Welcome

Housekeepers like Michael Ampadu, who is on the cover of this edition of the GiST, do a remarkable job of keeping our hospitals and community health centres clean and free from infection.

Michael works in the dental department at Guy’s where he is a very popular member of the team. He won a Trust Award after being nominated by his colleagues. Find out more about Michael and some other inspirational staff on page 8.

On page 7 you can read an interview with one of our former patients, Steve Manstone, and the nurse who resuscitated him when his heart stopped working.

Steve has returned to St Thomas’ every year since his heart attack to thank the team and he raises money for the Coronary Care Unit. His story demonstrates the huge contribution that our fundraisers make. We are very grateful to people like him for their support.

I hope you enjoy this edition of the GiST.

Amanda Pritchard, Chief Executive
Guy’s and St Thomas’ NHS Foundation Trust

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Cover photo by David Tett.

Design:
AYA-Creative www.aya-creative.co.uk

Print:
O’Sullivan Communications

Front cover;
Michael Ampadu, a housekeeper in the dental department, won the Take pride in what we do Award at the Trust Awards.

Tell us what you think

If you have any comments about the magazine or suggestions for future articles, please contact the communications department, St Thomas’ Hospital, Westminster Bridge Road, London SE1 7EH, or email press@gstt.nhs.uk

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NHS the GiST is published by Guy’s and St Thomas’ NHS Foundation Trust

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New ward is a breath of fresh air

Children like nine-month-old Noah are benefiting from a new ward at Evelina London designed specifically with their needs in mind.

Snow Leopard was officially opened by Lord Stanley Fink, President of Evelina London and a generous supporter of the hospital, on 26 January.

This new ward is designed for children who need specialist equipment to breathe. It has six beds for children who are waiting for housing or care to be put in place before they can safely go home. Before it opened they stayed on acute wards for very sick children.

Opening Snow Leopard has made beds available on general wards, reduced infection risks for ventilated patients, and provided more space, privacy and peace for children and their families.

Marian Ridley, Director of Evelina London, said: “We created Snow Leopard to make a home for children on long-term ventilation, where they can develop and have fun like any other child. We’re grateful to our supporters – without public donations this wouldn’t have been possible.”

Lord Fink met Lucy Helling and her son, Noah, who was cared for on a ward in Evelina London and is now on Snow Leopard.

Lucy said: “It’s so different here. It’s quiet so we can hear ourselves think. There is more personal space so we can be a private family unit. On Snow Leopard there’s a real feeling of home.”

Faster cancer tests

GPs can now fast-track patients for checks if cancer is suspected but their symptoms require further investigation before referral to a specialist.

The new clinic at Guy’s Hospital provides quick access to a range of tests including blood tests and CT scans. Patients are seen within seven days of referral from the GP.

Consultant Dr Luigi DeMichele explains: “It is normally clear when a patient has certain symptoms where their GP should refer them to, but things are not always that simple. Our new clinic makes things easier for GPs and faster for patients.”

Dr Raj Mitra, a GP at Lambeth Walk Group Practice, says: “For me, as a GP, you often know something’s wrong but you’re not sure exactly what. We’ve always wanted a service like this, that can investigate for you quickly and pinpoint exactly what the problem is.”
Allergy experts at Guy’s and St Thomas’ will soon be able to see twice the number of adult patients to meet increased demand.

The Adult Allergy Centre has moved from St Thomas’ to Guy’s where patients have access to specialist diagnostic tests, known as challenge tests, five days a week, rather than two.

Challenge tests involve giving patients small, increasing doses of the substance that is suspected to cause an allergic reaction in a safe, controlled environment under close supervision, to find out if they react.

The new Centre has been custom-made for these tests, with new facilities and a central nursing station so nurses can see all patients at once while they are monitored.

Shekinah Debrah was the new clinic’s first patient. She had a severe allergic reaction to anaesthetic before an operation and needed challenge tests to find out if she had a drug allergy. As a result, she was able to have the surgery without complications.

Shekinah said: “The allergy staff have always been accommodating, informative and caring – the combination of the team and the new Centre make it a brilliant service.”

Guy’s and St Thomas’ allergy service has become only the fourth in the world to be named a Centre of Excellence by the World Allergy Organisation. Dr Adam Fox, clinical director for specialist ambulatory services, says: “This is a fantastic achievement.”

New heart service could save lives

An initiative to improve care for heart failure patients could save around 80 lives a year in Lambeth and Southwark.

The two-year project, led by staff at Guy’s and St Thomas’ and King’s College Hospital, is expected to lead to fewer patients having to spend time in hospital, reduce costs, and improve rates of early diagnosis.

The new service, funded by a £1.5 million grant from Guy’s and St Thomas’ Charity, will improve access to specialist heart failure advice for GPs and patients by introducing expert heart failure teams across the two boroughs. It is thought to be the first initiative of its kind for heart failure in the country.

Dr Gerry Carr-White, consultant cardiologist, says: “This exciting initiative will mean we can enhance the services provided by GPs to patients to aid their diagnosis and treatment.”
Staff who have each worked at Guy’s and St Thomas’ for more than 25 years were honoured at our annual Long Service Awards.

A total of 30 staff received awards from Chairman Sir Hugh Taylor and Chief Executive Amanda Pritchard.

Peter Swift is a charge nurse on the Paediatric Intensive Care Unit (PICU) at Evelina London.

