fax

Kavin admits 'Max Fax' is at the radical end of the surgical scale which can literally involve taking the face and neck apart including major tissue transplants and the removal and replacement of cancerous bone, teeth, eyes and muscle like the tongue.

One of Kavin's most recent procedures gained national coverage when, during two seven hour operations, he and a fellow surgeon removed a large tumour including a portion of patient Ann O'Sullivan's jaw, left eye and numerous teeth before reconstructing the damaged area.

The next leap in technology will be 3-D surgical glasses with the ability to see through human tissue along with robotic surgery which will require less invasive surgery and quicker results in patient recovery.

## Hospital patients take a bow

Patients from St George's Hospital took part in a unique arts project which saw 30 performances simultaneously take place across London.

Home saw actors and actresses create mini performances based on the lives and experiences of people living in the chosen locations.

Actor Darren Hart had previously spoken to patients on the hospital's Wolfson Ward and translated their experiences into a one man performance loosely based on TV show *Deal or No Deal*.

Darren arrived for his performance as a bogus TV repairman called Maintain and Entertain and 'disconnected' the TV in the patient lounge before launching into his own form of entertainment to keep patients amused.

He used *Deal or No Deal*'s prize boxes to reveal patients' experiences in a light-hearted sketch based around the senses of sound, taste and touch.

For example, the music box included a compilation CD of patients' favourite songs.

Darren said: "It was great fun and I got some good feedback from patients. This sort of performance keeps me on my toes and it was great to be part of a London-wide project happening simultaneously."



Actor **Darren Hart**

## CONTENTS

- 3 The future's bright, says Sir Bruce
- 5 The robots are coming
- 6 Hospital open day
- 8 Meet the governors
- 12 Staff awards
- 15 My life in the mortuary
- 16 Audiologist of the year

Front cover: cyclist Wouter Sybrandt leading the pack. Cover: Fez photography.

The gazette is written and published by the communications team. If you have a story for the gazette, email: [communications@stgeorges.nhs.uk](mailto:communications@stgeorges.nhs.uk)

# Future as bright as we want it to be, says Sir Bruce



Sir Bruce Keogh chats with nurse Kate Fincham during his walkabout

Chief executive Myles Scott gave a unique introduction to one of the National Health Service's most influential figures describing NHS England's Medical Director Sir Bruce Keogh as "having more accolades and honours than I've had curled up NHS sandwiches".

Professor Sir Bruce met with some of the hospital's senior officers and clinicians before addressing an audience of more than 200 people about the challenges and opportunities facing the NHS during the most turbulent period in its 65 year history.

He delivered a blunt but honest assessment of the organisation's performance during the past decade but stressed that a 'fantastic opportunity' to reshape the NHS lay within reach if it rejected mediocrity and become a 'cauldron of innovation'.

He compared the current challenges of a depressed economy with those immediately after the Second World War when the NHS was founded and said that opportunity often

lies in adversity. Sir Bruce said: "The NHS is in a fragile state given the economic climate but we are in a position to reinvent ourselves and become a world leader in healthcare.

"We need the NHS to become a cauldron of innovation and a go-to place for medical technology companies. Some challenges are incredibly complex and multi-layered but underpinning everything has to be providing better care for our patients.

"It sounds simple but getting it consistently right first time will have a positive knock-on effect across the whole organisation. He highlighted three key measures that will help the NHS make the transition to a better organisation:

- Empowering patients
- Clinicians having a greater say in shaping services
- Ensuring clinical outcomes are the everyday currency of the NHS

Sir Bruce said the appointment NHS England's new chief executive Simon Stevens was a good choice describing him as 'cerebral' and 'charismatic' and pointed to Mr Stevens commissioning experience in America where he oversaw a health organisation delivering services to 89 million people.

Sir Bruce also took questions from an audience of more than 200 people touching on subjects including seven day a week services saying that a system that effectively shutdown on a Friday night and restarted on Monday morning was not a compassionate one.

A word from...  
**Myles Scott**  
chief executive



It's been another busy year and I would like to thank everyone for their hard work during 2013, despite the financial challenges facing the NHS.

It's easy to blow our own trumpet but we have had external validation with a number of staff winning and reaching the finals of various national award ceremonies.

Congratulations to them all and I hope their efforts inspire the rest of us to greater success in the workplace.

The New Year promises to be a defining one when we finally learn if we are to be awarded foundation trust status after our final CQC inspection in February.

This will give us greater financial and decision-making autonomy and we are already preparing for that day with the election of governors who will ensure we remain focused on delivering the best possible services to the local community and beyond.

I'm genuinely excited about the prospect of trust status as it will give us the freedom to be even more dynamic and creative in the pursuit of excellence.

St George's will also be home to the capital's second air ambulance service when the rooftop landing pad is finished and ready for use in the Spring.

It's been a huge undertaking but highlights the importance and high regard our emergency department is held in.

