

**Expert
healthcare
services
for Tooting,
London
and beyond**

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Introduction

* Recognised for its high standards of patient safety when named Dr Foster Intelligence “Large Trust of the Year 2009”, St George’s Healthcare NHS Trust shares its main site in Tooting with the renowned St George’s, University of London.

St George’s is at the centre of several healthcare networks, such as stroke and major trauma services, and as a major teaching hospital works to develop the healthcare professionals of the future.

The trust serves a population of over 3.5 million, providing local hospital services together with specialist care for the most complex illnesses and injuries.

A large ‘city’ hospital in the local community, we are proud to bring leading-edge, expert care to the people of Wandsworth. Demand for our specialist services, such as cardiology, neurology and paediatric surgery, means that we also treat patients from across the country.

This report highlights the developments during 2009/10 and shows how St George’s is caring for patients from southwest London and beyond.

St George’s is based in Tooting and we are proud to care for local people. The quality of our care also attracts patients from southwest London, Surrey and the rest of the country. The reasons for this are explained in this report, wherever you see these discs representing local, regional and national patients.

Local

Regional

National

Forewords

from the chair

Looking to the future

The year ahead will present many challenges and opportunities to St George's as we progress with our foundation trust (FT) plans. I have long maintained that FT status is crucial for the trust's long-term future and this has been put into sharp focus following the publication of the White Paper *Equity and Excellence: Liberating the NHS* in July 2010. As a FT we will have the freedom to develop facilities and services that are best suited to our patients' needs. The decisions we make will be informed through our FT membership and council of governors helping to ensure that we put the needs of patients at the centre of everything we do.

To achieve FT status we must achieve our financial and quality targets. This is set against a background of the country's challenging economic climate that is impacting across the NHS. The process that will lead to St George's becoming a FT will test both our financial management and patient safety standards and will undoubtedly make the trust stronger as an organisation.

The other big programme of work that will strengthen our future direction is integration with Community Services Wandsworth (CSW). Since the start of 2010 we have been working closely with NHS Wandsworth over proposals to integrate our services with those provided by CSW. These include district nursing, community specialist nursing, school nursing and many of the services at Queen Mary's Hospital, Roehampton. By bringing the acute and community services together we can provide patients with the care they need in the right setting and at the time that they need it.

We are also building our links with St George's, University of

London, which shares our main hospital site in Tooting. The two organisations have lived side-by-side for over 250 years and have a number of common goals, such as education, research and service development. Part of this work has involved the establishment of the South West London Academic Health and Social Care Network, a collaboration between local NHS and academic institutions, healthcare providers and social care organisations. The network aims to deliver best practice by ensuring that the latest research shapes the way care is delivered.

As part of our ongoing commitment to patient care we have developed a new set of staff values and behaviours that will become part of the fabric of the organisation. We have also revised our governance structure and established new board sub-committees with revised terms of reference, helping us to operate more efficiently and transparently.

I am convinced that the outlook for St George's is a positive one. Our plans for 2010 and beyond will set us on track to become a thriving FT at the heart of an integrated healthcare system, delivering quality care across hospital, community and specialist settings.

Naaz Coker
Chair



from the chief executive

Moving in the right direction

2009/2010 has seen St George's reach important milestones as it builds on its financial stability and growing reputation for clinical excellence. For the third year in a row the trust recorded a financial surplus making St George's well placed to consolidate its position at the forefront of local and specialist healthcare in southwest London.

Our financial performance would not have been possible without the efforts of staff throughout the trust. I am confident that staff will rise to the challenge and meet our ambitious targets for the coming year.

St George's is aiming to meet a cost reduction programme of £42m against the backdrop of the country's economic problems which are set to have a major impact on the NHS. We are aiming high, which is necessary, and our targets must be met if we are to demonstrate St George's as a financially viable organisation and achieve foundation trust status.

Patient safety and confidence is at the heart of everything we do and our MRSA and *Clostridium difficile* rates during the year were among the lowest of any London teaching hospital. Shorter waiting times for both inpatients and outpatients and a rolling programme of refurbishments have

also helped to improve the patient experience. At the same time clinical innovations at St George's are enhancing our reputation for providing cutting-edge specialist services.

2009 ended on a high note with the trust named as 'Large Trust of the Year' by Dr Foster Intelligence, publisher of the Hospital Guide. This was in recognition of the high quality of patient care and low mortality rates recorded at St George's. This independent national study focused on patient safety and found St George's to be among the top five hospitals in the country.

The year saw St George's receive the green light to become one of four major trauma centres for London, providing care to the most serious trauma cases. In addition we also received the go-ahead to become one of eight hyper-acute stroke units serving the capital, offering rapid diagnosis and treatment of stroke.

Our continued success would not be possible without the support and commitment of our staff. I am delighted that the last twelve months has seen many of our staff and teams receive national recognition for the work they do. In celebration of their efforts this year's annual report features a special awards section.

David Astley
Chief executive





Cardiothoracic

- Local patients benefit from a rapid access chest pain clinic
- Our blood pressure unit provides a unique hypertension service for south London
- St George's is a national referral centre for repairing holes in the heart

ST GEORGE'S offers a state-of-the-art cardiology service, one of the largest in the country, providing emergency care, diagnosis, medical treatment and out-patient services for all heart conditions. Services also include a 24-hour emergency service for patients suffering from a heart attack, where a coronary artery becomes blocked, usually because of a build-up of fatty deposits.

Jerzgc Kudajezyr is given an exercise test to assess his progress after treatment for chest pains

Specialist centre

St George's is a specialist centre for angioplasty, a type of surgery where a thin tube is inserted into a blood vessel via a catheter and guided to the blockage. A tiny balloon is then inflated to get the blood flowing again while the artery is held open with a stent.

There are five catheter labs where this treatment can be carried out, staffed by nine consultants from St George's and another nine consultants from the South West London Cardiac Network.



St George's offers a state-of-the-art cardiology service, one of the largest in the country

Echo ultrasound imaging, tests for patients who suffer from fainting, a specialist service to repair holes in the heart and pace maker fitting are all carried out at St George's.

A heart failure service for patients who are not getting enough blood pumped around their bodies, a hypertension unit and rehabilitation, to help patients lower the risk of suffering further heart conditions, are provided. The trust also offers a nurse-led rapid access chest pain clinic, which provides a complete heart check in a single visit.

Donald Rance is attended to by nurse Teareen Mandeem on Benjamin Weir ward in Atkinson Morley Wing





Senior house officer Philemon Gukop peers down the throat of a patient receiving endoscopic lung surgery

Thoracic

St George's offers a range of procedures for adult heart (cardiac) and chest (thoracic) patients. There are two cardiac wards and a specialist thoracic ward.

The latest minimally invasive (keyhole) surgical techniques are helping patients to make quicker and more complete recoveries, following operations for heart problems and lung cancers.

Cardiac procedures include coronary artery bypass for heart attack patients, valve repair and replacement for patients with an irregular heartbeat and video-assisted surgery, to remove tumours from the lung without opening the chest.

Advanced techniques

Atrial Septal Defect (ASD) is a heart defect present at birth where the wall that separates the upper heart chambers (atria) does not close completely.

A live procedure to close holes in a patient's heart was performed at St George's in December 2009 to teach cardiologists about advanced techniques to close these holes in the heart using catheters and closure devices. Doctors from Europe, the Middle East and Asia attended, including two world-renowned cardiology experts. St George's was selected as the host site due to its reputation for clinical excellence in this field and superb catheter laboratory facilities provided in the Atkinson Morley Wing ■

Robert Delow's story . . .

Robert Delow, of Chichester, East Sussex, was successfully treated at Portsmouth Hospital for bladder cancer when he was diagnosed with lung cancer. He was referred to St George's for non-invasive treatment, video-assisted thoracoscopic surgery, or VATS, under which part of his lung was removed. Within weeks of surgery Robert was recovering at home. Traditional surgery would have left him facing months of recovery in hospital.



Robert is very unwell while doctors investigate his illness

Examinations conclude he has developed lung cancer



Surgeons remove part of Robert's lung using leading-edge keyhole surgery...

... assisted by tiny cameras inside his body



Now Robert is back to his best, enjoying life in Charlton, Chichester



Renal

- Local dialysis patients receive care closer to home in our new community-based unit
- We provide specialist kidney transplant services to southwest London, Surrey and Sussex
- Patients from across the country with acute renal failure are cared for at St George's

NEW facilities closer to patients' homes, better transport provision and exciting new surgical techniques are transforming renal services at St George's.