He said: “It’s been amazing to see the advances that have been made in paediatric intensive care. Shortly after I started my job at Guy’s and St Thomas’, we launched a retrieval service on a shoestring budget. We would send out small teams in taxis to district hospitals across the south east to stabilise sick children, returning to base in a local ambulance.

“Today the South Thames Retrieval Service operates 24 hours a day, deploying specialist teams to transfer ill children. It’s been exciting to be part of something which has grown so much over the years.”

Health visitor Faith Kelleher was recognised for 32 years’ service. Faith was born at Guy’s Hospital and started working as a health visitor in Lambeth in 1984. She is known to some as ‘granny health visitor’, as she has worked with three generations of some families.

Faith says: “I really enjoy working in Lambeth and Southwark. I love the diversity of the community I support in my role – working with so many different people is very rewarding.”

‘Home away from home’ for families

A new Ronald McDonald House has opened near Evelina London, to provide free accommodation for families whose children are in hospital.

Lucy Helling and Thomas Madden were among the first parents to move in while their son, Noah, was treated for a chronic lung condition.

Lucy said: “It’s life changing being able to live around the corner when your child is sick in hospital. We don’t ever want to be away from Noah, and now having the chance to live in the new House means we don’t have to.”

Dr Grenville Fox, clinical director for children’s medical specialties and neonatology, explains: “As Evelina London has grown, demand for housing has become huge. This new House provides a welcoming and nurturing environment just a short walk from our front door, helping families to best support their children.”

The new House will look after around 975 families a year – three times the number accommodated at the old Ronald McDonald House near Guy’s Hospital.
Joy Cooper-Barclay was told that robot-assisted surgery could help when tests found a growth on her right lung. Cara Lee found out how this pioneering technology is benefiting patients like Joy.

Robotic lifeline for Joy

Joy, 74, started coughing up blood when she was on holiday in Spain in spring 2016. On returning to the UK, her husband John suggested they both had a general health check. When she told her doctor she had coughed up blood she was referred to her local hospital for a chest x-ray which found scarring on her lung.

Joy, a grandmother of 11 from Worthing, said: “Although I’d coughed up blood I thought nothing of it because I wasn’t breathless and I’m generally very fit and healthy. But it was a worrying time after my x-ray because I needed to have further tests, which found something of concern on my lung. It was in an awkward position so it wasn’t possible to do a normal biopsy to find out what it was.”

She was referred to Guy’s Hospital where Mr Tom Routledge, consultant thoracic surgeon, explained that robot-assisted surgery would be the best way to access the area in Joy’s lung so the tissue could be removed and analysed.

Joy recalls: “He was absolutely brilliant and told me all about the procedure so I felt comfortable and confident to have it.”

She had her procedure at the end of October, making her one of the first patients at Guy’s to have robotic lung surgery.

Surgeons recently started to perform the new procedure using the hospital’s two da Vinci surgical robots.

Experts believe that, when compared to conventional keyhole surgery, procedures using a robot lead to less pain and a faster recovery for patients, while allowing more precision during the operation.

Guy’s and St Thomas’ carries out the most robotic operations in the UK – around 450 cases a year. Robotic surgery is already commonly used for partial and complete prostate, bladder and kidney removal at the Trust.

During a robotic procedure, surgeons control the robot’s four arms from a console in the same room as they look down a small camera on the end of one arm to see inside the patient.

The machine gives them a high definition 3D view while they operate, eliminates tremor and provides an increased range of movement, which leads to greater accuracy and faster stitching.
Steve Manstone had enjoyed a night out at a West End show and an overnight stay in London in November 2011, but the next morning he started to feel unwell. His wife, Sue, called an ambulance. The paramedics had to navigate through road closures around the Cenotaph for the Remembrance Day Parade but treated him as soon as they arrived and then took him to St Thomas’.

Steve had suffered a heart attack and, as cardiologists prepared him for an operation to open the narrowed arteries and place a stent to keep them open, he had a cardiac arrest.

He was resuscitated after four minutes had passed and was so grateful for his care that he has been fundraising for the Coronary Care Unit ever since he left the hospital.

Steve has hosted annual golfing tournaments with members of Thames Valley Construction Training Association and has encouraged friends and family to fundraise as well. So far they have raised more than £8,000 which has allowed the unit to buy several continuous positive airway pressure (CPAP) machines. These machines help to keep patients’ airways open after a heart attack so they can continue to breathe.

When Steve first starting raising money for the unit, he asked staff how they would like to spend it.

Steve says: “I wanted it to be something the staff knew was needed. They told me the CPAP machines were being shared between three wards – now there are two for each ward.”

Claire Pearson, deputy sister on the Coronary Care Unit, explains: “Steve had a cardiac arrest right in the middle of the ward. I remember it really clearly – I was the one who resuscitated him.

“Steve has kept in touch, which is so lovely. We really appreciate seeing how well he’s doing and it’s been great to meet his grandchildren. To continue to fundraise year after year is phenomenal and has made a real difference to the care we have been able to provide to the patients who have come after him.

“The latest donation to the unit has gone to train more nurses in emergency care skills like resuscitation.”

Steve has been given a clean bill of health and plans to carry on fundraising. He says: “I’m so grateful. Without the efforts of the staff at St Thomas’ I wouldn’t have seen my daughter get married, celebrated my 30th wedding anniversary, or met my grandchildren. I’ve done it simply to say thank you and to give back, and I’ll continue to fundraise in the future.”

For more information about raising money for a ward or department important to you, visit www.supportgstt.org.uk

What’s the difference between a heart attack and a cardiac arrest?

