

 kind

 excellent

Annual report 2010/11

 respectful

 responsible



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This annual report was produced by the communications team, St George's Healthcare NHS Trust. Many thanks to all of the staff, patients and partners who helped make this report possible.

Foreword from Naaz Coker, chair

In June 2011, I announced my intention to step down from the position of Chair of St George's Healthcare Trust at the end of October. Almost eight years have passed since I was appointed chair of the trust and I would like to take this opportunity to reflect on the progress that has been made during this time.

In the key areas of patient safety and quality of care we have seen some significant improvements across the organisation and I remain immensely proud of the fact that, in 2009, St George's was named *Large trust of the year* by Dr Foster Intelligence. St George's Healthcare has long been associated with developing new and



innovative ways of working to deliver improved care to all of our patients. This pioneering spirit has led to the trust become established as both a major trauma centre and hyper-acute stroke unit and see it successfully integrate with local community services.

Reflecting on my past annual reports, I have often described the financial position of the trust as challenging and this continues to be the case. The long-term future of St George's Healthcare is dependent on it developing a solid financial foundation and this must be the priority for the year ahead. We have a cost improvement plan of £36.5 million to meet in 2011/12. The figure includes a £27.2 million cost reduction programme (CRP) linked to NHS efficiency savings, tariff reductions and cost pressures. A key focus is to reduce our temporary staffing bill, which is currently £30 million per year. We are also reviewing non-clinical services and looking at how we can work more efficiently with other local NHS trusts and St George's, University of London, sharing costs where possible.

It remains a huge disappointment to me that, as a consequence of our financial position, the trust has still not achieved Foundation Trust (FT) status and has had delayed its application to 2013. Becoming an FT will ensure increased local involvement and provide the trust with more control over its finances. It will also ensure the trust becomes stronger as an organisation and provide it with a badge of quality care which will increase confidence in all who use our services. I encourage the board to stay focused on becoming a FT as soon as is practically possible.

However, despite these frustrations there is still much to be proud of and our commitment to provide ever improving standards of care is reflected throughout this annual report. A lot of what we achieve would not be possible without the generous support of our volunteers and the many charities that work on behalf of the trust, in particular St George's Hospital Charity.

I am very grateful to all my colleagues on the board, both past and present, for their huge help and support to me, especially my non-executive director (NED) colleagues. Being a NED in the modern NHS is extremely demanding and certainly carries a greater set of responsibilities than it did 8 years ago.

The bulk of the credit for the success of St George's Healthcare must go its staff who are the lifeblood of the organisation who live our values and ensure that patients receive the care they need. I would like to take this opportunity to thank all of our staff for their support during my time as chair.

It has been a great privilege as well as a challenging and learning experience to have been the chair of St George's Healthcare. I am confident that working by together with St George's, University of London, a relationship that dates back nearly 300 years, for what I like to call *the greater St George's* that the future will be an extremely bright one.

A handwritten signature in black ink that reads "Naaz Coker". The signature is written in a cursive style with a large, stylized 'N'.

Naaz Coker

Chair

Introduction from Peter Coles, interim chief executive

St George's Healthcare is one of the country's largest healthcare organisations, with nearly 8,000 staff caring for patients across 17 different sites in southwest London.

I follow David Astley into the role following his decision to step down as chief executive in May 2011. David's leadership over the past four years has been instrumental in the transformation of many of our services, and on behalf of everybody at St George's Healthcare, I would like to open this report by thanking David for his tremendous work and wish him well for the future.



The past year has given us much to be proud of, with many exciting developments that have helped to strengthen the trust's reputation as a leading provider of world class care.

In August 2010 St George's Hospital was rated the best in the country for stroke services in the National Sentinel Audit for Stoke, organised by the Royal College of Physicians. In July the trust began operating one of eight hyper-acute stroke units in London. Providing 24-hours-a-day, seven-days-a-week expert emergency care to stroke patients with full access to CT scans and clot busting drugs, has helped to reduce the death rate for stroke across southwest London and supporting patients through every step of their rehabilitation.

The last 12 months have also seen St George's Hospital established as the major trauma centre for southwest London, dealing with around 85 of the most serious and complex injuries each month.

In October 2010, following integration with Community Services Wandsworth, we became responsible for a range of specialist services provided across the borough, from Queen Mary's Hospital in Roehampton to services delivered in people's homes.

Of course, St George's Healthcare is not immune to the financial challenges that all NHS organisations face, and we will need to find new and more efficient ways of working while not losing sight of the importance of patient safety and excellent quality of care.

But these challenges should not cast a shadow across what also promises to be an exciting year for the trust. Inspired by the opportunity to develop care pathways provided by our integration with Community Services Wandsworth, we are also forging a key strategic alliance with Kingston Hospital NHS Trust. Our partnership working with St George's, University of London will also ensure that patients benefit from our collaborative research and development teams.

As we work to become more efficient as an organisation we are also investing in new services. During the 2011 our ambitious development of the A&E department will enhance our emergency medicine services, and the new breast cancer centre will be a world class facility. We are also reaping the rewards of the community ward as patients benefit from a range of community services provided in their own homes that in the past they would have only been available in hospital.

Of course, none of this would be possible without the continued dedication and commitment of our staff, who I know will continue strive to maintain and improve on the high standards we have set ourselves.

A handwritten signature in blue ink, appearing to read 'Peter Coles'.

Peter Coles

Interim chief executive

Living our values

St George's Healthcare has six strategic aims, which are:

- To provide outstanding quality of care
- To become an exemplary employer
- To strengthen education research and innovation that will benefit our patients
- To build a leading integrated healthcare system via integration with community services
- To deliver robust operational and financial performance
- To continuously improve our facilities and environment

Our mission

To improve the health of our patients and our local community by achieving excellence in clinical care, research, education and employment.

Our vision

By 2015 we will be a thriving foundation trust at the heart of an integrated healthcare system – one that delivers improved patient care in the community, hospital and specialist settings, supported by a unique and nationally recognised programme of research, education and employee engagement.

Our values

To achieve our vision we need to keep patients at the heart of everything that we do – our values are designed to inspire our staff to achieve this. Following detailed discussions with the board, directors, patients and members of our workforce at a variety of levels, we developed a new set of values.

We launched the new values in April 2010 and have been working hard to establish them throughout the organisation over the last 12 months. These values set out the standards of behaviour we expect from all our staff:

Excellent

- Look after our patients as we would like to be looked after ourselves
- Set ourselves high standards and be open to new ideas
- Be professional in our approach and in our appearance
- Promote and share best practice

Kind

- Anticipate and respond to patients' and carers' concerns and worries
- Support each other under pressure and consider the impact of our actions on others
- Help people find their way if they look unsure or lost
- Smile, listen and be friendly

Responsible

- Have patient safety as our prime consideration
- Be responsible for ensuring good patient experience
- Use resources wisely
- Challenge poor behaviour in others
- Learn from experience including our mistakes
- Say sorry when things go wrong

Respectful

- Keep patients, families and carers involved and informed.
- Protect patients' dignity and confidentiality
- Wear our name badges, introduce ourselves and address people in a professional manner
- Respect colleagues' roles in patient care and experience
- Value and understand the diversity of those around us

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Major trauma

With around 1,600 major trauma incidents in London a year, fast access to a major trauma centre means that more people who survive serious injury will be able to resume their normal lives.

St George's Hospital is the major trauma centre for the South West London and Surrey Trauma Network, covering a population of 2.6 million. All other A&E departments within the network are continuing to provide care,



but ambulance services now bring the most seriously injured patients straight to St George's Hospital, where they benefit from the knowledge, expertise and facilities that are provided all in one place.

Last year we dealt with 315 major trauma cases with a further 85 trauma cases per month. The centre has also seen a sharp rise in the number of paediatric trauma cases, increasing from eight cases in the whole of 2009/10 to an average of eight cases per month in 2010/11.

Among the major trauma victims treated at St George's, head injuries provide some of the most complex cases and most vulnerable patients, with the potential for internal bleeding, blood clots or a build-up of fluid putting pressure on the brain.

Our consultant-led 24 hour-a-day, seven days-a-week major trauma team includes orthopaedic specialists, neurosurgeons, anaesthetists and radiologists, meaning that patients can be operated on immediately if needed.

As part of the major trauma centre developments a new operating theatre has opened at St George's Hospital, increasing the trust's overall surgery capacity by 20 per cent and reducing the risk of elective surgery being rescheduled to make way for emergency cases.

Queen Mary's Hospital day case unit

In 2010 the day case unit at Queen Mary's Hospital, Roehampton became the first community hospital service in the UK to be officially certified by the Joint Advisory Group (JAG) on Endoscopy.

This prominent award is only presented to those units that are able to guarantee the quality and safety of patient care by defining and maintaining the highest standards of endoscopy practice.

An endoscopy is a procedure where the inside of the body is examined using a specially designed camera. Endoscopies are used mainly to help diagnose conditions such as bowel cancers and stomach ulcers.

In order to receive the certification, the unit had to demonstrate that they provide an excellent quality service, while also keeping waiting times low and ensuring value for money.

As well as endoscopies, the day case unit conducts pre-procedure assessments for podiatric, plastic and general surgeries and also runs a pain management service.

