

12:00

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

providing expert healthcare services 24 hours a day seven days a week 365 days a year



Report and accounts 2008/09

23:59

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## Providing expert care 24/7

As one of the oldest hospitals in London, and one of the UK's largest teaching hospitals, St George's Healthcare NHS Trust has a rich heritage stretching back nearly 300 years. During that time, St George's has evolved, re-located and transformed into a hospital providing expert healthcare services to patients 24 hours a day, seven days a week.

St George's provides all the care you would expect from a local acute hospital, including accident and emergency, maternity services and care for women and children – but, as a leading teaching hospital, St George's also offers specialist care for the most complex injuries and illnesses.

Sharing its main site in Tooting with the renowned St George's University of London, the Trust serves a population of over 3.5 million from across southwest London, southeast England and beyond.

Through the development of specialist services, including cancer, stroke and trauma, St George's is raising standards of patient care and transforming its ways of working to meet the demands of 21st Century healthcare.



# From the Chair and Chief Executive

Naaz Coker, Trust Chair; David Astley, Chief Executive

**St George's has made significant strides forward in the last 12 months and today the outlook for the Trust is brighter than ever.**

The opening of the new Grosvenor Wing entrance, in March 2009, provides a clear signal of how we are improving the fabric of the Trust and the experience for patients, visitors and staff. We are developing services that meet the needs of a modern NHS, one where patients rightly have rising expectations of the care they receive. St George's has responded to these expectations in a positive way, working in partnership with patients to deliver the very highest standards of healthcare.

During the last year St George's has reduced its *Clostridium difficile* (*C.diff*) infection rates by 81 per cent, giving the Trust the third lowest rate among English teaching hospitals. Our MRSA rates were also well below the national target. With only 13 infections in 2008/09 we recorded the second lowest MRSA rates of any London teaching hospital.

Patient safety and clinical quality are central to the work at St George's. Our performance in infection control is a huge achievement and by introducing some other measures, such as protected meal times and clearer information for patients with learning disabilities, we have been able to further increase the safety and comfort of all of our patients.

Dignity and respect remain at the forefront of our service. We are firm supporters of the Royal College of Nursing's *Dignity: At the heart of everything we do* project. We've introduced

new patient gowns that fasten more securely and replaced the curtains on all our ward beds to ensure that bed spaces remain private places for our patients.

In October 2008, clinical areas across the Trust started using Patient Experience Trackers. These handheld electronic devices capture and analyse feedback from patients about their time in hospital, helping to inform change and improvements on wards. We have also introduced the *Productive Ward* scheme, a system which helps staff to spend more time caring for patients by improving ward processes and organisation.

The Hospital has continued to benefit from a close working relationship with St George's University of London (SGUL). Sharing a site in Tooting, we continue to push the boundaries of medical innovation and research to provide healthcare that is second to none.

Nothing illustrates this work better than the pioneering South West London Academic Health and Social Care Network. The network sees the Trust working alongside SGUL, and other local institutions, to provide world-class health and social care to people in disadvantaged communities in southwest London.

For the second year in succession the Trust has achieved an operating surplus. The financial stability of St George's is vital as we prepare for Foundation Trust (FT) status.

The timetable for the Trust's FT application is now clear, a work plan is in place and the process to ensure we achieve this significant milestone has begun. If we are to put ourselves in a position to apply for FT status then we will



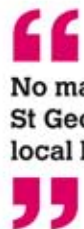
need to improve our performance to the tune of £50m in 2009/10, which represents 11 per cent of our total budget. We will also need to generate a surplus of £9m in 2010/11 to meet commitments to discharge historic debts. The stakes are high but by delivering on these targets successfully we will secure the long-term future of St George's.

In January 2009 a major public consultation began on Healthcare for London's plans to introduce world-class stroke and trauma services to the capital. The proposals would see expert clinical care and the latest technology concentrated in dedicated hyper-acute stroke units and major trauma centres across London. St George's is in line to provide both of these specialist services, providing another clear sign that the Trust is heading in a positive direction.

However, no matter how our services change, the overriding mission for St George's remains the same as it has always been; to provide local hospital services to the people of southwest London and specialist services to patients in Southeast England and across the United Kingdom.

The Trust's future is exciting. While there are some major challenges ahead, we will face these with the same steely determination that has helped us achieve so much in the present.

In order to deliver effective change and raise standards, St George's needs high calibre staff. Our staff do a tremendous job, often under difficult circumstances, and it is through their extraordinary efforts that the Trust continues to go from strength to strength.



**No matter how our services change, the overriding mission for St George's remains the same as it always has been: to provide local hospital services to the people of southwest London**

Naaz Coker  
Chair

David Astley  
Chief Executive

## Caring for children



Every year St George's cares for over 500 of the smallest babies, like tiny Samuel Ede, pictured here with dad Clifford, born at less than 24 weeks.

### St George's provides a full range of health services for children, caring for the tiniest premature babies through to teenagers with acute conditions or chronic health issues.

Facilities include four in-patient children's wards, one of which is purpose-built for infectious diseases. The others are for specialist neurosciences, medicine and surgery. Specialist units include the day-case unit, paediatric intensive care unit, tertiary neonatal unit, child development centre and a paediatric outpatient department.

### Nurse practitioners

The creation of two new paediatric nurse practitioner posts in May 2008 is one of the initiatives that is helping St George's to advance the breadth of nursing responsibility in children's services.

Advanced nurse practitioners are a relatively new role in the NHS. They have been specially trained to admit patients, carry out physical examinations and blood tests, diagnose, and request x-rays and investigations. They also audit and evaluate the care given to patients to ensure that the care provided is based on best practice.

They have also been trained in Central Venous Access to put in peripherally inserted central catheters (PICC lines) without the need for general anaesthetic. PICC lines are used to deliver antibiotics or chemotherapy to a patient. Having nurses who can insert these lines on the ward removes the need for theatre time, and as a result, children receive the appropriate treatment faster and their stay in hospital is reduced.

The team has also introduced five new oncology beds, improving chemotherapy services for paediatric cancer patients in partnership with The Royal Marsden Hospital.

### Name **Beverly Graham** Nurse Practitioner in Paediatric Oncology

**What does your role involve?** I am part of the oncology team, which is helping to make the children's journey through their illness easier with the treatment they receive. I provide support and leadership through nursing care and work with the Venous Access Team, helping children cope with needles.



**Best aspect of your job?** The most rewarding part of my job is seeing a child smile as he/she leaves. We often help children through the most difficult part of their treatment, so it's very rewarding to see a child smile at the end of it all.

### Neonatal care

The Neonatal Unit (NNU) at St George's provides care for newborn babies requiring specialist treatment, including premature and low birth-weight babies and those needing surgery. It provides a full range of specialist intensive care not available at other hospitals and therefore takes babies from a wide geographical area as well as babies born locally.

St George's NNU is the lead centre for the South West London Neonatal Network which comprises Kingston, Mayday, Epsom and St Helier hospitals. It is also a regional centre, accepting referrals from across southeast England.

The unit currently has 35 cots – 12 intensive care, nine high dependency, and 14 special care. More than 500 babies are admitted to the unit every year. It has around 160 staff, including specialist medical, nursing, technical and administrative.

The NNU recruited 34 nursing, medical and support staff during the year and now provides a ratio of four nurses to six babies in intensive care. This development has allowed the Trust to raise the quality of care provided to vulnerable infants and their parents and carers.

Plans were also approved this year for a four-bedded transitional care unit, where babies can be nursed with their mothers. Support and education for the infants' parents is provided by neonatal nurses and midwives, freeing up cot-space in the specialist unit and helping patients to return home sooner.

# Treating and preventing cancer

St George's cancer centre treats around 1,700 cancer patients every year, providing diagnosis, surgery and chemotherapy, as well as palliative care and follow-up clinics. St George's also plays a key part in cancer prevention, offering screening services and pre-cancer treatment.

The cancer team provides services to patients from Queen Mary's Hospital, Roehampton, and acute Trusts within the South West London Cancer Network and beyond.

The team liaises closely with primary healthcare colleagues and local hospices to provide a range of care for cancer patients, including 24-hour palliative care services.

