Life *at* St George's

Annual Report & Accounts 2005 – 2006

The new patient gown...

that reveals less not more

Patients at St George's will no longer have to suffer the embarrassment of baring all on the wards as the new 'comfort gown' has arrived.

The traditional patient gown would often leave patients feeling vulnerable and uncomfortable. Now, thanks to nurses at St George's, the gown has been given a complete makeover to protect the dignity of our patients.

"The new gown fastens at the front rather than the back, offering patients complete cover. And its design allows doctors and nurses easy access to place intravenous lines in a patient's arm or neck without the need to remove the gown," says Jayne Quigley, a senior nurse at the hospital and a designer of the new gown.

"The gown is now practical, comfortable and dignified."

Patients agree: "It's really comfortable and the colour gives you a lift," says Linda Williams, 53, from West Sussex. "It's nice to have a bit of dignity."

NEW 'Comfort gowns' are now available on all wards throughout St George's.

For your information

Equality for all
As a hospital and an employer, we believe that everyone is entitled to respect and fairness of treatment regardless of their race, gender, age, religion, disability or sexuality.

We are one of the largest employers in South West London caring for a vibrant and culturally varied local community. Our staff reflect this diversity.

Around 40 per cent of our employees are from ethnic backgrounds. We are proud of this diversity and value it as one of our strengths. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of our patients, whatever their ability, ethnicity or lifestyle.

Always prepared
The threat of a terrorist attack or major incident is now more evident than ever before, and at St George's we practice to perfect our response to such an emergency – and we practice hard.

We regularly hold major incident drills to test the speed and alertness of our reactions. Once declared, our staff respond quickly and calmly; immediately closing the hospital to all non-urgent admissions, caring for the patients on our wards, and readying our beds, theatres and resources for the arrival of casualties.

Our responses were put to the test on 7th July 2005 when the London bombings occurred. Although we did not receive any casualties from this atrocity, our reaction was fast and organised, demonstrating strong leadership, excellent team working and a willingness to support, care and protect our patients in whatever ways possible.

We continue to practice and hone our ability to respond, and should another major incident ever be declared, St George's will be ready.

Welcome to Life at St George's

the 2005/06 annual report for St George's Healthcare NHS Trust.

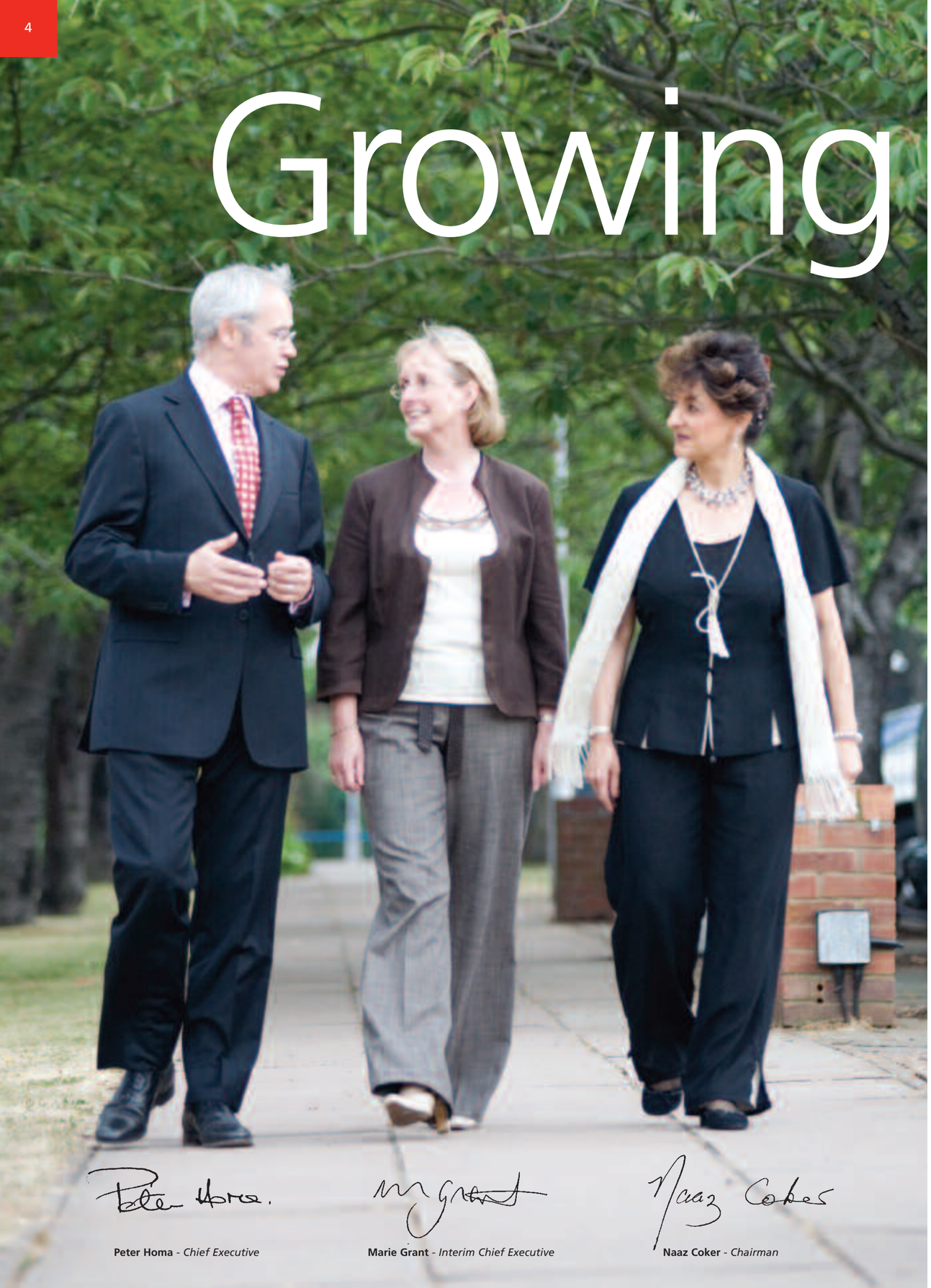
Our patient care is widely acknowledged to be amongst the best in the country. Every year we treat thousands of families in South West London and provide a pioneering range of advanced treatments and therapies to over half a million patients across the UK.

This report offers an insight into the lives of our patients and staff and the progress we have made this year to further improve our services and provide care that is better, safer and faster.

"The staff are just wonderful, kind, considerate and make one fully at ease. It's not too dramatic to say that I owe my life to the care I received at St George's."

Annette Douglas, patient

Growing stronger



Peter Homa - *Chief Executive*

Marie Grant - *Interim Chief Executive*

Naaz Coker - *Chairman*

2005/06 has been a year of challenge, success and progress in the life of St George's.

Not only have we moved to tackle our deficit, but we have strengthened our clinical performance, reduced our waiting times, treated more patients, and pushed the boundaries of medical innovation and research to provide patient care that is second to none.

We have faced many challenges. The NHS is going through a profound period of change and like all NHS organisations we must respond and adapt accordingly. St George's is at the forefront of this evolution.

Leading this change are our staff – the heart of St George's. Every year, their dedication, diligence, expertise and unfaltering commitment to our patients have formed the bedrock upon which our patients rely.

To ensure we can continue to deliver to the standard our patients expect, the Trust took action this year to tackle an underlying problem that had dogged St George's for far too long – our finances. Our determination to turn our finances around is evident in the progress we have made.

After making savings of around £20 million last year, we closed the financial year with a reported in-year deficit of £11.6 million* – almost £1 million better than the target required by the South West London Strategic Health Authority. There is still a long way to go, and many challenges lie ahead, but to have come this far over the course of the year is an achievement all at St George's should be proud of.

St George's employs over 5,000 staff. Every one of them has played a part in putting our recovery plan into practice and helping the Trust change the way we work for the better. We have tightened the efficiency of the organisation and implemented some fundamental changes to improve the quality and speed of our patient care.

As a direct result, we have reduced all waiting times for treatments and diagnosis, met all Government targets and at the same time treated more patients than ever before.