A heart attack happens when the blood flow to the heart is blocked. A cardiac arrest happens when the heart’s rhythm is disrupted and it stops pumping blood around the body. A heart attack can cause a cardiac arrest, which is what happened to Steve.
**IN FOCUS**

Maxine Hoeksma talks to three staff who won Trust Awards for going above and beyond to provide exceptional care for our patients.

**Honouring our NHS heroes**

Michael Ampadu, who received the *Take pride in what we do* Award, is a shining example of the Trust’s values.

Michael, a housekeeper for eight years, says: "People never forget how you treat them. When patients and visitors come into the hospital and see the yellow badge on our chest they know we are representing the Trust. It’s important they know we care about them. If we can show this attitude in the work we do, in our body language and in the time we give to patients and colleagues, we can leave here knowing we have done all we can."

One of 11 individual members of staff and teams to be honoured at the awards evening in November, Michael was nominated by colleagues in the dental department. He consistently achieves the highest standards of cleanliness on the five floors of Guy’s Tower that he maintains, while having a cheery smile for everyone who crosses his path.

Michael continues: "When you work in an environment where people are caring for others, the most precious asset you can give is time. Time is something you can never get back. That’s why I always take the time to be helpful. It might be by showing patients and visitors where they need to get to, or by asking my lovely nurses and doctors how they are."

Dr Sarah Janikoun and Chief Medical Officer Dr Ian Abbs

Dr Sarah Janikoun has notched up 30 years’ service at the Trust as an ophthalmologist when she received the *Put patients first* Award. Sarah’s huge warmth and consideration for our patients comes across when she says: “I help people manage being visually impaired in a modern world. We set up the Low Vision Clinic in 2000 because it was frustrating seeing people being declared blind and then having to sort themselves out without any support. Suddenly they had to rely on friends and..."
family for everything.

“So we brought together hospital staff, volunteers, charities, social services and an eye clinic liaison officer. Now when people lose their sight, we can support them by demonstrating low vision equipment like magnifying glasses, put them in touch with social services so they get financial help, and also contact voluntary groups like Blindaid and Guide Dogs for the Blind so they can get other support and a guide dog if needs be.”

The clinic runs workshops three times a year to prepare people who have become blind by providing them with information about eye disease and the support available.

Sarah has also formed a singing group for patients known as the VIP Singers. She says: “When you sing it cheers you up and dispels depression. For some patients, meeting to sing together on a Saturday morning is a helpful part of coming to terms with their new situation.”

Alison Keens and the Health Inclusion and Prevention Team were thrilled to receive the Act with integrity Award. They work with some of London’s most vulnerable groups including people with learning disabilities, homeless people, refugees and asylum seekers, people with tuberculosis (TB), and those who need extra support to maintain a healthy lifestyle.

Alison, head of service, says: “People who use these services often have greater health needs than the rest of the population, so it’s fantastic to get this kind of recognition. To work in this area you have to have a real passion for it.

“Our staff need to be creative, helping people have an injection or a blood test for example. These are things other people will just say yes to, but, for this group of people, more preparation and planning is involved. I recall it taking six months for one patient with learning disabilities to agree to surgery. Our team gave him information about the procedure in a format he could understand and arranged hospital visits before his operation so he was familiar with the staff and environment.

“For some people, having a named staff member attend every hospital appointment can help. For others it may be showing them the equipment or engaging them in a conversation about a topic they like so they are relaxed. It isn’t one size fits all.

“Our staff build trust with people over time and get to know the whole person. Doing this extra work can be the difference between people accepting care and getting treatment or walking away and being at risk of a serious health problem.”
After his son Zaki’s life was saved at Evelina London Children’s Hospital, Andy Roe pledged to use his skills as a firefighter to help the hospital. **Hamza Omaar** found out more about Andy’s one-of-a-kind fundraising idea.

**Andy’s £1 million idea**

On 2 December, Evelina London Children’s Hospital hosted the first ever zip wire across the Thames, with more than £1 million raised by the high-octane fundraising event.

The stunt was the brainchild of London Fire Brigade Deputy Assistant Commissioner Andy Roe, whose son Zaki, now aged nine, was treated at Evelina London.

Zaki began feeling unwell at the start of the summer holidays in 2013, suffering from headaches, problems with his eyesight, and tiredness. His worried dad took him to A&E where doctors initially thought he had a brain tumour.

Scans revealed that Zaki didn’t have a tumour but instead was suffering from viral encephalitis, a very rare and dangerous infection that causes inflammation of the brain. Zaki became very ill and was placed in intensive care where doctors discovered that a previously undiagnosed condition had caused pressure to build in his brain. Untreated, it could have led to blindness and other serious long-term health issues.

Zaki was transferred to the specialist brain and spine inflammation service at Evelina London and placed under the care of consultant neurologist Dr Ming Lim. Thanks to the care of the team, Zaki’s condition gradually improved.

Dr Lim says: “I met Zaki within about six months of him falling ill, and we were able to safely manage the high pressure in his brain. We also helped his family understand the condition better, which was really important in reassuring Zaki and his parents.

“Zaki’s recovery reflects how the whole team and hospital have worked together, from investigating the cause of his condition to managing his symptoms, with several follow-up appointments.”
Why I took on the Evelina Zip

Professor Gideon Lack leads Evelina London’s allergy service. He was one of 20 people to take on the Evelina Zip, despite his fear of heights.

He took part to help raise money for the Clinical Research Facility at Evelina London, in the hope that research will help prevent food allergies in children, and eventually prevent other allergic diseases such as asthma and hay fever.