## Working as a team

For each cancer type, there is a multi-disciplinary team of staff providing treatment and care. Oncologists work with surgeons and medical doctors who specialise in the areas of the body that the cancer has affected. The team includes Macmillan nurses, counsellors, radiologists, geneticists, pathologists, therapists and dieticians. The service benefits from direct links with surgical specialties at St George's, such as vascular, neurosurgery, cardiothoracic surgery, and radiology. The team approach ensures all treatment options are considered and patients receive the best care for their condition.

## Nurse-led care

Each specialist cancer team has a clinical nurse specialist (CNS) who acts as the main point of contact for patients and their families. All St George's CNSs hold a Macmillan title, giving the Trust the largest Macmillan team in London. CNSs provide clinics, support groups and educational days for patients, carers and other healthcare professionals.



11:21

The Radiology department provides a comprehensive imaging service to help diagnose and treat cancer and other diseases.

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The team approach ensures all treatment options are considered and patients receive the best care for their condition

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## Treating and preventing cancer

During the year a number of support groups have been set up including those for men with prostate cancer, gynae-oncology patients and a London-wide myeloma group.

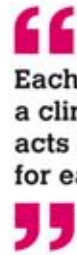
CNSs provide psychological support services to patients and family members from the time of diagnosis, throughout a patient's care and following completion of their treatment. CNSs also play an active role in cancer prevention and education, and hold sessions in the local community promoting cancer awareness and men's health.

### Cutting edge skills and technology

St George's delivers a comprehensive service for lower gastro-intestinal cancers, offering expert diagnosis and surgery, with appropriate access to emergency medical services and critical care. Endoscopy services are provided in a state-of-the-art facility which is the national

training centre for endoscopy and the colorectal cancer screening centre for south west London. Keyhole colorectal surgery is also performed at St George's and a new enhanced recovery programme is being developed at the Trust.

St George's is the South West London Bowel Screening Centre, part of the NHS Bowel Cancer Screening Programme, which aims to increase detection of early stage cancers, when treatment is likely to be more effective.



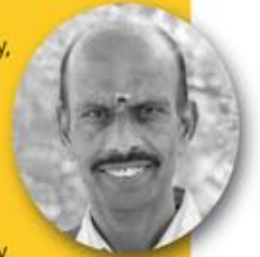
**Each specialist cancer team has a clinical nurse specialist who acts as the main point of contact for each patient and their family**

Lung cancer cases make up around ten per cent of the hospital's cancer workload and the Trust is using the latest techniques and technologies for diagnosis and treatment. Portable ultrasound is used in clinics, and during 2008 radiofrequency ablation treatment was introduced. This treatment allows local tumours to be destroyed in patients who are not suitable for surgery or radical radiotherapy.

In June 2008, the innovative da Vinci robotic surgery system was introduced to St George's. This cutting-edge technology allows a surgeon to conduct very precise keyhole surgery, offering many benefits to the patient, including less trauma and blood loss, reduced post-operative pain and faster recovery. The robot is currently being used with cancer patients for the removal of prostates and both partial and full removal of kidneys.

**Name Ramalingham Srikandavel Cancer patient**  
**Why St George's?** St George's is my local hospital. I have received chemotherapy and a bone marrow transplant here.  
**What has your experience been like?**

Fantastic in every way. All the staff were very friendly, helpful and not only listened to my requests, but responded immediately. They saved my life and my family and I are so grateful.



Patient Hazel Moncrieffe receives chemotherapy with assistance from Sister Rachael Scowcroft.



Patients from across south west London come to St George's for bowel screening services.



Dr Ruth Pettengell examines patient Sabrina Kherouf in the haematology oncology clinic.

## Delivering world-class stroke care

**St George's operates one of the busiest and largest specialist stroke units in the UK and last year treated over 800 patients.**

The acute stroke unit is part of a modern, specialist, neuroscience centre benefiting from access to state-of-the-art equipment and a wealth of expertise. It provides in-patient and out-patient services for people who have suffered a definite or suspected stroke.

The multi-disciplinary team includes three consultants, specialist therapists and specialist nurses. Patients suspected of having suffered a stroke are admitted to the unit to have the diagnosis confirmed and the cause investigated using specialist diagnostic imaging techniques. Patients needing further rehabilitation can be transferred to St George's Wolfson

Neurorehabilitation Centre in Wimbledon to help their recovery.

The stroke unit is the southwest London centre for out-of-hours and weekend thrombolysis (clot busting) treatment – a service which can stop some strokes in their tracks and dramatically increase the chances of a good recovery (when those strokes are caused by a blood clot blocking an artery in the brain).

### Leading research and education

The unit is the lead centre for research in the UK, building a strong knowledge-base for stroke. It has strong links with researchers at St George's University of London and research interests include stroke genetics, stroke imaging and treatment of diseased carotid arteries.

St George's is also taking the lead in the South West London Clinical Stroke Network in education and training – providing training programmes for junior doctors and running events for nurses and therapists.

### Setting the standard

St George's stroke team performed well in the national Sentinel audits for organisation and clinical care, remaining firmly in the top ten in the UK. In February 2009 the Stroke Association highlighted St George's stroke service as a beacon of good practice, describing the Trust as a 'brilliant example that we hope will be copied everywhere, as it highlights a well organised and efficient hospital that saves many lives.'



**St George's is a brilliant example that we hope will be copied everywhere, as it highlights a well organised and efficient hospital that saves many lives**



the Stroke Association



Patients like Joyce Winsor are looked after by a team of highly experienced nurses, therapists and doctors.



Rehabilitation includes sessions with physiotherapists, occupational therapists and speech therapists, with goals specific to the patient's particular needs.

## Delivering world-class stroke care



13:28

Recovering on the ward, patient William Swan is carefully assessed after receiving clot-busting thrombolysis treatment.



**Name** Aimee Pinto **Clinical Lead Physiotherapist for the stroke service**

**What does your role involve?** Providing clinical support for a team of physiotherapists who offer physiotherapy for all patients admitted with a stroke.

**Best aspect of your job?** I work within a very supportive and dynamic team here. We see a diverse patient group from the acute stage through to their rehabilitation. Seeing patients in clinic after discharge enables me to monitor their progress.

**What changes have you seen since you started here in 2001?** The unit has undergone considerable change. It now provides the highest level of patient care with access to specialist

interventions. It also benefits from direct access to rehabilitation beds at the Wolfson allowing us to provide care for patients throughout the different parts of the stroke pathway.

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St George's  
comprehensive  
range of specialist  
services helps  
patients to make  
the best recovery  
they can  
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### Looking to the future

In 2008, Healthcare for London announced plans to redesign the way stroke is treated across the capital. Under the proposals St George's will be part of a clinical network incorporating local hospitals and will provide all three tiers of acute stroke services: a hyper-acute stroke unit; a stroke unit; and transient ischaemic attack (mini-stroke) service.

Nearly 11,000 Londoners suffer a stroke each year and of those, about 2000 will die as a result. The plans will place all Londoners within 30 minutes of emergency diagnosis and treatment should they suffer a stroke, providing patients with consistent, high quality care throughout the city.

The number and location of specialist and local stroke units is subject to a public consultation which started in January 2009. Assuming the outcome of the consultation agrees with the proposals, it is expected that new stroke services will begin to take shape from autumn 2009.

St George's is unique in its management of stroke, providing a seamless transfer of care between A&E services, the acute stroke unit and rehabilitation at the Wolfson Neurorehabilitation Centre. This comprehensive range of specialist services helps patients to make the best recovery they can, as well as preventing further strokes in those most at risk.



13:28

Activities with therapists aim to help patient David Steele achieve the best independence and quality of life after his stroke.



## Getting to the heart of the matter



St George's provides complex elective vascular surgery to patients across southwest London and Surrey.

St George's Vascular Institute integrates clinical, research and educational activities across the hospital and St George's, University of London. The vascular services team delivers a range of world-class arterial, venous and lymphatic services to patients in southwest London, and a tertiary referral service to those from a wider regional area.

### Central hub

St George's acts as the central hub in a clinical network that includes Kingston, Epsom, Mayday and East Surrey hospitals. In this network, in-patient elective and emergency arterial surgery is centred at St George's. The majority of services, including out-patient consultation, day case surgery, in-patient assessment and diagnostics, are performed locally.

