St George's Healthcare NHS
NHS Trust

Report and Accounts 2007/08

Transforming St George's

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Front cover image: Rehan Rajput, an F1 doctor, started at St George's in August after attending King's College, London. He is currently on rotation in Cavell Ward, a general surgery ward

Welcome to St George's Healthcare NHS Trust

Transforming St George's

St George's is a unique NHS Trust, treating more than 500,000 patients every year at three sites in south west London, while also offering specialised and expert care for some of the most serious and complicated illnesses and injuries.

The Trust has a bright future: this year it launches its 'Transforming St George's' programme, which over the next decade will provide the best possible care for all its patients.

St George's is transforming its services too, with big improvements already being delivered at clinics and wards across the Trust. This year the Trust will launch its campaign to achieve Foundation Trust status.

This will enable the Trust to build on the financial stability that staff at all levels have worked for during the last few years, and open up new opportunities to build on the excellent care already being delivered to thousands of patients every year.

With the help of staff throughout the Trust, David Astley has drawn to a close the four-year turnaround of St George's. The next stage is to begin the Trust's transformation. David and Trust Chair Naaz Coker explain:

There is a lot for staff at St George's to be proud of. Over the past year, we have cared for more patients than ever before, launched new and innovative services and at the same time raised the standards of patient care and safety.

We have delivered 5,000 babies, admitted 60,000 patients and undertaken 28,000 day case procedures. Nearly 450,000 patients have been seen and treated as outpatients. This is testament to the calibre of staff at St George's.

Their expertise and the facilities we offer enable us to care for the most serious of injuries or illnesses and make us the hospital of choice for our local population.

St George's has been shadowed by a historic financial deficit. Three years ago, the Trust was spending some £20 million more than it received. Today, we have eliminated this underlying deficit. We still have an historic debt of £33.8 million, but our financial health has improved significantly. However we still have tough financial targets to meet year on year, which means increasing productivity as we continue to improve the patient and staff experience, generating financial surpluses so that we can develop services.

'Transforming St George's' is about improving the experiences of our patients and caring for our staff. It aims to further develop services by working efficiently in ways that are sustainable, and delivering ever improving standards of care.

The transformation is already underway. In 2007 St George's was the first trust in the capital to provide stroke patients with 24-hour access to clot-busting drugs, which reduce the risk of paralysis and disability. Now, through collaboration with neighbouring hospitals, we have expanded this service to cover patients across south west London.

St George's was one of the few hospitals in the country to meet the 18 week referral to treatment target early. Patients can now get access to diagnostic scans such as x-rays and CT scans as and when then need them, and where previously our theatres were only used for less than 80 per cent of the time, we are now making 85 per cent use of our theatres to treat more patients and reduce waiting times.

But we do face challenges. In A&E, staff are caring for an ever-increasing number of patients – on average more than 300 every day.

Many of the patients coming to A&E require admission into hospital. To manage this we are leading a review of urgent care across south west London, to ensure staff have the support they need and to improve care, from GP referral, to hospital admission, through to discharge.

St George's is one of the top performing teaching hospitals in the country for infection control. In our general intensive care unit, for example, where patients are the most vulnerable to infection, our combination of stringent standards has seen not a single case of MRSA bacteraemia on the unit in over 15 months (Dec 2006–April 2008). We have also exceeded our local target to reduce cases of *Clostridium difficile* by 13.7 per cent on last year, above our set target of 10 per cent.

Our extensive roster of services makes St George's perfectly aligned with the emerging direction of healthcare in London. The Lord Darzi review proposes that hospitals are assigned different roles, with local hospitals providing the bulk of care, and major acute hospitals staffed by specialist surgeons undertaking all complex surgery. St George's has the ability to provide both and is a clear contender to become the lead trauma centre for south west London.

During 2009/10, we aim to become an NHS Foundation Trust and with it gain the autonomy to improve our services in line with the needs of our patients. Our future will also involve closer working with our neighbours and other healthcare providers. Alongside the St George's University of London, we aim to be a leader in education and research, training the next generations of healthcare professionals.

It is our responsibility to offer all in our community equal access to the best standards of healthcare. This is nothing less than what our patients and staff deserve.

Naaz Coker
Chair

David Astley
Chief Executive

Working towards Foundation Trust status
St George's aims to become a Foundation Trust during the financial year 2009/10.

The move would provide a greater degree of autonomy and independence, allowing the Trust to hold onto surpluses generated during each financial year and invest freely in the services in line with the needs of people from south west London and beyond.

Patients, staff and members of the public will have a greater say in how the Trust is run, by becoming members and governors of the Trust.

Meet two patients treated at St George's and find out what it's really like to be a patient at the hospital. In this year's report we follow the story of Jackie Ashford, a car crash trauma patient, and Alfie Pettengell, a paediatric patient.

TRAUMA PATIENT
Jackie Ashford

CONDITION
Multiple serious injuries including a torn aorta

STAGES OF PROGRESS
Discover how our care and expertise put Jackie on the road to recovery, over these pages:

REPORT

So lucky to be alive

Mum of two Jackie Ashford had barely used the NHS before being injured in a car crash.

On January 18, 2008, Mrs Ashford, 46, sustained horrific injuries when the car she and her husband Rob were travelling in was involved in an accident.

She had fractures to her neck and back, a smashed pelvis, damaged ribs and kidneys, deep cuts to her face, and a broken arm. Several cuts avoided major arteries by a fraction of an inch.

She also had a tear in her aorta, the largest artery in the human body, which pumps blood from the heart around the circulatory system.

Paramedics took her to St Peter's Hospital in Chertsey, her local hospital, where staff at the intensive care unit stabilised her before she was transferred to St George's.

Surgeons Prof Matt Thompson, Martin Bircher and Jason Bernard carried out a series of operations over two days before she could be discharged from the General Intensive Care Unit to Holdsworth orthopaedic ward to begin the long road to recovery.

Mrs Ashford said: "I'm so lucky to be alive, and grateful to everybody at St George's for the work they put in helping me get back on my feet. They went out of their way to help me, and to keep my husband and children informed of what was being done to me and how I was getting on when they were worried sick about me.

"It's amazing that, a few months after the accident, I'm able to walk with just one crutch."

PAEDIATRIC PATIENT
Alfie Pettengell

CONDITION
Serious intestinal condition, immediate surgery required

STAGES OF PROGRESS
See the on-going support helping baby Alfie and his parents resume a normal life, over these pages:

REPORT

Everything happened so fast

Sarah and Paul Pettengell had no idea how sick Alfie was when they took him to hospital aged two weeks.

Sarah said: "We thought it was some kind of infection. It was awful to see, he was in so much pain and there was nothing we could do about it.

"Once he was in the hospital things moved incredibly quickly, he was taken to accident and emergency and then to paediatric intensive care, where they diagnosed what was wrong with him, then he was sent straight off to theatres.

"It was terrifying – everything was happening so fast and we'd had no idea it was so serious. You think about paediatric intensive care as something other kids go to, not your own kid."

Mr Zahid Mukhtar performed surgery to remove part of Alfie's intestines, and he was sent back to PICU to recover.

Mr Pettengell said: "We felt he was totally safe there, he was being looked after 24 hours a day every day, and the staff there don't just care for the patient, they care for the family too.

"People took time out to explain what was happening to us, which was so important. Mr Mukhtar was amazing. Nothing was too much, he'd spend half an hour with us if he needed to and he was always calm and professional.

"We've been very lucky in that we've been given a room at the Ronald McDonald house near the hospital, which makes a huge difference because we don't live in south London."

Transforming St George's

Trauma centre

St George's is already leading the way in providing trauma services. A review is taking place which could lead to the Trust becoming one of the capital's three lead trauma centres

A&E: busier and better than ever

More patients are being seen at Accident and Emergency than ever before, and the department is exceeding its target of 98 per cent of patients being seen within four hours.

During June, 2008, a record average of 306 patients were treated at A&E every day, and more than 98 per cent were seen within the Department of Health's four hour target.

A new Rapid Assessment Unit opened in July and is reducing the number of patients sent to the department unnecessarily, and the Medical Assessment Unit is taking patients who can be discharged from A&E but are not ready to go to a regular ward or be discharged home.

A&E consultant Dr Narani Sivayoham said: "Everybody at A&E has put in a lot of effort to ensure that where patients need to be admitted, this is done as quickly and efficiently as possible, freeing up space for the next patient.

"The department is being refurbished, which will make a huge difference because it is more than 20 years old. The refurbishment will make it easier to keep the department spotlessly clean."

Many patients with serious trauma and multiple injuries attend A&E. It is hoped that St George's will become a major trauma centre in the near future, forming a network with south west London and Surrey. Then many more patients will benefit from the high quality care we already provide.

Staff in A&E are among a few trained to deal quickly with septicaemia, a life-threatening infection which can originate from any part of the body. The department's expertise has helped countless patients to recover when, if they had not been given the right treatment quickly, they might have deteriorated.

Consultant Dr Samer Elkohodair started working at the department in July. He said:

"I am delighted to be joining such a successful team and look forward to contributing to maintaining and improving clinical care."

St George's is leading a review looking at how urgent care is provided across south west London. The review will lead to patients experiencing a better service, from GP referral to treatment and discharge.

The Trust is working with Wandsworth and Sutton and Merton Primary Care trusts to manage the demands placed on staff at A&E.

The A&E Department has four consultants, about 40 junior doctors in general and paediatric emergency medicine, and more than 90 nurses.