I appreciate it has been a noisy time for people working in the immediate vicinity but will be a great asset to both the hospital and the capital and fits in with our plans for the future.

Elsewhere, we remain focused on improving patient safety, experience and outcomes including continuing our excellent record on low mortality rates, reducing hospital readmissions and increasing patient satisfaction

I'd finally like to wish everyone a merry Christmas and a well-deserved rest because you are going to need all your energy in 2014.

**Myles Scott**  
Chief executive

## Simply the best

Congratulations to Colin Wren who won Young Achiever of the Year at the Corporate Communications Awards for his work designing an app. to help people find their way around St George's Hospital.

# The Flying Dutchman rides back to his best

Surgeons at St George's Hospital have helped one of the country's top cyclists back into the saddle after a horrific crash in the final stage of the Tour of Britain.



Winning smile:  
Wouter Sybrandy

Wouter Sybrandy, who rides for IG Sigma Sport, came off his bike on a steep descent in an effort to close the gap on the race leaders.

The 28-year-old Dutchman describes "the bike making it around the corner but not me" and being thrown face first into the adjoining banking".

Wouter was taken to hospital where he was treated for several broken ribs and cracked vertebrae, had plates inserted in his cheek bone and above his eye socket. Doctors told the cyclist, whose honours include silver and gold medals

in the national individual and team trial championships, that would be hospitalised for six weeks.

It is testament to Wouter's fitness and strength of will that he walked out of hospital two weeks later and was back in the saddle within two months

So how did he recover so quickly?

"My fitness had a lot to do with it and I set myself a succession of small goals which started with being able to stand, walk, get up and down the stairs and out of hospital before progressing to light workouts and eventually cycling.

*"I started with a stationary bike and just took it from there. It was a good feeling to slowly regain my strength and that spurred me on. I'm back racing again with my weekly mileage topping 500 km."*

So, has the crash made him more cautious?

"No. I don't remember crashing so don't have any negative association with it.

"You just have to brush yourself off and get on with it, don't you?"

## New dentists learn the drill

Things have come a long way since dental consultant Peter Briggs was a student and graduates used to practice dental techniques on each another.

An indication of just how far things have changed is the opening of a new state-of-the-art dental simulation unit at St George's Hospital.

The £350,000 facility provides an excellent learning environment for postgraduate clinical training and general dental practitioners together with other members of the dental team.

The training suite includes 15 tutor/student work stations along with accompanying 'phantom head' simulators linked to video enabled surgical operating microscopes. Touch screen HD Smots technology further aids the teaching experience.

The dental team will be able to cut, shave, drill, fill and drill a variety of plastic teeth set with in the jaws of state of the art phantoms' jaws and undertake surgical procedures on the work surface.

Peter Briggs, foundation training programme director for south London and consultant in restorative dentistry at St Georges Healthcare NHS Trust, said: "This is a step forward for this hospital which now offers some of the most modern dental training facilities in the capital'.

*"Dentistry is still essentially a practical 'skill-based' profession and one needs plenty of repetitive skill-based practice. The suite offers a safe learning environment where dentists can learn new techniques, fine-tune their skills and bench mark themselves against others".*



Open wide: dental consultant Peter Briggs in the new simulation suite

# The robots are coming

**Medical science owes a debt to the space race whose scientists helped develop equipment including MRI and CAT scans, radiation therapy, portable x-ray machines. Now, the robots are coming.**

Robotic surgery is gaining mainstream popularity 15 years after the first robotically assisted heart procedure in Leipzig, Germany. It has come a long way from NASA's original intention of helping surgeons operate remotely on wounded soldiers in combat zones and other hostile environments.

Development costs proved so prohibitive that the technology was sold to the private sector which improved what is now the third generation of da Vinci Robot.

At present, there are 37 operational robots in the UK. The majority are used in urological surgery and, more recently, gynaecology, colorectal, cardiac and maxillofacial surgery.

One of the biggest misconceptions about robotic surgery is that patients might be left solely in the hands of a machine, which is enough to unsettle anyone with an overactive imagination or love of science fiction.

## Robotic

In reality, a surgeon operates the four armed surgical cart from a nearby console along with a supporting theatre team.

They are aided by a camera which not only magnifies the area of interest up to 12 times that of normal vision but also provides a unique 3-D view of the body allowing a surgeon to easily identify vital anatomy, such as delicate nerves and blood vessels.

The instrumentation eliminates even the smallest of hand tremors and has the dexterity to perform complex surgical moves after the body is entered through a series of small 'operating ports' or incisions.

A measure of its popularity among patients and surgeons in London is that anyone requiring a prostatectomy will, in all likelihood, now have their procedure cared out robotically.

It has a number of advantages over open and traditional keyhole surgery where rigid instruments are routinely used which feel like working with a pair of chopsticks.