Dialysis

Dialysis, filtering and cleaning the blood of patients whose kidneys are not functioning properly, is a four hour treatment carried out three times a week.

Under a partnership between St George's, Epsom and St Helier University Hospitals Trust, the South West London Renal Commissioner and local primary care trusts, five new satellite dialysis units are being set up. These will allow patients to receive treatment closer to home and in comfortable, state-of-the-art, facilities.

The first, in Battersea, opened in December 2009. Further sites are planned for Colliers Wood and Roehampton in 2010.

The Battersea unit, operated by the healthcare company Fresenius, is a brand new facility which provides a comfortable environment for dialysis patients. The centre also benefits from wireless internet access helping patients to stay occupied during their treatment.

As a result of extra capacity being provided at the new satellite units, St George's has been able to close the old dialysis unit in the hospital's Lanesborough Wing. Remaining patients are now cared for in the Norman Tanner unit, which was refurbished in 2009/10.

New technique for kidney transplant

Kidney transplants were, until recently, only available to people whose blood group matched that of their donor. But now surgeons at St George's are introducing a technique that makes it possible to use a kidney from a live

donor in a recipient with a different blood group. This could increase the proportion of patients eligible for transplantation by up to 30 per cent.

Transplantation across different blood groups fails because antibodies in the recipient's blood attack the new organ. The new technique, known as ABO blood group

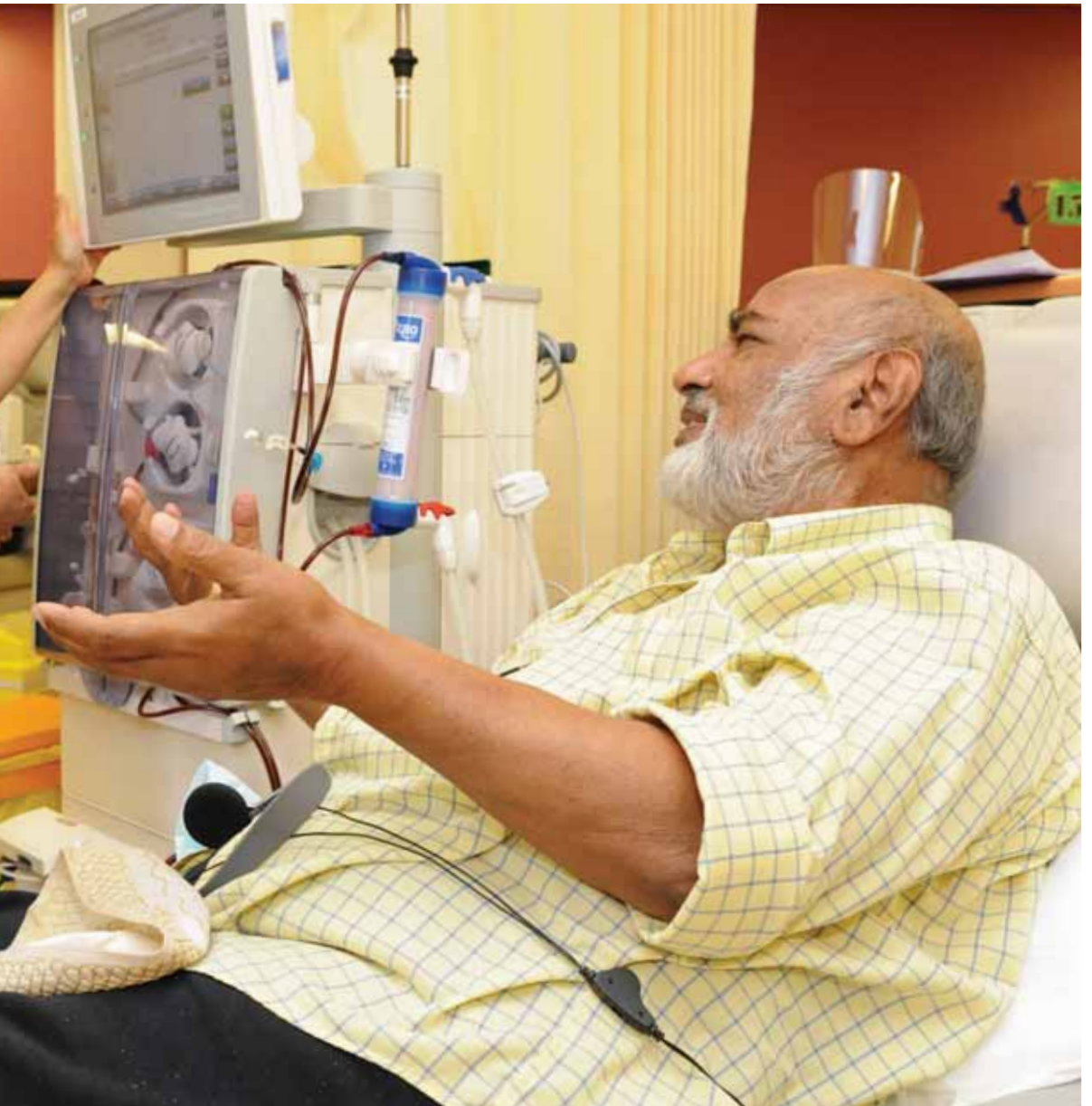


incompatible kidney transplant, involves reducing the production of these antibodies and removing the rest by filtering them out from the blood.

The St George's surgical team performed its first ABO blood group incompatible live kidney transplant in September 2009. The technique is available in only a handful of

hospitals in Europe and the UK and means that donors who would have previously been turned down for a transplant are now able to undergo surgery ■

Iqbal Ahmed receives dialysis treatment closer to home at a brand new satellite dialysis unit in Battersea





Maternity & paediatrics

- Our maternity unit delivered over 5000 babies in 2009/10
- Specialist surgeons provide day surgery and clinics to hospitals across Surrey and southwest London
- Newborns requiring surgery and intensive care are often referred to St George's from across the UK

BETTER facilities and working practices are bringing about improvements in maternity services at St George's. In 2008 the Healthcare Commission published a national report which identified the need for improvements at St George's. In response, the trust set up a maternity task force, which included the chief executive, midwives, consultants, directors, patient representatives and the local primary care trusts.

As a result of this work the number of midwives and consultants in the department have been increased. There have also been many operational changes and improvements to facilities, including a major refurbishment of maternity services and the delivery suite to provide a better environment for mothers and staff.

To assess improvement progress the trust implemented a maternity dashboard, which compares St George's clinical performance to national standards. The dashboard helps the trust to identify strengths and areas that need improvement.

A new complaints process, introduced in April 2009, means that staff now meet with most complainants to listen and learn from their experiences. St George's also has one of the lowest caesarean section rates in London.

As a tertiary referral centre we provide specialist care not available at other hospitals and take on high-risk cases from across the UK. There are 13 delivery rooms and 40 postnatal beds at the trust, and a midwife-led birthing unit, the Carmen Suite, for women who want to give birth with minimal medical intervention.

Children's services at the trust saw a record number of patients in 2009/10





A room from Carmen Suite, the trust's midwifery-led birthing unit



Maternity & paediatrics

Paediatrics

During 2009/10 children's services at the trust saw a record number of patients, due partly to an increase in the number of children in the local population and the impact of swine flu.

St George's role as the tertiary specialist centre for paediatric surgery across the South West Thames Region has enhanced in the last year. Our surgeons now carry out more work in district general hospitals to provide care closer to patients' homes. They also continue to provide specialist care to children requiring more complex surgery at St George's.

Increasing expertise

Two new consultant general paediatricians were recruited last year along with two specialist consultants in paediatric respiratory and paediatric gastroenterology. The new staff bring vital expertise to St George's and support other specialist work being carried out throughout the trust.

The Child Development Centre, providing assessment and support to children with developmental difficulties, reopened in June 2009 following a £550,000 refurbishment. The works were funded via generous donations to St George's Hospital Charity ■

Isabel Dolby's story. . .