After braving the zip wire, he said: “Ahead of the event I was feeling a bit apprehensive but nonetheless very excited.

“I was just delighted to play my part in helping to raise much needed funds. It’s only by having a state-of-the-art Clinical Research Facility, with sufficient beds and in an environment that is friendly to children, that we can help find better treatments and cures.”

Professor Lack’s research focuses on food allergies in children and the relationship between food allergies, eczema and asthma. He led groundbreaking research to show that introducing peanuts into a child’s diet from a young age may offer some protection from the development of peanut allergies.

Andy knew that he wanted to give something back for all the care that had been given to Zaki. As part of the London Fire Brigade’s 150th anniversary, firefighters had been thinking up many different ways to celebrate, but Andy had thought of a spectacular way to end the year.

Andy explains: “I wanted to find a way to thank the remarkable staff at this fantastic hospital. During the many hours I spent by my son’s bedside, I realised that I could use my specialist skills to rig up a zip wire from the roof of the hospital across the Thames, and that perhaps people would pay for the chance to speed across it like a firefighter.”

The unique fundraising event, organised by the London Fire Brigade with help from staff at the Trust, saw 20 fearless fundraisers flying ‘superman style’ in a harness across the Thames, reaching speeds of 40 miles per hour. One lucky competition winner, Nikhita Sethi, rode the Evelina Zip after being selected from more than 5,000 entrants in a free prize draw.

The money raised will contribute towards the £2.7 million needed to build a dedicated Clinical Research Facility at the hospital. Evelina London is one of the best performing children’s research hospitals in the country, recruiting a large number of young patients into clinical trials. The new facility will support vital research to improve treatments for many conditions including autism, epilepsy, congenital heart problems, kidney disease and allergies.
Shanique Wahrmann speaks to patients Colin Hill and Sue Gribble about what it’s like to hear after living in a silent world.

**Tuning in**

**Sue’s story**
I was born partially deaf. I have three sisters with deafness – it’s genetic. It affects the girls in my family but not the boys.

It wasn’t until I was in my 30s that I started losing my hearing. I woke up one morning, put my hearing aids in, and heard hardly anything. I changed the batteries but it made no difference.

Gradually my hearing got worse. I avoided going out socially – everyone would be talking and I just didn’t have a clue what they were talking about. Sometimes I ended up saying the wrong thing and embarrassing myself.

After visiting my local audiology department I was referred to St Thomas’ for a cochlear implant. I must admit, I was terrified and didn’t know what to expect. I had heard of them, but didn’t know anything about them.

I then saw the doctor at St Thomas’, whose first words to me were: “We are going to get you hearing again”.

which to me at the time was totally unimaginable.

I had my operation in 2002. Six weeks later my cochlear implant was switched on. That day, my life changed.

Everyone’s switch-on is different. At the time, all I could hear was sounds, but no speech. After returning for more tuning, and with the meticulous support from the team at St Thomas’, my hearing gradually improved.

I remember a phone arrangement that I had with a friend. I always used to tell her to just reply yes or no. On this particular day, she forgot and said, “Sue, I’ve got to go to the post office,” and I replied, “While you’re there could you get me some stamps?” We literally stopped in our tracks, both shocked that I had heard her. It was brilliant!

Since then, my confidence has grown. I make my own appointments. I don’t hesitate to call anyone. Being able to use the phone after 15 years was one of the highlights of my implant. It’s truly wonderful. And even today I still have to pinch myself.

After living in a more or less silent world, my life is now richer than it has ever been.

“After living in a more or less silent world, my life is now richer than it has ever been.”

Sheena McLaren, senior specialist audiological scientist, with Sue Gribble
Colin’s story
My hearing loss started in one ear, then the other. Over time it deteriorated to virtually nothing. My family constantly had to repeat themselves as I couldn’t hear what they were saying.

To start with, it wasn’t too bad. But when you lose out on the quick remarks, jokes, one-liners and crosstalk over the dinner table, you begin to feel isolated. And so I often gave up. It was just too much trouble to try and listen.

After seeing the audiologist at my local hospital, he said I might benefit from a cochlear implant and referred me to St Thomas’.

In 2013, our lives were knocked for six when the surgeon told us that an MRI scan had found acoustic neuromas in both auditory nerve canals. It’s a rare kind of tumour, but the surgeon was concerned about the danger of them growing. My wife Jane and I were in shock.

After a number of scans, the tumours were found to be the same size and were not causing a problem. However, the surgeon couldn’t guarantee to what extent, if at all, an implant would succeed.

I had no fear about the operation itself. My implantation was on 8 January 2016 and I was ‘switched on’ six weeks later. I was absolutely amazed at the attention to detail of the team. I felt very comfortable – their support was outstanding.

2016 introduced itself rather loudly! From the very first day I began to hear. I was even finding that I could hear Jane the first time, rather than after four or five tries. I kept telling Jane, “I heard you the first time!”

Apparently the tumours are still there, I have them monitored every year. But the fact that I now have hearing after my cochlear implant is proof that I made the right decision. I give tremendous thanks to my wife and the team at St Thomas’ because it’s given us a new hope – a whole new lease of life that was there before.

Listen to patients talk about their experiences in a series of videos: www.guysandstthomas.nhs.uk/audiology

What is a cochlear implant?
A cochlear implant is an electronic medical device that is surgically implanted into the inner ear. Small electrodes stimulate the hearing nerve and provide sound information to the brain.