Robotic surgery provides the surgeon with an enhanced 3-D view along with the ability to articulate instruments so they can negotiate hard to reach areas of the body.

This means reduced trauma to the body, less post-operative pain, lower dependence on pain killers and shorter hospital stays.

St George's first introduced robotic surgery



**Surgical team Chris Anderson (front) and Professor Alex Mottrie**

in 2008. Some of the immediate benefits include:

- Post-operative hospital stays involving prostate removal reduced from six days for open surgery to 24 hours
- Kidney cancer patients go home within 2-3 days as opposed to one week
- A 36% drop in blood transfusions

Robotic surgery has been primarily used in urology where many of the challenges presented by ailing prostates and bladders sit deep within the pelvic area in potentially tricky operative areas.

## Hospital

This has been widened to include kidney surgery and other abdominal organs as our surgical experience has grown.

St George's has three surgeons carrying out an average of 150 procedures a year with a skilled practitioner operating on a wide range of urological cancer surgeries. However, success comes at a price.

A da Vinci Robot costs a cool £1.7m which is enough to give any hard-pressed hospital administrator palpitations.

At present, the hospital makes a financial loss on each procedure and the capacity issues of finding more theatre time

while surgeons train in the technique are challenging.

These losses are offset by reduced hospital stays and blood transfusions along with the presence of the robot which helps raise our regional profile, attract more patients and increase income.

It takes between 100-300 procedures to become fully adept at robotic surgery with mentoring by experienced surgeons. Operations are divided into modules of complexity (easy, medium and hard procedures) and a trainee works through these under supervision.

## Overheads

The fact that St George's is a tertiary referral centre will accelerate the learning process for newcomers along with the fact that the latest robot has a number of new features including virtual learning programmes where trainees can practice basics like tying knots and suturing.

The long-term prognosis is encouraging although it does require the powers that-be to have the vision to play the long ball when many are clamouring for short-term gains.

In response, St George's has shown excellent commitment to robotics along with a belief that its adoption in other surgical fields is crucial to its long-term viability.

The da Vinci Robot is still under patent to one company which currently monopolises the market. This patent runs out in the next few years promising wider competition and lower costs.

Wider use will drive overheads down in the long-term and that vision should be realised within the next 2-3 years.

If the Government's claim to put patients first is to be believed then robotic surgery has a healthy future.

## Heart to heart

Professor Kausik Ray will appear on BBC's Horizon in the New Year. Kausik, who specialises in cardiovascular disease prevention, was interviewed about his reservations about American research claiming a high fat diet is not as unhealthy as originally suggested.

# Open day draws in visitors galore



Animal magic: children enjoy face painting at the open day



Chief executive Miles Scott

**More than 1,000 people turned up to St George's Open Day to find out more about the hospital and get a glimpse behind the scenes.**

The popular annual event, which was opened by the Mayor of Merton and Deputy Mayor of Wandsworth, included more than 50 stalls promoting various health education and voluntary group services.

Children were kept amused by a wandering magician and a stall where they could practice bandaging and sticking plasters on teddy bears.

A series of guided tours gave visitors something to talk about including robotic surgery, the CT scan room and simulation suite where medical students practice day-to-day skills on a mannequin including suturing and handling.

There were also educational tours where volunteers including Colin Davis told people about the hospital's 200 year-old history and various characters associated with it including Edward Jenner, who discovered the Small Pox vaccine, and Dr William Hunter, the father of modern surgery.

Time to patch up teddy with tender care



Creature comforts: patching up a teddy bear



Gut feeling: describing the digestive system to visitors



Checking the heart beat of a simulation dummy



Surgical team prepare to operate

# Meet your elected

**Mia Bayles**



**Regional**

I am passionate about the NHS and St George's. I am diligent and have the courage to speak my mind.

**Dr J-P van Besouw**



**Staff, medical and dental**

An experienced clinician with a strong local and national profile.

**Anneke de Boer**



**Jenni Doman**



**Staff, non-clinical**

I am a local resident, patient, member of staff; passionate about delivering and developing patient services for the Trust.

**Sheila Eden**



**Merton**

I have NHS and international health experience and wish to use this to help shape the future of St George's.

**David Flood**



**Kathryn Harrison**



**Regional**

I am passionate about our health care service and am committed to helping to make a difference to people's lives.

**Yvonne Langley**



**Wandsworth**

My work in nursing and social care means I'm ideally placed to help the Trust achieve its mission and vision.

**Doulla Manolas**



**Stephen Miles**



**Wandsworth**

Everyone who attends St George's should leave happy with their treatment. I want to be involved with making that happen.

**Jan Poloniecki**



**Regional**

I want to help make St George's safer, more pleasant and easier for visitors, staff and patients.

**Hilary Rattue**



Elected governors will be joined by eight appointed governors from Wandsworth Council, University of London, Kingston University, London Borough of Wandsworth, London



# ted governors

## Merton

I have good common sense, practical knowledge and strong business skills and will work diligently to improve St George's.