St George's serves a population of 1.3 million that is as rich and vibrant in its cultural diversity as it is in its ethnicity and health needs. We are determined to provide equality of care for all who need our care, and this year we have introduced a range of services to cater for the specific needs of the many ethnic groups within our community.

Our performance has been praised by many independent bodies throughout the year, most notably for stroke care, endoscopy, day surgery and sterile services. But these are to mention just a few.

Cancer services at St George's were applauded for their innovative care, short waiting times and support for patients. Our renal surgeons performed a landmark operation to remove a kidney from a living donor using keyhole surgery. We launched a new emergency angioplasty service to treat patients who suffer heart attacks; curbed the spread of MRSA and other hospital-acquired infections; and introduced a new clot-busting drug to stop permanent paralysis in stroke victims.

And on top of all this, St George's received national acclaim for the publication of mortality data for all of our clinical specialities – becoming the first hospital in the country to do so.

Throughout this report you will find the stories of just some of our staff who have made these achievements possible and also hear first-hand from our patients, who give their accounts and opinions on the care they have received.

In reading this report, we think you will agree that St George's is moving closer towards achieving its ambition of becoming the best teaching trust in the country. This is a bold ambition. We believe our patients deserve nothing less.

"Your staff, from beginning to end, have been fantastic. They were, and are polite, considerate, direct and reassuring. They are a credit to you."

Richard Holmes, patient

* For full breakdown of the Trust's deficit see page 33

The time had come to get our house back in working order.

St George's had continued to grow from one success to another, but one thing had remained; an underlying deficit that threatened to cast a shadow on everything we achieved.

We took control, beginning a programme of renewal and restoration to pull all the pieces of the puzzle back together again.

Our aim: to clear our debt and improve the quality and quantity of our clinical services whilst giving staff the support they need to deliver the highest standard of patient care.

A new beginning

Valued: Ernestina on her role in turning the Trust around.

"It's all about working smarter to provide the best care possible" Ernestina Lartey, Ward-based Pharmacy Technician

Ernestina is one of many staff on the hospital's frontline who have contributed towards the Trust saving a staggering £20.5m this year by putting our recovery plan into action.

"Yes, the Trust has had to save money," she says, "but it's given us the opportunity to look at what we do, cut out inefficiency and bring in new ways of working to provide better care for our patients."

As one of four new ward-based technicians, Ernestina and her colleagues in the pharmacy department are helping to revolutionise the way the hospital manages its medicines and improve patient safety and care whilst minimising the financial cost to the Trust.

"Patients are no longer just names on a prescription," she says with a smile that instantly puts patients at ease. "We are now directly involved in patient care, able to dispense medicines on the wards and, by working alongside doctors, nurses and discharge coordinators, we are helping to deliver a faster, more efficient service."

To improve this further, Ernestina is now aided by a small, compact gadget – a wireless prescription printer.

Designed by a team at St George's, this award-winning innovation has streamlined the discharge process; shortening delays in prescribing take-home medication and allowing patients to return home more quickly.

But this is just the start of the pharmacy department's plans.

The pharmacy team have tightened their grip on the use of antibiotics. Prolonged and excessive use of antibiotics can increase a patient's risk of experiencing adverse reactions to treatment and allow organisms time to become resistant to medication. "So we've empowered our staff to take control," explains Chris Evans, Deputy Chief Pharmacist at St George's:

"We've put in place a hospital-wide policy to regulate the prescribing of antibiotics from a restricted list and have employed a specialist pharmacist to promote the good use of antibiotics so that our staff can carry these changes forward to the frontline."

In addition, the Trust has switched from using intravenous antibiotics to oral antibiotics, where clinically appropriate. "Not only is this far less invasive and discomforting for patients," explains Chris, "but it saves nurses time and is also far cheaper for the Trust."

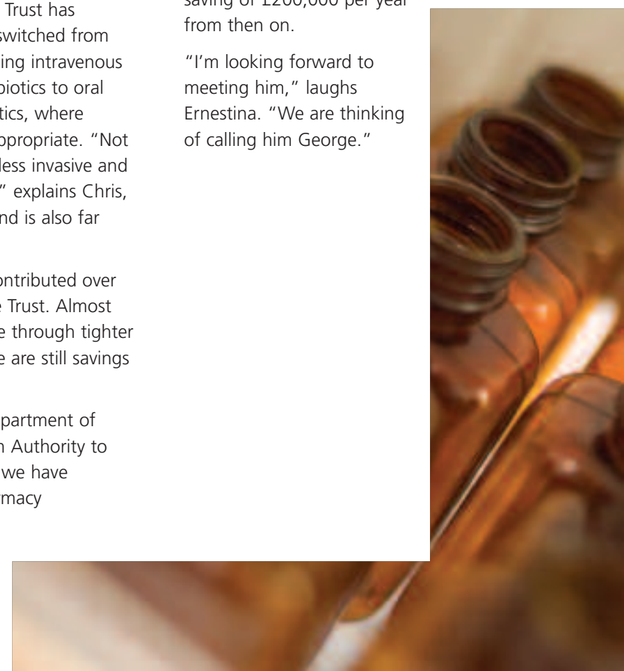
This year, the team have contributed over £260,000 of savings to the Trust. Almost £200,000 of this was made through tighter use of antibiotics. But there are still savings yet to come.

Using funding from the Department of Health and Strategic Health Authority to support our recovery plan, we have overhauled the Trust's pharmacy manufacturing unit, building additional capacity to provide rapid access to life-saving treatments such as chemotherapy and total parental nutrition. This is an investment that will harvest dividends.

The additional capacity will enable St George's to provide a dedicated pharmacy manufacturing service to other trusts in the London region, creating a source of income which will be ploughed back into patient care.

But there is one new colleague yet to join the team – a state-of-the-art robot. This mechanical pharmacist will revolutionise the speed and efficiency of the unit, improving the turnaround times of the dispensary and reducing medicine wastage. With this new robot onside, the Trust forecasts it will secure a one-off saving of £600,000 next financial year, and can expect to reap a recurring saving of £200,000 per year from then on.

"I'm looking forward to meeting him," laughs Ernestina. "We are thinking of calling him George."



A turn in the right direction

Turnaround: The Trust's financial recovery team includes senior managers and doctors.

In 2004, St George's found itself at the bottom of a very steep climb back to the black.

The Trust faced an underlying debt of £32m on a turnover of £360m. By the close of that year, this deficit had been halved and by 2005/06, eroded further to £11.6m. By March 2008, we are committed to clearing this deficit completely.

"This year alone we've made an in-year improvement of £20.5m," says Colin Gentile, the Trust's Director of Turnaround. "This is a superb performance by all in the organisation. The next part is not going to be easy, but it won't be long now before we achieve financial balance.

"We have challenged everything, leaving no stone unturned to get us this far," he explains, "but most importantly, we have tried to involve staff every step of the way." And in doing so 'turnaround' has become another success story for the Trust.

St George's was one of the first hospitals in the country to introduce a 'turnaround team' and incorporate private sector recovery methods within the NHS. Our methodology has since become a model for other NHS trusts in similar circumstances.

Seeking the advice and guidance of PricewaterhouseCoopers, Colin and his team began systematically identifying the reasons behind the Trust's deficit and finding the solutions.

Colin and the Trust's Executive Team then set out to get staff on board and engage doctors, nurses and managers in the turnaround process from the start.

"Our message was simple; we need to get this right or we will fail our patients. This was no threat," says Colin, "but instead a call for unity. We've asked a lot of our staff and to their credit they have delivered. Their dedication to patients and willingness to make St George's work is evident in the progress we have made."

With their help, the Trust began numerous projects across the organisation which sought to make sustainable financial savings whilst maintaining and, where possible, improving our services.

"We're centralising our outpatient services to ensure the patient experience is the best that it can be," Colin continues. "We're also outsourcing medical notes transcription, reducing the number of medical secretaries needed and redesigning roles to give our secretaries more responsibility. This would have been a move near impossible without the ongoing support and engagement of our clinicians."