Another 200 patients are being seen at the Tooting Walk-In Centre, which deals with non-emergency patients, every day.

Matron Lindsey Izard, General Intensive Care Unit:

"We would expect a more steady flow of trauma patients not only to General ICU but also to our cardiothoracic and neurological intensive care units."

Bigger unit in the pipeline

The Critical Care (Intensive Care) Group is busier than ever, and there are plans in place to update and expand the group's facilities and services.

The group is responsible for delivering care to patients who have undergone a very long, or major, surgical procedure, or who have conditions that are life-threatening, either because of serious injury or illness, and need constant, close monitoring.

St George's provides this type of care in three separate departments, the general intensive care unit (GICU), the cardiothoracic intensive care unit (CTICU) and the neurological intensive care unit (NICU). It also has a Neonatal Unit and Paediatric (children's) Intensive Care Unit.

There are plans to provide an extra 13 beds at the General Intensive Care Unit, to provide extra capacity if, as expected, St George's becomes one of the capital's regional trauma centres. The unit currently sees around 1,500 patients every year.

Once work to expand the ward is complete there will be 30 beds, up from 17.

Matron Lindsey Izard said: "We have a higher turnover of patients than ever before, and we are already seeing more trauma patients.

"Becoming a trauma centre would no doubt attract staff to come and work at St George's, however on GICU we are not experiencing staffing problems, having a good complement of nursing staff, unlike some other London teaching hospitals."

The unit, despite treating some of the most vulnerable patients at the hospital, has not had a single case of MRSA bacteraemia since December 2006.

Lindsey said: "We have just one or two patients per nurse, and there are three doctors' ward rounds every day.

"We take time to speak to the families of patients and provide them with up to date information about what's going on and how their relatives are doing."

PAEDIATRIC PATIENT
Alfie Pettengell

LOCATION
Paediatric Intensive Care Unit, Lanesborough Wing

REPORT
Two week old Alfie Pettengell was transferred from his local hospital as an emergency to St George's, where specialist neonatal surgery services and children's intensive care support is available.

His parents Sarah and Paul were told how serious his situation was and how quickly he needed surgery, and he was taken to theatre, where consultant Mr Zahid Mukhtar operated to save as much of his intestines as possible.

Mr Mukhtar said: "Alfie's fighting spirit and his parents' courageous resolve in facing this traumatic situation has had a great impact on the staff at St George's.

"The team are currently preparing for further surgery and remain optimistic that Alfie will eventually recover from this illness and have a good result."

Following several weeks on the Paediatric Intensive Care Unit Alfie was transferred to Nicholls Ward, which is set aside for children recovering from surgery.

The Paediatric Medicine Department provides both general care for the community and specialised services not available at all hospitals.

It runs four inpatient wards, including Nicholls Ward for children who have had surgery, along with a purpose-built Paediatric Intensive Care Unit and the Jungle Ward, a day case unit.

Children staying at the hospital can use the playroom and classroom on Frederick Hewitt Ward, and there is a dedicated child development area.

Last year the refurbished children's outpatients clinics, called The Dragon Centre, opened. The centre has a wheelchair-friendly entrance and a new reception and waiting area which is shared by Children's Outpatients and the Child Development Centre.

The number of clinic rooms has risen from seven to 10, potentially increasing the number of patients who can be seen.

The interior has new flooring, lighting, paint and soft furnishings. The six-month project to modernise and re-design the space was funded by a grant from the hospital's Charity.

St George's one of the top five hospitals
Healthcare information company CHKS named St George's as one of the top five hospitals in the country for providing the right level of care according to patients' diagnosis in April 2008.

St George's was highly commended for being short-listed for the CHKS Quality of Care award, a new award for 2008 which is based on assessment of all UK hospitals using criteria including length of stay, rate of readmission and whether the care pathway proceeded as originally intended.

This was the second time St George's had been honoured at the CHKS awards. In 2005, the Trust was named "top performing hospital" and "most improved hospital for clinical care."

Transforming St George's

Diagnostic expertise

Diagnostic services such as radiology have been working to reduce waiting times while seeing more patients than ever before, using new technology to offer faster, more accurate diagnoses

Radiologist Dr Mark Bratby

New technology for quicker scans
In September 2007 the Radiology department took delivery of a 16 slice CT scanner. The machine takes 16 images at a time, meaning patients spend less time being scanned than they would with a one slice or eight slice scanner.

More scans in less time

The Radiology Department carried out nearly 250,000 patient examinations during the last year while driving down waiting times.

The service is improving the efficiency of the hospital by mapping patient pathways and analysing how much demand there is on services.

Instead of the department opening from 9am to 5pm, Mondays to Fridays, areas of the department such as CT and particularly MRI are now open during some evenings and weekends.

As patients now have quicker access to CT scans this allows a speedy diagnosis and reduces the length of stay for inpatients, releasing beds for other patients.

The department also now has direct access for specific MRI examinations to GPs in Wandsworth. This means that their patients can have certain MRI scans without being referred to a hospital consultant first.

If a referral is subsequently required these patients will already have had their MRI. This removes a step in the patient pathway in the 18 week referral to treatment target.

Building on the modernisation agenda progressing from the introduction of the Patient Archiving and Communications System (PACS) which enables Trust wide electronic access to x-ray images, radiology has now introduced a voice recognition reporting system which means x-ray results are now issued faster.

Lead Superintendent Radiographer Dorothy White said: "The improvement in the quality of the service is due to the commitment and incredible hard work of all of the radiology staff as well as their willingness to embrace change.

"They have been instrumental in driving down waiting times whilst maintaining a consistently efficient and effective service.

"There is still more work to be done following feedback from patients, front line clinicians and our GP colleagues. The department is now in what is really a challenging period with a staff consultation to transform the service to provide a better work life balance for the radiographic staff and further improve patient access."

TRAUMA PATIENT
Jackie Ashford

LOCATION
X-ray department, St James' Wing

REPORT

Dr Julian Taylor, (above) with Jackie, said: "Radiology was involved every step of the way in providing Jackie's care. Radiologists worked to diagnose the degree of her injuries, and also carried out interventional radiology, scanning the patient during their operation."

Consultant Martin Bircher was a member of the team responsible for planning Jackie Ashford's care when she was transferred to St George's.

He said: "Jackie had a torn aorta, the main vessel leading to the heart, and that was the biggest and most urgent problem. She also had a complex pelvic fracture, a neck fracture and a broken back."

St George's is a referral centre for complex pelvic fractures, and Prof Matt Thompson is one of the capital's leading vascular surgeons, specialising in aortic repair.

Mr Bircher said that before Mrs Ashford was transferred to St George's, the cardiovascular team worked out which procedures should take place first and what specialties should be involved.

Some of the elective operations planned for the day were postponed to make way for Mrs Ashford's emergency procedures. X-rays, CT scans and other diagnostic tests were carried out to determine the exact nature of her injuries.

Mr Bircher said: "She had the vascular work carried out as soon as she was transferred. That was the most pressing issue because a torn aorta leads to death in a high proportion of cases. The following day we fixed her pelvis and neck."

Because St George's is a regional centre of excellence for pelvis fractures and torn aortas it made sense for Mrs Ashford to be transferred here.

Improvements to Pathology services
Hospital laboratories are being refurbished and modernised to enable the Pathology Care Group to provide faster and more accurate diagnoses.

The group is made up of five specialties that examine blood, cell and tissue samples from patients, to diagnose disease in patients at the hospital and on behalf of GPs and other health professionals across south west London.

The Chemical Pathology, Haematology and Viral Serology laboratories are combining together in modern, purpose-built accommodation on the St George's site to form a blood sciences laboratory.

This will house state-of-the-art diagnostic equipment and robotics to enable a faster and even more comprehensive service to be provided.

The Pathology Department has established a molecular diagnostics laboratory to take advantage of the new developments in molecular biology for the investigation of diseases.

Cellular Pathology carries out around 23,000 tests on cells from cancer patients every year, along with tests on 400 autopsy specimens.

In May 2007, the laboratory was refurbished for the first time since it opened in the 1970s and a new automatic processing machine was installed.

The group also runs the Chemical Pathology department, a modern, well-equipped laboratory open all day every day, performing chemical analysis of blood, urine and other body fluids to diagnose diseases and prevent, diagnose, treat and monitor heart disease and cancer.

Haematology and Blood Transfusion offers a blood testing service to Trust hospitals and GPs and the Protein Reference and Immunopathology Unit is one of three supra-regional assay services in the UK for specific protein analysis.

Medical Microbiology, the study of micro-organisms which cause disease, provides a 24-hour diagnostic and clinical service for the Trust and local GPs and also takes referrals from within the London region and south east England.

Peter Foot, lead biomedical scientist said:

"The refurbishment of the laboratory has made a big difference to the way we work, and we are hoping new technology will have a similar effect."

Infection control is central to everything at St George's, and messages about reducing the risk of infection are drummed into staff, visitors and patients.

Sinks and hand-washing gel are available at the entrance to every ward, and there are campaigns reminding people at the hospital how important it is to avoid spreading infections such as MRSA and *C.diff*.

This work is reflected in the low number of infections recorded at the Trust. The number of cases of *C.diff* fell by 13.7 per cent – 20 per cent more than the target set by Wandsworth Teaching PCT.

Cases of MRSA bacteraemia have also dramatically reduced. In total, the Trust recorded 24 cases in 2007/08 compared to 75 cases last year, and for the past 15 months (Dec 2006–April 2008) there has not been a single case of the bloodstream infection in patients in our general intensive care unit, where patients are the most vulnerable to infection.