The surgical service is provided by seven vascular consultant surgeons and three vascular radiologists. Research facilities are located within

the St George's University campus, and focus on basic science and clinical investigations. Research underpins the clinical services, and is integrated within both the NHS and University appointments and facilities.

There are four main research groups within the Institute; basic science, clinical trials, health services and an endovascular group. The ongoing research is used to inform and improve the treatment of patients with vascular disease. St George's has an established reputation for academic training in vascular surgery, and has excellent modern facilities for education.

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**The outcomes of abdominal aortic aneurism repair at St George's are in the top 5% in the UK**

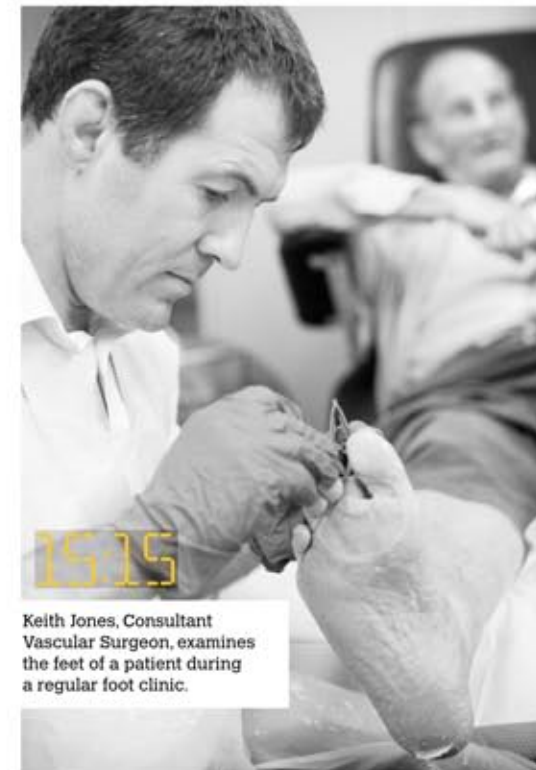
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The vascular team has a major interest in the treatment of the thoracic and thoracoabdominal aorta. The Institute has an international reputation in this field and offers a full range of diagnostic and therapeutic services. Close collaboration between vascular surgery, cardiothoracic surgery and vascular radiology has been developed to assess and treat patients with a multidisciplinary approach.

### Aortic aneurysms

St George's has one of the largest practices in the UK for the repair of abdominal aortic aneurysms (AAA), performing over 120 operations each year. The aorta is the main blood vessel in the body. It runs from the heart down through the chest and abdomen. As some people get older, the wall of the aorta in the abdomen can get weak, then expand to form an AAA. The condition is most common in men aged 65 and over.

The Vascular team offers a full range of services for patients with AAA, including medical therapy, surgical and endovascular intervention.



Keith Jones, Consultant Vascular Surgeon, examines the feet of a patient during a regular foot clinic.

### Name Rodney Agambar Vascular patient Why St George's?



I was taken to Basingstoke Hospital on discovering that I had an inflamed aneurysm and was offered intrusive surgery to repair it. On investigation I discovered that there was an alternative procedure which was a much less invasive operation, offered at St George's.

**What has your experience been like?** Excellent. The medical staff have been fantastic and I have felt well looked after.

**What has impressed you most?** The cleanliness of the ward. I would think that the infection control figures are very good judging from the care that is taken to clean this ward.

AAA causes 10,000 deaths every year and St George's has played a significant role in many of the trials that have defined the management of the condition in the UK. In early 2009, the Trust was named as the London pilot centre for a new national AAA screening programme.

The outcomes of AAA repair at St George's are in the top 5 per cent in the UK, with mortality rates now below 2 per cent.

### Integrating services

Since March 2008, St George's has made significant progress in integrating the diabetic foot service with vascular surgery. Diabetic patients suffering serious injuries have increased risk of lower limb infection, due to poor blood supply. Now a regular ward round takes place to assess diabetic patients and provide early intervention to improve patient care.

A full redevelopment of the lower limb bypass service at St George's during 2008 resulted in a four fold increase in the hospital's distal bypass rate – a procedure which improves blood flow to the limbs. The service minimises the need for inpatient stays, speeds up access to revascularisation and has seen a reduction in amputation rates.



16:00

Staff work with patients to build their confidence following a brain injury. Here, physiotherapists help patient Jane Holland balance as she practises standing and sitting safely.

## Regaining independence at the Wolfson

The Wolfson Neurorehabilitation Centre provides specialist care to patients who require intensive therapy. It takes referrals from across southwest London and beyond.

The centre also provides out-patient treatment for orthotic and spasticity problems, as well as assessment and diagnostic clinics for patients with chronic pain.

### Tailored treatment

In-patients are admitted for eight to twelve weeks and follow programmes based on goals set by the patient and their family or carers, in collaboration with the clinical team. Close liaison is maintained with families, carers and community services, including statutory and voluntary organisations, to help patients regain independent lives.



Patient Ken Tree shares a joke with staff in the restaurant at the Wolfson.

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St George's is unique in London, being able to care for patients from admission to full recovery

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## Regaining independence at the Wolfson



As well as stroke patients, the centre treats people with brain or spinal injuries, such as Chris Polton, who damaged his spine playing hockey.

The Wolfson is hoping to expand its outpatient service, which currently provides clinics for spasticity, orthotics and pain and a three-month follow-up clinic for former inpatients. The Wolfson has submitted plans to refurbish the interior of the centre, in order to make better use of the site and increase the number of beds available from 32 to 40.

### Unique service

The proposal to modernise facilities ties-in with the centre's importance in the Trust's stroke and trauma plans. With advanced neurorehabilitation services, acute head injury and stroke specialities, St George's is unique in London, being able to care for patients from admission to full recovery. Over 90% of patients return home following treatment at the Wolfson.



Close liaison is maintained with families, carers and community services, including statutory and voluntary organisations, to help patients regain independent lives



Therapy for patient Stanley Clark focuses on everyday activities, to help him regain independence as quickly as possible.

### Name Nick Wynn Stroke patient

**Why the Wolfson?** The Wolfson was recommended to me by the consultant team that treated me for my stroke at St Thomas'. It seems to be renowned as a centre of excellence!

**What has your experience been like?** I had never had physio before and the experience has been interesting and productive. The staff explain everything clearly, making sure you understand what every exercise is for.

**What has impressed you most?** The staff are very patient focused! Each patient gets personal service in every way, from the dietician coming to review your diet, to the occupational therapist preparing you for 'starting afresh'.



## Improving care through new technology



Cutting-edge mannequins are used to simulate the delivery of babies.



Midwives take part in a training exercise with a mannequin in the Advanced Patient Simulator Centre.

St George's education centre is home to the Advanced Patient Simulator Centre, one of only three high fidelity centres in London, providing a series of courses and simulated medical scenarios to a wide range of medical professionals, from student midwives, nurses and trainee doctors to senior consultants.

The advanced patient simulator is a highly sophisticated teaching and learning tool which

utilises static and mobile state-of-the-art patient mannequins. The mannequins provide lifelike responses to a wide range of medical emergencies in exactly the same way as the human body – they also breathe, have regular heart beats and dilating pupils. The mannequins allow the unit to provide realistic training scenarios without putting patients at risk.

Staffing has increased during 2008 in order to match the demand for courses and to meet

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Mannequins allow the unit to provide realistic training scenarios without putting patients at risk  
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national drives for increased use of simulation in training. The unit also introduced a new 'family' of high and medium fidelity mannequins to increase its capacity in mobile simulation technology, for which the centre is nationally renowned. As a result, the unit was able to achieve significant growth in midwifery simulation this year, with double the number of courses allowing every midwife at St George's to receive annual simulation training.

## New technologies improving care

### Name **Ramon Acosta** Cancer patient

**Why St George's?** I discovered on television that St George's was using the da Vinci robot to treat prostate cancer and I felt it gave me the best chances of a full recovery.

#### What has your experience been like?

The decision to have my prostatectomy at St George's was life changing – it feels like I have experienced a miracle. After just three days I didn't feel any pain and there was hardly a mark on me.

#### What has impressed you most?

The staff impressed me most. I am so grateful to the team for their support. The robotic surgery is incredible, and it is the staff behind it that makes it work.



Hidden beneath the giant arms and sterile coverings of the da Vinci robot is a patient undergoing prostate removal.