During 2010/11 the unit has also developed a rapid access urology clinic, with direct access to state-of-the-art scanning, ultrasound, urodynamic studies, cystoscopy, and x-ray facilities. This service offers a one-stop-shop, and general service for the investigation and treatment of urological problems including recurrent urinary tract infections, incontinence and erectile dysfunction.

Patients can have a complete urological investigation, including ultrasound, x-ray, cystoscopy, blood and urine tests, and see a consultant for a management plan on the same day.

Research – improving quality and patient experience

During 2010/11 the trust continued to demonstrate its commitment to research, a key driver for improving quality of care and patient experience.

From October 2009 to September 2010 (the period specified by the National Institute for Health Research for patient accrual into research studies), we conducted more than 500 clinical studies and 3,786 NHS patients took part in research at the trust. This is an increase in participation of almost 150 per cent compared with the same period the previous year, and has resulted in a significant increase in core research funding for 2011/12.

Together with our academic partner, St George's, University of London (SGUL), the trust hosts the South East Stroke Research Network (SRN) and operates a joint clinical research facility, both of which help to increase the numbers of patients joining clinical trials.

The trust has also identified research and development 'champions' who will work to further develop the research base and to develop a joint research strategy between the trust and the university.

In February 2011, we signed a formal partnership agreement with one of the world's largest contract research organisations, allowing the development St George's Hospital as an attractive and successful site at which to conduct commercially-sponsored clinical studies.

Following integration with CSW the trust will now benefit from access to a deeper pool of staff, health centres and closer links to primary care services.

Allied to the trust's specialist and regional acute services and academic partnerships, we have an opportunity develop an even stronger strategic, collaborative approach to research in southwest London.

The integration with CSW brings closer research links with primary care across southwest London and a network of research active general practices. This presents opportunities to access additional participants.

Living our values



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Neonatal

The neonatal unit at St George's Hospital provides high-quality care and during the last year treated nearly 600 children.

Analysis of a trust survey carried out from May to November 2010 showed that more than 90 per cent of parents who used the neonatal unit were 'happy with the level of medical and nursing support and feel their babies are well cared for.'

Staff are also proud of the results of a neonatal trainee survey, which revealed that every trainee felt that care at St George's Healthcare was at least the same as or better than other units they had worked in.

With more than 5,000 babies born at St George's Hospital last year, the trust has successfully managed a year on year increase in admissions during the last four years and continues to achieve very good outcomes.

To accommodate the rising admission figure, all the nurseries in the unit have been refurbished, allowing staff to space out intensive care and high dependency cots and move the special care service to a separate purpose built unit.

Other innovations during 2011 include the introduction of a new family centred care coordinator post thanks to charitable funding from BLISS, the national baby charity, and from First Touch, the trust's own neonatal charity. This is the first post of its kind in a neonatal unit in the UK, and aims to improve the experience of parents and families when their babies are being treated in the unit.

First Touch donates life-saving equipment for the neo natal unit, covers the travel expenses for parents who need to travel long distances, and funds staff training. During 2010/11 First Touch raised £196,455 on behalf of the unit. Find out more about First Touch at www.first-touch.org.uk



Breast surgery

Women who receive breast surgery in southwest London are benefiting from the new 23 hour discharge model at St George's Healthcare which was introduced in December 2010.

St George's Hospital became one of 13 pilot sites in England to test the more efficient day case breast surgery procedures following a successful joint bid with the Royal Marsden Hospital NHS Foundation Trust.

More than two out of three breast surgery patients at St George's Hospital do not need complex reconstructive surgery, meaning that women have a short surgical recovery period which doesn't require much inpatient care.

Following their surgery, patients are looked after by a nurse-led team in the recovery area until they are ready to be discharged. Since the implementation of the day case model, the service is now seeing more than 70 per cent of patients returning to the comfort of their own homes within one day.

In autumn 2011, patients will also benefit from a new breast diagnostic unit which will open at St George's Hospital.

The modern facility will provide equipment for the diagnosis and treatment of breast cancer and other breast diseases.

Early detection of breast cancer is the key to successful treatment and the new unit will offer faster access to diagnostic tests which will take place in the same session, with results available much quicker. This will help reduce anxiety for women and allow the team to investigate any problems more efficiently

The new unit will also host the South West London Breast Screening Service and the St George's National Breast Screening Training Centre.

Intermediate care

The intermediate care service is a multi-disciplinary team that includes nurses, healthcare assistants and therapists working together to support patients in their own homes, residential care and nursing homes, and in hospital.

The team provides short-term intensive rehabilitation services to help patients regain their independence during and after an illness or fall. Depending on the needs of the patient, this can last for anything between a couple of days to a number of weeks.

The team also provides vital support and sometimes a much needed break to carers, families and relatives,

Central to the success of the intermediate care service is Dawes House, a residential rehabilitation unit and day-case-unit near to Clapham Junction station in Battersea. This unit can be a stepping stone for patients who are ready to leave hospital but do not feel quite well enough to return home. People can also ask to be admitted to Dawes

House themselves when they are at home or be referred by their family or GP, meaning that they can receive the support they need to stop their condition deteriorating so that they can avoid a lengthy hospital stay.

The service works with patients in hospital, help to prepare them to return home safely, in many cases reducing the amount of time patients have to stay in hospital and the risk of being readmitted.

Volunteers

A friendly face to meet patients and visitors at the front desk, a helping hand when you can't find your way, a listening ear when you need to talk – these are just some of the skills visitors will find on offer among St George's Healthcare's team of more than 250 volunteers.

Our volunteers perform roles as varied as manning information desks, general housekeeping, administrative work and helping patients find their way around. During 2010/11 the trust rolled out an initiative that sees volunteers helping patients at meal times at St George's Hospital.

Voluntary arrangements can last from six months to more than ten years.

Living our values

- Have patient safety as our prime consideration
- Be responsible for ensuring good patient experience
- Use resources wisely
- Challenge poor behaviour in others
- Learn from experience including our mistakes
- Say sorry when things go wrong

Pioneering smart pumps

In 2010 St George's Healthcare became the first trust in Europe to begin rolling out a pioneering 'smart pump' project, which standardises the way intravenous drugs are prepared and administered across the trust.

The pumps function with a built-in drug library, which contains critical drug information, for example safe drug concentrations and infusion flow rates. Published research indicates that 48 per cent of drug errors occur at the point of



administration, of which virtually none are prevented. Use of the drug library increases safety for both patients and staff by alerting the user when drug calculation, drug unit, or button push errors occur and prevent their transference to the patient.

With standardised infusion pumps throughout the trust, the equipment library is able to ensure that well maintained pumps are always available in response to clinical need, which means that individual areas will no longer need to store their own pumps. Pharmacy and clinical teams have worked hard to develop the drug libraries and accompanying preparation guides which standardise practice across the trust. The smart pumps are colour coded under six different colours to make them easily identifiable for their relevant areas.

Clinical assessments

During 2010/11 three of our cancer teams were awarded *Earned Autonomy* by the National Cancer Peer Review Programme. The breast, lung, and upper-intestinal teams were recognised for maintaining the highest standards of clinical assessment and care possible for a period of at least two years in the latest round of assessments conducted.

The accolade means that these teams are now able to assess, diagnose and plan treatment for their patients without needing to go through a peer review process.

Only three other teams out of 30 in the South West London Cancer Network were granted *Earned Autonomy* status.

The trust's other cancer teams scored extremely well and the trust is confident that more teams will achieve *Earned Autonomy* next year.

Everyone within the cancer department has worked extremely hard to achieve and maintain such high compliance against the peer review measures.

Children's speech and language therapy

More than one million children and young people have some form of speech, language and communication need in the UK, and in deprived areas more than half of all children start school with delayed language skills.

The community speech and language team work with children from across southwest London in health centres, GP surgeries, nurseries and schools.

The team not only works with children to improve their communication skills, but also provides vital support to families, other health professionals and teachers to help them support the children as their skills develop.

In January 2011 the team launched *Hello*, the 2011 national year of communication campaign, with a 'words will take you far' balloon launch to help raise awareness of the need to help children with their speech development.

The balloons were released by children from local community and day centres, West Hill Primary, Garret Park and St Cecelia's schools. Each balloon had a postcard attached to it with a one of the borough's favourite words printed on it, some information about the campaign and the importance of speech and language therapy.

In the lead up to the launch staff, patients and their families were asked to choose their favourite words, with the most popular being used on the campaign throughout the year. More than 25 balloons were returned – the winning balloon travelling 122 miles to Kingsdon in Somerset.

Saving carbon, saving lives

We have always been ahead of the curve in setting up initiatives to help the trust and its staff members operate in a sustainable way.

We were one of the first NHS trusts to sign up to 10:10, a campaign to cut carbon emissions by ten per cent by the end of 2010 in four main areas – electricity, on-site fuel, road transport and air travel. The trust is also focusing on other key areas, including waste, energy and water.

Reducing carbon involves all areas of the trust's activity. For example, reducing vehicle fuel use means considering all the different vehicles that come and go each day, which not only includes patient transport, but also staff travel, as well as considering the many suppliers who deliver to us.

We have reduced our carbon emissions by 9 per cent in 2010/11 thanks to staff across the trust making simple changes in their day-to-day routine, such as close it, switch it off, walk or cycle, report faults, reuse and recycle.

Trusts taking sustainability seriously are also reaping the benefits of increased quality of care and financial savings.