Members of the Infection Control Team visit wards regularly to ensure everything that can be done is being done, and monitor data about the infections to ensure that when outbreaks do occur, they are contained effectively.

The Trust's deep cleaning programme, ensuring every nook and cranny of wards is given a thorough clean, goes above and beyond what was required by the Department of Health.

While some hospitals have already concluded their programmes, the rolling St George's deep cleaning project is still visiting wards regularly, to ensure the highest standards of cleanliness are maintained.

In March 2007, St George's was one of the few hospitals so far to be given the all clear in a new inspection regime to assess breaches of the hygiene code. The results from the unannounced inspection by the Healthcare Commission were part of an on-the-spot check on 120 trusts in England. St George's was given three greens, meaning that the Healthcare Commission found no breaches of the duties of the hygiene code they examined.

To reduce hospital infections further the Trust is also investing in a further antibiotic pharmacist to regulate the use of antibiotics and the Trust is also one of a few hospitals in the UK to offer new screening to diagnose MRSA within two hours of testing.

Sister Leilani Chishti (foreground) with Senior Infection Control Nurse, Poh Yong Tan, who said:

"Every member of staff at St George's should feel proud of the progress we have made reducing the risk of infection.

"We are never complacent and will carry on looking at ways of improving patient safety and reminding everybody who works at or visits the hospital that infection control is everybody's responsibility."

Transforming St George's

Care and rehabilitation

St George's was one of the first hospitals to offer stroke patients rapid access to clot-busting drugs, which reduce the risk of paralysis if they are administered quickly enough. Stroke patients are now given CT scans within 30 minutes of arriving at A&E

Dr Geoffrey Cloud, consultant stroke physician, says:

"We can now get people through the front door of the hospital, up to the scanner and administer the drug, all within 30 minutes of arrival."

Back on her feet

Sylvia Vernel, 85, (on pages 18/19) was admitted to the Acute Stroke Unit after she collapsed at home.

Within days she was out of her bed and looking forward to being discharged. She said:

"I thought I'd had a fall, I had no idea it was a stroke. A friend called an ambulance for me, which came very promptly and took me to A&E. The staff there diagnosed me and brought me here to the Stroke Unit.

"The process didn't seem to take long and I think their prompt response could have reduced the chance of the stroke leading to a debilitating injury.

"There was some paralysis on the left side of my face and body to start with but that's gone now. While I've been here I've had some physiotherapy and they've taken me off to see if I can walk up and down stairs, which happily I can.

"I was brought in on a Sunday and I'm hoping I can be discharged within a week."

More and more stroke patients are being sent to St George's, where they are being given a new treatment that can reduce brain injury and offer possible cure from stroke.

The treatment, called 'thrombolysis', uses a clot-busting drug that if delivered within three hours, can break up blood clots before they act to destroy the parts of the brain that control movement and speech. The stroke thrombolysis service started in 2004 during office hours for local residents but since September 2007, St George's has been treating stroke patients from across south west London 24 hours a day, seven days a week.

Because there is not much time to deliver the drug, staff work quickly and efficiently to confirm the stroke diagnosis. Paramedics carry out a screening test to detect possible stroke symptoms before passing the patient to A&E, where they are sent for an urgent brain scan.

The scan checks whether the stroke is caused by a blood clot obstructing flow of blood and oxygen into the brain or a haemorrhage. Patients with acute stroke due to blood clots and not bleeds are given the drug.

Dr Geoffrey Cloud, consultant stroke physician at St George's, said: "I've lost count of the number of people who have been brought into hospital urgently, in the early stages of suffering a major brain injury due to stroke and that have benefited from thrombolysis. They have often lost the ability to speak or move one side of their body, but within hours of the treatment everything returns to normal or greatly improves. We can make people 'whole' again."

Dr Cloud said the treatment is only possible because of teamwork throughout the Trust and within the stroke service, which also runs a specialist neuro-rehabilitation centre.

During 2003 the acute stroke service saw around 20 patients every month, but the number has grown to some 75 per month as St George's reputation for excellence in stroke care has grown, and the hospital has been recognised as a regional and national stroke referral centre.

St George's offers a comprehensive stroke service, treating inpatients, outpatients and day cases.

The Royal College of Physicians' Sentinel Audits rated St George's as having one of the best services in the NHS from 2004 to 2008.

Patients are being discharged earlier and getting back to their normal lives sooner. The number of deaths caused by stroke has been falling.

TRAUMA PATIENT
Jackie Ashford

LOCATION
Orthopaedics, 5th floor, St James' Wing

REPORT

Occupational therapist Susan Menzies (above, right) is one of a team of specialists who help patients like Jackie to adjust to life back home before they are discharged.

She is part of a team of four with around 28 patients on Holdsworth Ward and Gunning Ward, helping them to get used to day-to-day tasks such as climbing stairs and putting on their clothes.

She said: "There are a lot of tasks that people take for granted, but when you're recovering from a serious injury they can become incredibly difficult.

"We're here to help patients adjust to life outside hospital and we work alongside physiotherapists to bring them back to health."

The modern Atkinson Morley Wing provides emergency care, diagnosis, medical treatment and outpatient services for all heart disorders.

In 2006, St George's was named as the heart attack centre in south west London as it provides a 24-hour emergency angioplasty service, enabling life-saving surgical treatment to be given quickly to heart attack patients.

There are five state-of-the-art catheter labs, where thin, flexible tubes that enable the heart to pump blood can be inserted into arteries following a heart attack.

The department provides a nurse-led Rapid Access Chest Pain Clinic where patients referred by a GP can get a complete heart check in a single visit, including an electro-cardiograph or ECG which records the electrical activity of the heart and assesses heart rhythm.

St George's is a national referral centre and teaching centre for repairing 'holes in the heart', caused when the opening which allows blood to bypass the lungs in an unborn child fails to close after birth or there is a defect in the wall of muscle separating the chambers of the heart.

The Cardiology Department has an international reputation for electrophysiology, the study of the electrical activity in the body, and for fitting artificial pacemakers which regulate the rhythm of the heart. There is a dedicated clinic to help patients who have been fitted with pacemakers operate and maintain the devices correctly.

St George's Cardiology Department is staffed by nine Trust consultants and nine other consultants from the South West London Cardiac Network, which includes Epsom & St Helier, Kingston, Mayday and Queen Mary's hospitals and five primary care trusts covering south west London and Surrey.

In December 2007, the cardiology team at St George's carried out its first aortic valve replacement without open heart surgery.

The valve is inserted via a catheter in the patient's groin, which means that this treatment could now be available to patients whose age or medical condition means open heart surgery is out of the question.

In 2007, the Healthcare Commission named St George's as one of the safest hospitals in which to undergo heart surgery, finding 97.6 per cent of patients survived.

Releasing time to care

A quiet revolution is taking place on wards across St George's as staff look at every aspect of how they work and where they could improve efficiency.

The idea of the Productive Ward Model is releasing time to care. By encouraging staff to stop and think about how the ward could work more efficiently, the programme is helping staff to resolve the annoying, time-consuming problems that make it harder for them to carry out their duties.

John Moroney, matron at the busy Richmond Ward, said: "We see an average of 20 patients on this ward every day, so every second counts for staff.

"Before Productive Ward there were areas where efficiency was being lost, for example if somebody needed to give an IV drip to a patient they'd have to go to one room for the drip, another room for the stand and another room for the solution.

"Now we've improved the way things are done and all the items are stored in the same place. That's saving people hours every week, which helps reduce stress and increase our capacity."

The ward has introduced boards on which coded patient information is stored, so staff can keep track of what needs to be done for each patient, and information about how well the ward is performing is displayed on another board, reassuring patients and boosting staff morale.

Zoe Packman, who is leading the Productive Wards project, said: "As they see the difference it's made to other wards, staff across St George's are really getting behind the programme. The feedback so far has been very encouraging."

Matron John Moroney with Ward Clerk, Suzy Williams, says:

"Staff are pleased with the difference the Productive Ward Model programme is making."

Fourth best hospital for mortality rates

St George's was judged fourth best hospital for mortality rates and fifth best teaching hospital in the 2007 Dr Foster Good Hospital Guide.

The Guide highlighted that patient death rates had fallen 13 per cent between 2004/05 and 2005/06, one of the highest reductions recorded in the year's edition.

In 2005, St George's became the first hospital in the country to publish its mortality rates for all clinical specialties via its website.

Transforming St George's

On the ward

Work is underway to improve maternity services at St George's, with the introduction of a new home-from-home natural delivery unit and an action plan being put in place to improve womens' perceptions of the service

Midwife Marion Louki, from the Carmen Suite, said:

"Women are told they can have a natural birth when they are at antenatal classes.

"The response from patients has been phenomenal, they appreciate the home-from-home atmosphere of the unit, and the knowledge that if they need medical assistance, the hospital's facilities are on hand."

New mum Ade Pairi, 36, (page 24/25) had her first child at the Carmen Suite and was delighted to have a relatively easy delivery.

Elijah was born at 3.25am on August 1, 2008 and mum Ade said:

"I was so pleased to be able to give birth without an epidural. I had no pain relief at all.

"The unit is fantastic. I like the ambience of the place, it is so new and clean, and the staff have been extremely friendly and helpful. I'd recommend it to anybody who wants to give birth in a more relaxed setting."

Around 5,000 babies are born at St George's every year, and the Trust is striving to provide better, safer maternity services.