The da Vinci robot is operated at a console a few meters from the patient, which provides the surgeon with a magnified view of the operation.

### Robotic surgery

St George's is changing the way traditional surgery is conducted. The innovative da Vinci robot allows the surgeon to perform key-hole surgery on a patient remotely. 30 procedures took place during 2008/09, including the removal of cancerous prostates and kidneys. In July the UK's first partial kidney removal was performed using the robot.

The surgery is far less invasive than open surgery, only requiring very small incisions in the body. This means patients benefit from faster recovery, reduced blood loss, less post-operative pain and excellent outcomes. Although the surgeon sits at a console away from the patient and the operating 'arms' of the robot, the technology allows for very precise surgery to

be performed. The console's 3-D monitor can magnify the surgeon's view up to 12 times. This allows them to more easily identify delicate nerves and blood vessels, helping to minimise trauma to sensitive areas of the body.

Robotic surgery is currently available at St George's to prostate, renal cancer and pelvic lymphnode removal in penile cancer patients. However, the technology has potential for broad application across different types of surgery, including bladder and adrenal cancers as well as in gynaecology and general surgery.

### Modernising pharmacy

St George's is home to the biggest pharmacy robot in the UK, providing a modern dispensing process. The robot sends out 30,000

prescriptions every month to 142 locations across the hospital site, scanning and selecting up to 20 prescriptions at any one time. It also keeps track of stocks and even checks the expiry date on drugs, helping to reduce wastage.

The robot helps to provide the right medicines to the right patients at the right time, from admission to discharge. Its use also means that pharmacy staff can spend more time caring for patients on the wards.



The pharmacy robot has increased efficiency, allowing staff to spend more time caring for patients.

# Fighting infection



A team gets to work on the Trust's programme of deep cleans.

The level of hygiene in hospitals is a major concern for patients and the public, and a priority for St George's. Alongside the cleanliness of wards, the Trust uses a robust programme of training for staff and stringent hand hygiene protocols. St George's also carefully controls the use of antibiotics.

### Working around the clock

St George's Infection Control team works around the clock, monitoring infections and providing ward staff with advice on how to treat and prevent the spread of bacteria and viruses. A programme of ward deep cleans, using a combination of chlorine based detergents and steam, combined with the latest high powered equipment, has helped to tackle infections and improved the overall hospital environment.

### Ward rounds

The infection control team undertakes daily ward rounds to closely monitor any patient with *Clostridium difficile* (*C.diff*) infection and manage any outbreaks. The team also ensures that antibiotics are prescribed responsibly to patients, as the overuse or inappropriate prescription of antibiotics can encourage antibiotic resistance in patients, making it harder to treat and contain infections. The Trust also screens all relevant elective patients for MRSA, in line with national screening policies.

In November 2008 St George's was named among just five acute Trusts that passed hygiene spot checks by the Healthcare Commission. As well as cleanliness, the unannounced checks scrutinised management systems, risk assessments, and provision of information. The Trust demonstrated that it has all the appropriate measures in place to contain infections and is successfully adhering to the government's hygiene code.

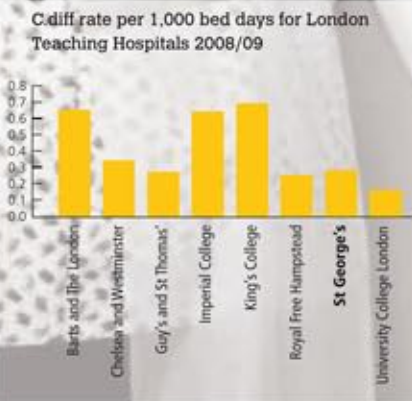
### Maintaining public confidence

During the year St George's recorded the third lowest *C.diff* infection rate among teaching hospitals in England and the second lowest MRSA rate for any London teaching hospital. To help maintain public confidence in its fight against hospital acquired infection, the Trust publishes its MRSA and *C.diff* figures on its website, [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

### Name **Cristina Rusti** Healthcare Infection Control Cleaner

**What does your role involve?** I clean the bed spaces after a patient is discharged or if an infection has been reported. I have been at the Trust since the deep cleaning programme started two years ago.

**Best aspect of your job?** I enjoy the freedom I have to work around the whole hospital. It gives me the opportunity to get to know the different teams of staff that work across the wards.



## Dealing with serious injuries

St George's Trauma and Orthopaedic Unit provides both elective (planned) and emergency services. The Trust has a team of 13 consultants, with special interests covering the whole range of orthopaedic conditions, including paediatric (children's) orthopaedic surgery, hip and knee reconstruction, complex lower limb trauma, shoulder and elbow surgery, spinal surgery, foot and ankle surgery, hand and wrist surgery and sports injuries.

### Specialist care

The team incorporates the largest pelvic and acetabular (hip girdle and hip joint) fracture unit in southeast England, providing specialist services not available in other hospitals. Three consultant surgeons specialise in this field of surgery and the Pelvic Unit also provides specialist nurse support. St George's makes a significant contribution to research in this growing area of expertise.

Other referral units within Trauma and Orthopaedics include hip and knee reconstruction, children's orthopaedics and spinal surgery. A newly formed hand unit, comprising orthopaedic and plastic surgeons, treats patients with traumatic hand and wrist injuries, including rheumatoid and osteoarthritis.

The Unit is well supported by specialist nurses and therapists providing pre-admission planning and post-operative rehabilitation services. The team also remains committed to teaching and training. As well as teaching medical students, junior doctors and specialist registrars, the Trust now has three fellows completing specialist training in lower limb surgery, just prior to becoming consultants.

### Major trauma centre

In 2008, a bid made by St George's to become a major trauma centre was accepted by Healthcare for London. The bid met criteria set for clinical quality and, subject to the outcome



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As a major trauma centre St George's would be charged with treating the most seriously injured patients  
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Protective ventilated suits are worn by surgeons when the patient poses an infection risk.

## Dealing with serious injuries

of a public consultation, will place the Trust at the heart of the South West London and Surrey Trauma Network, serving over 2.6million people.

As a major trauma centre St George's would be charged with treating the most seriously injured patients, including injuries such as limb amputations, paralysis, severe head injuries and stab or gunshot wounds.

Many changes introduced to services during the year support the Trust's bid for major trauma centre status. Changes are being worked into the trauma consultant rotas to ensure that a specialist consultant leads the trauma team 24 hours a day. Orthopaedics consultants will be co-ordinating each patient's trauma care, following their resuscitation in A&E.

More consultants will be recruited so that St George's can provide the very top levels of clinical expertise to trauma patients. A clinical director post for A&E has also been created in order to manage the increased focus on this area of care.

### Coordinating the patient journey

Patients brought to St George's with serious head injuries benefit from a receiving all the care they need in one hospital. Patients arrive in the A&E



Assisted by student operating department practitioner Nathalie Dubant, surgeon Andrew Hacker treats an infection in the leg of an amputee.

Name **Bob McFarland**  
Trauma Clinical Director

Tell us about the Trauma team: St George's has all the specialties needed to provide a comprehensive service for the most seriously injured patients. We are already involved in specialty networks across southwest London and Surrey and are building on these connections to develop our Trauma Network. We are also taking steps to upgrade our service at St George's, linked to the other Major Trauma Centres across London.

How significant is the bid to become a Major Trauma Centre? It's very important for Londoners.

A London-wide system for trauma would significantly improve outcomes and save lives.

How does it work?

The most seriously injured patients would be brought direct to St George's rather than suffering the delay of first going to a local hospital. Less severely injured patients can still be managed at the local hospital and there will be improved pathways so patients can go to their local hospital for rehabilitation. It's all about delivering the most appropriate care as quickly as possible, giving the best chance for a good recovery.



St George's provides a specialist foot and ankle service, working closely with the vascular surgeons, the Orthotic Department and the diabetic team.

department for emergency treatment, receive specialist brain injury care at St George's and rehabilitation through the Wolfson Neurorehabilitation centre.

Traumatic head injuries is an area where neuroscience and trauma overlap, as orthopaedic patients are often admitted with serious head injuries and need specialist care from several consultants. An acute head injury team identifies polytrauma patients with brain injuries and advises colleagues what can be done to help their recovery from a specialist perspective. Neuroscience, trauma and orthopaedic teams work together closely to coordinate the patient journey as a result.