New mum Candice Dolby, from Raynes Park in London, brought her four-week old daughter Isabel to St George's when she fell ill. Clinicians carried out tests but there was no clear indication of what was wrong, so paediatric consultant Zahid Mukhtar carried out an endoscopic investigation. He found that Isabel was suffering acute appendicitis. There have only been 100 such cases in babies during the last 100 years worldwide, and Mr Mukhtar became the first surgeon to ever use endoscopic instruments, small enough for a baby, to remove Isabel's appendix. She is now healthy and fully recovered from her surgery.



Paediatric surgery requires a real team effort



For the first time, tiny laparoscopic instruments are called into action...

* Our surgeons now carry out more work in district general hospitals to provide care closer to patients' homes

Proud mum Claudia Mbabazi with baby Gabriella on Gwillim ward, where improved facilities are enhancing the environment for parents and newborns



Baby Isabel and mum Candice thank Zahid Mukhtar for his innovative approach to surgery



...to carefully remove Isabel's inflamed appendix



Cancer

- The trust offers a full range of chemotherapy for local patients in a dedicated day unit
- St George's screens patients from across southwest London for bowel cancer
- Patients come to the trust from across the country for bone marrow transplants

DURING 2009 more than 1,700 new patients came into contact with our cancer services team, receiving treatments ranging from routine screening to surgery, chemotherapy and follow-up appointments.

Multidisciplinary care

Because cancer can affect almost any part of the body, the cancer services team is made up of clinicians from wards and departments across the trust. Together they form multidisciplinary teams dedicated to treating specific types of cancer.

There are teams for cancers affecting the brain and central nervous system, lungs, breasts and intestine. St George's also treats cancers of the head and neck, skin, gynaecological cancers, bladder cancers, blood cancers and cancers affecting children.

Each team has a Macmillan cancer support clinical nurse specialist, who acts as a point of contact for patients and their families.

St George's provides services for acute trusts within the South West London Cancer

Cancer patient Christina Cooile talks with Dr Arass Ahmed while preparing for chemotherapy on Ruth Myles Ward





Patient Allen Kench (right) meets with consultant urologist Chris Anderson. St George's patients see the same consultant from diagnosis through treatment

Network (SWLCN), and cancer patients at Queen Mary's Hospital, Roehampton.

Treatments include surgery, radiotherapy, which is provided at the Royal Marsden Hospital in west London, hormone therapy and chemotherapy treatments, provided to more than 120 patients by the oncology team every week at a dedicated unit based at St George's.

Lung cancer

Lung cancer accounts for 15 per cent of the Trust's cancer activity, with between 130 and 160 new cases diagnosed every year. St George's provides cardiothoracic (chest) surgery for all trusts within the SWLCN and is the only trust in the region

offering radio-frequency ablation, a technique to remove tumours in patients who are too unwell for surgery or radical radiotherapy.

Paediatric cancer

Paediatric cancer services are provided to more than 160 children every year. Together with the Royal Marsden Hospital, St George's offers an integrated centre for children and young people south of the Thames up to the age of 18.

St George's provides chemotherapy for paediatric inpatients and outpatients, and is a tertiary centre for children's surgeries, specialising in abdominal, thoracic chest and urological surgery, as well as neurosurgery,



Dr David Weeks, a retired GP, referred himself to St George's from Southampton for specialist chemotherapy

head and neck surgery, plastic surgery and gynaecological surgery for children with cancer. Operations are carried out in a child-friendly environment that has school and play therapy facilities, dedicated operating theatres, a children's ward and a paediatric intensive care unit.

Urological cancer

Urological cancer covers prostate, bladder, renal and penile cancer. Surgeons from St George's work with colleagues from Mayday, Epsom and St Helier and Kingston Hospitals in joint operating sessions, meaning that patients see the same consultant from diagnosis through to treatment.

The penile cancer supra-network team covers a population of around ten million men

in the South of England. The team treat over 100 cases of genital cancer every year, giving them the largest contemporary experience in the world of this rare disease.

Breast cancer

Breast cancer is the most common form of cancer diagnosed in the UK, and makes up 15 per cent of the cancer service's workload. Plans were approved during 2009 for a £4m purpose-built unit to replace the existing facilities. Work on the project is due to start in 2010.

Blood-borne cancers

Blood-borne cancers, including leukaemia, myeloma and lymphoma, are treated by the

* The penile cancer team treats over 100 cases of genital cancer every year, giving the team the largest contemporary experience in the world of this rare disease

haemato-oncology team. They account for 28 per cent of the trust's cancer work. The team provides diagnosis clinics, tests and treatments, including chemotherapy, stem cell transplant and radiotherapy. During 2009, the lymphoma unit participated in 17 national and international trials, including work with novel therapies, which have affected national guidelines and clinical guidance ■

Multidisciplinary teams dedicated to specific types of cancer ensure the best possible care for patients at St George's





Neurosciences & trauma

- We provide one-stop clinics for transient ischaemic attacks (or mini-strokes)
- Trauma patients from across southwest London and Surrey are brought to St George's for specialist care
- The Wolfson Neurorehabilitation Centre in Wimbledon cares for patients from across the country

WHEN a stroke patient is brought to St George's they are immediately sent to a state-of-the-art CT scanner. Located next to the A&E department, the scanner is used to determine what sort of stroke the patient is suffering from. In appropriate cases, clinicians then administer drugs that break down blood clots, allowing blood and oxygen to reach the patient's brain, reducing the severity of paralysis.

Hyper-acute stroke unit

As a hyper-acute stroke unit St George's must be able to provide care around the

clock supported by a high level of clinical expertise. Additional clinicians and nurses have been recruited to support the service, which provides treatment within a 60 minute deadline, to reduce the impact of stroke and help patients make a quicker and more comprehensive recovery.

Patients are stabilised within three days and then leave the unit to go to either St George's specialist stroke unit or to the stroke unit at their local hospital where rehabilitation begins.

St George's is one of four major trauma centres for London, caring for the most seriously injured patients





At the Wolfson, staff focus on helping patients like stroke sufferer David Port increase their mobility and get their independence back

A cutting edge CT scanner installed at the trust this year can scan the whole body in just seconds

Major trauma centre

St George's is at the centre of a new approach aimed at providing improved care for major trauma patients in and around London.

In 2010 St George's became one of four major trauma centres for the capital, providing treatment for patients with severe trauma injuries such as open skull fractures, limb amputations and paralysis.

St George's benefits from having all major specialties together on one site, and has a world-class reputation for specialist treatments including plastic surgery, neurosurgery, maxillofacial and complex pelvic reconstruction.

The trust has in place a 24 hour trauma team led by consultants in emergency medicine raising the standard of treatment and decision making.

Along with patients from the local community, St George's treats major trauma patients from across the South West London and Surrey Trauma Network. The network incorporates seven acute hospitals, three in London and four in Surrey, seven primary care trusts and two ambulance services, covering a population of more than 2.6 million.



A 24 hour dedicated trauma theatre has been established to ensure that major trauma patients requiring emergency surgery can be operated on immediately. A major trauma ward, allowing all trauma patients to be treated by a multidisciplinary team in one place has also been established. Each patient's journey is coordinated by the lead nurse for trauma who follows the patient from admission to discharge.

St George's is at the heart of a new approach to providing care for major trauma emergency patients in and around London

Neurosciences & trauma

More than 1,000 neurosurgical procedures, where the head and brain are operated on, are carried out at St George's every year. These are some of the most complex cases and often involve vulnerable patients who require long-term rehabilitation, which is provided at the trust's Wolfson Neurorehabilitation Centre in Wimbledon.

Leading research

Close links with St George's, University of London, have placed the trust at the forefront of medical research and clinical excellence in the treatment and diagnosis of neurological conditions.

In 2009 consultants began a study into whether different treatments could reduce the risk of paralysis in patients with spinal cord injuries.

Each year hundreds of people are left paralysed or wheelchair-bound following a spinal cord injury. Treatment exists to fix and realign the broken spine. However little can be done to reduce swelling in the spinal cord, which is surrounded by a tough membrane and this can lead to a cord stroke.

The study involves monitoring pressure

in the spinal cord at the site of injury. This tests whether medical treatments used to lower high brain pressure will also reduce pressure in the injured cord and whether this leads to improved electrical activity.

Specialist regional centre

The South West Thames Regional Neuroscience Centre, based in the Atkinson Morley Wing at St George's, covers a population of 2.5million people. The centre provides state-of-the-art diagnostic facilities, improved this year with the introduction of a brand new MRI machine and a new CT scanner.