In March 2007 St George's was one of only 16 trusts in the country to gain the Clinical Negligence Scheme for trusts' top rating for the systems it has in place to protect patient safety and manage risk.

However, in January 2008 the Trust was criticised in the Healthcare Commission's national review of maternity services, based on a survey which asked women whether they were happy with services provided.

The report said women should be able to see a health professional earlier in their pregnancies, and that more support should be given to women to help them feed their babies.

Work is underway to address these problems.

In January, 2008, the Carmen Suite, for women who want to give birth with little or no medical intervention, opened. Births can be carried out in pools, without epidural drugs.

St George's offers specialist clinics for teenage mums and for women with medical conditions such as diabetes.

The hospital is a tertiary referral centre, providing women with complicated pregnancies specialised care not available at other hospitals. High risk obstetric cases from across the UK are referred to St George's, which has the regional neonatal intensive care unit.

TRAUMA PATIENT
Jackie Ashford

LOCATION
Holdsworth Ward, St James' Wing

REPORT

After two nights at the General Intensive Care Unit Mrs Ashford was transferred to the Holdsworth Ward, which helps patients with orthopaedic injuries to recover.

She said: "This is the first time I can recall being conscious for a period of time. The first night was traumatic as I had some very scary hallucinations, as a result of the high levels of morphine I'd had.

"I remember crying out with fear, and nurses coming to my bed to comfort me and reassure me everything was all right. I spent the next couple of weeks on the orthopaedic ward and the nurses were remarkable, they were so professional.

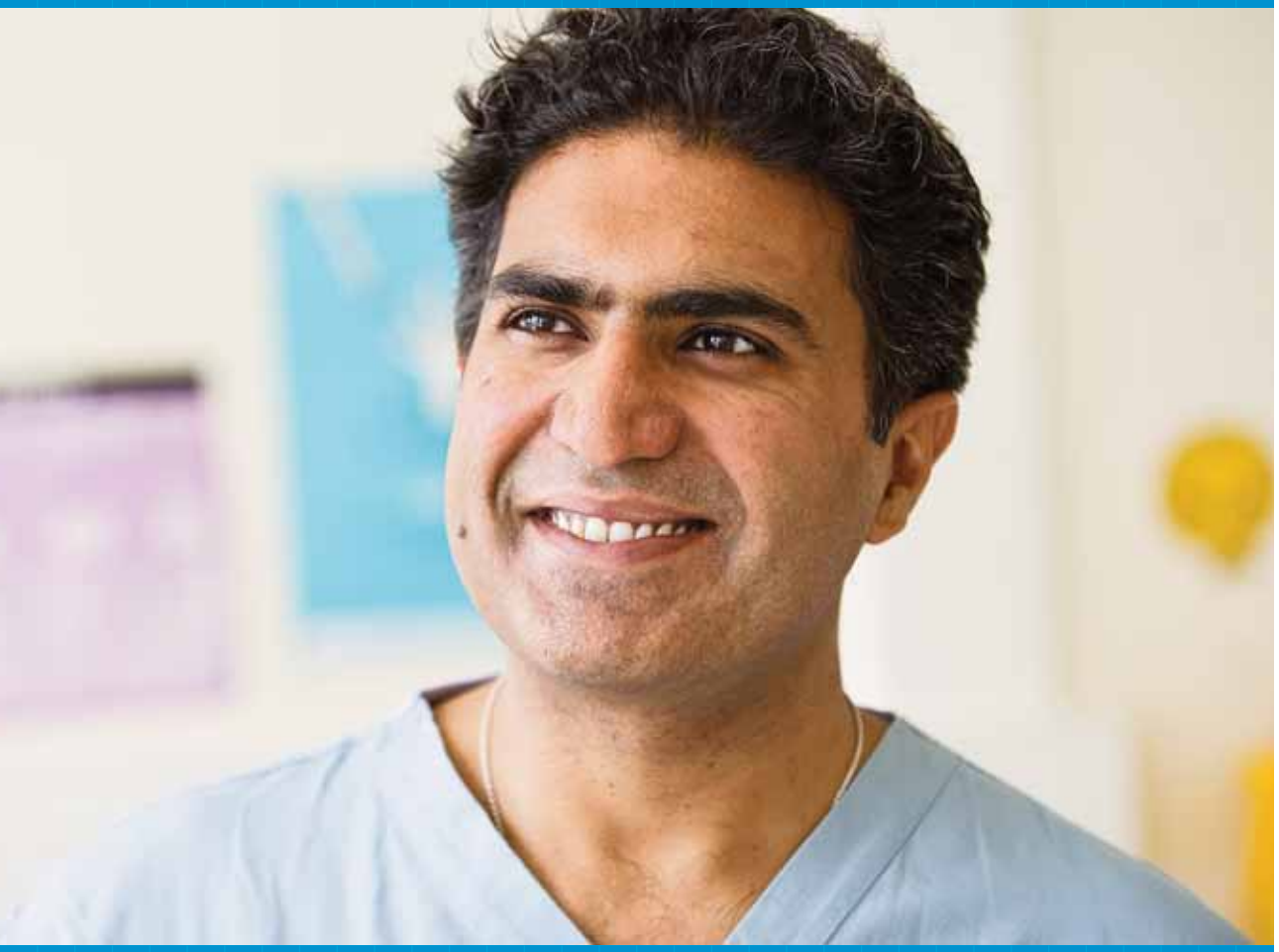
"They work very hard and are so passionate and caring; I never heard one of them complain. After I had been on the ward for a few days, the hospital physio team helped me get out of bed and get dressed, they helped me to stand up and hold onto a Zimmer frame.

"I still had the x-frame around my pelvis, and I could not put any weight on my left side. I can remember the look of joy on my family's faces when the physio pushed me into the waiting room, where they were waiting to see me.

"My thanks go to all the staff in the NHS that have helped me and my family, especially all the kind hard working cheerful nurses and surgeons who work at St Georges hospital. I could not have asked for better care and I can't thank them enough."

PAEDIATRIC PATIENT
Alfie Pettengell

LOCATION
Nicholls Ward, Lanesborough Wing



REPORT
Consultant paediatric surgeon Mr Zahid Mukhtar (above) said: "Alfie was brought to the hospital aged just two weeks and taken via A&E to the Paediatric Intensive Care Unit. He was desperately unwell and emergency surgery was his only hope for survival. After resuscitation and stabilisation by the intensive care team he was taken straight to theatre, our elective surgery cases cancelled to make space for him in theatre.

"It was touch and go as to whether he would survive. He had unusual developmental cysts attached to his intestine which had caused his entire small bowel to twist several times, stopping the flow of blood, causing ischaemia.

"This was a catastrophic finding. The cysts were removed and the bowel untwisted with the hope that it would recover from the injury.

"After a stormy postoperative course, Alfie made a good recovery but was still unable to feed, being nourished through intravenous nutrition.

"Unfortunately a subsequent operation found that almost all of the small bowel had perished. He is now left with only 40cm of the small intestine, which is the minimum a child needs to survive."

Working at St George's
St George's wants to be a magnet for talented staff as its services and facilities improve.

The Trust is one of the biggest employers in south west London, offering life-long learning and career development to more than 5,700 people.

During 2007 the Healthcare Commission carried out a survey looking at the highs and lows of working in hospitals across the country.

St George's achieved five key scores in the top 20 per cent of trusts, but also four in the worst 20 per cent.

More St George's staff took part in the survey, 49 per cent of the sample of 500 staff compared with 37 per cent during 2006/07. Areas where the trust scored well in comparison with others were:

- *Three quarters of staff (75 per cent)* said they had taken advantage of one of the flexible working options provided.
- On the quality of job design – clear job content, feedback and staff involvement *St George's scored 3.38 out of a possible 5.*
- On work pressure – how much staff feel their workload is larger than they can cope with *the Trust scored 3.07 out of 5.*
- On positive feeling within the organisation – including team working, supervision, communication and staff involvement *the Trust scored 2.94 out of 5.*
- On the issue of experiencing physical violence *9 per cent of staff across the Trust said they had experienced violence from patients, service users or relatives.*

However, the Trust scored significantly worse than the national average in five areas:

- Staff appraisal rate
- Staff with personal development plans
- Health & Safety training
- Work related injuries
- Harassment and bullying.

A survey of inpatients carried out by the Healthcare Commission during 2007 ranked St George's as being seventh out of 44 trusts in London and the south east for patients' overall experience of their care.

St George's scored within the top 20 per cent in eight areas including patient information, waiting times and nurses and doctors washing their hands.

However, the Trust was listed in the lowest 20 per cent of trusts in three areas including the provision of mixed sex-wards.

Transforming St George's

Operating efficiently

Changes to working practices and better day-to-day organisation are helping the operating theatres at St George's to increase the number of procedures carried out every day

More operations in less time

The way the 26 operating theatres at St George's are used has improved over the last year, leading to a big increase in the number of procedures carried out.

A review carried out during 2006 showed that while the Trust was carrying out on average 28,000 operations every year, the theatres were only in use for 78 per cent of the time.

Routine elective procedures were sometimes being performed during evenings and weekends, which meant staff were being paid overtime for scheduled operations, and no advance planning was being put into compiling the theatre list, which says which procedures should be carried out where.

The review ruled that the way operating theatres were being run was expensive and inefficient, and that it was causing delays for patients.

An action plan was drawn up, with the goal of putting theatres into use for 85 per cent of the time.