## Khaled Choudhury



## Merton

Passionate about patient experience and well-qualified. Extensive experience both of St George's services and in holding executives to account.

## Edward Crocker



## Regional

Experience as two term Governor with the Royal Marsden. Help, advice and what to expect for the first time Governors.

## Staff, nursing and midwifery

I have the passion to be a champion for all our staff and the values they demonstrate each day.

## Stuart Goodden



## Wandsworth

With first-hand experience of St George's as a patient and previously a University governor I would wholeheartedly support your views.

## Hilary Harland



## Merton

I care deeply about achieving high quality in NHS care and I have some experience of delivering it.

## Wandsworth

I am standing to represent those who feel misunderstood, unheard and isolated by 'hidden' mental illnesses.

## Derek McKee



## Wandsworth

I care deeply about St George's and the local community and want to see both thrive.

## Noyola McNicolls-Washington



## Staff, community services division

My priorities are ensuring that the community division's voice is heard when planning services for the population of Wandsworth.

## Staff, allied health professional and other clinical and technical

I want to represent allied health professional in the development of a 21st century patient focused health care service.

## Thomas Saltiel



## Lambeth

I am a Lambeth resident, ex-bank director, used to managing business and wanting to give something back to the area.

## Carol Varlaam



## Wandsworth

I am committed to St George's, with significant governance experience in complex organisations, relevant personal skills: articulate, focused, insightful, proactive.

Clinical Commissioning Group, Merton Clinical Commissioning Group, St George's, on Borough of Merton, Wandsworth Healthwatch and Merton Healthwatch.



Nurse Helen Webb and sexual health advisor Bernard Kelly

# Sexual healing in the courtyard

The Courtyard Clinic is one of the busiest sexual health clinics in London treating more than 30,000 people a year.

Its suitably discreet location on the hospital's perimeter road is deliberately planned giving patients both anonymity and privacy away from the hustle and bustle of the main buildings.

The self-contained unit, which includes a five-day-a-week drop-in clinic, offers a one-stop service where people can be quickly tested for a range of sexually transmitted infections (STIs), diagnosed and given the appropriate advice and support under one roof. An HIV test takes less than a minute.

Dr Mark Pakianathan says a swift diagnosis via the centre's 'hot laboratories' is important to stop further spread of infection adding that the majority of sexually transmitted diseases are treatable.

He said: "We're here to treat patients, not judge them, and our priority is getting people well again and practicing safe sex."

Dr Pakianathan says younger generations are taking increasing risks with their sexual health as STI figures including Chlamydia, genital warts and HIV increase.

## 24 hours in A&E

St George's Hospital is one of the frontrunners to host a new series of TV series of 24 Hours in A&E which is looking for a new home after several years at Kings College Hospital.

The show's producers are looking at locations in London, Nottingham and Newcastle with fixed cameras mounted in and around the A&E department giving a fly-on-the-wall account.

So why are infection rates rising?

Mark said: "It's a complex issue ranging from the positives of better testing, detection rates and record keeping which give us greater awareness of what is happening as well as the negatives of peer pressure and influence of mediums like advertising and TV."

"The basic solution is simple - protected sex - yet people keep making the same mistakes. Our team works with some patients to look at some of the reasons why they may repeatedly be having unsafe sex or multiple sexual partners so they have greater awareness of their behaviour."

"Some people simply enjoy having sex while for others it can be more complicated and interwoven with issues around acceptance, confidence and security. It's intrinsic to being human in many ways and something we have to be realistic about working around."

The clinic has worked hard to forge stronger links with its patients, especially its 1,600 strong HIV community who have a quarterly focus group, their own website and representatives who sit in on clinical meetings.

Specialist HIV nurse Helen Webb and sexual health advisor Bernard Kelly have also helped organise and facilitate an HIV-led patient forum that has led to greater understanding between patients and clinicians. Their achievement has now been nationally recognised after being short-listed for an NHS Leadership Award.

Dr Pakianathan said: "Something we all do at one time or another is make assumptions about what we think other people know and want. The patient forum has helped us focus on what really matters to our patients and respond quickly. Patients have been surprisingly understanding about the pressures we face as a department and offered some good insights into improving our day-to-day working practices."

## Sarah figures it out



Sarah Wilton

A head for figures is invaluable if you want to get to grips with hospital funding and non-executive director Sarah Wilton is a number cruncher par excellence.

An accountancy career in the City with Coopers and Lybrand and insurance giant Lloyds of London has given her the business acumen to help the trust turn a profit in recent years.

It's a rare achievement in the choppy waters of secondary care and highlights St George's ambitions to become a Foundation Trust in 2014 with the promise of greater financial autonomy.

Sarah joined the trust as a non executive director in 2010 helping oversee the transfer of community services from the now defunct Wandsworth Primary Care Trust.