Innovative projects in place to help save carbon across the trust include:

- Energy - running the trust's own combined heat and power plant to generate power more effectively, for longer, allowing us to sell electricity back to the national grid
- Waste management - recycling bins in wards and departments and metal, battery and mobile phone recycling
- Transport - improvements to non-emergency patient transport systems, and offering staff transport between sites
- Procurement - the productive ward, operating theatre and community services initiatives in place across the trust saves each service thousands of pounds a year and also minimises the number of deliveries and transport miles and the amount of waste generated in packaging and pallets
- IT - launch of a *green computing* project, including the network printing project and automatic shutdown of PCs outside core working hours
- Capital projects – refurbishment of units like day surgery and paediatric intensive care include water saving, lighting and heating measures as well as using sustainable finishes.
- Grounds and gardens – we develop our own composting, used to maintain flowerbeds across the site.

Find out more about our attempts to reduce our carbon emissions on the saving carbon, saving lives section of our website at <http://www.stgeorges.nhs.uk/about1010.asp>

Living our values



- Keep patients, families and carers involved and informed.
- Protect patients' dignity and confidentiality
- Wear our name badges, introduce ourselves and address people in a professional manner
- Respect colleagues' roles in patient care and experience
- Value and understand the diversity of those around us

Improving outpatient services

We handle more than 520,000 outpatient appointments each year and are constantly looking at ways to make things run smoother for patients. In November 2010 an outpatient taskforce was established to improve services and to address issues raised by local GPs and service users.

The taskforce covers all outpatient departments, including endoscopy, therapies, phlebotomy, diagnostics and imaging services.

As well as developing an improvement plan for outpatient services, the taskforce will set up a virtual

outpatient directorate made up of GPs, patient representatives and St George's Healthcare clinicians. This virtual directorate will oversee performance and help the trust to make service improvements.



The trust has been working with local GPs and service users to identify the priority areas for the taskforce to get to work on. As a first step a dedicated appointment helpline for GPs manned by senior staff has been developed. Our call centre now has a target of answering 70 per cent of calls to our patient call centre within 30 seconds, and 90 per cent within 60 seconds.

To let the outpatient taskforce know how you think services at St George's could be improved, or if you would like to find out more about getting involved in the virtual outpatient directorate, visit the outpatients section of our website [\[link to outpatients page on www.stgeorges.nhs.uk\]](http://www.stgeorges.nhs.uk)

Productive services

We are taking part in the productive series, a NHS Institute for Innovation and Improvement Initiative that aims to release time to care.

Teams such as the special seating service and day surgery unit that have taken part in the programmes have reported improved quality of care and patient outcomes.

During 2010/11 our staff have taken part in the productive ward, productive operating theatre and productive community services programmes. Staff at Queen Mary's Hospital had previously taken part in the pilot productive community hospital, helping to design the national programme.

The programmes are designed to support staff who deliver frontline services by focusing on areas where teams can make the biggest differences for the largest number of patients, improve the patient experience by increasing the reliability of care, improving team performance and staff wellbeing, adding value and increasing efficiency.

Operating theatre staff have developed new status at-a-glance boards, based outside the operating theatres. This means that staff can see the status of the operating list without going into the theatre and disturbing staff.

The primary care therapy team based at St John's Therapy Centre started to reap the benefits after just one module of the productive community services programme. By rearranging the office and stock cupboards everything has become more intuitive and accessible for clinical staff, meaning team administrators are interrupted less and can concentrate fully on more important work.

This increased efficiency means that clinicians are seeing an increase in the amount of time they get to spend with patients, leading to improved patient outcomes and increased patient safety.

The trust is also seeing financial and environmental gains. After completing the productive ward programme, each ward is spending an average of £5,000 less on procurement, reducing the amount of deliveries and waste generated in packaging and pallets.

Palliative care

Our palliative care service plays a vital role in supporting patients who have a life-limiting disease. This includes patients with chronic obstructive pulmonary disease (COPD), heart failure, elderly patients and oncology patients.

The team, made up of clinical nurse specialists, consultants and a counsellor, offer a seven-day week service during office hours and a telephone service out of hours. Palliative care services are provided seamlessly across acute and community sectors, and the team work closely with local hospices.

Palliative care is increasingly recognised as an important factor in delivering high quality patient experience, as there is a strong emphasis on ensuring that patients are cared for, and die in, their preferred place. This could be at home, hospice, nursing home or hospital.

The team take referrals of adults from any ward or department within the hospital and patients are assessed within 24 hours.

Once a referral is made the patient's needs are assessed, which include emotional, spiritual, psychological and social support as well as symptom control and support for the patient's family.

The team has rolled out a number of very successful initiatives over recent years including the end-of-life discharge home service, which aims at getting patients who have a prognosis of weeks or less to live and want to die at home out of hospital within 48 to 72 hours.

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

The trust has now established an end-of-life care steering group responsible for promoting high quality care for all adults at the end of life, regardless of diagnosis.

Wandsworth Prison health service

January 2011 saw the unveiling of the newly refurbished central health unit at Wandsworth Prison. Health services at the prison are provided by a St George's Healthcare multi-disciplinary nurse-led team that also includes GPs, dentists, sexual health specialists and pharmacists.

The overhaul of the health unit is part of the King's Fund Enhancing the Healing Environment project, a grants and development programme run by the King's Fund in partnership with Her Majesty's Prison Service and Offender Health (a partnership between the Ministry of Justice and the Department of Health).

A team of healthcare staff at Wandsworth Prison successfully won a £30,000 grant from the project, with NHS Wandsworth and the National Treatment Agency for Substance Misuse (NTA) contributing a further £10,000 each. The nurse-led team behind the overhaul included offenders, estates staff, arts co-ordinators and HMP Wandsworth's residential governor.

The money has been spent on improving the reception area and treatment rooms, converting the healthcare areas of the prison so that they are welcoming and relaxing.

There is a wealth of research evidence to show the positive impact that the environment can have on health, and the prison health service is already seeing the benefits of this programme. Staff have reported a rise in patients' self esteem as they feel like they are being treated in an environment that they would be happy to be treated in if they were in the community, improved health outcomes and more inmates willing to access health education and support as well as treatment.

Offenders access health services 77 more times a year than an average person in the community, and we have a responsibility to make sure that those services are provided in the best possible environment with the best possible facilities.

Art

It's often easy to ignore the importance of the arts in a hospital environment, but research has shown it to be an integral part of the healing process.

The St George's Healthcare arts committee *arts for the teaching and healing environment* brings together the use of volume, daylight, colour texture and art so that they serve the function of the space, either internal or external building projects across the trust's sites.

The arts programme is set to expand in 2011/12 to include a performing arts programme, bringing theatre, comedy and music to the bedside, focussing on patients with long lengths of stay and frequent inpatients.

Community services

In October 2010 St George's Healthcare integrated with Community Services Wandsworth (CSW), the former provider arm of NHS Wandsworth. Integration followed a formal consultation period with staff and stakeholders across southwest London.

CSW has become one of the trust's four care divisions and is responsible for providing a wide range of specialist services to people of all ages across the borough of Wandsworth.



A number of these services are based at Queen Mary's Hospital in Roehampton, including outpatient rapid diagnostic and treatment facilities, a minor injuries unit, limb fitting services and 70 older people, intermediate care and rehabilitation beds.

Services are also provided at St John's Therapy Centre, Dawes House intermediate care unit, 11 health centres across the borough, GP surgeries, schools, nurseries and in people's homes.

The CSW division also provides a full range of health services at Her Majesty's Prison in Wandsworth, the largest prison in the UK.

Community services include:

- district nursing
- health visiting
- school nursing
- specialist nursing
- sexual reproductive health services
- HIV services
- haemoglobinopathies
- community dentistry
- occupational therapy
- physiotherapy
- speech and language therapy
- dietetics
- rehabilitation services
- services for people with learning disabilities

In addition to the clinical services, a number of CSW corporate teams provide key support functions including clinical governance, nursing and therapists professional leadership, research, human resources, IT, finance and information. These have all moved into St George's Healthcare's main Tooting site, merging with the corporate services already based at St George's Hospital.

A more joined-up workforce is enabling the trust to develop a truly integrated health service for local residents, by building on the strengths of hospital and community teams and enabling GPs, primary, community and hospital based services to work together to provide continuity of high quality care for those in our care.

Clinical performance

During the past year we have seen significant improvements in clinical performance such as cancer waiting times and infection control. The trust has also become host to the southwest London major trauma centre and hyper-acute stroke unit, with both services achieving excellent results in national audits and seeing improved patient outcomes.



Infection control

Last year we recorded our lowest ever infection rates for MRSA and Clostridium difficile (C.diff) at St George's Hospital, Tooting, and the Wolfson Neurorehabilitation Centre, Wimbledon.

Acquiring nine MRSA infections and 83 C.diff infections during 2010/11, we remained within our mandatory national performance limits for both MRSA and C.diff, of nine and 168 respectively. This achievement included a period of over 200 days where none of the hospital's patients acquired MRSA blood stream infection.

Our management of infection has been developing over recent years and infection rates have improved consistently since 2006. In 2010/11 St George's Healthcare recorded the lowest C.diff rate and the second lowest MRSA rate among teaching hospitals in London.

Cancer

In 2010/11 we achieved all of our cancer waiting time targets with 96 per cent of suspected cancer patients having an appointment with a consultant within two weeks of referral by their GP. We also increased the number of cancer patients beginning treatment within 31 days of diagnosis to 98 per cent.