The plan included measures to introduce a dedicated senior theatre nurse to act as a 'floor manager', helping to ensure the best possible use was being made of the facilities, and that session days should finish earlier, to encourage procedures being carried out more quickly with appropriate bookings being made in the theatres list.

A short stay unit, the Gray Ward, was set up for patients who did not need to spend too much time on the wards, and a pre-operative assessment unit was established, to speed up the process of patients being checked over and booked in.

Since the review there have been fewer cancellations and the number of procedures carried out has increased to more than 31,000 during 2007/08.

Now the Trust is looking at ways of increasing capacity in theatres further, as the number of patients being seen increases and more and more trauma patients are sent to St George's.

In July the Trust's first procedure using a surgery robot was carried out. Theatre manager Alberto Castrillon said:

"The robot is used for keyhole surgery and can be used for gall bladder removal, prostate removal and many other procedures. It is extremely accurate and procedures are easier to carry out than Laposcropies. I think this is the future of surgery for this kind of procedure."

Dr Gillian Farnsworth, consultant anaesthetist, said:

"The theatres are getting busier all the time. As the number of patients being referred from ICU increases we are doing more complicated procedures, and we are doing a lot more surgery on elderly people and cancer patients."

PAEDIATRIC PATIENT
Alfie Pettengell

LOCATION
Nicholls Ward, Lanesborough Wing

REPORT

While Alfie has been recovering on the paediatric Nicholls Ward his parents have been staying on the bed and armchair provided next to his cot.

Mum Sarah said: "We have spent a considerable amount of time on Nicholls Ward and the staff have become more like friends. Doctors, nurses and other staff from all of the departments frequently just pop in to visit and see how we are doing."

While on the ward Alfie is being closely monitored. He has regular blood tests and dietitian Kristen Reed (above, centre) is helping to ensure he gains enough nutrients.

She said: "Alfie cannot be fed orally at the moment so we are giving him food through an IV drip."

Consultant paediatric surgeon Mr Mukhtar said: "At this stage it's too early to tell his outcome. He may eventually be able to eat in the same way all children do, but this will take a long time. At present he is entirely dependent on intravenous feeds. If we can't get the small amount of bowel he has left to work he may become a candidate for small bowel transplant in the future, a difficult and risky procedure. Alfie's condition remains critical and he faces further complex surgery in the coming weeks."

Laura (left) before and after surgery explains how she overcame her weight problem:

"By working with Dr Reddy and the team I've been able to completely change my eating habits and lifestyle. I've even been to see Take That in concert. In June I completed the Race for Life and it's all thanks to the support I have received from staff at St George's."

Surgery changed my life

In March 2006 patient Laura Ripley was given just four months to live unless she lost weight.

The 21-year-old weighed 38 stone and was told her life depended on losing half of her body weight.

She embarked on a healthy eating plan, run by St George's Bariatric Unit, which is made up of specialist surgeons, consultant endocrinologists, bariatric dietitians and psychiatrists. The Bariatric Unit's multi-disciplinary team works closely with patients to create a treatment and weight management programme.

The unit was recently named as the South East Coast Specialised Commissioning Group's preferred provider. This group includes all primary care trusts in London, Kent, Surrey, Sussex and Middlesex and offers a number of surgical options including gastric banding, gastric bypass and sleeve gastrectomy.

Laura, whose mother died of obesity, said: "I knew I had to do something about my condition. Dr Reddy, my consultant, explained the benefits of having the surgery and what it would mean in terms of restricting my diet for the rest of my life."

Marcus Reddy, bariatric consultant who performed Laura's surgery, said: "Weight loss surgery for patients like Laura can be used where despite many attempts to lose weight there is difficulty in sustaining the weight loss. The benefits are clear that metabolic problems such as diabetes, musculoskeletal conditions such as back pain and ultimately life expectancy are all improved or even restored."

The Patient Advice and Liaison Service at St George's was contacted 3,750 times during the year, an increase of 16 per cent on the previous year.

The team, which deals with problems or concerns patients may have with the Trust's services, has a target to deal with 80 per cent of queries within a week and it beat the target, resolving 91 per cent within seven days.

More than 1,700 enquiries were requests for information, including requests from staff, and over 600 patients contacted the team to discuss communication issues at the Trust.

During the year PALS launched a new page on the intranet, which provides staff with an easy way to access information about the team, interpreting services, customer care training and resources available to help patients.

There were several queries about difficulty getting through to the Central Booking System and other outpatient areas, and there were concerns about accessing patient transport.

PALS staff have acted as a liaison between patients and the services, and put forward suggestions for improvements drawing on patients' experiences of using the services.

The team delivered customer care training on an ad hoc basis to wards and departments and in conjunction with the Training and Development Department.

The Voluntary Services Department placed 200 volunteers at the Trust during the last year, helping people to get involved in making the hospital a better place for patients, visitors and staff.

The volunteers staff information desks and corridors, provide trolley services of books and refreshments to wards and clinics, and perform basic administrative and clerical tasks.

For the third year, trained volunteers have been helping elderly patients and stroke patients at meal times.

During 2008 the Cabinet Office for the Third Sector provided funding for 11 volunteer training sessions at South Thames College, on topics including Managing Challenging Behaviour, Mental Health Awareness and Equality and Diversity.

The Bereavement Services Department provides training for Trust staff and offers support to the family and friends of patients who die. During 2007/08 it dealt with 1,345 deaths and arranged 118 funerals, 35 of them for adults and 83 for babies.

Transforming St George's

Leading innovation

New technologies such as St George's robot pharmacy are helping the Trust to see a greater number of patients than ever before, while freeing up time for clinicians to spend time on the wards

New technology is helping the Pharmacy department at St George's to save money and freeing up time for pharmacists to spend on the wards.

The department has one of the biggest and busiest pharmacy robots in Europe, sorting through 33,000 prescriptions every month and putting them into batches to be dispatched to the wards.

There is a conveyor belt full of medicines, which are fed into the robot. The machine picks up the medicine and looks for its barcode, then works out how big its package is. It then works out where it has space on its shelves for a box that big, and sends it there through a series of conveyor belts and robotic arms.

When it is not busy, the robot tidies itself up, moving the boxes of medicines around the shelves to free up more space. It is reducing costs by making sure medicines closest to their use by dates are used first, keeps track of stock levels and reduces the risk of the wrong medicine being chosen by mistake.

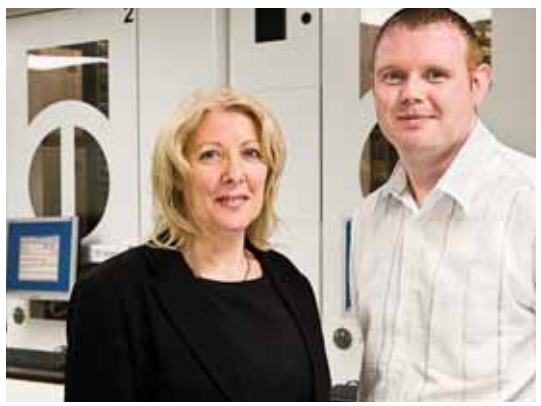
Deputy chief pharmacist Gary Donald said: "The robot went live in November 2007, and has already saved us £500,000. We expect it to save £240,000 every year going forward.

"It's a far more efficient system than having huge stockpiles of medicines high up on shelves, and people climbing up on ladders to find them.

"It has freed up time for pharmacists to go on ward rounds, which is helping to improve patient care."

The department is working to use the robot for dispensing outpatient prescriptions, to make the dispensing service more efficient and cost-effective.

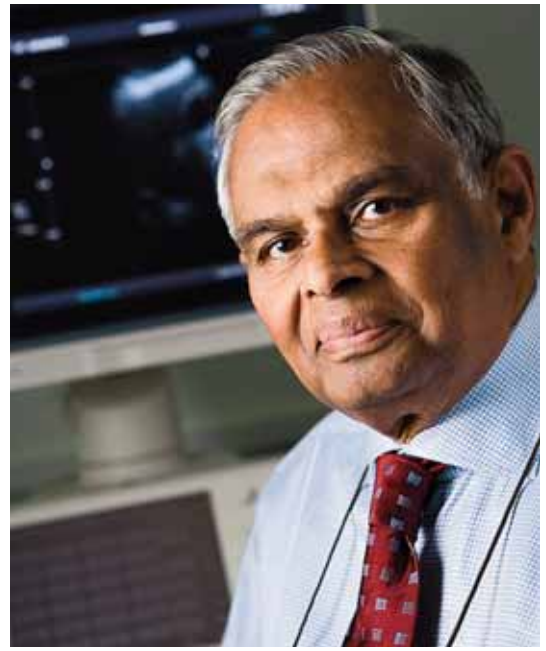
The Trust also invested heavily in developing the pharmacy manufacturing unit, which is able to produce life-saving treatments such as chemotherapy and total patient nutrition. These medicines can be sold to other Trusts, providing extra income for St George's.



Heather Fowler, Patient Services Manager and Gary Donald, Deputy chief pharmacist, the team behind the new Lanesborough Wing Pharmacy robot

The bubble needle in action (above), Dr Anton Joseph, inventor of the bubble needle, said:

"The training and experience gained at St George's made a significant contribution to this invention. I'm thankful for the co-operation, support and encouragement I received from the department of radiology, the Trust and for the opportunity to develop this procedure for the benefits of the patients."



Invention delivers safer biopsies

Former St George's Consultant Radiologist, Dr Anton Joseph, has been named overall winner of the London NHS Innovator Awards 2007.