The designation of St George's as one of London's new major trauma centres will lead to more patients suffering head trauma being sent to the trust. To cope with the increased number of patients, and to reflect our expertise in treating these conditions, eight head injury beds have been created to provide the highest level of care for these patients.

The service includes care for over 2,000 stroke patients each year, who are treated at the new hyper-acute stroke unit when first diagnosed, before recovering at a stroke centre and then often undergoing rehabilitation ■



Patient John Doyle enjoys a game of chess with nursing student Eoin Bradley, an exercise that helps him regain his coordination

Gerald Bowthorpe's story. . .

Gerald Bowthorpe, from South Croydon, fell ill on the night of his 42nd wedding anniversary. He was sent to Accident and Emergency at Mayday Hospital in Croydon, where a series of tests and scans were carried out. After four days Gerald was transferred to St George's, where a brain tumour the size of a grape was removed. He was discharged after just 10 days. He said: "I am about to start radiotherapy and chemotherapy, and am told I've got a one in four chance of living for another four years, or a one in ten chance of living for ten years, which is not bad for a man in his 70s. I've got nothing but praise for the staff. I couldn't have asked for better care."

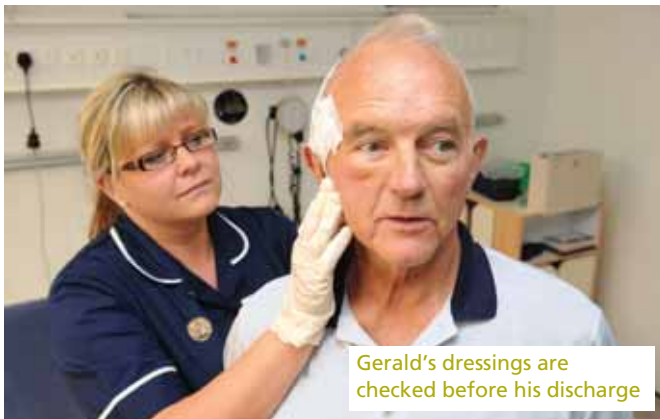


Gerald meets with a nurse before his operation



Scans and investigations indicate a tumour...

...which is carefully removed in a delicate procedure



Gerald's dressings are checked before his discharge



Now Gerald is looking forward to a prolonged life with wife Diana

Celebrating success

During 2009/10, staff from across St George's were recognised for their work

*** Dr Foster – Large trust of the year**

In December St George's was named 2009 'Large trust of the year' by Dr Foster Intelligence, publisher of the Hospital Guide.

dr foster®
intelligence
2009
large trust of the year

Dr Foster focused on patient safety and St George's was recognised as being one of the five leading trusts in England in this area, as well as for providing quality services for patients. The Guide reports that St George's has significantly lower than expected mortality rates in a year, 2008/2009. St George's was also highlighted as following best practice for heart attack patients offering more than 90 per cent of its patients primary angioplasty as an emergency treatment.



*** International prize for infection control team**

In April 2009 St George's beat competition from around the world to take second prize in the Oxoid Infection Control Team of the Year Awards.

The judges recognised the effort that the trust team had put into reducing infections such as MRSA and *Clostridium difficile*, by changing working practices, and working more closely with colleagues from other departments.



Oncology team of the year



The penile cancer team was named Oncology Team of the Year at the 2009 Excellence in Oncology Awards.

The awards recognise UK-based healthcare professionals who have made significant improvement to the management and care of cancer patients. They are judged by a multi-disciplinary panel of national oncology healthcare professionals, from cancer patient groups and health media.

The award panel recognised the St George's team for introducing new surgical techniques, redefining patient pathways, educating other cancer teams and developing a patient information resource with the help of national charities.

The team has transformed patient care in penile cancer since it was established in 2001. The unit at St George's provides care for men from a large part of the South of

England and is currently the largest service of its kind in Europe.

The judging panel commented: "This is an impressive team that provides world-class services and has transformed the care of patients with such a potentially morbid condition. The extensive list of achievements only further serves to encourage development in other cancer teams. They are clearly leaders within their field."

In the same awards, St George's oncology nursing team was commended in the Oncology Nursing Team of the Year category.

The accolade acknowledges the team's creation of an oral care teaching package and the establishment of expert working groups in oral care, which were developed in response to audits which revealed the need to develop better information for staff and patients.



Professor knighted

Professor Sabaratnam Arulkumaran, head of obstetrics and gynaecology at St George's, University of London and clinician at St George's Hospital was appointed a Knights Bachelor for services to medicine in the Queen's honours list in 2009

European team award

St George's won the best European Interdisciplinary Team Award for its lower limb revascularisation and diabetic foot service.

The Ilegx Initiative, which aims to reduce the number of lower limb amputations in Europe, gave the award to a St George's team of multidisciplinary specialists dedicated to improving the way in which leg and foot tissue loss is diagnosed and treated.

The winning team has put processes in place to ensure that every patient with diabetes and critical loss of blood supply to the lower limbs are involved in discussions with specialists in every aspect of their care. This includes microbiologists, diabetologists, orthopaedic foot specialists, podiatrists, tissue viability nurses, vascular technologists, interventional radiologists, plastic surgeons and vascular surgeons.





Unsung hero



Receptionist Adeola Talabi was named an Unsung Hero for her rapport with patients and dedication to her job in the 2009 London Health and Social Care Awards.

Lifetime achievement award for trust chair

Naaz Coker, the chair of St George's, won a Lifetime Achievement Award from a scheme recognising the contribution of Asian people to UK society and business.

Lloyds TSB Jewel Awards celebrate achievement and success of Asian people in professional services, public service, food retail, business and commerce, healthcare and education, and as entrepreneurs.

Ms Coker was singled out for maintaining her 38-year career in the public and voluntary sector alongside running a management consultancy.





* Honours and a scholarship for cardiothoracic team

Doctors and the professor of cardiac surgery from St George's took top honours at the Society for Cardiothoracic Surgery's annual meeting.

There were four awards made nationally and three were awarded to members of the team at St George's. This reflects the high quality of work both in clinical and academic cardiac surgery and success of new and novel developments in the unit.

* Nursing Standard award

Jo Johnson, St George's neuro-oncology clinical nurse specialist, won a Nursing Standard award for her part in developing a diary for cancer patients.

Jo collected her award for Best Practice in Medication Administration at a special dinner in November with her co-developer, Catherine Oakley, chemotherapy nurse consultant at Guys and St Thomas' NHS Foundation Trust.

The diary is designed to help patients stick to a routine for taking medication, encourage them to report any symptoms early, and promote self-care. It is now in use in the South West Cancer Network and the South East Cancer Network, and may be rolled out nationally.



Excellence in education

At the Excellence in Education Innovation Awards, staged by the London Deanery, an entry by St George's skills and simulation team, 'Developing emergency and team training within obstetrics using simulation', was one of just three highly commended entries.



Learning difficulties hospital passport

An innovative hospital passport for patients with learning disabilities scooped an award from the Foundation of Nursing.

The passport was developed by a multi-partnership group made up by Wandsworth Community Learning Disability Team, St George's Hospital and Merton Community Learning Disability Team, Access 2 Acute.

The passport provides essential medical information and details about the patient and their likes and dislikes.

Estates & facilities



B EING cared for in a comfortable environment helps patients achieve a better recovery. The trust continued to develop facilities during 2009/10, helping to improve the patient experience in hospital, and also to provide staff with better working and living spaces.


New restaurant

During 2009 major improvement works were carried out on the main restaurant in the hospital's Lanesborough Wing. The new facility features comfortable sofa areas, a children's

play area, an art gallery, internet access points and a large flatscreen television. A traffic light system has been introduced on food labels, enabling people to make informed decisions about what they eat. A coffee bar has also opened serving light snacks. This work was funded and managed by Mitie Healthcare which is contracted to provide catering and cleaning services on site.

Improving staff accommodation

An ongoing project to make better use of staff accommodation at The Grove in Tooting is

 The trust continued to develop facilities during 2009/10, helping to improve the patient experience in hospital



Above: A new coffee bar in the Lanesborough Wing restaurant which opened in March 2010

Right: The Grove development provides high-quality accommodation for staff



already paying off. The site, which is a 15 minute walk from the hospital, was originally built in the 1970s and had become outdated. Thames Valley Housing Association, which specialises in key worker housing, entered a partnership with St George's to knock down the old accommodation blocks and replace them with contemporary apartments, set in landscaped gardens.