Stroke

Stroke services at St George's Healthcare were rated the best in the country in results from the National Sentinel Audit for Stroke, organised by the Royal College of Physicians. The audit assesses quality of care by looking at the process of care in place for patients and how the service is organised. Over 200 trusts in England, Wales and Northern Ireland were assessed across eight categories and the stroke service at St George's achieved the highest overall score.

Major trauma

In April 2010 St George's Hospital became the major trauma centre for southwest London. Since then we have passed four performance review visits from the London Trauma Office and have developed and implemented protocols that have significantly improved patient care, including spinal and head injuries.

During 2010/11 we treated 310 cases of major trauma. During the same period the number of trauma cases coming to St George's Hospital rose from 35 per month to 85 per month. This includes a rise in paediatric trauma cases from eight in 2009/10 to over 80 cases in 2010/11.

Mixed-sex accommodation

We continue to work hard to eliminate mixed-sex accommodation across St George's Healthcare and have made significant improvements during the year, as reflected in the Care Quality Commission National Inpatient Survey.

Since March 2010 we have been compliant with the NHS Operating Framework guidance 'to eliminate mixed-sex accommodation except where it is in the overall best interests of the patient, or reflects their patient choice.' However, new guidance released in November 2010 stating that clinical decision units (CDUs) should be included in the reporting provided the trust with significant challenges. The trust immediately implemented an interim solution to make sure that the CDU at St George's Hospital meets the new guidance while we implement a sustainable solution through the refurbishment of the emergency department.

Another challenge for the trust is making sure that patients are transferred out of intensive treatment units (ITUs) within six hours of being deemed ready to be moved onto another ward. The trust has developed an action plan to improve performance in this area.

Complaints

The trust increased the number of complaints responded to within 25 days significantly, jumping from 51 per cent in 2009/10 to 81 per cent this year despite an increase in the number of formal complaints in to 1,177 from 905.

Our Patient Advice and Liaison Service (PALS) team works to address any problems or concerns that patients may have about services, and to listen to their views and comments. They also provide access to interpreters, signers and other services, and help staff when they need support. The PALS team also provides customer care training to staff across the organisation. In 2010/11 the PALS team was contacted 6,421 times, compared to 5,954 times in the previous year.

National inpatient survey

Following disappointing results in the 2009 Care Quality Commission national inpatient survey, the trust developed an action plan to make patients feel more comfortable during their stay in hospital.

The hourly rounding initiative makes sure that our nurses attend every patient on a ward once an hour. The nurse will ask five questions relating to the comfort of the patient. This initiative continues through the night, with silent rounds conducted when patients are sleeping. We also introduced a *Don't take your troubles home* campaign,

encouraging patients to share their worries and concerns with a senior sister or matron on the ward so that they can be resolved quickly. Other schemes included weekly quality rounds and improvements in patient information.

The results of the 2010 national inpatient survey showed that the action plan has helped St George's Healthcare to make significant improvements in a number of areas, with the trust ranked in the top 20 per cent of trusts in the country in nine categories, compared to just three categories in 2009. Although still scoring in the bottom 20 per cent in 11 categories, this is also a marked improvement on 2009 when the trust scored in the bottom 20 per cent in 30 categories. St George's Healthcare was ranked in the middle tier of trusts in the remaining 44 categories.

Find out more about the trust's national inpatient survey results on the Care Quality Commission website

http://caredirectory.cqc.org.uk/caredirectory/searchthecaredirectory.cfm?FaArea1=customWidgets.content_view_1&cit_id=RJ7&element=SURVEY

National audits

In 2010/11 we took part in 35 national clinical audits and four national confidential enquiries. The results of all of the national audits have been presented either to the relevant services or to the trust board and action plans have been developed to improve quality in identified areas. A number of local audits have also been presented to the trust's board.

You can find out more about the national audits that trust has participated in and how we put the reports into action read the St George's Healthcare quality account. [\[link to quality account\]](#)

18 weeks

96 per cent of outpatients and 82 per cent of admitted patients were treated within 18 weeks of referral. The national standard is for 95 per cent of outpatients and 90 per cent of admitted patients to receive treatment within 18 weeks.

The trust has experienced difficulties reporting against the 18 week referral to treatment target since the introduction of new clinical information systems, known as iCLIP, at the end of March 2010. We have developed an action plan to improve this with support from NHS South West London and the Department of Health's intensive support team.

A&E

During 2010/11 attendances at St George's Hospital A&E increased to an average of 360 a day. 97 per cent of cases were admitted, transferred or discharged within four hours against a national target of 95 per cent.

In 2011/12 A&E performance will be measured against eight new national clinical quality indicators designed to improve the quality of care in A&Es across the country. The trust has drawn up an action plan to further improve the quality of data recording to help with measurements against these indicators and to improve performance in areas that will challenge us. The new indicators are:

- Ambulatory Emergency Care
- Unplanned re-attendance rate
- Total time in the A&E department
- Left without being seen rate
- Service experience
- Time to initial assessment
- Time to treatment
- Consultant sign off

In addition, the Tooting Walk-in Centre, based on the St George's Hospital site, treats around 200 patients a day, and the Minor Injuries Unit at Queen Mary's Hospital, Roehampton treats an average of 75 people a day.

How many patients do we treat at St George's Hospital?

	2007/08	2008/09	2009/10	2010/11
<i>Babies born</i>	4,998	4,755	5,070	5,308
<i>Day cases</i>	28,311	26,340	28,362	25,925
<i>Admissions, including day cases</i>	89,000	97,481	100,191	105,508
<i>Outpatient attendances at St George's Hospital</i>	448,657	460,714	493,086	523,901
<i>A&E attendances</i>	100,214	104,118	111,726	117,577

How many patients do we treat in the community?

	2010/11
<i>Outpatient appointments at Queen Mary's Hospital</i>	93,351

Service	No of Attendances
Audiology	1,315
Community Children's Nursing	2,169
Haematology Service	1,267
Health Visiting	125,720
Homeless and Refugees Service	1,679
Looked After Children	20
Musculoskeletal Service	18,308
Nutrition and Dietetics	7,053
Occupational Therapy	8,611
Physiotherapy	5,947
Podiatry	34,582
School Nursing	18,211
Speech and Language Therapy	26,648
Grand Total	251,530

Service	No of Attendances
Community Nursing	158,931
Intermediate Care	68,940
Older People and Neuro Therapies	34,843
Specialist Nurses	9,789
Specialist Nursing Urgent Care	12,370
Grand Total	284,873

Total community activity	536,403
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Our staff

The staff working across St George's Healthcare are our greatest asset. We are committed to creating a working environment in which every member of staff is valued, supported and able to perform to the best of their ability.

Our workforce reflects the community we serve and we work hard to recruit and retain the very best people to ensure we provide the highest standards of healthcare.



As well as vital medical, nursing and therapy posts, the trust would not be able to function without the administrative staff providing important back office services and the estates and facilities team keeping our sites in good working order.

How many people work for St George's Healthcare?

Staff Group	Staff in post FTE	Headcount
<i>Professional scientific and technical (including pharmacists and psychologists)</i>	967.68	1,011
<i>Additional clinical services (including unqualified nurses and therapists)</i>	553.96	619
<i>Administrative and clerical (including reception staff and clinic coordinators)</i>	1,400.98	1,542
<i>Allied health professionals (therapists, including physios and speech and language)</i>	555.65	652
<i>Estates and ancillary (including porters and maintenance)</i>	188.60	192
<i>Healthcare scientists (including pathologists and geneticists)</i>	165.24	178
<i>Medical and dental (consultants, doctors and dentists)</i>	1,014.24	1,070
<i>Nursing and midwifery (qualified nurses and midwives)</i>	2,394.96	2,598
Total	7,241.30	7862

Gender

Staff Group	Female %	Male %
<i>Professional scientific and technical</i>	62.69	37.31
<i>Additional clinical services</i>	82.50	17.50
<i>Administrative and clerical</i>	77.50	22.50
<i>Allied health professionals</i>	84.99	15.01
<i>Estates and ancillary</i>	8.74	91.26
<i>Healthcare scientists</i>	59.76	40.24
<i>Medical and dental</i>	44.60	55.40
<i>Nursing and midwifery</i>	89.60	10.40
Whole Trust	73.68	26.32

Ethnicity

Ethnic Groups	WTE	St. Georges All Staff %
<i>Asian/Asian British</i>	1205.85	16.7
<i>Black/Black British</i>	1360.39	18.8
<i>Chinese/Other</i>	410.38	5.7
<i>Mixed Race</i>	205.30	2.8
<i>Not Stated</i>	118.81	1.6
<i>Unknown</i>	21.50	0.3
<i>White/White British</i>	3919.08	54.1
Total	7241	100

Age

Age Bands	WTE	St. Georges All Staff
<i>20 & Under</i>	1.00	0.01
<i>21 - 30</i>	1708.13	23.59
<i>31 - 40</i>	2328.95	32.16
<i>41 - 50</i>	1776.18	24.53
<i>51 - 60</i>	1175.53	16.23
<i>61 & Over</i>	251.51	3.47
Total	7241.30	100.0

One Team

One Team is a partnership project between St George's Healthcare and trust union representatives aimed at developing a culture of improvement among staff. In June 2010 the *One Team* programme won the Social Partnership Forum Award for Partnership Working at the Healthcare People Management Association Awards, with the judges commenting that "the project team has high integrity and tremendous passion."