But throughout all, the Trust has 'spent to save,' investing in equipment and activities which have the potential to release savings if not generate income in the future.

"To deal with the debts of our past, we must also invest in our future to improve our services for patients," says Colin.

"In day surgery, we have purchased new surgical equipment that will enable us to treat an extra 1,000 patients a year. By moving existing inpatient surgery to a day case service, not only can we cut waiting times and free-up inpatient beds to treat more complex cases, but we estimate the Trust could generate an extra £500,000 a year."

"However, some changes come at a price. This year we had to remove 260 whole time equivalent posts from the organisation, saving the Trust £5.8m.

"The majority of these losses came through natural turnover of staff and a reduction in bank and agency staff," explains Colin. "The removed posts were distributed proportionally to both clinical and non-clinical areas. But regrettably, four actual redundancies were made."

The Trust has also closed around 100 beds, leaving over 1,000 beds remaining, but by using our beds more efficiently, we have been able to treat more patients.

Patients are now admitted on the day of surgery rather than the night before, and we have improved our discharge procedures reducing our average patient length of stay from seven days to less than six days.

"Throughout every cost-saving measure, ensuring the quantity and quality of our patient care remains the same has been our highest priority," concludes Colin, "and if anything, our performance shows we are getting better."

"St George's is clearing its deficit and at the same time maintaining, if not improving, the quantity and quality of our patient care."

Colin Gentile, Director of Turnaround

"I am extremely lucky to be treated at St George's. That's my honest opinion."

Rebecca Moffet, patient

NHS hospitals are safer than they have ever been, and St George's is leading the way.

Our patients want to know that they will be safe in our care and we aim to give them that reassurance.

We monitor our performance daily, analysing our mortality rates and making this information readily available to the public. Currently, St George's is the only hospital to offer this level of openness.

Family portrait: Proud parents Rebecca and Sean with their son Reuben alongside consultants Austin Ugwumadu (left) and Phillip Hay (right).

My life story

"fantastic science"

"I am extremely lucky to be treated at St George's," says mum Rebecca Moffet, from Surrey. "That's my honest opinion. Without them we couldn't be here."

Rebecca, 36, is HIV positive. Her new baby boy Reuben is HIV negative. She has been a patient at the hospital's sexual health clinic for the past four years.

"To say that living with HIV is a trial is an understatement," reflects Rebecca. "It brings your life crashing to a halt; trying to reason with how it could have happened to you; the fear of what might happen in the future; and the thought of possibly passing the virus on to your own child is unbearable.

"But when you have the support and guidance of the nurses and doctors at St George's all things become possible."

Rebecca contracted HIV from one night of unprotected sex. But she learned to live with her condition, taking her medication as instructed to keep the virus under control. All she and her husband Sean wanted was a child of their own alongside Rebecca's first-born Jessica, to make their family complete. Our doctors were able to help.

St George's Hospital is a leading centre for the treatment of HIV and AIDS and runs a special pregnancy clinic for women infected with the virus.

Dr Phillip Hay was the consultant responsible for Rebecca. "The first thing we had to do was take care of mum," he says. "We gave Rebecca a cocktail of antiviral drugs to keep her viral load sufficiently low so as to keep mum healthy and prevent transmission of the virus from mother to baby."

Then it was obstetrics and gynaecology consultant Austin Ugwumadu's turn to deliver Reuben into this world HIV free.

"There is always a risk that an infection in the mother could pass into the developing baby at any stage of pregnancy," explains Austin. "But this risk is greatest during the later stages of pregnancy and particularly during the delivery. In Rebecca's case, the level of virus in her blood was so well suppressed that it was possible for her to have a natural birth rather than Caesarean section without increasing the risk of transmitting the virus to her baby."

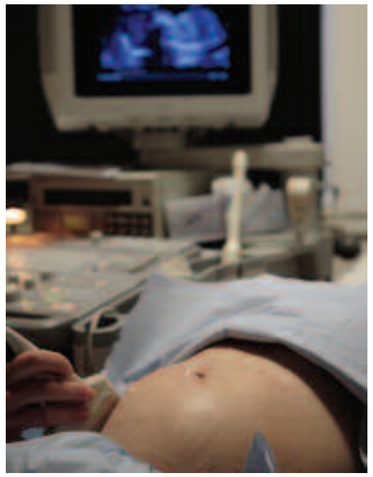
Reuben was born a healthy baby boy at 7.3lbs, and the family hasn't looked back since. "He has now had his 18 month final check for HIV and has been given the all clear," Rebecca says, hardly able to contain her excitement. "Dr Hay, Austin, the nurses, everyone, I can't thank them enough. They have all been so kind."

In the last ten years, doctors at St George's have helped more than 250 HIV positive women give birth. The virus was not known to have been transmitted to any baby in the last five years.

Since Rebecca's treatment, a team of virology, paediatric and sexual health experts at St George's have found a further drug to prevent mother-to-baby transmission of HIV in pregnant women who have become resistant to HIV medication.

"It is a relatively new drug called Enfurvitide which has never been used for this purpose before," explains Phillip, one of the authors of the research. "The results show there are considerable benefits in making this medication part of anti-HIV therapy for an expectant mother infected with a highly resistant virus."

"It's fantastic science," says Rebecca smiling. "The doctors and nurses know what they're talking about. I listened and did what I was told, and do you know what? It worked!"



"I listened and did what I was told, and do you know what? It worked!"

Rebecca Moffet, patient

Health & Safety

"Our standards of patient safety are getting better and better."

Steve Milan, Clinical Effectives Manager

This year St George's took the unprecedented step to become the first trust in the UK, if not the world, to publish its death rates for every individual clinical specialty online.

Our motives were simple: to provide patients and the general public with open, honest and understandable information so that they could make an informed choice when it comes to their own health. But beyond this, we wanted to show that when it comes to patient safety, our services are improving all the time.

"Our patients are increasingly well informed and are now able to make choices about where they go for treatment," explains former Chief Executive Peter Homa. "Many factors play a part in those choices however, the more serious and complex the operation, the more the clinical safety, record and reputation of the hospital will play a part. By using carefully risk-adjusted systems, in a format that is easy to understand, we can show our patients not only that we have high standards in patient safety, but also that they are steadily improving in the long-term."

Gathering this information, a group of managers, senior doctors and analysts keep a watchful eye over the Trust. Steve Milan, Clinical Effectiveness Manager, is a central part of this team:

"We are there to act as our patients' guardian," Steve explains. "Continuously monitoring our mortality rates provides a further backstop to patient safety."

"If we are doing something that means more patients survive, we want to learn from it. Equally, if there is deterioration in our mortality rate, we want to investigate it quickly and act to improve the outcomes for our patients."

Using an award-winning system developed by the Trust's mortality monitoring group, the team can calculate which risk factors affect the death rate of any given specialty and then apply weightings to those factors to give an average mortality rate. This information is then published as graphs on the Trust's website which chart the rise and fall of our mortality rates for all medical and surgical areas, from birth to geriatrics.

The move has been welcomed by patients, surgeons and health commentators alike. "Congratulations on your openness" and "It is excellent to see this type of information available," were just some of the comments we received from the general public.

"Not only does this information give patients, their relatives and the public the opportunity to see exactly what the chances of death are in any clinical specialty throughout the hospital, but more broadly speaking, it shows you that the overall death rate at St George's is falling. In all," Steve concludes, "our standards of patient safety are getting better and better."

For more information on mortality at St George's please visit: www.stgeorges.nhs.uk

Protecting our patients

St George's continues to stand guard against hospital acquired infections, and it is a fight that we are winning.

Over the past two years, we have reduced the number of MRSA bloodstream infections and cases of the antibiotic resistant Clostridium difficile by over a third. But there is still much more we need to do, as Aodhan Breathnach, the hospital's infection control doctor, explains:

"Complacency is not a part of our infection control strategy; commitment is, and we are determined to keep up the momentum of our campaign to reduce the risks of infection to an absolute minimum.

"Patients are screened on admission for signs of infection. Our wards are kept as clean as possible, staff are required to wash their hands with disinfectant alcohol gel before and after they come into contact with patients, and we isolate patients physically and clinically to treat them for infection and minimise the risk of an infection spreading to other patients.