Who can have a cochlear implant?
Cochlear implants are offered to patients with severe to profound hearing loss following assessment by a specialised audiology team. They are provided to children who are born with, or acquire, their hearing loss early on in life, and to adults who have had normal hearing or a mild hearing loss and who have then lost their hearing.

Sheena McLaren,
Senior Specialist Audiological Scientist

What is switch-on?
Switch-on happens when you are given the external part of your cochlear implant called the processor and it is first activated by the audiologist.

Caroline Bartrop,
Speech and Language Therapist
A new project will help nurses work together to provide high quality care for patients. Nick Jowett, a senior staff nurse on Richard Bright Ward at Guy’s Hospital, explains to Ruth Shepherd how the Nightingale Project will benefit patients.

Better teamwork around the clock

Q Why was the Nightingale Project needed?
A Different wards work slightly differently, and skills and staff are not always spread evenly across the 24 hours of the day. The Nightingale Project was developed to help nursing teams provide the same high level of care to patients – whichever ward they are on, and whatever time of the day or night it is. It means our patients will always know what to expect, even when they move between wards.

Q What did the training involve?
A We went into a lifelike scenario of a stressful ward environment, with manikins and actors playing patients, and had to respond to lots of unexpected events and interruptions. The point was to show that we need to deal with those interruptions while making sure the shift is still managed properly.

We did the training day as a whole team, which is very rare. It meant that there was real camaraderie between us. It was nice to come back and discuss what happened and how we can support each other better.

Q Was it strange to be in a simulated environment?
A There was a bit of joking initially because there were these strange manikins and we weren’t sure how involved to get if an actor was saying he was in pain. However, the simulation team, who ran the training, made it clear that once we walked onto the ward, we should act like it was real.

Q How has the training helped improve care?
A It focused on how to properly manage a shift, which needs to include protected time to discuss the care of each patient (handovers), safety briefings, and mid-afternoon huddles. This makes sure that the whole team knows how the day is progressing, particularly when it’s busy. It helps us to support our colleagues if they’re having a difficult day.

It also means that whichever ward a patient is on, they can expect the same daily routine and level of care.

Q What did you find most useful?
A I was the nurse in charge in the scenario and had to lead the handover. For me it highlighted how a busy ward can interfere with my ability to listen to information, interpret it, and pass it on to other staff.

It was also useful to reflect on difficult situations I’ve encountered in the real world. Some days are non-stop, with things happening for 12 hours straight – patients can become unwell suddenly or new patients may be admitted onto the ward unexpectedly. We need to take time to stop and reflect, either personally or as part of a team.

Q Hundreds of nurses have now done the training. How will it help on the wards?
A The training helps us to keep care safe and of a high quality. It changes attitudes and encourages teamwork so that things don’t get too stressful. It’s particularly helpful for nurses who move between wards, because it helps to make sure there’s a consistent routine on every ward.

Since doing the training, our team has made sure that all the nursing staff go home on time. Colleagues will go round specifically to ask if anyone needs any help so that they can leave at the end of their shift. It helps us to be less stressed which in turn will help our patients get better care.

Q Will it have a positive impact on patients?
A Yes, definitely. The change might not be obvious because it’s all ‘behind the scenes’ – but it means that nurses understand more about what’s going on elsewhere in the ward, work better as a team, feel less stressed, and ultimately provide better care.
When Tracy Ralph’s organs starting shutting down, doctors at her local hospital thought nothing more could be done. Cara Lee finds out how the team at St Thomas’ saved her life.

New lease of life

Tracy Ralph thought she had a cold before falling seriously ill on Christmas Eve 2014. The 36-year-old was diagnosed with pneumonia and taken to Southend Hospital where doctors discovered she had sepsis (blood poisoning). She had gone into septic shock and her organs were shutting down.

Tracy, a mother-of-two, explains: “I have no recollection of anything that happened but it was terrible for my family. On Christmas Day my husband Bradley was told I’d taken a turn for the worse, was in an induced coma and nothing more could be done.”

On Boxing Day her doctor called the ECMO team at St Thomas’. An ECMO (extracorporeal membrane oxygenation) machine can temporarily replace the work of the lungs or heart in patients with severe lung or heart failure, similar to how dialysis works for patients with kidney failure. The machine continuously takes blood from the body, adds oxygen and removes carbon dioxide, and then returns it to the body.

The ECMO service was set up in 2009 at St Thomas’ which is one of only five hospitals in England commissioned by the NHS to provide the treatment. It is the largest ECMO centre in the UK, treating more than 100 patients a year.

The service is responsible for providing ECMO to patients in south east England. Doctors from local hospitals contact the highly specialised team and a quick decision is made about whether or not the patient is suitable for ECMO. If they are, the team consisting of an intensive care consultant, specialist nurse and perfusionist (a specialist who operates the equipment) travel by road, air or water to the local hospital, where they usually put the patient on ECMO and bring them back to St Thomas’.

Dr Nick Barrett, consultant in critical care, says: “Patients suitable for ECMO are desperately sick and have reached the limits of conventional medical therapy. They have potentially reversible lung problems and were physically strong enough before they got ill to spend weeks or months in critical care recovering.”

The ECMO team decided Tracy fitted the criteria and she stayed in St Thomas’ for two months. She says: “My family and friends called the ECMO team the A Team after they arrived at Southend and took me to St Thomas’.”