### Priority

One of her main priorities is improving patient experience and she cites the creation of a Foundation Trust Council of Governors as a major driving force for change with strong representation from patients and user groups.

Sarah said: "Our core services rival anything in the capital but it is our attention to deal around the edges which is also important. This includes issues like patient transport and discharge which have, in some cases, been very poor."

"You have to go past the finishing line to come first in a race and the same applies to patient experience."

One of the projects she has been involved in is the 'fifteen step' walk where a group of hospital staff take the required number of steps into a chosen area of the hospital and use those first impressions to gain a picture of patient experience.

Sarah added: "It's very insightful and gives us an honest impression of what patients' initial reaction most probably is."

Sarah has a long list of voluntary positions to her name including working as a local magistrate, a governor in a local school, vice chair of a cancer support centre and honorary treasurer of a national charity.

"I'm a local resident and enjoying doing my bit for the community."

# Implant helps Helena to take the plunge



Swimming star: Helena Martins

**Helena Martins assumed she had woken earlier than normal when she was greeted by overwhelming silence. There was no sound of traffic outside. No birdsong or hustle and bustle of people going to work.**

It wasn't until she went to the bathroom and couldn't hear the water coming out of the tap that she realised what had happened.

"I just remember a wave of panic flooding through me," says the 40 year-old who rushed downstairs to tell her partner what she had most dreaded - she had lost the hearing in her remaining ear.

It marked another stage in a gradual decline in Helena's hearing that had begun six years earlier when she first suffering the effects of vertigo as a result of Ménière's disease - a rare condition that affects the inner ear.

Helena began using a stick to combat the sudden bouts of dizziness and nausea but dreaded what she called 'drop attacks' when the spinning became so bad she simply collapsed.

"An attack can last a few seconds or a few minutes and is incredibly disorientating. You have to either sit down or grab onto something or you risk falling over. It's worse at night so really restricts what you can do."

As a result, Helena had to give up many of her hobbies including hiking, motorbikes and surfing.

"Surfing was tough because I love water. It took three accidents including a near

drowning to make me realise I couldn't do it any more. I was a very active confident person and just found my world slowly closing in."

Helena then started being affected by a constant ringing in the ears called Tinnitus followed by the gradual loss of hearing in her left ear. She tried a succession of hearing aids with varying success until she completely lost her hearing.

The problems with her right ear where almost too much to bear.

"It's surreal to walk along a busy street and not hear anything. It feels like being inside a dream. It's not a pleasant feeling."

Helena's first encounter with St George's Hospital was not encouraging when it lost her referral form but she was overjoyed when she was finally given the go-ahead for a cochlear implant

A cochlear implant is a small electronic device that consists of an external piece that sits behind the ear and a second portion that is surgically placed under the skin to aid hearing.

Helena added: "It doesn't replace natural hearing but it's a step forward and I am grateful to the doctors involved because I still feel sad about losing much of my hearing."

A sign that life is looking up for Helena was the discovery that swimming is the one form of exercise that doesn't trigger her vertigo. She now swims every morning at Tooting Leisure Centre.

"I have part of my life back and that's a step forward."

## PAST & PRESENT

### Spitfire ace who reached for the sky

One of the most colourful characters associated with the trust is Douglas Bader, the highly decorated fighter ace whose extraordinary life was immortalised in the film *Reach for the Sky*.

He shot down more than 20 enemy planes, despite losing both legs in an earlier plane crash that threatened to keep him grounded during World War Two.

Demand for experienced pilots gave Bader the change he was waiting for as Europe fell to Nazi Germany's all conquering armies.

It set the stage for what Winston Churchill described as Britain's 'finest hour' when a heavily outnumbered Royal Air Force doggedly fought off the German Luftwaffe during the summer of 1940.

Bader shot down his first enemy plane and damaged another in a dogfight over the French coast on June 1.

The RAF discounted his belief that attacking from altitude with the sun behind was a valid strategy although it was used to devastating effect elsewhere.

He also preferred firing at close range arming his plane with heavy low-calibre bullets that could punch fist-shaped holes in the flimsy fuselage of enemy planes.



Douglas Bader

It called for ice cool nerves in the murderous confusion of aerial combat but Douglas Bader lacked neither courage nor faith in his flying ability.

His talent was evident at an early age when he made his first solo flight after just 11 hours flying time under the terse but experienced tutelage of flying officer 'Pissy' Pearson.

Bader joined the RAF in 1928 and his maverick streak was already evident. It proved to be his undoing three years later when, despite prior warning not to perform acrobatics below 500 feet,

*continued on page 16 »*

# Special Achievement Awards 2013

The annual **Special Achievement Awards** celebrate employees that have made an outstanding contribution in the workplace during the past year.

There are 12 category winners nominated by work colleagues, patients and their relatives.