The first phase of refurbishment completed in spring 2009 and the flats have proved hugely popular, with a waiting list of around 50 staff. In the second phase, facilities including a nursery and shop will be built by the end of 2010.

Current projects

Development work is underway to build a new £4m breast screening unit that will open in 2011.

A £2.5m project has also begun to install a new MRI scanner in the Atkinson Morley

Wing, to be used by clinicians and researchers from St George's, University of London.

The number of resuscitation units is increasing from five to eight, with extra units being built next to the A&E department. In addition, the neonatal unit is being moved to a new home where there will be more space between the cots and new facilities for children in recovery.

Richmond Ward, in the trust's St James Wing, is being redeveloped to increase the capacity to a 58-bedded medical assessment unit, provide more space between beds and more en-suite facilities to meet infection control and single sex accommodation requirements ■

Environment



a Hospital

ST GEORGE'S has set itself tough targets on reducing its carbon footprint and increasing recycling. In September 2009 the trust signed up to the 10:10 initiative pledging to slash carbon emissions by 10 per cent by the end of 2010.

This will be achieved with better, low energy lighting being installed in key areas throughout the hospital supported by an awareness campaign reminding staff to think about being energy efficient. Practical steps such as installing a system to disinfect all cleaning pads used on site, instead of having them transported to a cleaning centre, are also helping reduce our environmental impact.

A green travel plan is being introduced, encouraging staff to walk, cycle or take public transport to work. More than 3,000 staff live within five miles of the hospital and most could easily get to work without the cost, stress and environmental impact of driving. As part of this work extra cycle parking spaces have been provided and new, improved bus stops have also been installed.

The trust recycled more than ever last year, up from 35 tonnes during 2004/05 to 333 tonnes during 2009/10. A quarter of clinical waste is now sent to a special energy from waste plant.

Plants, flowers and trees are being planted, including lavender and rosemary near the main entrance, to make the site more welcoming and attractive. Compost made using waste from the trust is used throughout the grounds ■

St George's gardens help to improve the hospital environment for patients and staff



Our green travel plan encourages more staff to walk, cycle or take public transport to work

 **The trust recycled more than ever last year, up from 35 tonnes during 2004/05 to 333 tonnes during 2009/10**

Transformation

DURING 2009/2010 a series of projects were rolled-out to help St George's become a more efficient, productive trust.

Managing information

Preparations continued throughout 2009 for the launch of the integrated clinical information programme (*iCLIP*), which went live in March 2010. This saw a new computer system introduced across the trust.

The system, developed by the London Programme for IT and BT, replaced the 20-year old patient administration system and will provide an integrated A&E, bed

management and outpatient system. Future phases of the programme will include full theatre scheduling, diagnostic ordering and resulting, and a specialist critical care module.

Community services

Local patients stand to benefit from the proposed integration of hospital and community based NHS services in Wandsworth. In February 2010 it was announced by NHS Wandsworth that St George's had been chosen

The launch of our new electronic patient record system took an extraordinary effort from staff



as the preferred partner to integrate with Community Services Wandsworth (CSW).

CSW provides district and community nursing, health visits, school nursing, family planning, community dentistry, physiotherapy, speech and language therapy and rehabilitation.

By joining community and hospital care there would be scope for substantial long-term improvements, with a more joined-up approach to patient care being adopted.

Integration plans will see community staff join St. George's

* Local patients stand to benefit from the proposed integration of community based services in Wandsworth



Belinda Delpetchitra's story . . .



Under the One Team programme, staff took part in training and workshop sessions to boost motivation and create an improved service culture throughout St George's. Belinda Delpetchitra, a coordinator at the Dragon Children's Centre, said the course has given her a more positive attitude and a new perspective

on customer service. She said: "Before, I felt like there wasn't an opportunity for people like me to be part of the change at St George's, but the One Team course changed that."



Belinda took part in workshops to explore the meaning of good customer service

Caring for the elderly

St George's admits around 1,400 elderly patients from Wandsworth, Lambeth and Merton every year and has three speciality wards with 73 beds.

A project, launched in May 2009, focused on how long elderly patients spend on the wards and whether they could be better cared for outside of hospital.

The project has reduced the average length of stay from 17.5 days to 15 days. This allows patients to return home sooner and frees up space on the wards, while

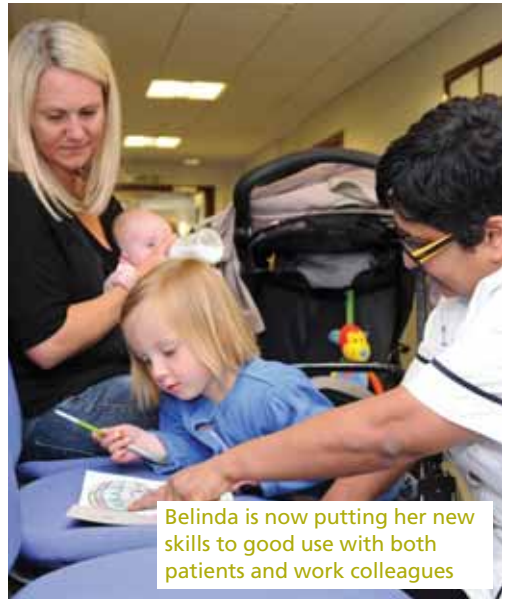
In July 2009 St George's was awarded £100,000 by the NHS London Partnership for a project to improve its service to patients



Exercises helped Belinda discover how to overcome issues and barriers in the workplace...



...and learn from some of the country's best customer service providers on a 'Service Safari'



Belinda is now putting her new skills to good use with both patients and work colleagues

maintaining and improving the quality of care. Safety remains the priority and patients only leave hospital when clinically appropriate.

Staff nurses and a new matron have been recruited to support this work which ensures that social workers are always present at meetings where patients' needs are discussed.

Customer service

In July 2009 St George's was awarded £100,000 by the NHS London Partnership for a project to improve its service to patients.

The One Team project was jointly devised

by the trust and trades union representatives and engages staff working in administration and support services in activities, to encourage excellent colleague to colleague service and excellent colleague to patient service.

The project involves training, workshops and visits outside the trust to experience customer service in the commercial sector. It also addresses issues such as bullying and disrespect between staff. One Team identifies those who already excel at providing good service, and encourages participants to be involved in future service development ■

Performance

DURING 2009/2010 the trust offered improved quality of care and faster access to treatment. This is shown in the achievement of access targets, low levels of infection and a solid commitment to ensuring all patients were seen within 18 weeks.

Increasing access to services

Access was a key objective during 2009/2010. Year end results in March 2010 showed that 90 per cent of admitted patients received treatment within 18 weeks. 98 per cent of non-admitted patients, elective patients whose treatment is delivered in outpatient appointments, began their treatment within 18 weeks of referral.

The national standard is that 90 per cent of admitted patients and 95 per cent of non-admitted patients must receive treatment within 18 weeks.

Quick access to diagnostic tests is essential to facilitate the 18 week target and the trust excelled in this area. There were no patients waiting more than six weeks for the 15 nationally reported tests, which include magnetic resonance imaging (MRI) and computerised tomography (CT) scans.

During 2009/2010, 98.2 per cent of patients were able to access emergency treatment through the trust's A&E department and the walk-in centre within the four-hour waiting standard.

Infection control

Reducing the rate of healthcare associated infections remains a priority for the trust. There were only 17 MRSA bacteraemias reported to the Health Protection Agency in 2009/10, within the limit of 18 set for the trust. We also met our Clostridium Difficile

(C.Diff) target with only 75 cases recorded against a maximum target of 237.

St George's received a favourable report on inspection in November 2009 by the Care Quality Commission on the 'Prevention and control of infection'. They found no evidence that the trust had breached the regulations to protect patients, workers and others from the risk of acquiring a healthcare associated infection.

Cancer waits

The trust met three of the new targets related to subsequent cancer treatments introduced in January 2009. All urgent GP referrals were seen within two weeks and 100 per cent of patients referred for the 31 day subsequent drug cancer treatment were seen.

There were breaches of the 62 day and 31 day standard with 116 patients out of 1,666 not seen following referral within the required timescale.