“My family and friends called the ECMO team the A Team.”
Higher precision cancer treatment

Patients will experience faster radiotherapy treatment thanks to state-of-the-art machines in the new Cancer Centre at Guy’s Hospital. The machines, costing £4.5 million each, can deliver treatment to an accuracy of less than a millimetre so the tumour is targeted without damaging healthy surrounding tissue. For some tumours that can move around, CT images are taken daily to maintain the same accuracy every time.

Radiotherapy is the use of high energy x-rays to treat cancer. The x-rays damage the body’s cells within the treatment area, killing the cancer cells over time, while allowing normal cells to recover.

Radiotherapy treatment is painless, with the experience similar to having an x-ray or CT scan, but can have some side effects within the treatment area.

Angela Francis, Head of Radiotherapy, explains: “High precision treatment reduces unpleasant side effects for patients because fewer healthy cells are damaged. Another benefit is that images are taken and reviewed before treatment is delivered, making the whole process faster and more efficient, meaning less waiting around.

“Because we’re the first place in Europe to provide radiotherapy above ground level it’s a much nicer environment for our patients. Things are also better for staff as we didn’t even see the daylight in the winter!”

The new machines will allow the radiotherapy team to deliver more treatments to patients, up from 47,500 to 80,000 a year.

www.guysandstthomas.nhs.uk/GuysCancer

Tracy stayed on ECMO for 10 days while her lungs recovered. Unfortunately, she had blood clots caused by the severe infection which caused her fingertips and feet to die. She woke in January to find her hands and feet were black, hard and shrivelled and she later needed the tops of her fingers and her legs below the knees amputated.

Looking back, Tracy says: “It took a long time for everything to sink in. At first I questioned why this happened to me and I found it hard to adjust after my amputations. But I learned that I can still do pretty much everything, in a different way.”

“What’s happened has made me a better, stronger person.”

Dr Barrett adds: “It’s an immense privilege to look after desperately sick patients, knowing we can improve their chances of survival. Without ECMO, the vast majority of patients will die. With ECMO, 70 to 80% of patients are back at home within six months. Providing complex, high quality care would not be possible without the intensive care and ECMO teams – nurses, perfusionists, physiotherapists, dietitians and consultants. It’s an honour to work together.”

Tracy says she owes the team at St Thomas’, and ECMO, her life.

She says: “I’m so grateful that I’ll be able to see my children grow up. What’s happened has made me a better, stronger person. My goal now is to inspire and help others.”

www.guysandstthomas.nhs.uk
Site nurse practitioners (SNPs) look after Guy’s and St Thomas’ hospitals 24/7. Nicki Bickford tried to keep up with the team.

“Being an SNP means every day is different. Problems can become complicated very quickly and I enjoy working them out.”

Safe in their hands

Calum’s day shift

7:45am – When I arrive I get a handover from Andy who, after a busy night, is ready to go home. He tells me what has happened in the hospital overnight so I’m up to speed. I will be on duty for the next 12 hours and my main job is to make sure there are enough beds for our patients, and deal with anything else that arises throughout the day.

9:00am – I meet staff from theatres and day surgery to review the patients due to come into theatre today. Each patient is discussed to decide if they will need a bed or might be well enough to go home later today. By doing this, we can make sure we have beds available where they are needed and we can also manage to accommodate patients who have come in through the Emergency Department (A&E).

10:00am – All the SNPs meet in the command centre at St Thomas’ to review how our patients are and how many beds are available, with a conference call linking to the SNPs based at Guy’s. Today all is well and plenty of beds are available.

After the meeting, I walk around each of the wards I am responsible for to check all is okay with the nurse in charge.

10:30am – A problem has arisen and staff on our wards are unable to print labels for bottles of blood samples. This means that nurses and doctors have to handwrite labels. This will seriously slow down getting results back quickly. I call the IT team to ask them to fix the problem.

2:00pm – A fire alarm has gone off in North Wing. I’m first on the scene. We always go to fire alarms before anyone else so we can decide if the fire brigade needs to be called. False alarm this time – thankfully!

4:30pm – My pager alerts me that A&E is getting busy so I go to check if help is needed. A&E is always busy between 8pm and 3am so this is surprisingly early.

5:00pm – Back from A&E and I grab a well earned cup of tea and a sandwich.

6:00pm – No peace for long as another alarm goes off. Someone has collapsed and it could be a member of staff, a patient or a visitor. A rapid response team is despatched. It turns out that a visitor has fallen and bumped their head. They are taken to A&E to be thoroughly checked.

7:45pm – Andy is back for a handover from me so that he can start the night shift. For me, being an SNP means every day is different. Problems can become complicated very quickly and I enjoy sorting them out. We need to be tactical, good at keeping our nerve and juggling lots of things in our heads – it’s like a game of chess.
Andy’s night shift

11:30pm – I’m told about a visitor who is creating a disturbance. The security team arrives and quietly and efficiently helps bring the situation under control.

11:00pm – I visit all the wards I’m looking after to check all is well with the nurse in charge.

3:00am – It has been raining a lot recently and a flood has been reported in the basement of South Wing. I visit the area and, thanks to the housekeeping team, the basement is drained and cleaned within an hour.

7:45am – I hand over to Calum again. It’s mentally and physically exhausting being an SNP. We work independently but call on the wide expertise and different skills from our close-knit team.

We also have an excellent relationship with the security, maintenance, IT and housekeeping teams. So when I’m finished for the morning, I leave my shift with a sense of achievement and know that everything will be expertly managed while I’m enjoying a well earned rest.