Training

We are committed to the personal and professional development of our staff. During 2010/11 the training and development service approved 12,993 applications for training, education and development. This included 7,218 applications for internal training programmes coordinated and delivered by experts from within the trust, e-learning and mandatory and statutory training. A further 1,119 staff attended both short and long courses, such as masters degrees, run by the Faculty of Health and Social Sciences at Kingston University and St George's University of London.

Staff survey

The annual NHS staff survey, conducted by the Care Quality Commission, was sent to over 3,000 members of staff towards the end of 2010, with a 40 per cent response rate. This year we have seen positive results in a number of areas and St George's Healthcare is in the top 20 per cent of healthcare trusts in the following areas:

- Staff are satisfied with the quality of work and patient care they are able to deliver and they believe their role makes a difference to patients
- Staff would score the trust highly as a place to work or receive treatment
- Staff are satisfied with their jobs and believe they get support from their immediate managers
- Staff believe the trust is committed to work-life balance

The survey also showed areas where we need to improve, including staff appraisals and staff reporting potentially harmful errors and near misses. Trust-wide and local action plans are being developed to address these areas.

Award winners

Celebrating International Nurses' Day

International Nurses' Day is celebrated by nurses, and their colleagues, all around the world and commemorates Florence Nightingale's birthday. The day is an opportunity to raise the profile of nurses and nursing, and to praise best practice and outstanding contributions.

Over 200 nurses attended a special event in May 2010 in which six nurses, Healthcare Assistants and midwives were recognised for their outstanding contribution to nursing care. Cathy Barrett, senior nurse and ward sister on Cavell Ward won Nurse of the Year 2010 for her "excellence in patient care and kindness to patients and staff." Runner-up Loralie Labanda, sister on Allingham Ward, has "improved infection control on the ward by designed an infection control board for the staff to follow which received recognition from the CQC during their hygiene code inspection."

Tina Woodford, Matron, Gwillim Ward, was awarded Midwife of the Year 2010 for being an “inspirational person” and working tirelessly to support her service.” Angel Segura-Cabrera, Delivery Suite, was runner up and was described as a “joy to work with and the care he gives to patients is 200%.”

Samantha Brown, Healthcare Assistant at the Wolfson, took home the Healthcare Assistant of the Year 2010 for being an “extraordinary healthcare assistant” and for undertaking a patient safety initiative which has proven beneficial to patient care and resulted in an outstanding contribution to the team. Eliseo Sampiano, Allingham Ward was runner up for being an “excellent team player, very hard working and extremely attentive with patients and relatives.”

The Nurses’ League presented this year’s Dame Muriel Powell award to Rachel Scowcroft, Julie Paska and Barry Quinn, Trevor Howell Oncology Unit, for their work on oral care in the cancer setting. Every year the Nurses’ League award this prize in memory of Dame Muriel Powell who trained as a nurse at St George’s Hospital, then came back to be Matron from 1947 to 1969. The purpose of the award is to assist nursing staff with a project that will result in a demonstrable improvement in patient care.

The Auntie Lucy award went to Helen Jarvis, practice educator, on behalf of the band 5 and 6 nurses for medicine and geriatrics. *Auntie Lucy* was the name colleagues gave to Lucy Kpobie, who was a staff nurse on Gray Ward and who gave many years service to both the Trust and her patients and was much loved by her colleagues. Lucy’s family have generously donated funding in her memory to support band 5 or band 6 nurses in specialist medicine education programmes.

Sexual health best practice

Sarah Kipps, sexual health nurse – reducing repeat terminations in young women aged 19 and under – Primary Care Women’s Health Forum – Best Practice Award 2010

National award for rare cancer care

Nick Watkin, consultant urological consultant, was awarded the coveted Karl-Storz-Harold Hopkins Golden Telescope at the British Association of Urological Surgeons AGM in June 2010. The award is recognition of Nick’s work in male genital reconstruction and penile cancer.

Nurse honoured for Afghan rotation

In July 2010 staff nurse Emma O’Reilly was honoured for her work at the British military hospital at Camp Bastion in Afghanistan.

Officers from the Territorial Army Medical Services presented the trust with a limited edition war print called *Safe Return* as a gesture of thanks for releasing Emma to go on her three month rotation.

Oncology nurses highly commended at 2010 Excellence in Oncology Awards

Barry Quinn, senior nurse for oncology and lead chemotherapy nurse, was part of a multi-agency team that was highly commended in the Best Patient Support Initiative at the 2010 Excellence in Oncology Awards.

The team was selected for its supportive booklet, *Intimacy and Sexuality for Cancer Patients and their Partners*. The booklet provides practical information for understanding and overcoming sexual difficulties after cancer.

HSJ Awards 2010

The trust's outpatient parenteral antibiotic therapy (OPAT) service was one of seven finalists in the Patient Centred Care category of the Health Service Journal (HSJ) 2010 Awards. The HSJ received 900 entries, so each category had to be narrowed down to an exceptional shortlist. NHS London won an award for the reconfiguration of acute stroke services in the Clinical Redesign Category, which included the St George's Hospital hyper-acute stroke unit.

Our partners

In working to improve people's health and the quality of NHS services we work in association with other NHS trusts, the local council, social services and local community and voluntary groups across south west London.

St George's University of London

The trust's main site, St George's Hospital in Tooting, is shared with St George's, University of London, one of the country's principle medical schools.



Work started in 2010 to create a stronger partnership between the two organisations with the aim of introducing higher quality education, training, research and clinical care. Through the partnership approach the organisations will also explore ways of improving the use of our joint resources and expertise on the Tooting site.

Kingston Hospital NHS Trust

We have a long history of working with Kingston Hospital NHS Trust. Across both trusts there are 23 consultants with either joint appointments or commitments in St George's, Kingston and Queen Mary's Hospitals. This work covers a range of specialities including upper gastro-intestinal, vascular, plastics, orthopaedics, urology, oral surgery, paediatric surgery, ophthalmology, cardiology, respiratory, dermatology, neurology and ears, nose and throat. This ensures good clinical engagement and flow of appropriate patients between the organisations. Both organisations participate in wider southwest London clinical networks and recently collaborated on the development of trauma and stroke services for the sector, with Kingston Hospital providing trauma and stroke units to support the centre at St George's Hospital.

In June 2010 both organisations met to discuss further opportunities for joint working. Since then, work has been ongoing to explore and scope these opportunities and lay out the basis for a more formal strategic alliance between the two hospitals. Working together will deliver a number of benefits, support future viability and strengthen the foundation trust applications from both organisations although both trusts will remain as separate statutory organisations.

St Helier Hospital

We share many links with St Helier Hospital with over 60 consultants working at both St Helier and St George's Hospitals. There are established clinical networks operating across both organisations, including stroke, trauma and cancer care, which have seen significant reductions in death rates and more patients making full recoveries.

NHS South West London

NHS South West London brings together five primary care trusts (PCTs) in the cluster: Croydon, Kingston, Richmond, Sutton & Merton and Wandsworth. The individual PCTs remain as statutory organisations, but NHS South West London now operates as one management team sharing resources, roles and back-office functions. St George's Healthcare works with NHS South West London on designing services to meet the specific needs of our patients. Find out more about NHS South West London at www.southwestlondon.nhs.uk

South London healthcare networks

St George's Healthcare is at the heart of several healthcare networks operating across south London, working with our colleagues from the NHS, private and voluntary sectors across London to deliver expert care to patients and their families from diagnosis to rehabilitation. These networks include trauma, cancer, cardiac and stroke. The sharing of expertise and ability to streamline care pathways across these networks has led to consistently high quality care and improved outcomes for patients.

Local Involvement Networks (LINKs)

Local Involvement Networks (LINKs) are independent bodies made up of elected patient representatives from across the community who act as watchdogs and hold local health and social care services to account. LINKs were established across the country in April 2008 as a replacement for patient forums. St George's Healthcare meets with Wandsworth, Merton and Sutton LINKs regularly giving the diverse communities, who use our services most, a stronger voice in how their health services are delivered. LINKs meetings also provide an opportunity to investigate issues that individual patients may have with the healthcare they receive.

For more information about your LINKs in your area and to find out how you can join visit

- www.wandsworthlink.org.uk
- www.mertonconnected.com
- www.suttonlink.org.uk
- www.croydon.gov.uk/democracy/dande/policies/health/croydonlink/
- www.richmondlink.org.uk
- www.lambethlink.org.uk

Wandsworth Borough Council

We work together with social services teams across southwest London when discharging patients from hospital and helping them return to home quickly and safely. In Wandsworth, we also work closely with social services forming an integral part of the community ward which sees a range of services delivered in patient's homes.

We are accountable to the Wandsworth Council health and social care overview and scrutiny committee (OSC). This committee, made up of locally elected councillors, scrutinises how the borough's NHS bodies operate

healthcare services and how we plan to develop services. The OSC has the authority to refer any decisions made locally by the NHS to the Secretary of State for Health for review. We meet with and send regular updates on service developments, decisions and expenditure to the OSC, and representatives from the trust attend the monthly meeting held in public to answer questions and present proposals to the committee.

Find out more about Wandsworth Council's health and social care OSC at www.wandsworth.gov.uk

Patient and public involvement

We continued to work hard during 2010/11 to establish a strong connection with the people who use our services, making sure that the patients and the public are involved in the decisions taken about service delivery, working together to improve quality and safety.