## Building for the future



24/7  
The new Grosvenor Wing main entrance provides a bright, comfortable welcome for the 10,000 patients, visitors and staff who pass through each day.

It has been a year of major change for St George's as it works to secure its future and develop its facilities to ensure they are fit for purpose, and reflect the hospital's aspirations to deliver the highest quality of healthcare.

### Informed change

The Trust's commitment to development can be seen in its new Grosvenor Wing entrance which was opened by the Rt Hon. Sadiq Khan MP in March 2009. The project encompasses much more than just a new front entrance. The entire area has been redesigned to make patient, visitor and staff experience a more pleasurable one.

The changes, informed through consultation, include a dedicated patient transport lounge and generous visitor seating set within a vibrant and bright environment.

The £2.5m project was generously funded by St George's Hospital Charity and formed a major piece of work for the Trust this year.



The £2.5m project was generously funded by St George's Hospital Charity



24/7  
Friendly staff greet visitors at the Grosvenor Wing reception desk.

### Improving access

Work was also carried out to improve the Effort Street hospital entrance, providing the public and staff with better and safer access to the Trust's main site. A makeover took place in summer 2008, in a partnership between the Trust and Wandsworth Council. The new access ramp means that all five Trust entrances are fully compliant with the Disability and Discrimination Act, while new railings improve security.

The Trust also refurbished its Accident and Emergency (A&E) majors area this year. Attendances in A&E have increased significantly in recent years. The renovations have resulted in a tidier, better lit, more comfortable environment, which has increased patient confidence in the care they receive, and helped the A&E team to drive up efficiency.

Other projects completed this year include new equipment and reception areas in the Pathology division, helping the hospital to deal with patients more effectively. The refurbishment of the medical records area was completed in September 2008, improving the staff working environment by making better use of office space.

### Name **Daisy Allchurch** Facilities assistant

#### What does your role involve?

I produce the Trust's ID badges and handle room bookings for staff meetings and conferences. I also work closely alongside the Transport Team arranging the movement of specimens and staff on site and helping them coordinate the drivers.

**Best aspect of your job?** The constant interaction with new people. Producing all the Trust's IDs gives me a chance to talk to different people every day. Also, my office colleagues and managers are the best anyone could want. They

offer support in stressful situations and go that extra mile to make the day a little bit easier.



## Transforming ways of working

**Launched in 2008, St George's five-year transformation programme has made good progress in its first year.**

The vision for St George's is to be the hospital of choice for all its patients, whether they live locally or travel from further afield. The Transforming St George's programme is about staff working together to streamline diagnosis and treatment, eliminate delays where possible and ultimately improve care for patients.

### Preparing for FT

St George's must work as an efficient business before starting the application process to become a Foundation Trust. The Trust needs to show full control over finances and resources and demonstrate profitability for further re-investment in facilities and staff. The work of the Transformation team brings St George's closer to this ambition, identifying areas of improvement and working with staff

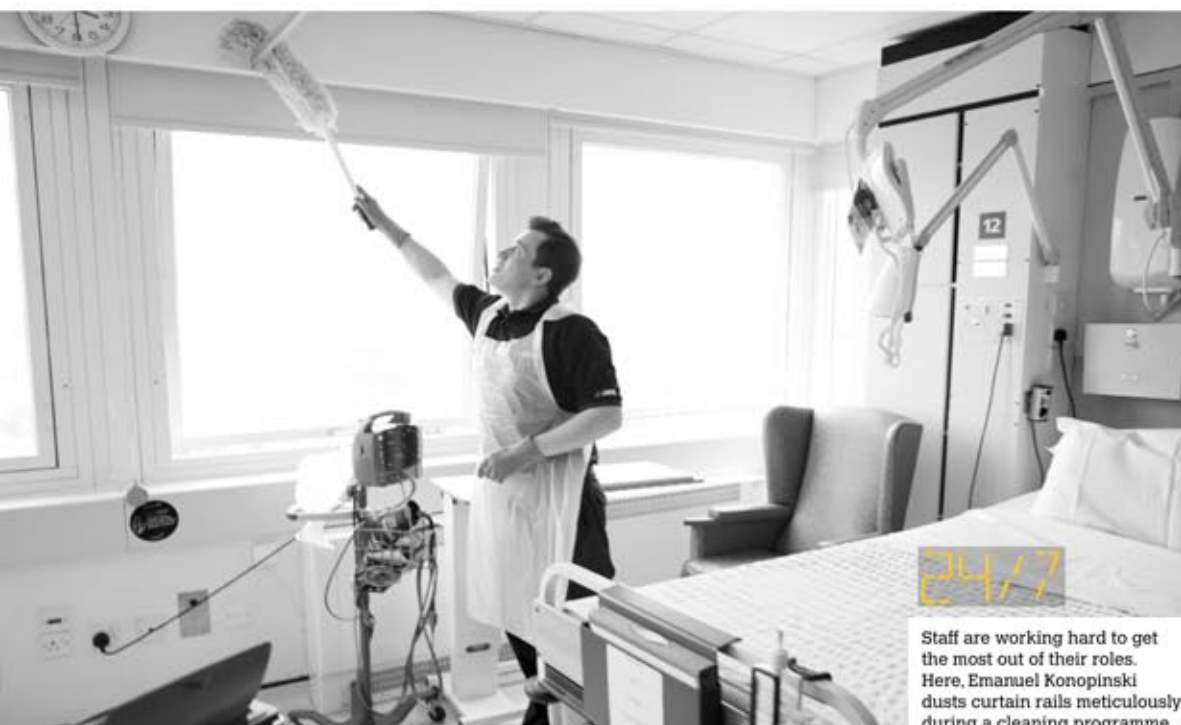
strategically to deliver stronger, more efficient working practices.

Thanks to the efforts of clinical and managerial staff, the programme is already reaping rewards. St George's was one of just 35 trusts in England and one of only six in London to meet the 18-week referral target. St George's has also been successful this year in bids to become both a major trauma centre and hyper-acute stroke unit.

The *Productive Ward* initiative has made a major impact on working practice at the Trust by providing a systematic approach to improving the reliability, safety and efficiency of care. The programme enables staff to spend more time caring for patients by improving ward processes and organisation. Staff on Cavell Ward, a general surgery ward, were among the first to introduce the scheme and are now spending around 10% more time caring directly for patients.



Better organisation and communication on the wards is helping the Trust to increase efficiency and improve the patient experience.



Staff are working hard to get the most out of their roles. Here, Emanuel Konopinski dusts curtain rails meticulously during a cleaning programme.



**The Transforming St George's programme is about staff working together to streamline diagnosis and treatment, eliminate delays where possible and ultimately improve care for patients**



### Taking care of business

Progress in ensuring the Trust's financial health has been enhanced by the implementation of a proactive business planning model, and the development of a commercial function within the finance division. This will help develop business processes and manage links with commissioners, who purchase services from the Trust on behalf of the local communities and further afield for specialist services.

To support and encourage staff engagement in the transformation, the Trust has developed a

Leadership Forum, which has become a successful vehicle for the executive team to meet and discuss service developments with senior staff within the Trust. A Clinical Leadership programme is also being planned to support the implementation of the new management structure across the Trust.

The Trust also upgraded its Central Booking Service call centre software to make it easier for operators to handle the 9000 complex calls placed every month. The new software tells callers where they are in the queue and lets them choose to speak with a specialist, trained to deal with their enquiry. The upgrade supports the Trust's aim to ensure that patients are seen in the shortest time possible. A team from the Trust visited the O2 business call centre in Leeds to learn how to provide world-class customer service. This has resulted in the roll out of new staff training programmes, which began in March 2009, and is already improving the experience that patients and carers receive when they call the Central Booking Service.

## Improving performance

**St George's rating for 'Quality of Services' rose from Fair to Good in the Annual Health Check between 07/08 and 08/09. The Trust continues to achieve national targets ahead of time and is working to improve in those areas where it is falling short.**

### Hitting the targets

The Trust made great efforts relating to access during the year which helped it successfully meet its 18 week waiting time targets. These targets require that 95 per cent of outpatients and 90 per cent of inpatients and day cases should receive treatment within 18 weeks of being referred by a GP.