"We are making clear progress. This year, there were 386 cases of C.difficile and 62 MRSA bloodstream infections. Set against 61,500 admissions, this equates to 0.6 per cent of all admissions catching C.difficile and just 0.1 of admissions acquiring MRSA bloodstream infections. Our aim is to reduce this even further."

But Aodhan is quick to point out that the Trust is powerless to stop infections entering the hospital entirely:

"There will always be a fluctuation in the number of cases depending on the mix of patients and the severity of the illnesses we treat. All we can do is continually push to minimise the risks of infection and shield our patients. This requires the cooperation of everyone who comes in contact with patients, both staff and visitors.

"Washing your hands is a simple and effective way to stop the spread of infections. Alcohol gel is available on every ward so please make use of it.

"Patients too can play their part," concludes Aodhan. "We want to encourage patients to ask their doctors and nurses if they have cleaned their hands to reassure them that everything possible is being done to protect them from infection. It really is okay to ask. Staff will not be offended if you do."

Cutting the number of infections

MRSA bloodstream infections:	
2003/04	93
2004/05	63
2005/06	62

Clostridium difficile:	
2003/04	517
2004/05	484
2005/06	386

Now wash your hands. Disinfectant alcohol gel available on every ward is a simple, quick and effective way to stop the spread of MRSA.

"I have nothing but the highest of praise for the way I was treated by all the doctors, nurses and all members of staff. I could not have wished for anything better."

Patient

Our patient care is amongst the best in the country. This is a reputation we are proud to uphold.

St George's cares for all generations at every stage of their lives. From maternity to paediatrics, emergency treatment, care for the elderly, or therapies for the most complex of injuries or diseases, St George's will deliver.

We are at the forefront of medical innovation, investing in new technology and research to provide healthcare that is truly world-class.

New vision

St George's has a bold ambition: to become the best teaching hospital in the country. The improvements we are making to patient care demonstrate that we are striding ever closer to making this vision a reality.

In March 2006, the capital's paramedics hailed St George's as the official heart attack centre for South West London. The news was welcomed by all who care for the hundreds of heart attack patients we see every year.

"St George's is the main provider of cardiothoracic services in the region and we have a strong reputation for the quality and speed of our clinical care," says Dr Stephen Brecker, Director of Cardiac Catheterisation at the Trust. "Everyone in the team is delighted to have been awarded official recognition for the emergency care we provide."

This year, St George's became the fourth hospital in London to launch a 24-hour emergency angioplasty service and provide rapid access to life-saving treatment to the victims of heart attacks.

"Previously, we knew the sooner we could give thrombolytic medication to heart attack patients, the sooner we could restore blood flow to the heart and limit the damage inflicted on the heart muscle," Stephen explains.

"Clot-busting thrombolytic drugs are the standard method of treatment offered by most A&E departments across the country. But thrombolysis can be ineffective for up to a third of patients, while a quarter of those who are given the drugs can go on to suffer another heart attack. Research shows that performing an emergency angioplasty can be much more clinically effective."

The minimally invasive procedure involves inserting a small balloon into a blocked artery that has caused the heart attack. The balloon is then inflated and removed, leaving in place a stent – a rigid support mechanism which squashes the fatty deposit blocking the artery, allowing blood to flow more easily.

The reaction to the new service has been unanimous:

"It is clearly the best treatment for patients," says Breege Skeffington, senior sister on the Coronary Care Unit. "Patients are able to get treatment straight away, suffer fewer complications and return home more quickly."

Patients agree: "I would like to thank the astounding team on your Coronary Care Unit," wrote patient Sandy Cumming in a letter to the Trust's Chief Executive. "The surgery was quick and effective, as was the excellent pre- and post-operative care I received. I am pleased to say that I am now fighting fit."

St George's has performed around 180 primary angioplasties this year. Our aim is to increase this to 250 by 2006/07.

Raising the standard

We are very proud of our nursing and midwifery staff – all 2,500 of them.

Over the past year, our nurses have given patients the same level of care, compassion and commitment that has made St George's one of the finest hospitals in the country. But they are also leading the way when it comes to raising the standards of patient care.

"Nurses are the driving force behind many of the changes happening in patient care," says Geraldine Walters, the Trust's Director of Nursing.

"As part of the Trust's turnaround programme, nursing and midwifery staff have been working hard to reduce the reliance and expense of employing temporary agency staff whilst maintaining and improving the quality of care we offer our patients."

To support this, the Trust has developed a quality scorecard which aims to measure the quality of our nursing care across all wards and encourage continued improvement.

"Covering all areas from hand hygiene to complaints and letters of thanks, the quality scorecard is a simple but effective way of monitoring what we do well and where there is room for improvement.

"As a direct result, the Trust has recorded its lowest ever incidence of hospital acquired pressure ulcers," she concludes. "Which considering the number of 'at risk' patients we treat, is one of the markers of high-quality nursing care."

"I feel so privileged to have had the opportunity to be in Dr Lim's care at St George's and to have a second chance at enjoying my forties (and well beyond, I hope!)"

Sandy Cumming, patient

Observation: Dr Stephen Brecker checks on the progress of his patient following a life-saving operation.

New Life

"Rich or poor, if I could have paid for treatment I would not have got it any better than at St George's. Quite simply, they have given me my life back." Anthony Dennis, patient

"The first thing I remember is the ambulance doors opening and seeing my mum," says 18 year-old Danielle Harding. "She had such a worried look on her face. After that, I only remember waking up on the ward with my mum sat by my side, my operation a success. A week later, I was back at home relaxing."

Danielle, from Tooting, had suffered a severe stroke. Major strokes are fatal in a third of all cases and a further third of these cases can leave patients with some form of disability. But doctors at St George's have moved to better the odds by providing stroke victims with rapid access to clot-busting drugs.

"By giving stroke patients thrombolytic drugs within three hours of an attack we can break up the blood clots which cause strokes before they can destroy the parts of the brain that control speech and movement," explains Hugh Markus, Professor of Neurology at the hospital. "In doing this, research shows that recovery can be significantly improved by up to 30 per cent." St George's is one of less than 20 units in the UK to offer such treatment.

But when Danielle arrived at St George's over three hours had already passed.

Hugh's colleague in Neurology, Dr Andrew Clifton, joined the team to perform a more complicated procedure; passing a small catheter into a blood vessel in Danielle's brain and inserting clot-busting treatment directly into the blood-clot. The results were amazing.

"Before treatment, Danielle could not speak or move her right side," says Hugh. "When I saw her in intensive care two hours later, she was talking and had good movement. By the next day, her speech had returned to normal and she was walking around. Without this treatment I would have expected her to have been in hospital for many weeks and permanently left with some disability, if indeed she had survived at all."

Danielle is just one example of changes we are making to stroke care at St George's to improve services for patients.

St George's now runs a rapid access clinic for victims of Transient Ischaemic Attacks (TIA). Also known as a 'minor stroke,' TIAs can often act as a precursor to a full-blown stroke.

The new one-stop clinic offers patients blood tests, electrocardiographs, carotid duplex and CT scans plus the results of those tests all on the same day, allowing for quicker diagnosis and quicker treatment. By seeing patients within a few days of an attack, the risk of suffering a major stroke can be halved.

However, our care does not just centre around the treatment of strokes, but also the prevention.

69 year-old Anthony Dennis from Wimbledon also benefited from our stroke care this year. Anthony first suffered a stroke three years ago, but has since had two artificial arteries inserted into his brain to treat narrowing arteries and prevent further strokes from occurring.

Speaking about his treatment, Anthony said: "Your experience of hospital care is dependent solely on its staff; their attitude, competence and compassion. All at St George's have been first class. My care has been immediate and excellent."

St George's has one of the best stroke units in the country, according to an independent report by the Royal College of Physicians in 2004. More than 240 hospitals came under scrutiny in the report.