The trust strives to involve the local communities it serves in every aspect of its work. Our work with patient and public involvement groups has

strengthened the trust's relationships with the local community and opened up and maintained a genuine dialogue with key stakeholders.



Foundation trust bid and membership drive

Since formally launching our foundation trust (FT) plans in May 2010 we have received an enthusiastic response from our public, patients and staff. Last summer a twelve week public consultation formally confirmed the strong support for our plans, with the membership drive so far responsible for recruiting over 4,300 public and patient members. In addition 7,000 members off staff became members in February 2011, bringing the total membership to over 11,000.

Due to the financial challenges being faced by the trust the board decided in March to delay its FT application until 2013. In taking its decision the board acknowledged that, while the trust had successfully met the clinical and governance standards required to become a FT, there is still work required to improve the financial performance. Although the FT application has been delayed, FT status remains crucial to the trust's long-term future and the change to the timeline has not dampened our commitment to engage with existing members and the drive to recruit new members continues full steam ahead.

During 2011 a series of members events have attracted large audiences eager to hear the advice from leading experts on subjects like healthy eating and keeping your brain healthy.

If you would like to become a member email members@stgeorges.nhs.uk or visit our website for more details at www.stgeorges.nhs.uk/ftindex.asp

Patient information group

The Patient Information Group (PInG) is made up of patient representatives and members of staff from a wide range of services across the trust. PInG meets on a monthly basis to address patient information issues, and to review and approve all leaflets and information sheets that could be handed to patients.

During 2010/11 PInG has developed an information sheet about the trust for patients that includes useful numbers and information, that is now being used as the reverse side of all appointment letters. The group is also coordinating the development of new maps for St George's Hospital and a new smart phone app that will be launched in 2011.

Patient Advice and Liaison Service

Last year the Patient Advice and Liaison Service (PALS) managed 6,421 cases.

PALS helps to sort out problems or concerns that patients have about the trust's services by working with the relevant staff, as well as providing information to patients and listening to their views and comments. The team also provides advice on how to access interpreters, signers and other support services, and provide customer care training to staff throughout the trust.

Volunteers

There are currently more than 250 volunteers working in a variety of areas of the trust providing invaluable assistance to staff and improving the patient experience.

Roles include helping patients find their way around the trust's sites, manning information desks, basic clerical assistance in departments and meeting and greeting patients in clinics.

During 2010/11 the trust introduced an initiative that sees volunteers helping patients at meal times at St George's Hospital on the general medical, surgical and cardiovascular wards. This initiative had previously been operating on stroke and older people's wards, and was rolled-out across the trust following positive feedback from the patients, staff and the volunteers themselves.

Giving to George's

St George's Hospital Charity

The relationship between St George's Healthcare and St George's Hospital Charity is an important one – it's a valuable partnership that brings real benefits to patients and staff in areas where the St George's Healthcare is not able to make grants or cannot stretch its budget. The work of the Charity includes fundraising and grant-giving.

During the year, the Fundraising Office worked with the Charity's many supporters, who took part in challenge events, like the London Marathon and John O'Groats to Lands End to name just two, to bring in over £1m in voluntary donations and sponsorship monies.



The Charity's work in the local community continues, with links to schools, local businesses, the Tooting town centre partnership and local community associations. This work places St George's Hospital Charity at the heart of its community.

You can find out much more about the Charity's fundraising work and how to get involved by visiting its website, launched in March 2011 – www.givingtogeorges.org.uk

Whilst fundraising is an important element of the Charity's work, of equal importance is grant-giving.

Capital grants awarded during the year included:

- £82,000 to relocate and refurbish the bereavement services department away from its current location in Knightsbridge Wing to the heart of the Hospital
- £500,000 for the relocation and refurbishment of the Simulation Centre, including £150,000 for a high-fidelity mannequin
- £200,000 to relocate the chest clinic into Lanesborough Wing outpatients from its current location on the perimeter road
- £100,000 towards completing the replacement of all bedside curtains

A number of non-capital grants were also awarded. These included:

- £10,000 to the learning disability service over 2 years to support the pioneering work of the service to improve the hospital experience of people with learning disabilities and their carers.
- £65,000 for the palliative care team to purchase syringe drivers. These are used by terminally ill patients to manage their pain relief at home, at the end of their lives. This funding has enabled St George's to deliver the standard of care that gives patients choice, supports dignity and makes a significant difference to individuals.

In addition, the living our values staff awards were launched during the year. Individual and team winners receive £50 and £150 vouchers respectively in the categories of excellent, kind, responsible and respectful. This scheme is also generously supported by the Hospital Charity.

Board members



Naaz Coker
Chair

Declared interests

- Member London South sub-committee, ACCEA (Advisory Committee on Clinical Excellence Awards)
- Vice President Medact
- Trustee Royal Society of Arts
- Patron The Jewish Museum
- Patron St George's Kidney Patients' Association
- Council Member St George's University of London
- Non-Executive Director Ethical Property Company
- Trustee C3 Collaborating for Health
- Trustee The Clore Social Leadership Programme



Paul Murphy
Non Executive Director

Declared interests

- Chief Executive Jordans and Ryvita
- Board Member Nambarrie Tea Company, Northern Ireland



Emma Gilthorpe
Non Executive Director

Declared interests

- Director of Regulation British Airports Authority



Graham Hibbert
Non Executive Director

Declared interests

Project Management Consultant	Rentokil Plc
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Sean Hilton
Non Executive Director

Declared interests

Chairman	Anglo-European Chiropractic College
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Moira Nangle
Associate Non Executive Director

Declared interests

Trustee	Womankind Worldwide
Trustee	Crime Reduction Initiatives



Mike Rappolt
Non Executive Director

Declared interests

Governor	Raynes Park High School (until July 2011)
Chair	Wimbledon Civic Theatre Trust
Various shareholdings	(all under 1% of company)



Sarah Wilton
Associate Non Executive Director

Declared interests

Trustee	Paul D'Auria Cancer Support Centre
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Patrick Mitchell
Chief Operating Officer

No declared interests



Mike Bailey
Medical Director and Deputy Chief Executive (until June 2011)

No declared interests



Richard Eley
Director of Finance

Declared interests

Chairman Chartered Accountants in Business for Thames Valley



Ros Given-Wilson
Medical Director

No declared interests



Alison Robertson
Director of Nursing and Patient Safety

Declared interests

Chair Association of Leaders in Nursing
Vice Chair Association of UK University Hospitals Nurse Directors Forum



Neal Deans
Director of Estates and Facilities

No declared interests



Peter Jenkinson
Trust Secretary

No declared interests



Dr Trudi Kemp
Director of Strategic Development

No declared interests



Jean-Pierre Moser
Director of Communications

Declared interests

Committee Member Chartered Institute of Public Relations (CIPR) Health & Medical Group (unpaid)



Di Caulfeild-Stoker
Divisional chair of community services Wandsworth division

Declared interests

Trustee Nurse Aid charity

Financial summary

St George's Healthcare NHS Trust made a revenue surplus of £5.02 million in 2010/11. The Trust has now generated revenue surpluses in four consecutive years and these surpluses have enabled the repayment of working capital loans from the Department of Health totalling £26 million. The last repayment of working capital loans (£8 million) will be made in 2011/12.

The Trust generated a material under-spend on its Capital Resource Limit (CRL) of approx £8 million in 2010/11 as a result of the completion of the sale of the Bolingbroke Hospital site in March 2011. This capital under-spend is carried forward to 2011/12 to fund capital investment.

The Trust undershot its External Financing Limit (EFL) by approx £1.4 million and therefore stayed within the overall cash limit set by the Department of Health.

Integration of Community Services Wandsworth

St George's Healthcare integrated with Community Services Wandsworth (CSW) with effect from 1 October 2010. The annual income of CSW is £95 million. Under the merger accounting rules that the Department of Health has confirmed are applicable to NHS Trusts, the following summary financial statements for St George's Healthcare NHS Trust include income and expenditure relating to CSW for the entire 2010/11 financial year. Furthermore all comparative figures for 2009/10 have been restated to include the corresponding 2009/10 figures for CSW.

2011/12

The surplus of £5.02m earned in 2010/11 includes significant one-off income that will not be available to the Trust in 2011/12. Accordingly the Trust has developed a challenging business plan for 2011/12 which will need to be implemented in full in order to maintain its clinical services and meet both qualitative and financial targets.