The title was awarded for the invention of the Bubble Needle, a new technique devised by Dr Joseph, which makes it much easier for clinicians to see the needle very clearly during ultrasound guided biopsy procedures, which are used in the diagnosis of cancer.

Dr Joseph came up with the idea while working at St George's when he observed bubbles rising from soluble aspirin tablets dissolving in water.

He invented the novel echogenic needle coating, now fully patented which is a hydrophilic coating, containing effervescent materials, producing tiny bubbles resulting in the multidirectional scattering of the ultrasound waves.

This not only makes the angle at which the needle is inserted much less critical, but also increases visibility making the procedure more accurate, easier and safer. As the bubbles remain visible in the area for several minutes once the needle has been removed, a second biopsy can be easily carried out from a different site if required.

Receiving the award, Dr Joseph said: "Marie Grant, Deputy Chief Executive & Director of Operations & Performance, was extremely supportive of this work. I'm also grateful to the Lord for the inspiration for this invention. I am also deeply indebted to TWI for producing a working model and to the dedicated team at NHSIL for their efforts to market the product."

Because the technique makes ultrasound guided biopsies quicker and more accurate, the number of procedure carried out every year looks set to increase significantly.

More patients are being treated than ever at St George's, while the length of time people wait for more procedures is being reduced. We are ahead of national targets in several areas, and working to improve in areas where we are falling short.

Access to treatments
A great deal of work has gone into ensuring patients at St George's are seen within 18 weeks of being referred by a GP.

In March St George's was one of the first hospitals in the country to meet the national target, which states that 95 per cent of out-patients and 90 per cent of inpatients and day cases should receive treatment within 18 weeks of referral. The deadline for complying with the target is December 2008.

The Trust maintained a 13 week maximum wait for all first outpatients appointments, and only three inpatients had to wait longer than the 26 week inpatient national waiting time standard during 2007/08.

During 2007/08 the Trust achieved three national cancer targets. All urgent GP referrals are seen within two weeks, and 100 per cent of cancer patients waited no longer than 31 days from diagnosis to the start of treatment.

St George's also exceeded the 95 per cent target for patients starting treatment within 62 days of a GP referral, performing at 98 per cent throughout the year.

During 2007/08 the percentage of patients who spent less than 4 hours in A&E from arrival to admission, transfer or discharge was 97.33 per cent, narrowly missing the 98 per cent target.

Safety
There were 24 MRSA bacteraemias (blood stream infections) during 2007/08, within the Trust's target of having no more than 37. This is a reduction of 74 per cent since the baseline in 2003/04.

The number of *C.diff* cases was 415, below the target of no more than 433. This represents a 13.7 per cent reduction on the previous year, above the target of 10 per cent.

Cleanliness
Patient Environment Action Teams from the National Patient Safety Agency undertake annual assessments of the food provided at the Trust, along with the environment and privacy and dignity for patients. This year's assessment indicated an improvement in the food provided at the Wolfson site from acceptable to good, and privacy and dignity at the Wolfson is now coded as good.

Quality
The NHS Litigation Authority (NHSLA) has introduced new Risk Management Standards for Acute Trusts (RMS) to replace the Clinical Negligence Scheme for Trusts for general services. The Trust was assessed for level 2 compliance with the RMS for Acute Trusts in December 2007 and was successful. This is a significant achievement, as good risk management is important for improving the protection of patient care. This level of compliance will be applicable for three years.

Patient complaints
During 2007/08, 71 per cent of complaints were responded to within 25 days, below the target of 85 per cent.

Efficiency
The number of operations cancelled for non-clinical reasons in 2007/08 increased from 2006/07 by 5 per cent, from 666 to 698.

However, 95 per cent of these patients who were cancelled were re-admitted within 28 days, an improvement on 83 per cent in 2006/07.

We will be working hard during the current year to make sure that every patient who is cancelled is readmitted within the 28 day period.

4,998
Babies delivered up 3%

60,689
Inpatients admitted up 4%

100,214
A&E attendances up 1.7%

448,657
Outpatient appointments up 5%

28,311
Day cases seen down 1%

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

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

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

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

Mr David Astley
Chief Executive
No Register of Interest

Mr Paul Murphy
Deputy Chairman
Board member
Nambbarrrie Tea Company, Northern Ireland
Chairman
Twinings, North America (Twinings is part of Associated British Foods, which may provide supplies to the NHS)

Mrs Marie Grant
Director of Operations & Performance/ Deputy Chief Executive
No Register of Interest

Ms Valerie Moore
Non-Executive Director
Lay Magistrate
Department of Constitutional Affairs
Inner London Youth Panel
Department of Constitutional Affairs
Lay Member
Cross-Rail Discretionary Purchase Panel (appointed by Secretary of State for Transport)
Partner
Moore Adamson Craig Partnership LLP

Mr Mike Rappolt
Non-Executive Director
Governor
Raynes Park High School
Shareholder
PA Consulting Group and various shareholdings (< 1% of Company)
Chairman
Wimbledon Civic Theatre Trust

Dr Geraldine Walters
Director of Nursing and Patient Involvement
Visiting Professor
Buckinghamshire Chilterns University College (salaried)
Chair
London Network for Nurses and Midwives (unpaid)
Member
Board of Governors of RCN Institute (unpaid)

Dr Graham Hibbert
Non-Executive Director
No Register of Interest

Professor Sean Hilton
Non-Executive Director
Chairman
Anglo-European Chiropractic College

Mr Neal Deans
Director of Estates and Facilities
No Register of Interest

Mr Colin Gentile
Executive Director of Finance and Turnaround (to October 2007)
External Member
Audit Committee, Horniman Museum (unpaid)

Dr Colin Reeves
Interim Executive Director of Finance (from October 2007–May 2008)
No Register of Interest

Mrs Helen Gordon
Director of Human Resources
No Register of Interest

Mr Michael Bailey
Medical Director
No Register of Interest

Dr Rosalind Given-Wilson
Medical Director
No Register of Interest

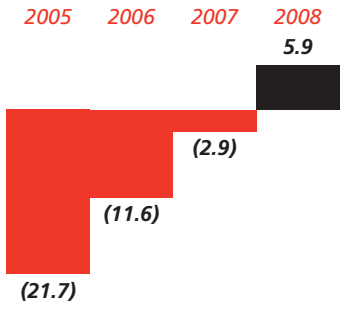
Mr Christopher Streather
Medical Director
Member
New Healthcare Network, occasional contributor to MPs Briefings

In 2007/08 St George's Healthcare NHS Trust achieved a surplus on income and expenditure of £5.9 million.

The Trust's rate of capital cost absorption in 2007/08 was 3.5% which is within the target range of 3%–4% set by the NHS Executive. The Trust met both its Capital Resource Limit and External Financing Limit. The following statements represent a summary of financial information about the Trust.

With the end of the financial year 2007/08, we have drawn to a close the remarkable turnaround of St George's that has brought the Trust back to the black for the first time in over seven years.

St George's Turnaround: Income and Expenditure £m



Staff at St George's should all take credit for the work to turn the Trust around. It is thanks to their hard work that we are no longer living beyond our means.

In 2004/05, the Trust spent £21.7 million more than it received. The Trust took action and a year later this overspend had been cut to £11.6 million. By the following year, this had been reduced further still to £2.9 million, and by the close of 2007/08 it was our aim to bring the Trust into financial balance. We went one step further than this, and achieved a small surplus of £5.9 million.

This accomplishment is due entirely to the resolve of clinicians and managers at all levels of the Trust. Using their ideas, involvement and motivation, we have identified the causes of the Trust's long-standing financial troubles and found many of the solutions.

But without a doubt, the past few years have been difficult. We have drilled down further than ever before into the workings of the hospital to see where we work well and where we do not. This has meant reducing costs in some areas, while providing investment in others to deliver a more efficient and improving service.

For example, in our pharmacy we have invested £500,000 in a new state-of-the-art robot to improve the speed and efficiency of the dispensary, cutting delays and reducing medicine wastage to save the hospital an estimated £240,000 every year, and in pathology we have centralised our laboratories. Common to all these initiatives is the concept of working smarter.

Year-on-year, patient activity rose – this year we treated 20,000 more inpatients than four years ago. To meet this rising demand, we must find ways of delivering sustainable improvements in patient safety and care whilst staying within budget. We are achieving both these objectives.

St George's is now a far more efficient organisation and this improvement is shown in the Trust's reference costs – the measure by which all NHS trusts are compared. In 2003/04, our reference cost was listed as 117, with trusts scoring less than 100 indicating financial efficiency. In 2007/08, we are classed at 101. This improving efficiency moves us one step closer to becoming an NHS Foundation Trust and is part of the continued development of services at St George's.

However, there are still financial challenges ahead. We have reduced our accumulated revenue deficit by £5.9 million from 2006/07 to £32.1 million, but this historic deficit continues to shadow us. To finance the deficit the Trust secured £34 million loans in 2006/07 from the Department of Health and NHS London. Last year the Trust reduced the loans by just over £2m. The outstanding balance of approx £32m is repayable in four equal annual instalments of £8m over the next four years.

Much like a mortgage, this debt will need to be paid off over the years to come, but unlike our recent past, we are no longer finding ourselves in debt at the end of every month. To continue this momentum, our focus must now change from seeking savings to generating surplus income from clinical and related activities, and to achieve this the Trust must continue its transformation.