Cancelled operations

During 2009/10, 341 patients had their operations cancelled against 821 in the previous year; a reduction of more than 58 per cent. The trust met the target for the number of patients whose cancelled operations were rescheduled within 28 days. Only eight patients were unable to have their operation rescheduled within the target time compared to 40 in the previous year. Despite being two per cent below the national standard of five per cent, it represents a significant improvement in performance on 2008/09.

Complaints and PALS

During 2009/2010, the trust saw an increase in the number of complaints received. There were

905 formal complaints received, an increase of 25 per cent on the previous year when 725 complaints were received.

We endeavor to respond to all complaints within 25 working days, however, in 2009/10 we only met this target in 51 per cent of cases, which is well below what we would consider to be acceptable. The trust has put in place more robust systems to improve its response times and is reviewing the complaints process to make sure we can meet a target of 85 per cent in 2010/11.

The trust's Patient Advice and Liaison Service (PALS) staff work to address any problems or concerns that patients may have about the trust's services, and listen to their

views and comments. They also provide access to interpreters, signers and other services and assist trust staff when they are in need of support. In addition to this, PALS staff provide customer care training to staff throughout the trust.

The PALS department was contacted on 5,954 occasions for help and assistance during 2009/2010, a 34 per cent increase on the 4,443 contacts recorded during the previous year ■

A mix of leading-edge technology and better working practice is helping the trust to deliver more patient-focused care



The board

The board of directors at St George's consists of a chair, chief executive, 11 full-time executive directors and six part-time non-executive directors.

The role of the board is to oversee the strategic direction of the trust and ensure it delivers effective financial control and high-quality, patient-centred care.

The board meets in public every two months to discuss the running of the hospital and the trust's performance. Meeting minutes and agendas are published on the trust website www.stgeorges.nhs.uk.

Non-executive directors

Naaz Coker *Chair*

Member, London South sub-committee, ACCEA (Advisory Committee on Clinical Excellence Awards)
Vice president, Medact
Trustee, Royal Society of Arts
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 *Deputy chair*

Chief executive, Jordans and Ryvita
Chair, Twinings, North America
Board member, Nambarrie Tea Company, Northern Ireland

Emma Gilthorpe *Non-executive director*

Director of regulation, British Airports Authority

Graham Hibbert *Non-executive director*

No register of interest

Sean Hilton *Non-executive director*

Chair, Anglo-European Chiropractic College

Mike Rappolt *Non-executive director*

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

Moira Nangle *Associate non-executive director*

Trustee, Womankind Worldwide
Trustee, Crime Reduction Initiatives

Executive directors – voting

David Astley *Chief executive*

Employer representative, Advisory Committee on Clinical Excellence Awards

Michael Bailey *Deputy chief executive and medical director*

No register of interest

Patrick Mitchell *Chief operating officer*

Vice chairman, Interact Worldwide (charity)

Richard Eley *Finance director*

Chairman, Chartered Accountants in Business for Thames Valley

Rosalind Given-Wilson *Medical director*

No register of interest

Dr Geraldine Walters *Director of nursing, patient involvement and infection control* (until Aug '09)

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

Zoe Packman *Interim director of nursing*

(from Sept '09–Jan '10)

No register of interest

Alison Robertson *Director of nursing and patient safety* (from Jan '10)

Chair, Association of Leaders in Nursing

Executive directors – non voting

Neal Deans *Director of estates and facilities*

No register of interest

Helen Gordon *Director of human resources and organisational development* (from Sept '09)

No register of interest

Sally Storey *Interim director of human resources and organisational development*

No register of interest

Trudi Kemp *Director of strategic development*

No register of interest

Peter Jenkinson *Trust secretary*

No register of interest

Jean-Pierre Moser *Director of communications*

Committee member, Chartered Institute of Public Relations Health & Medical Group (unpaid)

Alan Thorne *Director of transformation*

No register of interest

Financial summary

In 2009/10 St George's achieved a surplus on income and expenditure of £10.6m, meeting its financial duty to break-even during the year. This is the third successive year that the trust has made a surplus after incurring deficits between 2003 and 2007.

With regard to its other financial duties, the trust stayed within its external financing limit (EFL) – using slightly less cash to fund its services and to meet its obligations than the allowance set by the Department of Health.

The trust also met its capital cost absorption duty earning a return of at least 3.5 per cent on its assets (land, buildings, equipment etc) for the year and stayed within the Capital Resource Limit (CRL) approved by the Department of Health (DH). The CRL target includes for the first time the capital value of new leased assets which under international financial reporting standards count as capital expenditure.

In 2007 the trust received loans from the DH totalling £34m to finance the deficits it

had accumulated in the four year period 2003/04 – 2006/07. The loans are repayable in full by March 2012.

Since the trust stabilised its financial position it has been able to repay £18m of these loans over the last three financial years – £2m in 2007/08, £8m in 2008/09 and a further £8m last year. Under the terms of the loan agreement the trust is scheduled to make two further repayments of £8m each year in the next two years.

In 2010/11 the trust must do even better financially. The trust is planning to maintain a modest surplus to build a solid financial basis for its application to become a Foundation Trust and to fund the next loan repayment due in 2010/11. This will be very challenging as the St George's continues to change. The trust has stabilised its finances over the last three years and built a stronger foundation to meet the challenges – both financial and clinical – that lie ahead in the next few years.

Accounts & remuneration report

STATEMENT OF COMPREHENSIVE INCOME

for the year ended 31 March 2010

	2009/10 £000	2008/09 £000
Revenue		
Revenue from patient care activities	417,960	365,716
Other operating revenue	70,870	73,263
Operating expenses	(468,802)	(425,587)
Operating surplus (deficit)	20,028	13,392
Finance costs:		
Investment revenue	76	1,102
Other gains and (losses)	1,929	(206)
Finance costs	(4,955)	(5,378)
Surplus/(deficit) for the financial year	17,078	8,910
Public dividend capital dividends payable	(6,526)	(8,595)
Retained surplus/(deficit) for the year	10,552	315
Other comprehensive income		
Impairments and reversals	(1,134)	(35,401)
Gains on revaluations	13,084	2,934
Receipt of donated/government granted assets	2,142	2,763
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	(1,851)	(1,706)
– On disposal of available for sale financial assets	0	0
Total comprehensive income for the year	22,793	(31,095)

STATEMENT OF FINANCIAL POSITION

as at 31 March 2010

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
Non-current assets			
Property, plant and equipment	288,723	275,426	323,058
Intangible assets	1,868	2,215	1,948
Investment property	0	0	
Other financial assets	0	0	0
Trade and other receivables	79	77	0
Total non-current assets	290,670	277,718	325,006
Current assets			
Inventories	5,374	7,543	5,257
Trade and other receivables	39,671	28,278	43,587
Other financial assets	0	0	0
Other current assets	114	60	0
Cash and cash equivalents	16,144	4,954	3,938
	61,303	40,835	52,782
Non-current assets held for sale	7,756	13,987	0
Total current assets	69,059	54,822	52,782
Total assets	359,729	332,540	377,788
Current liabilities			
Trade and other payables	(60,310)	(47,432)	(46,439)
Other liabilities	0	(86)	0
DH working capital loan	(7,994)	(7,994)	(7,994)
DH capital loan	0	0	0
Borrowings	(1,921)	(2,047)	(2,639)
Other financial liabilities	0	0	0
Provisions	(640)	0	(2,847)
Net current assets/(liabilities)	(1,806)	(2,737)	(7,137)
Total assets less current liabilities	288,864	274,981	317,869
Non-current liabilities			
Borrowings	(53,730)	(53,825)	(58,166)
DH working capital loan	(7,990)	(15,984)	(23,978)
DH capital loan	0	0	0
Trade and other payables	0	0	0
Other financial liabilities	0	0	0
Provisions	(1,352)	(2,173)	(1,631)
Other liabilities	0	0	0
Total assets employed	225,792	202,999	234,094

continued

STATEMENT OF FINANCIAL POSITION continued

as at 31 March 2010

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
Financed by taxpayers' equity:			
Public dividend capital	131,475	131,475	131,475
Retained earnings	(32,333)	(52,040)	(52,456)
Revaluation reserve	109,225	105,121	137,571
Donated asset reserve	13,395	16,170	15,196
Government grant reserve	2,880	1,123	1,158
Other reserves	1,150	1,150	1,150
Total taxpayers' equity	225,792	202,999	234,094