Only four patients waited longer than the 13 week outpatient national waiting time standard, and only three had to wait longer than the 26 week inpatient national waiting time standard during 2008/09. Just one patient waited longer than the three month revascularisation waiting time standard. Each of these cases was thoroughly investigated and lessons were learnt which will help reduce the chances of similar waits occurring in future.

The Trust achieved three national cancer targets. All urgent GP referrals were seen within two weeks, and 100 per cent of cancer patients waited no longer than 31 days from diagnosis to the start of treatment. St George's also exceeded the 95 per cent target for patients starting treatment within 62 days of a GP referral throughout the year.

New targets related to subsequent cancer treatments were introduced in January 2009 and the Trust is already performing well against

these. In addition, the 62 day target now also applies to screening patients and consultant upgrades, and all clinicians can now make two week wait referrals.

### Controlling infection

St George's has continued to improve performance in relation to infection control. There were only 13 MRSA bacteraemias (blood stream infections) during 2008/09, well within the Trust's target of having no more than 23. This is a reduction of 46 per cent since the 24 cases recorded in 2007/08. The number of *C.diff* cases was 77, below the Trust's target of no more than 306. This represents an 81 per cent reduction on 2007/08.

### Green for clean

St George's was one of the few hospitals in the country to be given the all clear in a new inspection regime to assess breaches of the hygiene code. The results published in 2008/09, which are graded on a traffic light system, followed an unannounced inspection by the Healthcare Commission in March 2008. The Trust was awarded three green ratings which means no breaches of duties in the Hygiene Code were found.

### Patient complaints

61 per cent of complaints were responded to within 25 days during quarters one to three of 2008/09. It is recognised that during this time the response rate was substantially lower than 2007/08 performance and lower than the target of 85 per cent. Vacancies and staff turnover

	07/08 figure	08/09 figure	% change
Deliveries	4,998	4,755	5% decrease
Day cases	28,311	26,340	7% decrease
Total Admissions (including day cases)	89,000	91,481	3% increase
Outpatient Attendances	448,657	460,714	3% increase
A&E Attendances	100,214	104,118	4% increase



during the year within the Complaints and Improvements Department have contributed to this decline in performance.

From April 2009, new complaints regulations will be in place which will streamline the complaints process into two rather than three stages. The independent review stage by the Healthcare Commission will cease and the onus will be put upon the Trust to make rapid contact with complainants and encourage local resolution of complaints.

### Efficiency

The number of operations cancelled for non-clinical reasons in 2008/09 increased from

2007/08 by 17.6 per cent, from 698 to 821. 95 per cent of these patients who were cancelled were re-admitted within 28 days, which is the same as in 2007/08. The Trust had to cancel two full days' worth of elective inpatients due to the heavy snowfall in February 2009 and this impacted on performance.

Cancelling patients at the last minute for non-clinical reasons does not provide good customer experience and escalation procedures have been put in place to ensure this only happens with senior level sign-off. If the cancellation of an elective admission is unavoidable, the Trust is embedding procedures to ensure patients receive earlier notice of any cancellation.

## The Board

The Board of Directors at St George's consists of a Chair, Chief Executive, ten full-time Executive Directors and five part-time Non-Executive Directors.

The role of the Board is to oversee the strategic direction of the hospital and ensure the Trust delivers effective financial control and high-quality, patient-centred care.

The Board meets in public every two months to discuss the running of the hospital and the Trust's performance. Staff, patients and members of the public are all welcome to attend these meetings and raise questions to the hospital's senior managers.

### **Naaz Coker** *Chair*

Member, London South sub-committee, Advisory Committee on Clinical Excellence Awards  
Member, BMA's Carbon Council  
Patron, The Jewish Museum  
Vice President, Medact  
Trustee, Royal Society of Arts  
Patron, St George's Kidney Patients' Association  
Council Member, St George's University of London

### **Paul Murphy** *Deputy Chair*

Chief Executive, Jordans and Ryvita  
Chair, Twinings – North America  
Board Member, Nambarrie Tea Company, Northern Ireland

### **Emma Gilthorpe** *Non-Executive Director*

Group Director, Industry Policy and Regulation British Telecom

### **Graham Hibbert** *Non-Executive Director*

No register of interest

### **Prof Sean Hilton** *Non-Executive Director*

Chair, Anglo-European Chiropractic College

### **Mike Rappolt** *Non-Executive Director*

Shareholder (less than 1% of Company),  
PA Consulting Group  
Governor, Raynes Park High School  
Chairman, Wimbledon Civic Theatre Trust  
Various Shareholdings (all under 1% of company)

### **Trust Executive Directors**

**David Astley** *Chief Executive*  
Employer Representative, Advisory Committee on Clinical Excellence Awards

**Patrick Mitchell** *Chief Operating Officer*  
Vice Chairman, Interact Worldwide (Charity)

### **Michael Bailey** *Medical Director*

No register of interest

### **Richard Eley** *Finance Director*

Chairman, Chartered Accountants in Business for Thames Valley

### **Dr Rosalind Given-Wilson** *Medical Director*

No register of interest

### **Dr Geraldine Walters** *Director of Nursing, Patient Involvement and Infection Control*

Visiting Professor (salaried), Buckinghamshire Chilterns University College  
Chair (unpaid), London Network for Nurses and Midwives  
Member, Audit Committee of the Royal College of Nursing  
Member, National Clinical Audit Advisory Group  
Member, Executive Nurse Network (some commercial sponsorship)

### **Trust Executive Directors – Non-voting**

#### **Neal Deans** *Director of Estates and Facilities*

No register of interest

#### **Helen Gordon** *Director of Human Resources and Organisational Development*

No register of interest

#### **Dr Trudi Kemp** *Director of Strategic Development*

No register of interest

#### **Jean-Pierre Moser** *Director of Communications* Committee Member, Chartered Institute of Public Relations Health & Medical Group (unpaid)

#### **Alan Thorne** *Director of Transformation*

No register of interest

## Financial summary

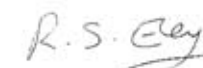
**In 2008/09, St George's achieved a surplus on income and expenditure of £1.7m and therefore met its financial duty to break-even during the year. This is the second successive year the Trust has made a surplus, after incurring deficits in the preceding four years.**

With regard to its other financial duties, the Trust stayed within its External Financing Limit – using less cash to fund its services and to meet its obligations than the allowance set by the Department of Health. The Trust also met its capital cost absorption duty earning a return of at least 3.5% on its assets (land, buildings, equipment etc) for the year. The Trust spent more on capital investment than the target approved by the Department of Health – exceeding the Capital Resource Limit by approx £1.3m, mainly as a result of increased expenditure on medical equipment.

In 2007 the Trust received loans from

the Department of Health totalling £34m, to finance the deficits it had accumulated in the four year period 2003/04–2006/07. The loans are repayable in full by March 2012. Since the Trust has stabilised its financial position, it has been able to repay £10m of these loans over the last two financial years – £2m in 2007/08 and a further £8m, in 2008/09. Further repayments of £8m per year are due in 2009/10 and the following two years to finally eliminate this debt.

In 2009/10 the Trust is planning to achieve a slightly higher surplus to build a solid financial basis for its application to become a Foundation Trust and to fund the next loan repayment of £8m which is due in 2009/10. This will be very challenging as it will involve significant change. However, the Trust now has an established track record of improving its finances and I am confident that we can continue to deliver high standards of clinical care and at the same time meet our financial targets.



Richard Eley  
Finance Director

## Income and expenditure account

for the year ended 31 March 2009

	Note	2008/09 £000	2007/08 £000
Income from activities	3	365,762	336,201
Other operating income	4	73,217	73,928
Operating expenses	5-7	(427,976)	(402,028)
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>11,003</b>	8,101
Cost of fundamental reorganisation/reconstruction		0	0
Profit/(loss) on disposal of fixed assets	8	(206)	5,210
<b>SURPLUS/(DEFICIT) BEFORE INTEREST</b>		<b>10,797</b>	13,311
Interest receivable		1,102	1,606
Interest payable	9	(1,553)	(1,837)
Other finance costs			
– unwinding of discount	16	(33)	(34)
<b>SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR</b>		<b>10,313</b>	13,046
Public dividend capital dividends payable		(8,595)	(7,074)
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>1,718</b>	5,972

The notes on pages 2 to 35 form part of these accounts.

All income and expenditure is derived from continuing operations.