Why I fundraise

Sarah Poll has abseiled down St Thomas’ Hospital, taken part in Guy’s Urban Challenge, raced in the London Duathlon, and plans to participate in Enduro24, a running festival, later this year. To date she has raised more than £1,350 for Evelina London.

Sarah is fundraising because she wants to say thanks for the care that her seven-year-old daughter Honey receives for bowel and bladder problems, and autism spectrum disorder (ASD).

Some parents find that getting the necessary support for a child with ASD can be incredibly difficult, so Sarah is particularly grateful for the support she receives.

She says: “Evelina London gives you the belief that each autistic child has different traits and it’s not disabling.

“The team ensures stigma isn’t attached and that the people in my daughter’s life are educated about the condition. I thank them for their ongoing support.

“On our visits, we’ve been greeted with a smiley face from Cathy, the lovely play specialist. At the neuroscience department, we are always given sound, positive advice and a much-needed boost to keep us going on our ASD journey.

“The money I raise will go to play specialists who help children adapt to hospital life, provide a familiar face on visits, and are someone that the children can chat to about any worries.”

To find out how you can support Evelina London go to www.supportevelina.org.uk
Ask us: How can I quit smoking?

Chief Nurse Dame Eileen Sills explains why giving up smoking can improve your chances of successful treatment.

Should I quit smoking before my operation?
Yes, stopping smoking can lead to significant health benefits, reduce the risk of complications, and improve your recovery time after surgery. Research shows that on average smokers spend two days longer in hospital recovering from an operation than non-smokers. Ideally you should aim to stop smoking about eight weeks before surgery, but even giving up smoking just a few days before your operation can also make a big difference to your recovery.

Is there somewhere for me to smoke before my appointment?
Smoking is not permitted anywhere on Trust property, including outside areas. To add to existing signage, red lines have been painted on the pavement at key entrance points to remind people that they are entering a smoke-free area.

I have been smoking for a while now. What can I do to quit?
Many smokers want to give up but aren’t sure about the best way to go about it. By choosing the method that’s right for you you’ll boost your chances of quitting. Thousands of people have quit for good and studies show that you’re four times more likely to quit successfully if you use a combination of stop smoking medicine and specialist support from your local stop smoking service.

Can I get support to stop smoking near where I live?
Yes, there’s lots of free support on offer, including local face-to-face services, advice over the phone, a smoke-free app and online chat.

Chief Nurse Dame Eileen Sills gives smoking the push
To find the support that’s right for you visit www.nhs.uk/smokefree.

Keats gets a voice

A statue of renowned poet John Keats on the Guy’s Hospital campus has welcomed students from King’s College London for almost a decade. Now, thanks to an innovative cultural project, you can also hear the story of the doctor turned poet, straight from the statue.

Using drama, humour and technology, the Talking Statues project is breathing new life into art by allowing public works to share their stories. Simply swipe your Smartphone on the plaque or type a web address into your browser to receive ‘a call from the statue’.

The statue’s audio tells how Keats trained as a surgeon-apothecary at Guy’s Hospital before deciding to devote his career to poetry. Despite his short life, Keats’s poems are some of the most popular in English literature.

Other local statues animated through the project are Asclepius, the son of Greek god Apollo which is also at Guy’s, and Boat, a new artwork which welcomes visitors to the Cancer Centre at Guy’s.

The statue of Keats is part of the arts and heritage collection of Guy’s and St Thomas’ Charity, and the voices were created to mark the creation of the new Science Gallery London which will open in 2018.

www.talkingstatueslondon.co.uk
Surgeons recreate royal operation for TV

Staff from Guy’s and St Thomas’ appeared in a Netflix drama about the Queen’s life, as Vicky Milnes finds out.

If you’ve watched The Crown – a Netflix drama about Queen Elizabeth II’s reign – you will have seen surgeons and nurses from Guy’s and St Thomas’ recreating an operation to remove a lung tumour from King George VI. It is the first time that a real-life surgical team has performed a pretend operation for TV.

Pioneering surgeon Sir Clement Price Thomas performed the operation at Buckingham Palace in 1951. A heavy smoker, King George had developed lung cancer and his entire left lung was removed during the three-hour operation. As was usual for the time, the King was not told he had cancer – he believed his operation was for a blocked bronchial tube.

An operating theatre was set up in the Palace’s Buhl Room, overlooking The Mall. Sir Clement realised just in time that the Changing of the Guard was planned for that day. He asked for this to take place at St James’ Palace instead so the noise would not distract him. Afterwards, crowds of well-wishers gathered when a bulletin was posted on the gates of Buckingham Palace to say the King was recovering well.

To recreate the operation for The Crown, the team of surgeons and nurses filmed the scene in their free time and wore surgical gowns from the period to make it as authentic as possible.

Professor Nizam Mamode, consultant transplant surgeon, played the part of Sir Clement Price Thomas. Mr Francis Calder, consultant transplant surgeon, Mr Pankaj Chandak, specialist registrar in transplant surgery, Sister Kim Wall and Sister Abigail Keen completed the team ‘operating’ on King George.

Mr Chandak said: “Being part of The Crown was an experience we will never forget. Despite having the film crew around us, once we settled in it felt like a normal day in the operating theatre. The prosthetic body was incredibly lifelike, complete with a beating heart, and there was meticulous attention to detail on set to recreate the surgical world from 1951.”

Taking part in The Crown means Mr Chandak, also an honorary lecturer and research fellow at King’s College London, can help people learn more about how much surgery has changed since the 1950s.