The 'Transforming St George's' programme will spearhead this evolution. Its aim is to deliver high-quality and financially sound services that will continue the enhancement of patient care at St George's. A key stepping stone in our transformation plan is becoming an NHS Foundation Trust. As a Foundation Trust we would have greater freedom to develop services in line with the needs of our patients and more independence to retain the financial surpluses we make for reinvestment back into patient care.

It is our aim to become a Foundation Trust in 2009. To achieve this, we must demonstrate that we are in strong and sustainable health, both clinically and financially, and because of the Trust's strong performance over the past twelve months, attaining the Foundation Trust status is now within our grasp.

Dr Colin Reeves
Interim Executive Director of Finance
(October 2007–May 2008)

Richard Eley
Executive Director of Finance
(from May 2008)

The full accounts are available on request from:

Director of Finance
St George's Healthcare NHS Trust
Bronte House
St George's Hospital
Blackshaw Road
London SW17 0QT

T/ 020 8725 1346

Income and Expenditure Account

For the year ended 31 March 2008

	Notes	2007/08 £'000	2006/07 £'000
Income from activities	3	**336,201**	313,409
Other operating income	4	**73,928**	70,737
Operating expenses	5	**(402,028)**	(380,723)
Operating surplus/(deficit)		**8,101**	3,423
Cost of fundamental reorganisation/restructuring		**0**	0
Profit/(loss) on disposal of fixed assets	8	**5,210**	(6)
Surplus/(deficit) before interest		**3,417**	(27,232)
Interest receivable		**1,606**	894
Interest payable	9	**(1,837)**	(46)
Other finance costs			
– unwinding of discount	16	**(34)**	(34)
Surplus/(deficit) for the financial year		**13,046**	4,231
Public Dividend Capital dividends payable		**(7,074)**	(7,132)
Retained surplus/(deficit) for the year		**5,972**	(2,901)

All income and expenditure is derived from continuing operations.

	2007/08 £'000	2006/07 £'000
Retained surplus/(deficit) for the year	**5,972**	(2,901)
Financial Support included in retained surplus/(deficit) for the year		
– NHS Bank	**0**	0
– Internally generated	**0**	0
Retained surplus/(deficit) for the year excluding financial support	**5,972**	(2,901)

From 2006/07 onwards the provision of cash brokerage support was replaced by a regime of loans and deposits with the Department of Health.

Details of loans received or deposits placed with the Department of Health can be found in notes 14.2 and 15.1 to the accounts.

Balance Sheet

As at 31 March 2008

	Notes	2007/08 £'000	2006/07 £'000
Fixed assets			
Intangible assets	10	**1,948**	1,021
Tangible assets	11	**258,249**	241,902
Investments	14.1	**0**	0
		260,197	242,923
Current assets			
Stocks and work in progress	12	**5,257**	5,275
Debtors	13	**41,558**	39,516
Investments	14.2	**0**	0
Cash at bank and in hand	18.3	**3,938**	111
		50,753	44,902
Creditors:			
Amounts falling due within one year	15	**(54,433)**	(51,470)
Net current assets/(liabilities)		**(3,680)**	(6,568)
Total assets less current liabilities		**256,517**	236,355
Creditors:			
Amounts falling due after more than one year	15	**(23,978)**	(27,200)
Provisions for liabilities and charges	16	**(4,478)**	(2,956)
Total assets employed		**228,061**	206,199
Financed by: Taxpayers' equity			
Public dividend capital	22	**131,475**	131,672
Revaluation reserve	17	**121,652**	106,970
Donated asset reserve	17	**15,196**	14,424
Government grant reserve	17	**1,158**	856
Other reserves	17	**1,150**	1,150
Income and expenditure reserve	17	**(42,570)**	(48,873)
Total taxpayers' equity		**228,061**	206,199

David Astley
Chief Executive
18 June 2008

Richard Eley
Executive Director of Finance

Cash Flow Statement

For the year ended 31 March 2008

	Note	2007/08 £'000	2006/07 £'000
Operating activities			
Net cash inflow/(outflow) from operating activities	18.1	**23,192**	20,166
Returns on investments and servicing of finance			
Interest received		**1,606**	894
Interest paid		**(1,787)**	0
Interest element of finance leases		**0**	0
Net cash inflow/(outflow) from returns on investments and servicing of finance		**(181)**	894
Capital expenditure			
(Payments) to acquire tangible fixed assets		**(17,924)**	(13,958)
Receipts from sale of tangible fixed assets		**8,677**	1
(Payments) to acquire intangible assets		**(1,000)**	(623)
Receipts from sale of intangible assets		**0**	20
(Payments to acquire)/receipts from sale of fixed asset investments		**0**	0
Net cash inflow/(outflow) from capital expenditure		**(10,247)**	(14,560)
Dividends paid		**(7,074)**	(7,132)
Net cash inflow/(outflow) before management of liquid resources and financing		**5,690**	(632)
Management of liquid resources			
(Purchase) of investment with Department of Health (DH)		**0**	0
(Purchase) of other current asset investments		**0**	0
Sale of investments with DH		**0**	0
Sale of other current asset investments		**0**	0
Net cash inflow/(outflow) from management of liquid resources		**0**	0
Net cash inflow/(outflow) before financing		**5,690**	(632)
Financing			
Public dividend capital received		**0**	0
Public dividend capital repaid (not previously accrued)		**(197)**	(34,653)
Loans received from DH		**4,800**	34,000
Other loans received		**0**	0
Loans repaid to DH		**(6,828)**	0
Other loans repaid		**0**	0
Other capital receipts		**362**	1,312
Capital element of finance lease rental payments		**0**	0
Cash transferred (to)/from other NHS bodies		**0**	0
Net cash inflow/(outflow) from financing		**(1,863)**	659
Increase/(decrease) in cash		**3,827**	27

Statement of Total Recognised Gains and Losses

For the year ended 31 March 2008

	2007/08 £'000	2006/07 £'000
Surplus/(deficit) for the financial year before dividend payments	**13,046**	4,231
Fixed asset impairment losses	**0**	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	**16,078**	1,534
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**1,861**	1,312
Defined benefit scheme actuarial gains/(losses)	**0**	0
Additions/(reductions) in "other reserves"	**0**	0
Total recognised gains and losses for the financial year	**30,985**	7,077
Prior period adjustment	**0**	0
Total gains and losses recognised in the financial year	**30,985**	7,077

3 Income from activities

	2007/08 £'000	2006/07 £'000
Strategic Health Authorities	**1,426**	247
NHS Trusts	**635**	569
Primary Care Trusts	**279,656**	260,930
Foundation Trusts	**630**	639
Local Authorities	**0**	0
Department of Health	**48,253**	45,990
NHS Other	**331**	319
Non NHS:		
– private patients	**3,117**	3,155
– overseas patients (non-reciprocal)	**535**	321
– injury cost recovery	**1,212**	870
– other	**406**	369
	336,201	313,409

Partially completed in-patient spells
In accordance with Department of Health guidance, the Trust has recognised income in 2007/08 relating to in-patient spells which were partially complete at 31 March 2008. Projected income of £1,656,000 for these in-patient spells is attributed to the financial year on the basis of the patients' length of stay in hospital. This income is included in the total for Primary Care Trusts.

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

Market Forces Factor
The Department of Health income is inclusive of £49,398k in respect of the Market Forces Factor less an amount for PBR transitional support repayable to the Department of Health of £1,169k. The Market Forces Factor is a central allocation designed to address cost differentials relating to geographical location. The Market Force Factor represents the estimated difference between the cost the Trust incurs in providing NHS services and the income receivable for those services under the payment by results regime. In 2007/08 the Market Forces Factor increased from £45,612k to £49,398k.

4 Other operating income

	2007/08 £'000	2006/07 £'000
Patient transport services	**63**	46
Education, training and research	**52,333**	51,502
Charitable and other contributions to expenditure	**779**	696
Transfers from donated asset reserve	**1,788**	1,673
Transfers from government grant reserve	**64**	57
Non-patient care services to other bodies	**10,918**	11,112
Income generation	**3,251**	3,645
Other income	**4,732**	2,006
	73,928	70,737

5 Operating expenses

	2007/08 £'000	Restated 2006/07 £'000
Services from:		
– other NHS Trusts	**2,021**	2,038
– from PCTs	**1,511**	956
– other NHS bodies	**11,117**	11,302
– Foundation Trusts	**558**	757
Purchase of healthcare from non NHS bodies	**179**	37
Directors' costs	**1,439**	1,247
Staff costs	**256,914**	243,837
Supplies and services:		
– clinical	**66,787**	61,986
– general	**11,172**	9,994
Consultancy services	**2,053**	3,485
Establishment	**2,684**	2,710
Transport	**2,727**	2,929
Premises	**19,993**	19,723
Bad debts	**637**	406
Depreciation	**14,596**	12,547
Amortisation	**366**	209
Fixed asset impairments and reversals	**0**	0
Audit fees	**247**	227
Other auditor's remuneration	**0**	0
Clinical negligence	**4,277**	4,371
Redundancy costs	**448**	984
Other	**2,302**	978
	402,028	380,723

Staff costs
In 2007/08 the Trust has included expenditure in staff costs for the following:

1. £873k in respect of annual leave entitlement which employees' are permitted to carry forward to the following financial year
2. £1,225k in respect of staff costs paid in arrears in April 2008 which were incurred in 2007/08 eg. overtime, emergency, on-call and locum payments

6.4 Management costs

	2007/08 £'000	2006/07 £'000
Management costs	**16,169**	15,587
Income	**410,129**	383,726
Management costs as % of income	**3.94%**	4.06%