"This is a great credit to the hard work of the stroke team," says Hugh of the achievement. "We treat over 400 stroke patients every year. Not only have we improved our care, but by operating more efficiently, we are now able to offer patients a faster service when quick access to treatment is essential. Our patients are also now discharged earlier, on average after 22 days compared with the national average of 31 days."

Anthony is in full agreement: "Rich or poor, if I could have paid for treatment I would not have got it any better than at St George's," he says. "Quite simply, they have given me my life back."

Expertise: St George's is treating more patients than ever before with an advancing array of ground-breaking treatments and therapies

"From day one, I have had nothing but admiration for everyone at St George's. Walking back on the wards it's like you're catching up with old friends. They've done so much for me, and for that I am forever grateful."

James Parsons, patient

Our patients are the most important part of life at St George's. They are our single biggest supporters as well as our strongest critics.

As our clients, we must listen to their views and opinions of our services. Only through involving patients will we know what we are doing well and learn what we can do better.

St George's prides itself on working in partnership with our patients and members of the local community to ensure our services consistently meet their needs and expectations.

Patient Partnership

Teamwork: James Parsons is greeted on Allingham Ward by junior sister Kay Elkins (left) and staff nurse Chipo Matemadomdo (right).

"No business could ever hope to improve its services without first consulting its customers. Healthcare is no different."

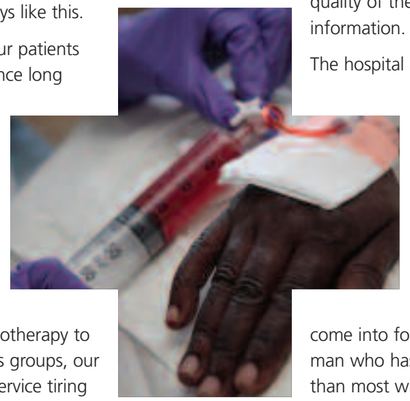
Sarah Houston, Patient Advice and Involvement Manager.

"Only by taking our patients' perspectives into account can we improve the quality of our services and centre the needs, priorities and standards that patients themselves have identified at the core of everything we do," explains Sarah.

"Our patients are surveyed on a regular basis to assess their experiences of the hospital; staff are encouraged to shadow patients and carers on their journey through the Trust to better understand patients' perspectives of our services; and patient representatives form an integral part of committees and steering groups across the Trust, working in partnership alongside clinicians and managers to improve the way we work. And this teamwork has delivered results."

Cancer services at St George's were applauded this year for their innovative care, shortened waiting times and exceptional support for patients as part of the National Cancer Peer Review. But the service was not always like this.

"A few years ago, our patients would often experience long delays waiting for chemotherapy on the day of their treatment," says lead cancer nurse, Catherine Oakley. "Patients would have to sit and wait after their blood tests for chemotherapy to be prepared. In focus groups, our patients found this service tiring and disorganised. We put a stop to this, setting up a more logical and streamlined service. Patients now have two planned visits; one for their blood tests, and a second where they return for treatment with everything ready and waiting in place."



The improvements in service were evident in the outcome of the peer review. A troop of 30 assessors including doctors, nurses and members of the Department of Health's Cancer Action Team spent two days at the hospital examining clinical data, patient testimonies and carrying out in-depth interviews with patients and managers to assess the quality of our cancer care. Their decision was unanimous: Cancer services at St George's had been 'transformed since the last peer review in 2001,' giving what was described as an 'excellent performance' and expertise in the diagnosis and treatment of cancer, the reorganisation of chemotherapy services to reduce waiting times and the quality of the Trust's patient information.

The hospital also received 100 per cent compliance with the standard for intrathecal chemotherapy – one of only three trusts to have been given a perfect score to date.

One patient who has seen all these changes come into force is James Parsons; a man who has been through more than most with his illness, but whose smile never lessens, much to the delight of the nurses on the ward.

The 64-year-old was diagnosed with an aggressive form of bowel cancer in 2001. A keen sportsman who has always adhered to a healthy lifestyle, the diagnosis came as a shock to him, his wife and family. But James decided to fight, and his optimism and zest for life has made him a popular hit with both staff and patients.

"I say to them: 'Look at me. I've had an added bonus of five years thanks to the treatment I've received here, and the service keeps getting better. The new system for chemotherapy is now made for our convenience; there's much less hanging around and you can plan your life around treatments more easily" he explains.

"From day one, I have had nothing but admiration for everyone at St George's; the surgical team, the oncology nurses, the staff on reception. Walking back on the wards, it's like you're catching up with old friends. They've done so much for me, and for that I am forever grateful."

St George's is one of the leading providers of cancer services in South West London. It performs 75 per cent of all complex cancer services in the region treating over 3,000 patients a year, and 30 per cent more black and minority ethnic patients than the national average.

The diagnosis

The diagnosis for St George's is good. We are facing our challenges and in doing so we are growing in strength.

We have improved the efficiency of the hospital. By making better use of our resources, we have been able to close around ten per cent of our bed stock and treat an extra 5,200 patients – more than ever before, including an additional 2,200 inpatients, 1,700 A&E patients and 1,200 day surgery patients.

Our waiting times are in line with Government targets. The average length of stay has fallen across the hospital, and above all, we have continued to raise the standard for the level of care our patients receive.

This improvement in service is a direct result of the efficiency drive linked to the Trust's financial recovery plan. This process has allowed us to refocus our performance, concentrate on pushing down waiting times, and importantly, improve patient care.

Our success was reflected in the Annual Health Check self assessment 2005/06 – part of the Department of Health's new system for rating the performance of all NHS trusts in the country.

Measured against a set of core standards including patient safety, clinical effectiveness, and the cleanliness and maintenance of our estate, the Trust exceeded all but one of the targets – our finances.

However, as you will have read throughout this report, progress is being made to clear our debts and return the Trust to financial balance in 2007/08. Many steep challenges lie ahead. In May 2006, the Trust was asked to speed-up its financial recovery plan and set an in-year savings target of £30.6 million. This is no easy task, but a task the Trust is determined to achieve.

Once accomplished, we will be in a stronger position to build on our reputation as one of the finest hospitals in the country. In the meantime, our focus remains set on maintaining and improving the quality of our services and providing superior care throughout the lives of all who need St George's.

Full details of our Annual Health Check self assessment can be found at: www.stgeorges.nhs.uk/stgeorges_healthcheck.asp

The Facts of Life

"We want to give special praise to the midwife who delivered our daughter. She made the whole experience of giving birth so fantastic." Patient

2005/06 has been a demanding year for the Trust but it has seen our performance against national standards grow increasingly strong. Here are just some of the highlights:

Activity

St George's treated more patients this year than ever before:

- 98,700 patients treated in A&E – a 12 per cent increase in activity over the past two years
- Over 421,000 outpatient appointments
- 25,200 day case procedures performed
- 4,660 babies delivered
- 257,900 diagnostic tests including x-rays, ultrasounds and MRI scans performed
- GP referrals up six per cent since 2004
- 61,500 inpatients admitted signalling a 8.9 per cent rise in elective admissions and a 5 per cent rise to 45,200 non-elective admissions

Access

We have met all national waiting time targets:

- Outpatients wait no longer than 13 weeks for their first appointment
- Inpatients wait no more than six months for surgery. Three years ago patients would have had to wait up to a year for surgery and 21 weeks to see a consultant
- We were the first trust in the country to meet the national heart surgery target and reduce our revascularisation waiting list to less than three months
- From January 2006, 98 per cent of cancer patients should not have had to wait longer than 31 days from diagnosis to treatment and 95 per cent of patients no longer than 62 days from GP referral to treatment. We have consistently met this target since December 2005.
- 100 per cent target for all elective inpatient bookings, day case and outpatient GP referrals were successfully met for 'Choose and Book,' the national programme to give patients more choice of when and where they go for treatment.
- 98% per cent of all A&E patients were seen in four hours for all but one quarter of the year. Unprecedented levels of A&E attendance and an outbreak of a winter vomiting virus in the local community forced us one per cent below target to 97 per cent. This dip below target was short-lived. Quick action taken by the Trust and the effectiveness of our infection control strategy soon returned us back above target.