“I asked the production company to donate the ‘body’ we operated on to the Gordon Museum of Pathology at King’s College London as an educational prop. I would like to use it for future demonstrations to show how far we’ve come with surgery.”

Staff from Guy’s and St Thomas’ take on the role of King George VI’s surgical team

King George VI and Queen Elizabeth inspect bomb damage at St Thomas’ in September 1940

Mr Chandak and Professor Mamode in The Crown
Say what?

**Louvaine Lodrick**, Housekeeper at Evelina London Children’s Hospital

**Q** What is the role of a housekeeper?

**A** I make sure the hospital is in a good, clean condition. If it has to be cleaned I do it. I clean the stairs, the pathways, the toilets - everywhere.

**Q** What’s the best thing about your job?

**A** I love the children. They make me laugh. I love making the shy ones smile.

**Q** What do you like to do in your spare time?

**A** I like gardening in the fresh air but it’s a little too cold at the moment so I’ve just bought a telescope to do stargazing instead. I love looking up at the night sky. It relaxes the brain.

**Q** What was your life like growing up?

**A** I was very clever. Growing up in the West Indies we would go on picnics and trips and then write an essay about them for school. I always used to win first prize. I was strong too. Naughty girls used to have fights but I’d get between them and pull them apart. Looking back I could have got hurt but I was lucky.

**Q** What kind of music do you like?

**A** Classical. I love Beethoven and I find him very relaxing to listen to. He’s very noisy so his music chases everything out of your head.

**Q** If you could travel anywhere, where would you go?

**A** I’d stay here! People here always try to help each other to the best of their ability.

From the frontline

**Nicola Wales** and **Anna Leggett**, School nurses

People often ask us, ‘Are you a nit nurse?’ or ‘Do you just put a plaster on everything?’ but as school nurses we support the physical and emotional health and well-being of children. To achieve this we work with a number of professionals, in nearly every possible setting. There is no such thing as a typical day for a school nurse.

We regularly meet with children and young people, plan their care and train school staff in common health conditions like asthma, epilepsy and allergies. We are involved in making sure children are kept safe, delivering health education, running drop-in clinics, and a whole range of other things.

It’s important that children and young people know how to stay healthy and make healthy choices in the future. One of the ways we do this is through the newly launched ChatHealth which means children and young people can access confidential health advice from a school nurse by text message.

We’re always looking for better ways to help improve our service and this project has received really positive feedback from young people who have used it.

**To use ChatHealth young people aged 11-19 can text 07507 332150**
What’s On

1-31 March
Dysphagia Month
Look out for events across the Trust

8 March
Friends of Guy’s and St Thomas’ Hospitals Book Sale
10am-3pm
Birdsong Corridor, St Thomas’

8 March
No Smoking Day

14 March
Seminar for Foundation Trust Members – Kidney Disease
6-7.30pm, Robens Suite, Guy’s Hospital
Call 0800 731 0319 or email members@gstt.nhs.uk to book your place

22 March
Friends of Guy’s and St Thomas’ Hospitals Book Sale
10am-3pm
Birdsong Corridor, St Thomas’

23 March
‘Precious Relics’: Hair Jewellery and the Victorians
Florence Nightingale Museum, St Thomas’
6.30pm (£8 admission)
Call 020 7188 4400 or visit www.florence-nightingale.co.uk

1-30 April
Bowel Cancer Awareness Month
www.bowelcanceruk.org.uk

5 April
Friends of Guy’s and St Thomas’ Hospitals Book Sale
10am-3pm
Birdsong Corridor, St Thomas’

7 April
World Health Day

23 April
London Marathon

26 April
Joint Board of Directors and Council of Governors Meeting
3.45-7.30pm
Governors’ Hall, St Thomas’

Free film screenings:
MediCinema (gsttmedicinema@medicinema.org.uk) shows the latest releases for patients and staff
Guy’s Tuesdays, 1.30pm and Thursdays, 7pm
St Thomas’ Saturdays, 7pm and Tuesdays, 7.30pm
Evelina London screenings on Wednesdays, 6.30pm

Free lunchtime concerts:
Mondays 1–2pm, Central Hall, St Thomas’
Wednesdays 1–2pm, Atrium 1, Guy’s

Raise money for your hospitals and community services
For all the latest news about our amazing fundraisers and how you can support Guy’s, St Thomas’ and Evelina London, follow @SupportGSTT and like facebook.com/SupportGSTT and facebook.com/SupportEvelina

We have two pairs of tickets to the View from the Shard up for grabs. To be in with a chance of winning one pair, simply complete the wordsearch below.

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Competition

We have two pairs of tickets to the View from the Shard up for grabs. To be in with a chance of winning one pair, simply complete the wordsearch below.

Name
Address
Email

Send your entry by 31 March to the GIST competition, Communications Department, 4th floor, St Thomas’ Hospital, Westminster Bridge Road, SE1 7EH; or you can email communications@gstt.nhs.uk.

The winners will be selected at random and notified within seven days of the draw. The result will be final and we will not enter into any correspondence regarding the competition winners. The prize is non-transferable.
BE A HERO!

St THOMAS’ ABSEIL

Get your cape ready* and give back to one of our heroic hospitals!

*Fancy dress optional, but encouraged!

Friday 12 May 2017
St Thomas’ Hospital

Register now
supportgstt.org.uk/abseil

Evelina London Children’s Hospital is part of Guy’s and St Thomas’ NHS Foundation Trust.
Guy’s and St Thomas’ Charity. Registered Charity No. 1160316.