## Team of the Year

### Lead Medication Safety Team

This team has promoted, championed and improved medication safety trust-wide and have been ambassadors of medication safety for patients.

The team, which includes Wendy Pullinger, Kim Richmond, Vikki Carruth, Anne Cleary, Dr Lila Mayahi, Professor Emma Baker and Jyoti Singh, ensures staff understand the importance of safe medication through a mixture of formal training, workshops and best practice ward rounds.

Their work has made medication safety part of everyday clinical practice and decision-making and an agenda item at divisional, directorate, care group and ward level.

## Service Improvement

### Tom Magill



Tom works with the corporate nursing team and is the driving force behind the creation of a real time survey system that helps senior nurses deliver safer high quality patient care. The system has been acknowledged as a model of good practice by NHS England and has been adopted by several other NHS trusts.

## Support Services Star of the Year

### Olga Boresowa



Olga is the ward hostess in the Renal Unit, Buckland Ward. The ward is a tight knit one with many patients returning for treatment over a number of years. Olga is a favourite among staff and patients for her care, attention and winning smile and most probably holds the hospital record for boxes of chocolates.

## Chief Executive's Special Achievement Award

### Laboratory / Estates teams

St George's suffered a mains water burst earlier this year meaning the trust had to rely on water tankers bringing in a supply over a period of 18 hours while repairs were carried out. These teams ensured the loss of water did not affect patient care.

Special mentions to team leaders Rathana Nagendra and Getuhan Mogesyinessu who put in extra hours including maintaining heating and hot water services and manually carrying water around the labs to keep the appropriate machinery working and minimise potential damage.



## Volunteers of the Year

### William McKelvey and Narendra Patel

William 'Mac' McKelvey and Narendra Patel are just two of a small army of volunteers that keep St George's going.

Mac works in the Endoscopy Unit where he is recognised as being conscientious, hard working and fun to work with, while Narendra has clocked up five years working in various posts including stints as a plastics medical secretary and in the maternity team. Both are fantastic volunteer who go above and beyond what is expected of them.



## Outstanding Leader

### Hazel Gleed



The trust's Emergency Planning Liaison Officer has to manage many elements including major incidents and business continuity, as well as liaison with external stakeholders, the police and other local authorities.

Hazel also masterminded the Olympics planning for all of the St George's healthcare sites. Her careful planning and leadership plays a significant role in ensuring the hospital can conduct 'business as usual' in exceptional circumstances.

## Outstanding Manager Award

### Paul Silke



When Paul joined the nursing team at the Wolfson in Wimbledon five years ago he joined a team suffering low morale.

The nursing team has been transformed under his encouragement and support and he played

a key role in overseeing the transfer of the Wolfson to St George's last year. The move took place over a weekend and his planning made it possible to move 32 patients without a single problem.

## Champion of the Year

### Colette Guest



Colette's ID badge may say 'receptionist but she is also the 'go-to person for everything on Buckland ward.

Nurses, doctors, patients and relatives all go to Colette for help which she is inevitably able to provide in a kind, friendly manner.

Colette is loyal and dedicated to her ward and will come in early and stay late if the ward if needed.

## Educator of the Year

### Zoe Astroulakis

Dr Zoe Astroulakis teaches in variety of areas including on ward rounds, in clinics and by the bedside so her students get the broadest picture of what their future careers hold. Her clarity in explaining procedures and friendly approachable personality means she is popular with students and patients.



## Mentor of the Year

### Rachael Moses

Rachael joined the Respiratory Physiotherapy team in February as the new Principal Physiotherapist and since transformed the team with a new culture of learning and development.

She has organised a wealth of CPD opportunities including an ethical debate about the use of long-term NIV in neuromuscular disease, regular ventilator training updates and an official screening of a film about life with Motor Neurone Disease.

Rachael has flown the flag for professional development and has inspired her team through conscientious and dedicated attitude.



## Community Contribution

### Primary Care Therapy Team

This multi-disciplinary team including physiotherapists, occupational and speech and language therapists support predominantly elderly patients and those living with long-term conditions in the community.

They have coped with a steady increase in referrals in recent years and also introduced a 'Rapid Access to Mobility Equipment' project which fast-tracks patients requiring mobility aids are seen with 72 hours of referral.





# Off to work... behind bars

Dr Baikie in front of HMP Wandsworth

## HMP Wandsworth is the largest prison in the UK housing more than 1,200 inmates, writes resident GP Emmanuel Baikie.

Its former occupants include Oscar Wilde, Ronnie Kray and the Great Train Robber Ronnie Biggs, the only man to have escaped.

Biggs thoughtfully sent prison authorities a picture of himself sunbathing in Brazil which is still on display in the prison. Its more recent inmates include musician Pete Doherty, Julian Assange and former Energy Secretary Chris Huhne.