David Astley, chief executive
1 June 2010



Richard Eley, director of finance
1 June 2010

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Gov't grant reserves	Other reserves	Total
	£000	£000	£000	£000	£000	£000	£000
Balance at 31 March 2008							
As previously stated	131,475	(42,570)	121,652	15,196	1,158	1,150	228,061
Prior period adjustment	0	(9,886)	15,919	0	0	0	6,033
Restated balance	131,475	(52,456)	137,571	15,196	1,158	1,150	234,094
Changes in taxpayers' equity for 2008/09							
Total comprehensive income for the year:							
Retained surplus/(deficit) for the year	0	315	0	0	0	0	315
Transfers between reserves	0	101	(101)	0	0	0	0
Impairments and reversals	0	0	(35,283)	(100)	(18)	0	(35,401)
Net gain on revaluation of property, plant, equipment	0	0	2,934	0	0	0	2,934
Net gain on revaluation of intangible assets	0	0	0	0	0	0	0
Net gain on revaluation of financial assets	0	0	0	0	0	0	0
Net gain on revaluation of non current assets held for sale	0	0	0	0	0	0	0
Receipt of donated/government granted assets	0	0	0	2,703	60	0	2,763
Net gain/loss on other reserves (e.g. defined benefit pension scheme)	0	0	0	0	0	0	0
Movements in other reserves	0	0	0	0	0	0	0
Reclassification adjustments:							
– transfers from donated asset/government grant reserve	0	0	0	(1,629)	(77)	0	(1,706)
– on disposal of available for sale financial assets	0	0	0	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0	0	0	0
Originating capital for trust establishment in year	0	0	0	0	0	0	0
New PDC received	0	0	0	0	0	0	0
PDC repaid in year	0	0	0	0	0	0	0
PDC written off	0	0	0	0	0	0	0
Other movements in PDC in year	0	0	0	0	0	0	0
Balance at 31 March 2009	131,475	(52,040)	105,121	16,170	1,123	1,150	202,999

continued

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY continued

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Gov't grant reserves	Other reserves	Total
	£000	£000	£000	£000	£000	£000	£000
Changes in taxpayers' equity for 2009/10							
Balance at 1 April 2009	131,475	(52,040)	105,121	16,170	1,123	1,150	202,999
Total comprehensive income for the year							
Retained surplus/(deficit) for the year	0	10,552	0	0	0	0	10,552
Transfers between reserves	0	9,155	(8,980)	(175)	0	0	0
Impairments and reversals	0	0	0	(1,107)	(27)	0	(1,134)
Net gain on revaluation of property, plant, equipment	0	0	13,084	0	0	0	13,084
Net gain on revaluation of intangible assets	0	0	0	0	0	0	0
Net gain on revaluation of financial assets	0	0	0	0	0	0	0
Net gain on revaluation of non current assets held for sale	0	0	0	0	0	0	0
Receipt of donated/government granted assets	0	0	0	248	1,894	0	2,142
Net gain/loss on other reserves (e.g. defined benefit pension scheme)	0	0	0	0	0	0	0
Movements in other reserves	0	0	0	0	0	0	0
Reclassification adjustments:							
– transfers from donated asset/government grant reserve	0	0	0	(1,741)	(110)	0	(1,851)
– on disposal of available for sale financial assets	0	0	0	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0	0	0	0
Originating capital for trust establishment in year	0	0	0	0	0	0	0
New PDC received	0	0	0	0	0	0	0
PDC repaid in year	0	0	0	0	0	0	0
PDC written off	0	0	0	0	0	0	0
Other movements in PDC in year	0	0	0	0	0	0	0
Balance at 31 March 2010	131,475	(32,333)	109,225	13,395	2,880	1,150	225,792

STATEMENT OF CASH FLOWS

for the year ended 31 March 2010

	2009/10 £000	2008/09 £000
Cash flows from operating activities		
Operating surplus/(deficit)	20,028	13,392
Depreciation and amortisation	18,817	19,196
Impairments and reversals	1,083	0
Net foreign exchange gains/(losses)	0	0
Transfer from donated asset reserve	(1,741)	(1,629)
Transfer from government grant reserve	(110)	(77)
Interest paid	(3,930)	(5,389)
Dividends paid	(6,526)	(8,595)
(Increase)/decrease in inventories	2,169	(2,286)
(Increase)/decrease in trade and other receivables	(11,410)	12,289
(Increase)/decrease in other current assets	(54)	0
Increase/(decrease) in trade and other payables	11,506	993
Increase/(decrease) in other current liabilities	(86)	0
Increase/(decrease) in provisions	(214)	(2,305)
Net cash inflow/(outflow) from operating activities	29,532	25,589
Cash flows from investing activities		
Interest received	76	1,102
(Payments) for property, plant and equipment	(19,730)	(17,777)
Proceeds from disposal of plant, property and equipment	8,173	
(Payments) for intangible assets	0	(771)
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	(11,488)	(17,446)
Net cash inflow/(outflow) before financing	18,044	8,143

continued

STATEMENT OF CASH FLOWS continued

	2009/10 £000	2008/09 £000
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	4,004	3,773
Capital element of finance leases and PFI	(2,864)	(2,906)
Cash transferred to NHS Foundation Trusts	0	0
Net cash inflow/(outflow) from financing	(6,854)	(7,127)
Net increase/(decrease) in cash and cash equivalents	11,190	1,016
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	4,954	3,938
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	16,144	4,954
Revenue from patient care activities		
Strategic health authorities	533	1,249
NHS trusts	64	409
Primary care trusts	409,446	307,575
Foundation trusts	395	787
Local authorities	0	0
Department of Health	500	50,209
NHS other	219	331
Non-NHS:		
Private patients	2,691	2,925
Overseas patients (non-reciprocal)	520	382
Injury costs recovery	2,103	1,408
Other	1,489	441
	417,960	365,716

	2009/10 £000	2008/09 £000
Other operating revenue		
Patient transport services	0	81
Education, training and research	51,734	53,315
Charitable and other contributions to expenditure	616	457
Transfers from donated asset reserve	1,741	1,629
Transfers from government grant reserve	110	77
Non-patient care services to other bodies	11,498	9,070
Income generation	2,162	6,425
Rental revenue	267	0
Other revenue	2,742	2,209
	70,870	73,263
Revenue		
From rendering of services	487,597	437,389
From sale of goods	1,233	1,590
Operating expenses		
Services from other NHS trusts	320	471
Services from PCTs	0	1,024
Services from other NHS bodies	0	79
Services from foundation trusts	137	123
Purchase of healthcare from non NHS bodies	2,019	908
Directors' costs	1,622	1,699
Other employee benefits	302,929	279,475
Supplies and services – clinical	89,936	82,671
Supplies and services – general	9,853	3,990
Consultancy services	3,429	3,655
Establishment	3,309	3,309
Transport	3,413	2,947
Premises	19,769	19,663
Provision for impairment of receivables	2,315	61
Inventories write offs	105	0
Depreciation	18,173	18,622
Amortisation	644	574
Impairments and reversals of property, plant and equipment	1,083	0
Impairments and reversals of intangible assets	0	0
Impairments and reversals of financial assets [by class]	0	0
Impairments and reversals for non current assets held for sale	0	0
Audit fees	263	273
Other auditor's remuneration [internal audit services]	107	0
Clinical negligence	5,939	3,826
Research and development	709	0
Education and training	683	395
Other	(2,045)	1,822
	468,802	425,587

STATEMENT OF CASH FLOWS continued

	2009/10	
	Number	
<hr/>		
Staff sickness absence		
Days lost (long-term)	19,507	
Days lost (short-term)	27,842	
Total days lost	47,349	
Total staff years	5,631	
Average working days lost	8.41	
Total staff employed in period (headcount)	6,240	
Total staff employed in period with no absence (headcount)	2,108	
Percentage staff with no sick leave	33.8%	
	2009/10	2008/09
	£000	£000
Management costs		
Management costs	19,966	17,590
Income	488,830	438,979