Peter Coles
Interim chief executive



Richard Eley
Director of finance

Statement of comprehensive income

For the year ended 31 March 2011

	2010-11	2009-10
	£000	£000
Revenue		
Revenue from patient care activities	529,091	517,802
Other operating revenue	75,156	71,729
Operating expenses	(593,044)	(569,281)
Operating surplus/(deficit)	11,203	20,250
Finance costs:		
Investment revenue	151	76
Other gains and losses	5,171	1,929
Finance costs	(4,327)	(4,955)
Surplus/(deficit) for the financial year	12,198	17,300
Public dividend capital dividends payable	(7,178)	(6,526)
Retained surplus/(deficit) for the year	5,020	10,774
Other comprehensive income		
Impairments and reversals	0	(1,134)
Gains on revaluations	0	13,084
Receipt of donated/government granted assets	2,332	2,142
Net gain/(loss) on other reserves (e.g. defined benefit pension scheme)	0	0
Net gains/(losses) on available for sale financial assets	0	0
Reclassification adjustments:		
- Transfers from donated and government grant reserves	(1,463)	(1,851)
- On disposal of available for sale financial assets	0	0
Total comprehensive income for the year	5,889	23,015

Statement of financial position

For the year ended 31 March 2011

	31 March	Restated
	2011	31 March
	£000	2010
		£000
Non-current assets		
Property, plant and equipment	288,602	288,723
Intangible assets	2,960	1,868
Other financial assets	0	0
Trade and other receivables	77	79
Total non-current assets	291,639	290,670
Current assets		
Inventories	5,886	5,512
Trade and other receivables	50,396	45,997
Other financial assets	0	0
Other current assets	2	114
Cash and cash equivalents	20,524	16,157
	76,808	67,780
Non-current assets held for sale	0	7,756
Total current assets	76,808	75,536
Total assets	368,447	366,206
Current liabilities		
Trade and other payables	(70,106)	(66,570)
Other liabilities	0	0
Borrowings	(10,536)	(9,915)
Other financial liabilities	0	0
Provisions	(682)	(635)
Net current assets/(liabilities)	(4,516)	(1,584)
	287,123	289,086
Non-current liabilities		
Borrowings	(53,880)	(61,720)
Trade and other payables	0	0
Other financial liabilities	0	0
Provisions	(1,330)	(1,352)
Other liabilities	0	0
Total assets employed	231,913	226,014

Financed by taxpayers' equity:

Public dividend capital	131,475	131,475
Retained earnings	(20,555)	(32,111)
Revaluation reserve	102,513	109,225
Donated asset reserve	13,655	13,395
Government grant reserve	3,675	2,880
Other reserves	1,150	1,150
Total taxpayers' equity	231,913	226,014

Statement of changes in taxpayers' equity

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Donated asset reserve £000	Government grant reserve £000	Other reserves £000	Total £000
Balance at 31 March 2009							
As previously stated	131,475	(52,040)	105,121	16,170	1,123	1,150	202,999
Prior period adjustment							0
Restated balance	131,475	(52,040)	105,121	16,170	1,123	1,150	202,999
Changes in taxpayers' equity for 2009-10							
Total comprehensive income for the year:							
Retained surplus/(deficit) for the year		10,774					10,774
Transfers between reserves		9,155	(8,980)	(175)	0	0	0
Impairments and reversals			0	(1,107)	(27)		(1,134)
Net gain on revaluation of property, plant, equipment			13,084	0	0		13,084
Net gain on revaluation of intangible assets			0	0	0		0
Net gain on revaluation of financial assets			0				0
Receipt of donated/government granted assets				248	1,894		2,142
Net gain/loss on other reserves (e.g. defined benefit pension scheme)						0	0
Movements in other reserves							0
Reclassification adjustments:							
- transfers from donated asset/government grant reserve				(1,741)	(110)		(1,851)
- on disposal of available for sale financial assets			0				0
Reserves eliminated on dissolution		0	0	0	0	0	0
Originating capital for trust establishment in year	0						0
New PDC received	0						0
PDC repaid in year	0						0
PDC written off	0						0
Other movements in PDC in year	0	0					0
Balance at 31 March 2010	131,475	(32,111)	109,225	13,395	2,880	1,150	226,014

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Government grant reserve	Other reserves	Total
	£000	£000	£000	£000	£000	£000	£000
Changes in taxpayers' equity for 2010-11							
Balance at 1 April 2010	131,475	(32,111)	109,225	13,395	2,880	1,150	226,014
Total comprehensive income for the year							
Retained surplus/(deficit) for the year		5,020					5,020
Transfers between reserves		6,536	(6,712)	176	0	0	0
Impairments and reversals			0	0	0		0
Net gain on revaluation of property, plant, equipment			0	0	0		0
Net gain on revaluation of intangible assets			0	0	0		0
Net gain on revaluation of financial assets			0				0
Receipt of donated/government granted assets				1,186	1,146		2,332
Net gain/loss on other reserves (e.g. defined benefit pension scheme)						0	0
Movements in other reserves							0
Reclassification adjustments:							
- transfers from donated asset/government grant reserve				(1,209)	(254)		(1,463)
- on disposal of available for sale financial assets			0				0
Reserves eliminated on dissolution		0	0	107	(97)	0	10
Originating capital for trust establishment in year	0						0
New PDC received	0						0
PDC repaid in year	0						0
PDC written off	0						0
Other movements in PDC in year	0						0
Balance at 31 March 2011	131,475	(20,555)	102,513	13,655	3,675	1,150	231,913

Statement of cash flows

For the year ended 31 March 2011

	2010-11	2009-10
	£000	£000
Cash flows from operating activities		
Operating surplus/(deficit)	11,203	20,250
Depreciation and amortisation	18,363	18,817
Impairments and reversals	0	1,083
Net foreign exchange gains/(losses)	0	0
Transfer from donated asset reserve	(1,209)	(1,741)
Transfer from government grant reserve	(254)	(110)
Interest paid	(4,372)	(3,930)
Dividends paid	(7,170)	(6,526)
(Increase)/decrease in inventories	(374)	2,169
(Increase)/decrease in trade and other receivables	(10,855)	(11,619)
(Increase)/decrease in other current assets	0	(54)
Increase/(decrease) in trade and other payables	9,287	11,506
Increase/(decrease) in other current liabilities	0	(86)
Increase/(decrease) in provisions	(8)	(214)
Net cash inflow/(outflow) from operating activities	14,611	29,545
Cash flows from investing activities		
Interest received	151	76
(Payments) for property, plant and equipment	(14,716)	(19,730)
Proceeds from disposal of plant, property and equipment	13,302	8,173
(Payments) for intangible assets	(1,906)	(7)
Proceeds from disposal of intangible assets	0	0
(Payments) for investments with DH	0	0
(Payments) for other investments	0	0
Proceeds from disposal of investments with DH	0	0
Proceeds from disposal of other financial assets	0	0
Revenue rental income	0	0
Net cash inflow/(outflow) from investing activities	(3,169)	(11,488)
Net cash inflow/(outflow) before financing	11,442	18,057

Cash flows from financing activities

Public dividend capital received	0	0
Public dividend capital repaid	0	0
Loans received from the DH	0	0
Other loans received	0	0
Loans repaid to the DH	(7,994)	(7,994)
Other loans repaid	0	0
Other capital receipts	3,735	4,004
Capital element of finance leases and PFI	(2,816)	(2,864)
Net cash inflow/(outflow) from financing	(7,075)	(6,854)
		-
Net increase/(decrease) in cash and cash equivalents	4,367	11,203
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	16,157	4,954
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	20,524	16,157

Notes to the accounts

For the year ended 31 March 2011

Revenue from patient care activities

	2010-11	Restated 2009-10
	£000	£000
Strategic health authorities	119	1,229
NHS trusts	1,120	818
Primary care trusts	516,750	506,376
Foundation trusts	2,122	480
Local authorities	0	1,334
Department of Health	2,111	500
NHS other	0	219
Non-NHS:		
Private patients	3,216	2,712
Overseas patients (non- reciprocal)	1,008	520
Injury costs recovery	2,536	2,118
Other	109	1,496
	529,091	517,802

	2010-11	Restated 2009-10
	£000	£000
Other operating revenue		
Patient transport services	1	(1)
Education, training and research	53,232	51,751
Charitable and other contributions to expenditure	726	620
Transfers from donated asset reserve	1,209	1,741
Transfers from government grant reserve	254	110
Non-patient care services to other bodies	12,841	12,352
Income generation	2,859	2,162
Rental revenue from finance leases	0	0
Rental revenue from operating leases	264	267
Other revenue	3,770	2,727
	75,156	71,729

Revenue	2010-11	2009-10
	£000	£000
From rendering of services	602,758	588,313
From sale of goods	1,489	1,218

Operating expenses	2010-11	Restated 2009-10
	£000	£000
Services from other NHS trusts	5,771	2,966
Services from PCTs	8,366	17,163
Services from other NHS bodies	9,608	7,493
Services from foundation trusts	635	137
Purchase of healthcare from non NHS bodies	3,097	2,035
Trust chair and non executive directors	67	63
Employee benefits	380,251	358,172
Supplies and services - clinical	103,764	98,432
Supplies and services - general	10,688	10,000
Consultancy services	2,177	3,429
Establishment	4,603	5,756
Transport	4,136	3,688
Premises	21,258	22,733
Provision for impairment of receivables	(227)	2,315
Inventories write down	5	105
Depreciation	17,549	18,173
Amortisation	814	644
Impairments and reversals of property, plant and equipment	0	1,083
Impairments and reversals of intangible assets	0	0
Impairments and reversals of financial assets [by class]	0	0
Impairments and reversals of non current assets held for sale	0	0
Audit fees	272	263
Other auditor's remuneration [detail]	345	107
Clinical negligence	7,034	6,276
Research and development	363	709
Education and Training	1,295	683
Other	11,173	6,856
	593,044	569,281

Staff sickness absence

	2010-11	2009-10
	Number	Number
Days lost (long term) - analysis not available	0	19,507
Days lost (short term) - analysis not available	0	27,842
Total days lost	50,155	47,349
Total staff years	6,145	5,631
Average working days lost	8	8
Total staff employed (headcount) - not available	0	6,240
Total staff employed in period with no absence (headcount) - not available	0	2,108
Percentage staff with no sick leave	0.00%	33.78%