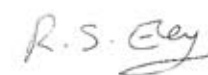
## Balance sheet

as at 31 March 2009

	Note	31 March 2009 £000	31 March 2008 £000
<b>FIXED ASSETS</b>			
Intangible assets	10	2,215	1,948
Tangible assets	11	234,073	258,249
Financial assets	14	0	-
<b>Total fixed assets</b>		<b>236,288</b>	260,197
<b>CURRENT ASSETS</b>			
Stocks and work in progress	12	7,543	5,257
Debtors	13	28,532	41,558
Investments	-	0	-
Other financial assets	14	0	-
Cash at bank and in hand	19.3	4,954	3,938
<b>Total current assets</b>		<b>41,029</b>	50,753
<b>CREDITORS:</b>			
Amounts falling due within one year	15.1	(55,513)	(54,433)
Financial liabilities	16	0	0
<b>NET CURRENT ASSETS/(LIABILITIES)</b>		<b>(14,484)</b>	(3,680)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>221,804</b>	256,517
<b>CREDITORS:</b>			
Amounts falling due after more than one year	15.2	(15,984)	(23,978)
Financial liabilities	16	0	-
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	17	<b>(2,173)</b>	(4,478)
<b>Total assets employed</b>		<b>203,647</b>	228,061
<b>FINANCED BY: Taxpayers' equity</b>			
Public dividend capital	23	131,475	131,475
Revaluation reserve	18	94,540	121,652
Donated asset reserve	18	16,170	15,196
Government grant reserve	18	1,063	1,158
Other reserves	18	1,150	1,150
Income and expenditure reserve	18	(40,751)	(42,570)
<b>Total taxpayers' equity</b>		<b>203,647</b>	228,061



David Astley  
Chief Executive



Richard Eley  
Finance Director

## Cash flow statement

for the year ended 31 March 2009

	Note	2008/09 £000	2007/08 £000
<b>OPERATING ACTIVITIES</b>			
Net cash inflow/(outflow) from operating activities	19.1	32,875	23,192
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>			
Interest received		1,102	1,606
Interest paid		(1,597)	(1,787)
Interest element of finance leases		0	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>		<b>(495)</b>	<b>(181)</b>
<b>CAPITAL EXPENDITURE</b>			
(Payments) to acquire tangible fixed assets		(17,777)	(17,924)
Receipts from sale of tangible fixed assets		0	8,677
(Payments) to acquire intangible assets		(771)	(1,000)
Receipts from sale of intangible assets		0	0
(Payments to acquire)/receipts from sale of fixed asset investments		-	0
(Payments to acquire)/receipts from sale of financial instruments		0	-
<b>Net cash inflow/(outflow) from capital expenditure</b>		<b>(18,548)</b>	<b>(10,247)</b>
<b>DIVIDENDS PAID</b>		<b>(8,595)</b>	<b>(7,074)</b>
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>		<b>5,237</b>	<b>5,690</b>
<b>MANAGEMENT OF LIQUID RESOURCES</b>			
(Purchase) of financial assets with the Department of Health		0	0
(Purchase) of other current financial assets		0	0
Sale of financial assets with the Department of Health		0	0
Sale of other current financial asset		0	0
<b>Net cash inflow/(outflow) from management of liquid resources</b>		<b>0</b>	<b>0</b>
<b>Net cash inflow/(outflow) before financing</b>		<b>5,237</b>	<b>5,690</b>
<b>FINANCING</b>			
Public dividend capital received		0	0
Public dividend capital repaid		0	(197)
Loans received from the Department of Health		0	4,800
Other loans received		0	0
Loans repaid to the Department of Health		(7,994)	(6,828)
Other loans repaid		0	0
Other capital receipts		3,773	362
Capital element of finance lease rental payments		0	0
Cash transferred (to)/from other NHS bodies		0	0
<b>Net cash inflow/(outflow) from financing</b>		<b>(4,221)</b>	<b>(1,863)</b>
<b>Increase/(decrease) in cash</b>		<b>1,016</b>	<b>3,827</b>

## Statement of total recognised gains and losses

for the year ended 31 March 2009

	2008/09 £000	2007/08 £000
Surplus/(deficit) for the financial year before dividend payments	10,313	13,046
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	(27,129)	16,078
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	2,703	1,861
Defined benefit scheme actuarial gains/(losses)		
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	<b>(14,113)</b>	<b>30,985</b>
Prior period adjustment	0	0
<b>Total gains and losses recognised in the financial year</b>	<b>(14,113)</b>	<b>30,985</b>

## Notes to the financial statements

for the year ended 31 March 2009

### Income from Activities

	2008/09 £000	2007/08 £000
Strategic Health Authorities	1,249	1,426
NHS Trusts	409	635
Primary Care Trusts	307,575	279,656
Foundation Trusts	833	630
Local Authorities	0	0
Department of Health	50,209	48,253
NHS Other	331	331
Non NHS:		
– Private patients	2,925	3,117
– Overseas patients (non-reciprocal)	382	535
– Injury cost recovery	1,408	1,212
– Other	441	406
	<b>365,762</b>	<b>336,201</b>

### Partially completed in-patient spells

In accordance with Department of Health guidance, the Trust has recognised income in 2008/09 relating to in-patient spells which were partially complete at 31 March 2008. Projected income of £1,634,000 for these in-patient spells is attributed to the financial year on the basis of the patients length of stay in hospital.

### Injury Cost Recovery

Road Traffic Act income is subject to a provision for doubtful debts to reflect expected rates of collection.

### Market Forces Factor

The Department of Health income of £50,209k is in respect of Market Forces Factor. This is a central allocation designed to address cost differentials relating to Geographic location. The Market Forces Factor represents the estimated difference between the cost the Trust incurs in providing NHS Services and the income receivable for those services under the Payment by Results regime.

### Other Operating Income

	2008/09 £000	2007/08 £000
Patient transport services	81	63
Education, training and research	53,315	52,333
Charitable and other contributions to expenditure	457	779
Transfers from Donated Asset Reserve	1,629	1,788
Transfers from Government Grant Reserve	77	64
Non-patient care services to other bodies	11,909	10,918
Rental income from finance leases	0	0
Rental income from operating leases	0	0
Income generation	3,540	3,251
Other income	2,209	4,732
	<b>73,217</b>	<b>73,928</b>

### Operating Expenses

#### Operating expenses comprise:

	2008/09 £000	2007/08 £000
Services from other NHS Trusts	3,709	2,021
Services from PCTs	977	1,511
Services from other NHS bodies	12,808	11,117
Services from Foundation Trusts	1,063	558
Purchase of healthcare from non NHS bodies	1,174	179
Directors' costs	1,700	1,439
Staff costs	278,149	256,914
Supplies and services - clinical	67,806	66,787
Supplies and services - general	9,331	11,172
Consultancy services	3,655	2,053
Establishment	2,790	2,684
Transport	2,947	2,727
Premises	19,590	19,993
Impairment of debtors	61	637
Depreciation	14,312	14,596
Amortisation	574	366
Tangible fixed asset impairments and reversals	0	0
Intangible fixed asset impairments and reversals	0	0
Impairments and reversals of financial assets (by class)	0	0
Change in the fair value of financial instruments	0	0
Audit fees	273	247
Other auditor's remuneration	0	0
Clinical negligence	3,826	4,277
Redundancy costs	72	448
Education and training	395	0
Other	2,764	2,302
	<b>427,976</b>	<b>402,028</b>

### Staff Costs

In 2008/09 the Trust has included expenditure in staff costs for the following:

- £1,293k in respect of annual leave entitlement which employees' are permitted to carry forward to the following financial year.
- £1,254k in respect of staff costs paid in arrears in April 2009 which were incurred in 2008/09 e.g. overtime, emergency, on-call and locum payments.