Safety

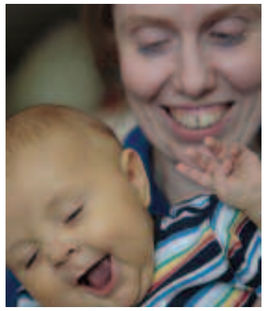
Our standards of patient safety are exemplary:

- We have continued to curb the spread of MRSA bloodstream infections from 93 cases three years ago to 62 this year, and we are in line to achieve the 60 per cent reduction required by March 2008.
- The Trust performed favourably in the 2006 PEAT inspection published by the National Patients Safety Agency for the improvements made to cleanliness and food standards across our estate.

Quality

And the quality of our patient care continues to improve:

- In the 2005 inpatient survey, 96 per cent of our patients said they were treated with dignity and respect
- 94 per cent of patients rated the team work amongst our doctors and nurses between good and excellent
- 93 per cent of patients rated their care as good to excellent
- and 92 per cent of our patients said they would recommend St George's to their friends and family



Meet our Board

St George's Healthcare NHS Trust is managed by a Trust Board which consists of a Chairman, 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.

Non-Executive Directors

Naaz Coker Chairman

Register of Interest
Trustee, Royal Society of Arts
Association Member, Oxfam
Member, Dr Foster's Ethics Committee
Vice President, Medact
Patron, The Jewish Museum
Patron, St George's Kidney Patients' Association

Diane Mark Vice Chairman

Register of Interest
Trustee, St George's Charitable Foundation
Trustee, Ronald McDonald House, Tooting
Lay Magistrate, Department of Constitutional Affairs

Professor Sean Hilton Non-Executive Director

Register of Interest
Governor, Anglo-European Chiropractic Group
Trustee, General Practice Airways Group

Valerie Vaughan-Dick Non-Executive Director

Register of Interest
Director of Finance and Resources, Department of Constitutional Affairs
Director, V&A UK Limited

Mike Rappolt Non-Executive Director

Register of Interest
Non-Executive Director, Nexus Plc
Chairman, Wimbledon Civic Theatre Trust
Governor, Contemporary Dance Trust
Shareholder, PA Consulting Group (less than 1% of company)
Deputy Chairman, Raynes Park High School
Various shareholdings (all under 1% of company)

Valerie Moore Non-Executive Director

Register of Interest
Lay Magistrate, Department of Constitutional Affairs
Inner London Youth Panel, Department of Constitutional Affairs
Partner, Moore Adamson Craig Partnership LLP
Lay Member, Cross Discretional Purchase Panel

Executive Directors

Dr Peter Homa Chief Executive Director

Register of Interest
Honorary Professor of Health Policy, London School of Economics
Honorary Senior Lecturer, University of Leicester, Faculty of Medicine

Marie Grant,
Director of Operations and Performance

Register of Interest
None

Dr Chris Streather, Medical Director

Register of Interest
Occasional contributor to MPs briefings New Healthcare Network

Mr Mike Bailey Medical Director

Register of Interest
None

Dr Derek Dundas Medical Director

Register of Interest
Chair, George Cordiner Radiological Trust

Dr Geraldine Walters
Director of Nursing and Patient Involvement

Register of Interest
Visiting Professor, Buckinghamshire Chilterns University College Chair, London Network for Nurses and Midwives (unpaid)
Governor, Royal College of Nursing Institute Board of Governors (non salaried)

Colin Watts Director of Human Resources

Register of Interest
Governor, Kingston University
External Member, Standards Committee, London Borough of Wandsworth

Colin Gentile Turnaround Director and Executive Director of Finance

Register of Interest
External member of Audit Committee, Horniman Museum (unpaid)

Neal Deans Director Facilities and Estates

Register of Interest
None

Board Members' attendance at Board meetings in 2005/06

Chair and Non-Executive Directors	
Naaz Coker	Attended 6 of 6 meetings
Diane Mark	Attended 6 of 6 meetings
Sean Hilton	Attended 5 of 6 meetings
Valerie Vaughan-Dick	Attended 5 of 6 meetings
Mike Rappolt	Attended 5 of 6 meetings
Valerie Moore	Attended 4 of 6 meetings
Executive Directors	
Peter Homa	Attended 6 of 6 meetings
Marie Grant	Attended 6 of 6 meetings
Chris Streather	Attended 6 of 6 meetings
Mike Bailey	Attended 5 of 6 meetings
Derek Dundas	Attended 2 of 2 meetings (Jan – Mar 2006)
Patricia Hamilton	Attended 3 of 4 meetings (Mar – Dec 2005)
Geraldine Walters	Attended 6 of 6 meetings
Colin Gentile	Attended 6 of 6 meetings
Colin Watts	Attended 5 of 6 meetings
Neal Deans	Attended 4 of 6 meeting

Financial Summary 2005-2006

In 2005/06 St George's Healthcare NHS Trust reported a deficit of £33,569,000† on income and expenditure and a 3.0% rate of capital cost absorption which was within the materiality range of 3.0% and 4.0% required by the NHS Executive. The Trust met both its Capital Resource Limit and External Financing Limit. The following statements represent a summary for financial information about the Trust.

The full accounts are available on request from the Director of Finance, St George's Healthcare NHS Trust, Bronte House, St George's Hospital, Blackshaw Road, London, SW17 0QT. Telephone: 020 8725 1346

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

I have examined the summary financial statements set out on pages 33 to 38.

This report is made solely to the Board 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 auditors

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 statements 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 statements.

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.

Opinion

In my opinion, the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.

Susan M Exton
District Auditor
23 August 2006

Audit Commission
1st Floor Milbank Tower
Milbank
London SW1P 4HQ

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2006	NOTE	2005/06 £000	Restated* 2004/05 £000
Income from activities	3	**268,452**	260,935
Other operating income	4	**68,444**	68,459
Operating expenses	5-7	**(367,342)**	(345,044)
OPERATING DEFICIT		**(30,446)**	(15,650)
Cost of fundamental reorganisation/restructuring		**0**	0
Profit (loss) on disposal of fixed assets	8	**3,214**	(460)
SURPLUS (DEFICIT) BEFORE INTEREST		**(27,232)**	(16,110)
Interest receivable		**360**	422
Interest payable	9	**0**	(2)
Other finance costs - unwinding of discount	16	**(35)**	(58)
Other finance costs - change in discount rate on provisions	16	**(20)**	0
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR		**(26,927)**	(15,748)
Public Dividend Capital dividends payable		**(6,642)**	(5,908)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR		**(33,569)**	(21,656)

All income and expenditure is derived from continuing operations.