Management Costs	2010-11	2009-10
	£000	£000
Management costs	24,801	19,966
Income	604,247	488,830

Better Payment Practice Code - measure of compliance	2010-11		Restated 2009-10	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	130,047	216,122	103,617	177,684
Total Non NHS trade invoices paid within target	83,395	140,638	63,787	114,820
Percentage of Non-NHS trade invoices paid within target	64%	65%	62%	65%
Total NHS trade invoices paid in the year	4,382	59,573	3,393	27,438
Total NHS trade invoices paid within target	1,490	35,949	1,133	14,255
Percentage of NHS trade invoices paid within target	34%	60%	33%	52%

Salary and Pension entitlements of senior managers

Remuneration

Name and Title	2010-11			2009-10		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
Executive Directors						
Mr David Astley , Chief Executive	180-185		0	180- 185		0
Mr Richard Eley , Director of Finance	140-145		0	140- 145		0
Dr Geraldine Walters , Director of Nursing (to Aug 09)			0	40-45		0
Ms Zoe Packman , Interim Director of Nursing (from Sept 09 to Jan 10)			0	90-95		0
Professor Alison Robertson , Director of Nursing & Patient Safety (from Feb 10)	120-125		0	20-25		0
Mr Michael Bailey , Medical Director	20-25	60-65	0	20-25	170-175	0
Dr Rosalind Given-Wilson , Medical Director	20-25	140-145	0	20-25	150-155	0
Ms Helen Gordon , Director of Human Resources (adoption leave to Sep 10)	45-50		0	110- 115		0
Mrs Sally Storey , Interim Director of Human Resources (to Dec 10)	60-65		0	45-50		0
Mrs Annette Gately , Director of Human Resources (from Feb 11)	15-20		0	0		0
Dr Trudi Kemp , Director of Strategic Development	105-110		0	95-100		0
Mr Neal Deans , Director of Estates & Facilities	100-105		0	100- 105		0
Mr Alan Thorne , Director of Transformation (to Nov 2010)	65-70		0	95-100		0
Mr Jean-Piere Moser , Director of Communications	90-95		0	85-90		0
Mr Patrick Mitchell , Chief Operating Officer	130-135		0	125- 130		0
Mr Peter Jenkinson , Trust Secretary (from Jun 09)	90-95		0	65-70		0

Non-Executive Directors				
Ms Naaz Coker , Chairperson	20-25	0	25-30	0
Mr Paul Murphy , Deputy Chairperson	5-10	0	5-10	0
Professor Sean Hilton , Non-Executive Director	5-10	0	5-10	0
Dr Graham Hibbert , Non-Executive Director	5-10	0	5-10	0
Ms Valerie Moore , Non-Executive Director (to Jul 08)		0	0-5	0
Mr Michael Rappolt , Non-Executive Director	5-10	0	5-10	0
Ms Emma Gilthorpe , Non-Executive Director	5-10	0	5-10	0
Moira Nangle , Associate Non Executive Director	5-10	0	5-10	0
Ms Sarah Wilton , Non-Executive Director (from Jan 11)	0-5	0	0	0

Pension Benefits

Name and title	Real increase in pension and 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 and related lump sum at age 60 at 31 March 2011 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2011 £000	Cash Equivalent Transfer Value at 31 March 2010 £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	5-7.5	335-340	1,837	1,912	-75	0
Mr Richard Eley , Director of Finance	22.5-25	17.5-20	185-190	865	825	40	0
Professor Alison Robertson , Director of Nursing & Patient Safety	10-12.5	7.5-10	175-180	640	700	-60	0
Mr Michael Bailey , Medical Director	12.5-15	7.5-10	265-270	0	0	0	0
Dr Rosalind Given-Wilson , Medical Director	32.5-35	22.5-25	275-280	1,390	1,319	71	0
Ms Helen Gordon , Director of Human Resources	12.5-15	10-12.5	135-140	536	540	-4	0
Mrs Sally Storey , Interim Director of Human Resources (to Dec 10)	15-17.5	10-12.5	130-135	622	588	26	0
Mrs Annette Gately , Director of Human Resources (from Feb 11)	5-7.5	5-7.5	55-60	252	245	1	0
Dr Trudi Kemp , Director of Strategic Development	22.5-25	17.5-20	110-115	425	381	44	0
Mr Neal Deans , Director of Estates & Facilities	5-7.5	2.5-5	120-125	592	618	-26	0
Mr Alan Thorne , Director of Transformation (to Nov 10)	2.5-5	2.5-5	130-135	554	593	-39	0
Mr Jean-Pierre Moser , Director of Communications	5-7.5	2.5-5	25-30	89	83	6	0

Mr Patrick Mitchell, Chief Operating Officer	12.5-15	7.5-10	165-170	625	664	-39	0
Mr Peter Jenkinson, Trust Secretary	20-22.5	15-17.5	45-50	142	85	57	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 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 result of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures 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 benefit accrued to the member as a result of 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 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 an arrangement which the individual has transferred to the NHS pension scheme) and uses common market valuation factors for the start and end of the period.

The Chancellor has changed the measure of inflation used to calculate public sector pensions. The CETV for this year has been calculated on the new basis, but last year's figure remains on the old basis. The CETV is lower than it would have been if the previous basis had been maintained.

Independent auditors report to the directors of St George's Healthcare NHS Trust

I have audited the financial statements of St George's Healthcare NHS Trust for the year ended 31st March 2011 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayer's Equity, the Statement of Cash Flows and the related notes. These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies. I have also audited the information in the Remuneration Report that is described as having been audited.

This report is made solely to the Board of Directors of St George's Healthcare NHS Trust in accordance of Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Director's Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit the accounting statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practice Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence of the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. I read all the information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of St George's Healthcare NHS Trust's affairs as at 31st March 2011 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I have nothing to report in respect of the Statement on Internal Control on which I report to you if, in my opinion the Statement on Internal Control does not reflect compliance with the Department of Health's requirements.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Trust's responsibilities

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities

I am required under Section 5 of the Audit Commission Act 1998 to satisfy myself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires me to report to you my conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission,

I report if significant matters have come to my attention which prevent me from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. I am not required to consider, nor have I considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Basis of conclusion

I have undertaken my audit in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2010, as to whether the Trust has proper arrangements for:

- securing financial resilience; and
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for me to consider under the Code of Audit Practice in satisfying myself whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31st March 2011.

I planned my work in accordance with the Code of Audit Practice. Based on my risk assessment, I undertook such work as I considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Conclusion

On the basis of my work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2010, I am satisfied that, in all significant respects, St George's Healthcare NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31st March 2011.

Certificate

I certify that I have completed the audit of the accounts of St George's Healthcare NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Lindsey Mallors
Officer of the Audit Commission
Audit Commission
1st Floor, Millbank Tower
Millbank
London SW1p 4HQ

Date: 9th June 2011

The Audit Commission has determined these two criteria as those necessary for me to consider under the Code of Audit Practice in satisfying myself whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31st March 2011.

I planned my work in accordance with the Code of Audit Practice. Based on my risk assessment, I undertook such work as I considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Conclusion

On the basis of my work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2010, I am satisfied that, in all significant respects, St George's Healthcare NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31st March 2011.

Certificate

I certify that I have completed the audit of the accounts of St George's Healthcare NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Lindsey Mallors
Officer of the Audit Commission
Audit Commission
1st Floor, Millbank Tower
Millbank
London SW1p 4HQ

Date: 9th June 2011

St George's Healthcare NHS Trust

Blackshaw Road
Tooting
London SW17 0QT

020 8672 1255

www.stgeorges.nhs.uk

Support from us

Our PALS team offers support, information and assistance to patients, relatives and visitors. The PALS office at St George's Hospital is open 9am to 5pm, Monday to Friday.

020 8725 2453

pals@stgeorges.nhs.uk

Work for us

If you are interested in working for St George's Healthcare visit our website www.stgeorges.nhs.uk or get in touch with our recruitment services team.

020 8725 0600

hrrecruitment@stgeorges.nhs.uk

Giving to George's

As well as making a donation there are many you can get involved with the St George's Hospital Charity. To find out more talk to the Giving to George's team.

020 8725 4916

giving@stgeorges.nhs.uk

www.givingtogeorges.nhs.uk

Request a summary report and poster

Contact the communications team if you would like a copy of the summary annual report, including the living our values poster.

020 8725 5151

communications@stgeorges.nhs.uk

Let us know what you think

Please let us know what you think about this annual report so you can help us improve the information included in next year's report. You can complete the survey online or get in touch with the communications team.

020 8725 5151

communications@stgeorges.nhs.uk

We launched our staff values in April 2010 and have been working hard to establish them throughout St George's Healthcare. These values set out the standards of behaviour we expect from all our staff.



We are here to support patients with life-limiting conditions and their families to make sure that all patients are treated with dignity until the end of their lives.

 **responsible**



Our children's speech and language therapists help children with their communication skills whilst supporting their families, teachers and other health professionals.

 **excellent**



Last year St George's Hospital managed 315 major trauma cases, with a further 85 trauma cases each month.

 **kind**



Last year we treated 600 of the most vulnerable babies from across south west London.

Read the full St George's Healthcare annual report at www.stgeorges.nhs.uk