REMUNERATION

	Salary (bands of £5000) £000	Other remuneration (bands of £5000) £000	2009-10 Benefits in kind rounded to nearest £100	Salary (bands of £5000) £000	Other remuneration (bands of £5000) £000	2008-09 Benefits in kind rounded to nearest £100
Executive directors						
Mr David Astley Chief executive	180-185		0	180-185		0
Mr Richard Eley Director of finance	140-145		0	125-130		0
Dr Geraldine Walters Director of nursing (until Aug 09)	40-45		0	100-105		0
Ms Zoe Packman Interim director of nursing (from Sept 09 to Jan 10)	90-95		0	0		0
Mrs Alison Robertson Director of nursing and patient safety (from Feb 10)	20-25		0	0		0
Mr Michael Bailey Medical director	20-25	170-175	0	20-25	155-160	0
Dr Rosalind Given-Wilson Medical director	20-25	150-155	0	20-25	140-145	0
Ms Helen Gordon Director of human resources	110-115		0	105-110		0
Mrs Sally Storey Interim director of human resources (from Sept 09)	45-50		0	0		0
Dr Trudi Kemp Director of strategic development	95-100		0	95-100		0
Mr Neal Deans Director of estates and facilities	100-105		0	100-105		0
Mr Alan Thorne Director of transformation	95-100		0	90-95		0
Mr Jean-Pierre Moser Director of communications	85-90		0	40-45		0
Mr Patrick Mitchell Chief operating officer	125-130		0	10-15		0
Mr Peter Jenkins Trust secretary (from Jun 09)	65-70		0	0		0
Non-executive directors						
Ms Naaz Coker, chair	25-30		0	25-30		0
Mr Paul Murphy, deputy chair	5-10		0	5-10		0
Professor Sean Hilton	5-10		0	5-10		0
Dr Graham Hibbert	5-10		0	5-10		0
Mr Michael Rappolt	5-10		0	5-10		0
Ms Emma Gilthorpe	5-10		0	0-5		0
Moirá Nangle	5-10		0	0		0

The above table has been audited by the trust's external auditors



David Astley, chief executive
1 June 2010



Richard Eley, director of finance
1 June 2010

PENSION BENEFITS

	Real increase in pension & related lump sum at age 60 (bands of £2500) £000	Lump sum at aged 60 related to real increase in pension (bands of £2500) £000	Total accrued pension & related lump sum at age 60 at 31/03/10 (bands of £5000) £000	Cash equivalent transfer value at 31/03/10 £000	Cash equivalent transfer value at 31/03/09 £000	Real increase in cash equivalent transfer value £000	Employers contribution to stakeholder pension to nearest £100
Mr David Astley Chief executive	0	245-247.5	325-330	1,912	1,755	69	0
Mr Richard Eley Director of finance	0	123-125.5	160-165	825	826	-39	0
Dr Geraldine Walters Director of nursing (to Aug 09)	9-11.5	122-124.5	160-165	876	670	72	0
Ms Zoe Packman Interim director of nursing (from Sept 09 to Jan 10)	46-48.5	83-85.5	110-115	458	0	192	0
Mrs Alison Robertson Director of nursing and patient safety (from Feb 10)	27-29.5	126-128.5	165-170	700	0	13	0
Mr Michael Bailey Medical director	0	191-193.5	255-260	0	0	0	0
Dr Rosalind Given-Wilson Medical director	32-34.5	182-184.5	240-245	1,319	1,044	223	0
Ms Helen Gordon Director of human resources	0	91-93.5	120-125	540	499	16	0
Dr Trudi Kemp Director of strategic development	0	67-69.5	90-95	381	350	14	0
Mr Neal Deans Director of estates and facilities	0	86-88.5	110-115	618	586	3	0
Mr Alan Thorne Director of transformation	3-5.5	94-96.5	125-130	593	523	44	0
Mr Jean-Pierre Moser Director of communications	9-11.5	16-18.5	20-25	83	42	39	0
Mr Patrick Mitchell Chief operating officer	19-21.5	115-117.5	150-155	664	527	111	0
Mr Peter Jenkinson Trust secretary (from Jun 09)	18-20.5	17-19.5	20-25	85	0	69	0

As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The above table has been audited by the trust's external auditors.



David Astley, chief executive
1 June 2010



Richard Eley, director of finance
1 June 2010

Auditor's report

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

I have examined the summary financial statement for the year ended 31 March 2010 which comprises the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity, Statement of Cash Flows and related notes.

This report is made solely to the board of directors of St George's Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the annual report.

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

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

the annual report other than the commentary on the financial performance included within the foreword to the summary financial statements.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of St George's Healthcare NHS Trust for the year ended 31 March 2010. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (10 June 2010) and the date of this statement.

Lindsey Mallors
Engagement lead
Audit Commission
1st Floor, Millbank Tower
Millbank
London
SW1P 4HQ

19 August 2010

Giving to St George's

St George's Hospital Charity



In September 2009 a team raised more than £700 for the charity running the Women's 5K Challenge in Hyde Park

THE trust's relationship with St George's Hospital Charity continues to strengthen. This year the charity saw a significant development – the establishment of the joint fundraising committee.

The committee is a joint initiative between the trust and the charity, aiming to fully exploit the fundraising potential of St George's. Its main purpose is to take decisions on priorities for major fundraising campaigns, monitor the progress of such campaigns and maintain an overview of all other fundraising activities and opportunities at the trust.

This fundraising partnership will help the charity raise its profile and publicise what is being achieved with charitable funds, to engage the affection of the public and get some serious, pro-active joint fundraising underway.

The committee includes the trust chair,

and leading hospital consultants as well as the chief executive, chair and trustees of the charity.

The trust is hugely grateful for the support of the charity through grants, both big and small, and for its enthusiasm for developing joint fundraising capabilities.

In 2009/10 the charity reduced its level of grant-making due to the global financial crisis which resulted in severe falls in the value of our investments.

During the latter part of the year, as stock market valuations improved, the charity made two capital grants to the trust. One, of £100,000, is providing new curtains to improve patients' privacy in beds and cubicles. This extends the programme that started two years ago into outpatient as well as inpatient areas. The second grant, of £80,000, is being used to refurbish four theatre staff rooms, to provide improved facilities for staff during rest periods ■

Acknowledgements

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

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電話：020 8725 5151 或電郵到：
communications@stgeorges.nhs.uk

आपनि यदि এই रिपोर्टটিকে आपनार भाषाय अनुवाद कराते चान, तबे अनुग्रह करे 020 8725 5151 नशरे कमिउनिकेशनस टिमके फोन करन अथवा communications@stgeorges.nhs.uk এই ठिकानाय ईमेल करन।

ਜੇ ਤਮਨੇ ਆ ਰੀਪੋਰਟਨੂੰ ਆਖ਼ਾਤਰ ਕਰਵੁੰ ਹੋਯ ਤੋ, ਕ੍ਰਪਾ ਕਰੀਨੇ 020 8725 5151 ਪਰ ਕਮਿਊਨਿਕੇਸ਼ਨ ਟੀਮਨੇ ਫ਼ੋਨ ਕਰੋ ਅਥਵਾ communications@stgeorges.nhs.uk ਪਰ ਈਮੇਲ ਕਰੋ.

இந்த அறிக்கை மொழிபெயர்க்கப்படுவதை நீங்கள் விரும்பினால், நயவுசெய்து தொடர்புகள் குழுவை 020 8725 5151இல் தொடர்புகொள்ளவும். அல்லது communications@stgeorges.nhs.uk என்பதற்கு மின் அஞ்சல் அனுப்பவும்.

إذا كنت تريد ترجمة هذا التقرير، فعليك الإتصال بفريق الاتصالات على 020 8725 5151، أو إرسال إيميل على communications@stgeorges.nhs.uk

St George's Healthcare NHS Trust
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Tooting
London SW17 0QT
T 020 8672 1255
www.stgeorges.nhs.uk

Support from us

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

T: 020 8725 2453

E: pals@stgeorges.nhs.uk

Careers with us

If you are interested in a career at St George's, visit the trust's website www.stgeorges.nhs.uk, or get in touch with our recruitment services team.

T: 020 8725 0600

E: HRRrecruitment@stgeorges.nhs.uk

Feed back to us

Please feed back to the communications team and help us improve the information included in the report next year. Additional copies of this report can also be requested.

T: 020 8725 5151

E: communications@stgeorges.nhs.uk

Give to us

Would you like to give to St George's? You can do so in many ways so please talk to St George's Hospital Charity about how you can help.

T: 020 8725 4916

E: giving@stgeorges.nhs.uk

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