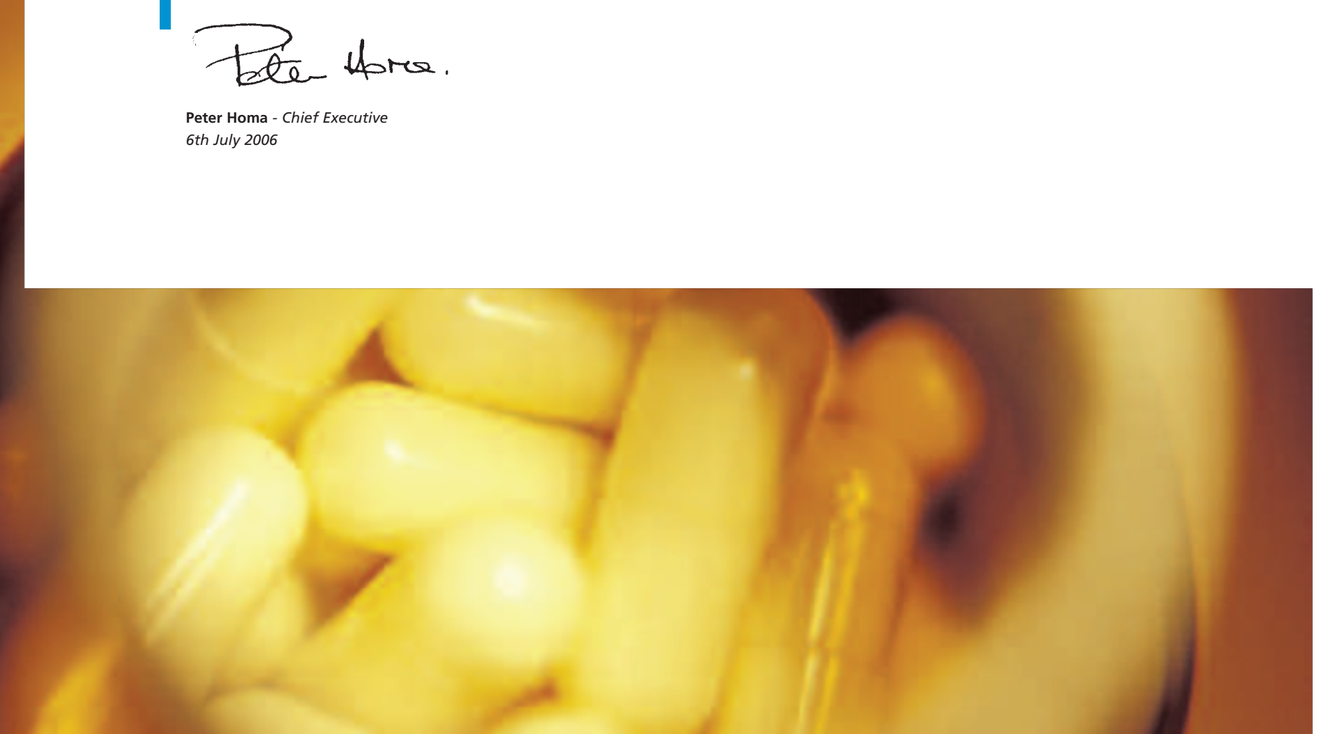
† The retained deficit in 2005/06 of £33,569k includes the repayment of £21,996k to the Department of Health in respect of deficits incurred in previous financial years. The accounting practice - which is known as Resource Allocation Budgeting (RAB) - of charging the repayment of previous years' deficits to the Income and Expenditure account is required by HM Treasury. The repayment should be excluded from the reported deficit to identify the Trust's actual financial performance during the year and on this basis the Trust incurred an 'in-year' deficit of £11,573k in 2005/06 compared to the 'in-year' deficit of £21,656k in 2004/05.

*The 2004/05 comparative figures have been restated to exclude all balances relating to the Central Office for Research Ethics Committees which transferred to the National Patient Safety Agency (NPSA) on 1st April 2005. In accordance with Financial Reporting Standard 6 (Mergers and Acquisitions), these balances will be included in the accounts of the NPSA.

	2005/06 £000	2004/05 £000
Reported income and expenditure deficit	**33,569**	21,656
Less: Repayment for previous years' deficits	**(21,996)**	0
'In-year' income and expenditure deficit	**11,573**	21,656

BALANCE SHEET AS AT 31 March 2006

	NOTE	31 March 2006 £000	Restated 31 March 2005 £000
FIXED ASSETS			
Intangible assets	10	**607**	424
Tangible assets	11	**238,903**	250,121
Investments	14.1	**0**	0
		239,510	250,545
CURRENT ASSETS			
Stocks and work in progress	12	**5,008**	4,331
Debtors	13	**49,187**	36,939
Investments	14.2	**0**	0
Cash at bank and in hand	18.3	**84**	68
		54,279	41,338
CREDITORS: Amounts falling due within one year	15	**(46,770)**	(60,964)
NET CURRENT ASSETS (LIABILITIES)		**7,509**	(19,626)
TOTAL ASSETS LESS CURRENT LIABILITIES		**247,019**	230,919
CREDITORS: Amounts falling due after more than one year	15	**0**	0
PROVISIONS FOR LIABILITIES AND CHARGES	16	**(4,382)**	(5,338)
TOTAL ASSETS EMPLOYED		**242,637**	225,581
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital	22	**166,325**	116,688
Revaluation reserve	17	**106,081**	103,729
Donated asset reserve	17	**14,446**	15,789
Government grant reserve	17	**820**	854
Other reserves	17	**1,150**	1,150
Income and expenditure reserve	17	**(46,185)**	(12,629)
TOTAL TAXPAYERS' EQUITY		**242,637**	225,581



CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2006

	NOTE	2005/06 £000	Restated 2004/05 £000
OPERATING ACTIVITIES			
Net cash inflow/(outflow) from operating activities	18.1	**(46,188)**	4,126
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Interest received		**376**	371
Interest paid		**0**	(2)
Interest element of finance leases		**0**	0
Net cash inflow/(outflow) from returns on investments and servicing of finance		**376**	369
CAPITAL EXPENDITURE			
(Payments) to acquire tangible fixed assets		**(12,117)**	(10,265)
Receipts from sale of tangible fixed assets		**15,273**	0
(Payments) to acquire intangible assets		**(323)**	(239)
Receipts from sale of intangible assets		**0**	0
(Payments to acquire)/receipts from sale of fixed asset investments		**0**	0
Net cash inflow/(outflow) from capital expenditure		**2,833**	(10,504)
DIVIDENDS PAID		**(6,642)**	(5,908)
Net cash inflow/(outflow) before management of liquid resources and financing		**(49,621)**	(11,917)
MANAGEMENT OF LIQUID RESOURCES			
(Purchase) of current asset investments		**0**	0
Sale of current asset investments		**0**	0
Net cash inflow/(outflow) from management of liquid resources		**0**	0
Net cash inflow/(outflow) before financing		**(49,621)**	(11,917)
FINANCING			
Public dividend capital received		**69,637**	22,917
Public dividend capital repaid (not previously accrued)		**(20,000)**	(11,000)
Public dividend capital repaid (accrued in prior period)		**0**	0
Loans received		**0**	0
Loans repaid		**0**	0
Other capital receipts		**0**	0
Capital element of finance lease rental payments		**0**	0
Cash transferred (to)/from other NHS bodies		**0**	0
Net cash inflow/(outflow) from financing		**49,637**	11,917
Increase/(decrease) in cash		**16**	**0**

Peter Homa - *Chief Executive*
6th July 2006

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2006	2005/06 £000	Restated 2004/05 £000
Surplus (deficit) for the financial year before dividend payments	**(26,927)**	(15,748)
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	2,675	54,758
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	116	1,188
Defined benefit scheme actuarial gains/(losses)	0	
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	**(24,136)**	40,198
Prior period adjustment	**0**	0
Total gains and losses recognised in the financial year	**(24,136)**	40,198

Reductions in the donated asset and government grant reserves due to the depreciation, impairment and disposal of donated and government grant financed assets are no longer included in the Statement of Recognised Gains and Losses.

3. INCOME FROM ACTIVITIES	2005/06 £000	Restated 2004/05 £000
Strategic Health Authorities	**1,297**	625
NHS Trusts	**340**	9
Primary Care Trusts	**242,432**	256,032
Foundation Trusts	**9**	196
Local Authorities	**0**	28
Department of Health	**19,818**	745
NHS Other	**477**	167
Non NHS:		
• Private Patients	**3,143**	2,027
• Overseas patients (non-reciprocal)	**120**	382
• Road Traffic Act	**767**	679
• Other	**49**	45
	268,452	260,935

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

4. OTHER OPERATING INCOME	2005/06 £000	Restated 2004/05 £000
Patient transport services	**0**	0
Education, training and research	**50,413**	49,602
Charitable and other contributions to expenditure	**703**	525
Transfers from donated asset reserve	**1,752**	1,581
Transfers from government grant reserve	**51**	49
Non-patient care services to other bodies	**10,385**	9,975
Income Generation	**3,887**	3,962
Other income	**1,253**	2,765
	68,444	68,459