### Management costs

	2008/09 £000	2007/08 £000
Management costs	17,590	16,169
Income	438,979	410,129
Management costs as % of income	4.01%	3.94%

## Remuneration


Executive Directors	Salary	Other	2008-09	Salary	Other	2007-08
	(bands of £5000) £000	remuneration (bands of £5000) £000	Benefit in kind Rounded to nearest £100	(bands of £5000) £000	remuneration (bands of £5000) £000	Benefits in kind Rounded to nearest £100
Mr David Astley Chief Executive	180-185		0	175-180	0	0
Mr Richard Eley Director of Finance (from May 08)	125-130		0			
Mrs Marie Grant Director of Operations and Performance (to Sept 08)	115-120		0	110-115	0	0
Dr Geraldine Walters Director of Nursing and Patient Involvement	100-105		0	100-105	0	0
Dr Christopher Streater Medical Director (to Nov 08)	20-25	140-145	0	20-25	120-125	0
Mr Michael Bailey Medical Director	20-25	155-160	0	20-25	145-150	0
Dr Derek Dundas Medical Director	10-15	85-90	0			
Dr Rosalind Given-Wilson Medical Director	20-25	140-145	0	5-10	130-135	0
Dr Stephen Nussey Medical Director	15-20	150-155	0	15-20	150-155	0
Ms Helen Gordon Director of Human Resources (Apr to Jul 07)	105-110		0	75-80	0	0
Dr Trudi Kemp Director of Strategy	95-100		0	80-85	0	0
Mr Neal Deans Director of Estates & Facilities	100-105		0	100-105	0	0
Dr Alan Thorne Director of Transformation (from Jun 08)	90-95					
Mr Jean-Piere Moser Director of Communications (from Sept 08)	40-45					
Mr Patrick Mitchell Chief Operating Officer (from Oct 08)	10-15		0	100-105	0	0
Dr Colin Reeves Interim Director of Finance (to Apr 08)		20-25	0	0	110-115	0
<b>Non-Executive Directors</b>						
Ms Naaz Coker, Chair	25-30		0	20-25	0	0
Mr Paul Murphy, Deputy Chair	5-10		0	5-10	0	0
Professor Sean Hilton, Non-Executive Director	5-10		0	5-10	0	0
Dr Graham Hibbert, Non-Executive Director	5-10		0	0-5	0	0
Ms Valerie Moore, Non-Executive Director (to Jul 08)	0-5		0	5-10	0	0
Mr Michael Rappolt, Non-Executive Director	5-10		0	5-10	0	0
Ms Emma Gilthorpe, Non-Executive Director (from Aug 08)	0-5					

## Pension benefits

Executive Directors	Real increase in pension & related lump sum at age 60 (bands of £2500) £000	Lump sum at aged 60 related to real increase in pension (bands of £2500) £000	Total accrued pension & related lump sum at age 60 at 31/03/09 (bands of £5000) £000	Cash Equivalent Transfer Value at 31/03/09 £000	Cash Equivalent Transfer Value at 31/03/08 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension to nearest £100
	Mr David Astley Chief Executive	7.5-10	235-237.5	312.5-315	1,755	1,269	454
Mr Richard Eley Director of Finance (from May 08)	37.5-40	127.5-130	170-172.5	826	473	313	0
Mrs Marie Grant Director of Operations and Performance (to Sept 08)	0-2.5	150-152.5	200-202.5	1,201	846	153	0
Dr Geraldine Walters Director of Nursing and Patient Involvement	2.5-5	97.5-100	132.5-135	670	500	158	0
Dr Christopher Streater Medical Director (to Nov 08)	5-7.5	95-97.5	127.5-130	541	367	103	0
Mr Michael Bailey Medical Director	7.5-10	182.5-185	245-247.5	0	1,068	-1,095	0
Dr Rosalind Given-Wilson Medical Director	25-27.5	150-152.5	200-202.5	1,044	689	338	0
Dr Stephen Nussey Medical Director	5-7.5	150-152.5	200-202.5	1,254	865	367	0
Ms Helen Gordon Director of Human Resources (Apr to Jul 07)	0-2.5	87.5-90	117.5-120	499	389	100	0
Dr Trudi Kemp Director of Strategy	5-7.5	62.5-65	85-87.5	350	252	92	0
Mr Neal Dean Director of Estates & Facilities	10-12.5	85-87.5	112.5-115	586	374	203	0
Mr Alan Thorne Director of Transformation (from Jun 08)	12.5-15	85-87.5	115-117.5	523	349	138	0
Mr Jean-Piere Moser Director of Communications (from Sept 08)	2.5-5	7.5-10	10-12.5	42	20	13	0
Mr Patrick Mitchell Chief Operating Officer (from Oct 08)	2.5-5	95-97.5	127.5-130	527	349	85	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2008-09 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

  
David Astley  
Chief Executive  
1 June 2009

  
Richard Eley  
Finance Director  
1 June 2009



## Auditor's report

### Independent auditor's statement to the Board of Directors of St George's Healthcare NHS Trust

I have examined the summary financial statement which comprises the income and expenditure account, balance sheet, statement of total recognised gains and losses, cash flow statement, income from activities, other operating income, operating expenses and management costs set out on pages 38 to 47.

This report is made solely to the Board of Directors of St George's Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

#### Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

#### Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

#### Opinion

In my opinion, the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (5 June 2009) and the date of this statement.



Phil Johnstone  
Officer of the Audit Commission

First Floor  
Millbank Tower  
London  
SW1P 4HQ  
22 July 2009

## Giving to George's

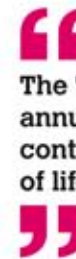
**The Trust's relationship with St George's Hospital Charity goes from strength to strength. The Charity granted £2.5m to fund the refurbishment of the Grovesnor Wing entrance. This has enabled the Trust to create a main entrance befitting a leading UK teaching hospital. The project, which completed in March, has significantly enhanced the Trust's image as a hospital at the forefront of modern healthcare and has brought many practical benefits.**

Following a successful £550,000 appeal, the refurbishment of the Child Development Centre began in October 2008. The money for this initiative was raised from three key benefactors plus some smaller contributions from grateful patients and parents.

In addition to these significant grants, the Trust benefits from many smaller annual grants that contribute to the fabric of life at St George's

– a substantial annual contribution to the cost of the Voluntary Services Manager, the annual outing for volunteers, long service awards and two years' funding for art and relaxation therapy for elderly patients.

The Charity's work in the local community continues to develop and, while this work yields more modest amounts of funding, the awareness it raises of the Trust and the Charity builds important links with the local community.



**The Trust benefits from annual grants that contribute to the fabric of life at St George's**



The Great Gustos of Tooting and St George's Hospital Charity carol singing at Trafalgar Square, December 2008.

## Caring for our environment

For a number of years, St George's has used pro-active energy management and environmental programmes, resulting in significant energy savings and reduction in carbon emissions.

The Trust is part of the 'European Union – Emission Trading Scheme (Carbon Dioxide Emissions)' and under Phase 1 of the programme, which ended at the end December 2007, the Trust delivered a 19.74 per cent reduction in carbon dioxide emissions against baseline emissions over the three years of the scheme. Phase 2 has commenced and we are again delivering a performance below the baseline in the first year of this phase.

## Acknowledgements

This annual report was written and produced by the Communications Unit, St George's Healthcare NHS Trust. Many thanks to the staff and patients of St George's, whose support and contributions made this report possible.

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Feature photography by Felix Clay.  
Additional photography by Mark Evenden.  
Printed by Swallow House Print Limited.

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## Contacts

### Support from us

The PALS team at St George's offers support, information and assistance to patients, relatives and visitors.  
The PALS office is open 9am – 5pm weekdays.  
T: 020 8725 2453  
E: [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### Working with us

If you are interested in a career at St George's, visit the Trust's website [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk), or get in touch with our Recruitment Services team.  
T: 020 8725 0600  
E: [HRRecruitment@stgeorges.nhs.uk](mailto:HRRecruitment@stgeorges.nhs.uk)

### Feedback to us

For additional copies of this report, more information or to feedback your thoughts, please contact the Communications Unit.  
T: 020 8725 5151  
E: [communications@stgeorges.nhs.uk](mailto:communications@stgeorges.nhs.uk)

## Translation

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電話：020 8725 5151 或電郵到：  
[communications@stgeorges.nhs.uk](mailto:communications@stgeorges.nhs.uk)

আপনি যদি এই রিপোর্টটিকে আপনার ভাষায় অনুবাদ করতে চান, তবে অনুগ্রহ করে 020 8725 5151 নম্বরে কমিউনিকেশনস টিমকে ফোন করুন অথবা [communications@stgeorges.nhs.uk](mailto:communications@stgeorges.nhs.uk) এই ঠিকানায় ইমেইল করুন।

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