Prisoners executed before to the death sentence was abolished are destined to remain within the prison's walls forever and now rest somewhere beneath the inner perimeter road which formerly served as a cemetery.

The prison was built in 1851 in what would have been a largely rural area but is now home to one of London's most affluent neighbourhoods. Houses within a stone's throw of its 25 feet perimeter walls now fetch close to £1 million.

However, life inside this world within a world is very different and provides a challenging work environment for GPs like myself who divide their time between surgeries in and outside the prison.

The average GP surgery has its share of awkward patients so imagine a consulting room that includes murderers, thieves and armed robbers.

I have spent 11 years working in the prison and am one of two GPs working six sessions weeks along with a number of supporting locums and nurses.

The service is run by St George's Healthcare NHS Trust which took over from an ailing private sector company in 2012 and has ambitious plans to showcase the site as a centre of excellence for prisoner healthcare.

This includes the capacity to treat more patients in-house, especially in emergencies as hospital visits require a two person escort and secure transport for inmates.

More than 80 healthcare staff work at the prison including GPs, nurses healthcare assistants and pharmacists.

My working day is divided between surgery, where I may see up to 25 patients, and being the duty doctor who deals with emergencies on the prison wings, rewriting prescriptions and visiting the psychiatric unit.

The radial layout of the prison including its network of stairways, innumerable doors to be unlocked and locked and restricted spaces present a challenging work environment, especially carrying a heavy medical back-pack including resuscitation equipment for emergencies which have included heart attacks and seizures.

We have to be flexible to the prison's rules but are lucky enough to have a progressive governor who sees the value of healthcare inside the facility.

Prison, contrary to popular belief, is safer than you think.

Civilians are less likely to be a target of aggression than prison officers although there can be verbal abuse from inmates with alcohol and drug related problems around their medication.

A prison GP needs to be firm and the majority of inmates appreciate my help.

The conditions I treat are typical to those outside prison but low level mental health conditions like anxiety, depression and stress affect a disproportionate number of inmates.

It's important to treat patients with respect and not be judgmental. Some people think there may be a stigma attached to working behind bars but it is a decision I've never regretted.

## Miles and miles

Fleet footed chief executive Miles Scott will soon be seen pounding the streets after winning a place to run for charity at this year's London Marathon. We reckon Miles should be able to run sub 3.20 if we put it in print.

## CQC inspectors New Year visit

The next Care Quality Commission inspection at St George's Healthcare NHS Trust will start on February 10, 2014. The inspection will last between two and five days and will ensure that the trust is fit for purpose and ready to be awarded Foundation Trust status.

The team will be inspecting eight key service areas but can broaden its inspection depending on its assessment of risk.

# My work in the mortuary



The gentle touch: Barbara Peters

“ Most people are tucking into their breakfast when we start work on our first autopsy of the day around 7am, writes Barbara Peters, a senior anatomical pathology technician at St George's Hospital, London.

The mortuary is a busy place so we like to start early and check any overnight arrivals left by the hospital porters or designated funeral director.

A straight forward post-mortem takes around 30 minutes and our job is to assist the pathologist in determining cause of death.

We record the height and weight of each person then remove and bag their clothing and personal effects. Jewellery is always left on the body.

I have found some odd things over the years including drugs, hypodermic needles and rolls of bank notes sewn inside an elderly woman's bra.

Once the deceased are prepped, we break for a cup of tea and wait for the pathologist to arrive. It gives us a chance to review what needs to be done during the day.

We conduct up to five post mortems on an average morning and, due to the nature of our work, do all the post-op cleaning ourselves.

The pathologist will carry out an external examination first to see if there are any clues indicating cause of death. This includes anything obvious like a stab or gunshot

wound to unusual abrasions or cuts. I open the body and remove the main organs for the pathologist and then 'reconstitute' the deceased and wash, dry and rewrap them in a fresh shroud once the examination is complete.

I've seen pretty much everything there is to see in my ten years as a mortuary technician from accidental deaths through drowning and fire to traffic road accidents, suicides and murders.

People often ask me to how I cope emotionally but it is a job as well as a vocation. There are around 800 mortuary technicians in the UK and I am sure they all remember their first autopsy.

Mine was an elderly woman who had died of pneumonia. I just remember a surreal detachment descending on me while watching the procedure.

Some people might think that's cold but it is just a natural protective mechanism to help you cope. I've carried out hundreds of autopsies since then and work on auto-pilot with my emotions in check.

The work of a mortuary technician is not for the faint-hearted but neither is it the cold clinical world that is often misrepresented in TV dramas.

In reality, mortuary technicians are just like everyone else and we work hard to ensure that, for visiting relatives, it is place of warmth, respect and dignity.

The way people are treated has an enormous impact on what they think of hospital services and the care and compassion that runs through our day-to-day duties.

St George's is also a regional peri-natal centre for south London and south east England and I assist the pathologist in around 600 cases a year including premature and still births.