5. OPERATING EXPENSES 5.1 Operating expenses comprise	2005/06 £000	Restated 2004/05 £000
Services from other NHS Trusts	**2,465**	2,591
Services from other NHS bodies	**9,464**	8,898
Services from Foundation Trusts	**753**	329
Purchase of healthcare from non NHS bodies	**150**	330
Directors' costs	**1,747**	1,212
Staff costs	**236,050**	222,687
Supplies and services - clinical	**61,938**	57,808
Supplies and services - general	**8,904**	8,953
Establishment	**2,868**	3,648
Transport	**2,709**	2,763
Premises	**19,196**	19,950
Bad debts	**1,870**	160
Depreciation and amortisation	**12,983**	11,375
Fixed asset impairments and reversals	**0**	0
Audit fees	**217**	118
Other auditor's remuneration	**0**	114
Clinical negligence	**4,380**	5,000
Other	**1,648**	(892)
	367,342	345,044

6.4 MANAGEMENT COSTS	2005/06 £000	2004/05 £000
Management costs	**14,769**	13,846
Income	**336,896**	333,532

7.2 THE LATE PAYMENT OF COMMERCIAL DEBTS (Interest Act 1998)	2005/06 £000	2004/05 £000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	**0**	2
Compensation paid to cover debt recovery costs under this legislation	**0**	0

7. BETTER PAYMENT PRACTICE CODE 7.1 BETTER PAYMENT PRACTICE CODE – measure of compliance	2005/06 Number	2005/06 £000
Total Non-NHS trade invoices paid in the year	**86,474**	**146,672**
Total Non-NHS trade invoices paid within target	**70,302**	**127,167**
Percentage of Non-NHS trade invoices paid within target	**81%**	**87%**
Total NHS trade invoices paid in the year	**3,230**	**24,504**
Total NHS trade invoices paid within target	**1,322**	**7,246**
Percentage of NHS trade invoices paid within target	**41%**	**30%**

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.

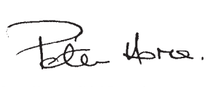
ST. GEORGE'S HEALTHCARE NHS TRUST
SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS
A) Remuneration

Name and Title	Salary (bands of £5000) £000	2005-06 Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	2004-05 Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
Executive Directors						
Mr Peter Homa, Chief Executive Director	175-180	0-5	0	155-160	0-5	0
Mr Colin Gentile, Director of Finance	115-120	0-5	0	95-100	0-5	0
Mrs Marie Grant, Director of Operations and Performance	105-110	0-5	0	110-115	0-5	0
Dr Geraldine Walters, Director of Nursing	90-95	0-5	0	85-90	0-5	0
Mr Christopher Streather, Medical Director	20-25	110-115	0	10-15	130-135	0
Mr Mike Bailey, Medical Director	20-25	145-150	0	10-15	85-90	0
Ms Patricia Hamilton, Medical Director pye	15-20	175-180	0	10-15	195-200	0
Dr Derek Dundas, Medical Director pye	0-5	115-120	0			
Mr Colin Watts, Director of Human Resources	85-90	0-5	0	85-90	0-5	0
Dr Karen Castille, Director of Strategy and Service Improvement	90-95	0-5	0	20-25	0-5	0
Mr Neal Deans, Director of Estates	95-100	0-5	0	15-20	0-5	0
Non-Executive Directors						
Ms Naaz Coker, Chairman	20-25	0-5	0	20-25	0-5	0
Professor Sean Hilton, Non-Executive Director	5-10	0-5	0	5-10	0-5	0
Ms Diane Mark, Non-Executive Director	5-10	0-5	0	5-10	0-5	0
Ms Valerie Moore, Non-Executive Director	5-10	0-5	0	0-5	0-5	0
Ms Valerie Vaughan-Dick, Non-Executive Director	5-10	0-5	0	5-10	0-5	0
Mr Michael Rappolt, Non-Executive Director	5-10	0-5	0	0-5	0-5	0

ST. GEORGE'S HEALTHCARE NHS TRUST
B) Pension Benefits

Name and Title	Real increase in pension and related lump sum at age 60 (bands of £2500) £000	Lump sum at aged 60 related to real increase in pension (bands of £2500) £000	Total accrued pension and related lump sum at age 60 31 March 2006 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2006 £000	Cash Equivalent Transfer Value at at 31 March 2005 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
Mr Peter Homa, Chief Executive Director	20-22.5	155-157.5	205-210	738	646	92	0
Mr Colin Gentile, Director of Finance	25-27.5	107.5-110	145-150	478	395	83	0
Mrs Marie Grant, Director of Operations and Performance	(5)-(2.5)	127.5-130	170-175	730	722	8	0
Dr Geraldine Walters, Director of Nursing	12.5-15	80-82.5	105-110	399	333	66	0
Mr Christopher Streather, Medical Director	5-7.5	65-67.5	85-90	275	258	17	0
Mr Mike Bailey, Medical Director	25-27.5	145-147.5	190-195	859	734	125	0
Ms Patricia Hamilton, Medical Director pye	15-17.5	152.5-155	200-205	869	780	89	0
Dr Derek Dundas, Medical Director pye	(12.5)-(12)	117.5-120	155-160	609	641	(32)	0
Mr Colin Watts, Director of Human Resources	5-7.5	107.5-110	140-145	663	623	40	0
Dr Karen Castille, Director of Strategy and Service Improvement	5-7.5	85-87.5	110-115	396	369	27	0
Mr Neal Deans, Director of Estates	25-27.5	65-67.5	85-90	315	220	95	0

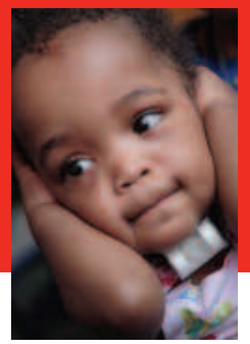
As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. 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 2004-05 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.



Peter Homa - *Chief Executive*
6th July 2006

Colin Gentile - *Turnaround Director and Executive Director of Finance*
6th July 2006

"I would just like to say thank you for my operation. You must have done a very good job as I have not missed a single day at school." Anon, patient



St George's Charitable Foundation

We are immensely grateful and appreciative of the support we continue to receive from the St George's Charitable Foundation.

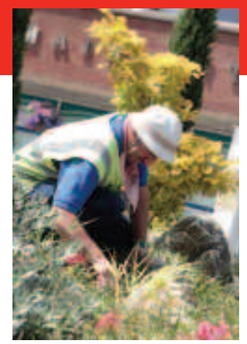
This year, the Charitable Foundation generously made numerous capital grants available to help benefit patients, staff, relatives and visitors at St George's. These projects have included:

- £564,000 for the refurbishment of the children's outpatient department
- £300,000 for the upgrading and refurbishment of Vernon, Gray and Cheseldon wards
- £315,000 to redesign and improve the patient waiting area in ultrasound
- £60,000 to refurbish the delivery suite, and
- £50,000 for the establishment of the Trust's new patient Health Information Centre

All money raised to support these initiatives comes from the generosity of individual donors or through sponsored events organised by members of staff and the local community. We look forward to working with the Trustees of the Charitable Foundation to identify suitable projects in the future and further benefit patients and staff across the hospital.

For more information about the Charitable Foundation or to offer your support, please visit www.stgeorges.nhs.uk/charitablefoundindex.asp

(Registered charity number 241527)



Thank you to our sponsors for their support in producing this annual report:
GSL provider of regional patient transport; **Unisurge** for supplying custom-specified theatre packs; **Kimberly-Clark** for providing disposable theatre products; **Agresso** financial management systems; and **Xerox**, supplier of business machines and applications.

Acknowledgements

Thank you to everyone whose help and support made production of this annual report possible.

Ernestina Lartey, Chris Evans, Rebecca, Sean and Reuben Moffet, Phillip Hay, Austin Ugwumadu, Steve Milan, Trudi Kemp, Jan Poloniecki, Stephen Brecker, Breege Skeffington, Tom Ellis, Anne-Marie Murtagh, Danielle Harding, Anthony Dennis, Hugh Markus, Andy Clifton, Jayne Quigley, Sue Cooper, James and Sue Parsons, Catherine Oakley, Neil Redfern, Sarah Houston, Liz Woods, Kevin Saunders, Laura Johnson and the team, Izzie Kpobie and Nazet Pereira.

Produced by the Communications Unit, St George's Healthcare NHS Trust

Design: www.marketing-impact.biz

Photography: Tim Rumble, Mark Evenden

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