7 Better payment practice code

Better payment practice code – measure of compliance

	2007/08 Number	2006/07 Number
Total Non-NHS trade invoices paid in the year	**85,853**	170,886
Total Non-NHS trade invoices paid within target	**67,927**	139,335
Percentage of Non-NHS trade invoices paid within target	**79%**	82%
Total NHS trade invoices paid in the year	**2,936**	19,778
Total NHS trade invoices paid within target	**1,665**	16,164
Percentage of NHS trade invoices paid within target	**57%**	82%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

7.2 The late payment of commercial debts (Interest) Act 1998

	2007/08 £'000	2006/07 £'000
Amounts included within Interest Payable (note 9) arising from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0

Salary and Pension entitlements of senior managers

A. Remuneration

Executive Directors	2007/08 Salary (bands of £5,000) £'000	2007/08 Other remuneration (bands of £5,000) £'000	2007/08 Benefits in kind to nearest £100	2006/07 Salary (bands of £5,000) £'000	2006/07 Other remuneration restated (bands of £5,000) £'000	2006/07 Benefits in kind to nearest £100
Mr David Astley, Chief Executive	**175–180**	**0**	**0**	55–60	0	0
Mr Colin Gentile, Director of Finance (to October 2007)	**70–75**	**0**	**0**	115–120	0	0
Dr Colin Reeves, Director of Finance (from October 2007)	**0**	**110–115**	**0**	–	–	–
Mrs Marie Grant, Acting Chief Executive (July–December 2006)	**–**	**–**	**–**	25–30	0	0
Mrs Marie Grant, Director of Operations and Performance	**110–115**	**0**	**0**	105–110	0	0
Dr Geraldine Walters, Director of Nursing	**100–105**	**0**	**0**	100–105	0	0
Mr Christopher Streather, Medical Director	**20–25**	**120–125**	**0**	20–25	120–125	0
Mr Michael Bailey, Medical Director	**20–25**	**145–150**	**0**	20–25	140–145	0

Executive Directors	2007/08 Salary (bands of £5,000) £'000	2007/08 Other remuneration (bands of £5,000) £'000	2007/08 Benefits in kind to nearest £100	2006/07 Salary (bands of £5,000) £'000	2006/07 Other remuneration restated (bands of £5,000) £'000	2006/07 Benefits in kind to nearest £100
Dr Derek Dundas, Medical Director (to November 2007)	**10–15**	**85–90**	**0**	20–25	130–135	0
Dr Rosalind Given-Wilson, Medical Director (from December 2007)	**5–10**	**130–135**	**0**	0	125–130	0
Dr Stephen Nussey, Medical Director	**15–20**	**150–155**	**0**	0	165–170	0
Ms Michelle White, Interim Director of Human Resources (April–July 2007)	**20–25**	**0**	**0**	–	–	–
Ms Helen Gordon, Director of Human Resources (from July 2007)	**75–80**	**0**	**0**	–	–	–
Dr Trudi Kemp, Director of Strategy	**80–85**	**0**	**0**	–	–	–
Mr Neal Deans, Director of Estates	**100–105**	**0**	**0**	95–100	0	0
Non-Executive Directors						
Ms Naaz Coker, Chair	**20–25**	**0**	**0**	20–25	0	0
Mr Paul Murphy, Deputy Chairman (from May 2007)	**5–10**	**0**	**0**	–	–	–
Professor Sean Hilton, Non-Executive Director	**5–10**	**0**	**0**	5–10	0	0
Dr Graham Hibbert, Non-Executive Director (from December 2007)	**0–5**	**0**	**0**	–	–	–
Ms Diane Mark, Non-Executive Director (to October 2007)	**0–5**	**0**	**0**	5–10	0	0
Ms Valerie Moore, Non-Executive Director	**5–10**	**0**	**0**	5–10	0	0
Mr Michael Rappolt, Non-Executive Director	**5–10**	**0**	**0**	5–10	0	0

B. Pension benefits

Executive Directors	Real increase in pension & lump sum at age 60 (bands of £2,500) £'000	Lump sum at age 60 related to real increase in pension (bands of £2,500) £'000	**Total accrued pension & related lump sum at age 60 at 31/03/08 (bands of £5,000) £'000**	**Cash Equivalent Transfer Value at 31/3/08 £'000**	Cash Equivalent Transfer Value at 31/3/07 £'000	Real increase in Cash Equivalent Transfer Value £'000	Employers Contribution to Stakeholder Pension to nearest £100
Mr David Astley Chief Executive Director	37.5–40	222.5–225	**295–300**	**1,269**	1,062	181	0
Mr Colin Gentile Director of Finance (to October 2007)	(2.5–5)	110–112.5	**145–150**	**543**	509	254	0
Mrs Marie Grant Director of Operations and Performance	(35–37.5)	142.5–145	**190–195**	**846**	974	(153)	0
Dr Geraldine Walters Director of Nursing	(2.5–5)	92.5–95	**120–125**	**500**	485	3	0
Mr Christopher Streather Medical Director	10–12.5	82.5–85	**110–115**	**367**	318	41	0
Mr Michael Bailey Medical Director	20–22.5	172.5–175	**230–235**	**1,068**	933	111	0
Dr Derek Dundas Medical Director (to November 2007)	(2.5–5)	162.5–165	**220–225**	**0**	866	(593)	0
Dr Rosalind Given-Wilson Medical Director	20–22.5	125–127.5	**165–170**	**689**	571	104	0
Ms Helen Gordon Director of Human Resources (from July 2007)	(2.5–5)	85–87.5	**110–115**	**389**	369	119	0
Mr Neal Deans Director of Estates	2.5–5	75–77.5	**100–105**	**374**	342	24	0
Dr Trudi Kemp Director of Strategy	(2.5–5)	57.5–60	**75–80**	**252**	249	(3)	0
Dr Stephen Nussey Medical Director	10–12.5	142.5–145	**190–195**	**865**	773	73	0

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2005/06 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

David Astley
Chief Executive
18 June 2008

Richard Eley
Executive Director of Finance
18 June 2008

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

I have examined the summary financial statement which comprises the Financial Summary set out on pages 44 to 54.

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

Respective responsibilities of directors and auditor
The Directors are responsible for preparing the Annual Report.

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

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

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

Opinion
In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2008. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements, 23 June 2008, and the date of this statement.

Susan M Exton
Engagement Lead
(Officer of the Audit Commission)

First Floor, Millbank Tower
Millbank
London
SW1P 4HQ

9 September 2008

St George's Hospital Charity

Registered charity number 241527

The Tooting ambulance pull. Tooting Police, Tooting Fire Station and London Ambulance Service pulling together to raise money for St George's

The Trust continues to enjoy a good relationship with St George's Hospital Charity, reaping great benefits for patients, staff and the community. Projects funded by the Charity this year include:

- Digital mammography equipment, providing a quicker, more pleasant experience for patients
- The refurbishment of the Lanesborough scanning department, creating more space and more privacy for patients
- Funding for medical research fellowships for the benefit of future generations
- Funding for equipment bags for midwives attending home births

St George's is delighted that some of the projects that the Charity has funded in previous years have been recognised with local and national awards.

The Dragon Children's Centre won a commendation for access in the Wandsworth Design Awards 2007.

The Walk on the Wild side garden scooped two awards: Award for access Wandsworth Design Awards 2007 and London's Green Corners Award. The garden was also a finalist for best landscape design in the 2007 Building Better Healthcare Awards.

The Charity also distributed smaller annual grants that contribute to the fabric of life at St George's – the annual outing for our volunteers, long service awards and retirement gifts for staff, weekly art and relaxation for elderly patients, music therapy at the Wolfson Rehabilitation Centre and Christmas festivities on the wards and in departments.

The Trust looks forward to working closely with the Charity and its fundraising and charitable communications team over the coming year to support and develop fundraising and fundraising publicity to maximise the benefits to patients, staff, relatives and visitors.

For more information about the St George's Hospital Charity, or about giving to George's, please visit:

www.stgeorges.nhs.uk/charity.asp

Acknowledgements and contact point

Thank you to everyone for their support and contribution to the production of this report.

Annual report produced by the Communications Unit, St George's Healthcare NHS Trust

Designed by the right stuff

Photography by Larry Bray
Additional photography by the Communications Unit, St George's Healthcare NHS Trust

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When you have read the report please pass it on to other interested readers, or dispose of it in a recycled paper waste, thank you.

Patient Advice and Liaison Service
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

Human Resources
If you are interested in a career at St George's, please visit:

www.stgeorges.nhs.uk/workingwithus.asp

Communications
If you would like more copies of this report, please contact the Communications Unit, you can also view and download the report at our website.

T/ 020 8725 5151
www.stgeorges.nhs.uk

The Hospital's efforts to go green are recognised
A campaign to save energy and reduce the Trust's carbon footprint has won an award.

In November 2007, St George's won a Wandsworth Guardian Green Guardian award and was also named runner-up in the Health Service Journal's Good Corporate Citizenship award 2007.

St George's now recycles an estimated two tonnes of waste a week and four and half tones of cardboard every month.

It converts 70 per cent of its green waste into compost and includes sustainability in to contract negotiations wherever possible.

Through continuing with these initiatives, the Trust aims to reduce its carbon footprint by 10 per cent (3,422 tonnes of CO_2) by 2012. This reduction is expected to deliver annual cost savings to the Trust of around £350,000.

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