I weigh, measure and take x-rays of the children including washing and redressing them after the autopsy.

I encourage parents to come in and see their babies including holding them and, where appropriate, washing and redressing them.

Our afternoons are usually set aside for viewings and paperwork and it's surprising how much of the latter accompanies a person's departure from life.

The average deceased will be with us for a week or two before being released to the undertaker although we have longer term stays who are stored a deep freeze unit due to identification or legal complications.

My day finishes around 4.30pm when I hand all 13 of the mortuary keys into security. I usually shake off the day's work on the 20 minute walk home to Wimbledon and relax with my partner and daughter.

Oh, didn't I mention him? He's an undertaker.



## Cameras roll for surgery



Dr Gavin Andi

Al Jazeera is planning to return to St George's Hospital to produce a short film about the use of 3-D imagery in reconstructive surgery.

The technique was originally developed in the film industry for special effects and is now regularly used by facial-maxillo surgeon Dr Gavin Andi who spotted its potential while at the cinema himself.

The hospital was featured earlier this year on the channel's medical show The Cure looking at the growing popularity of robotic surgery.

## Trust is a top band

The trust is proving to be one of the best after receiving a band six rating from the Care Quality Commission.

The banding system reflects hospital trusts most and least likely to provide safe, effective and high quality care. Band one is the highest risk and band six the lowest. Well done everyone for your hard work and commitment.

## Staff success

Congratulations to Bernard Kelly, Helen Webb and Tom McGill for reaching the finals of the NHS Leadership Recognition Awards.

Bernard and Helen were recognised for their work in helping set up an HIV patient-led forum, while Tom developed a real-time survey system to help senior nurses deliver better care.

## Our audiologist of the year



Dhaval at the awards ceremony

### Dhaval Mehta has won a national award for audiology.

Dhaval, who spends much of his time working with children, received the Audiologist of the Year Award after beating three other finalists.

The short-listed candidates were selected on the basis of testimonials from parents, their parents and colleagues.

Rebecca Deakin, 10, said: "I hope he (Dhaval) will stay at St George's until he

retires. He is the best audiologist in the world."

Dhaval said: "It was nice to read the testimonials. Everyone likes to be told they are doing a good job irrespective of who they are. I'd like to thank everyone who nominated me."

Jolanda Scourfield, Head of Audiology Services, said: "Dhaval has been with us for the past decade and is a much loved and respected of the team. He thoroughly deserves the awards."

## PAST & PRESENT

### The inspiration of an ace

» continued from page 11

his wing-tip clipped the ground and he crashed.

He was pulled from the wreckage and surgeons were obliged to amputate one leg above the knee and the other below. Bader's only reference to the crash in his log book was a typically understated: 'Crashed slow-rolling near ground. Bad show.'

His tenacious personality helped on the long and painful road to recovery and, with the aid of artificial legs, he learnt to drive a modified car, play golf and dance. He even learned to fly again but was invalided out of the RAF.

It would, in all probability, have been the last anyone heard of Douglas Bader but fate had one more card to play as the storm clouds of war gathered over Europe.

The 29-year-old's repeated requests to rejoin the RAF turned down until it finally relented in its desperation to find pilots. He passed his refresher course turning his bi-

plane upside down at 600 feet in defiance of the powers-that-be.

Bader refused to be defined by his disability and it gave him the unexpected advantage of being able to cope with the debilitating effect of g-force when blood rushed to the lower limbs momentarily disorientating some pilots.

His tenacity and courage was recognised by both sides and, when he was shot down and captured over France, the Germans agreed a prosthetic leg could be air-dropped to replace the one he lost in the crash.

His captors were less pleased with the pilot's less-than-gentlemanly decision to bomb a number of targets on the way home.

If the Germans thought having Britain's most famous fighter pilot in the bag was an end to their troubles they were mistaken.

Bader made several escape attempts and his captors, in exasperation threatened to take away his artificial legs. He was eventually sent to Colditz which housed the most troublesome prisoners of war.

It was here that he met one of his counterparts and later, life-long friend, the

German fighter ace Adolf Galland. The two men had a mutual respect for one another although it didn't stop Bader later entering a roomful of ex-Luftwaffe pilots and loudly exclaiming: "My God, I had no idea we left so many of you bastards alive."

Bader was a brash larger-than-life character whose main criticism of his big screen persona played by actor Kenneth More was that he was too polite and never swore.

The war gave Bader the chance to burn brightly on the world stage and he dedicated his post-war years with equal passion to helping the less fortunate and disabled. He was knighted in 1976 for services to the disabled

He never treated his disability as an excuse not to be as good as the next person and that was a message he instilled in the many amputees he met and inspired.

The amputee service at Queen Mary's Hospital, was renamed the Douglas Bader Rehabilitation Centre.

The centre today helps more than 1,500 amputees a year come to terms with losing a limb through accident or illness.