



Working  
together  
to improve  
patient  
care

# Leading teaching hospitals

Guy's and St Thomas' Hospital NHS Trust is made up of two of London's oldest and most well known teaching hospitals. The hospitals have a long history, dating back almost 900 years, and have been at the forefront of medical innovation and progress since they were founded. Both hospitals have built on these traditions and continue to have a reputation for excellence and innovation. For the second year running, they have been awarded a maximum three stars in the Government's performance ratings.

As well as providing a full range of hospital services for our local communities in Lambeth and Southwark the Trust provides specialist services for patients from further afield, including cancer, cardiac, renal and children's services. Guy's is also home to the largest dental hospital in Europe.

As major teaching hospitals, Guy's and St Thomas' work closely with our major academic partner, King's College London. The Trust plays a key role in the education and training of tomorrow's doctors, nurses and other health professionals.

The Trust has many exciting plans for the future. Last year it opened a new Women's and Neonatal Centre at St Thomas'. Building work is currently underway on the new Evelina Children's Hospital, also at St Thomas', creating a landmark building that will open in 2004.

The Trust is one of the largest employers locally, with over 8,000 staff, and is working hard to reflect the cultural and ethnic diversity of the communities it serves. The Trust is also strengthening its partnerships with patients and local people, as well as neighbouring NHS Trusts, strategic health authorities, local authorities, GPs and voluntary organisations.

The success of our hospitals depends on the commitment and dedication of our staff, many of whom are world leaders in the fields of health care, teaching and research. The Trust continues to work hard to recruit and retain the best doctors, nurses, therapists and the full range of other staff on whom the smooth running of our services depends.

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### **Patient Advice and Liaison Service**

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### **Communications**

If you have a media enquiry, require further information about our hospitals, or would like more copies of this report or a copy of the full accounts, please contact:

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### **Recruitment**

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## contents

<b>2</b>	<b>Chairman's report</b>	<b>28</b>	<b>Some highlights of our year</b>
<b>4</b>	<b>Chief Executive's report</b>	<b>32</b>	<b>Our performance</b>
<b>7</b>	<b>Clinical directorates:</b>	<b>34</b>	<b>Listening to our patients</b>
	Acute medicine	<b>36</b>	<b>Working in partnership</b>
	Cardiothoracic services	<b>39</b>	<b>Valuing our staff</b>
	Children's services and genetics	<b>44</b>	<b>Investing in our nurses</b>
	Dental services	<b>45</b>	<b>Research and development</b>
	Diagnostic and therapeutic services	<b>46</b>	<b>Our management structure</b>
	Oncology and haematology services	<b>51</b>	<b>Summary financial statements</b>
	Perioperative medicine		
	Renal and urological services	<b>59</b>	<b>Picture captions</b>
	Specialist medicine		
	Surgery		
	Women's health services		



# Chairman's message



We are pleased this year that the Commission for Health Improvement's report was good, and that the Trust retained its three star status. The continued emphasis in the National Health Service on targets, with attention especially to waiting times for treatment is controversial and sometimes gives rise to criticism. There is no doubt however overall, that this focus has led to a steady fall in the time patients wait to be seen and for treatment, and to other improvements. We should not underestimate progress, while recognising that there is still a long journey ahead before all patients are treated promptly.

The improvements so far require a substantial and constant effort by staff at all levels, some of whom spend many years in unglamorous, often unrecognised jobs behind the scenes. Those that we meet annually at our long service award functions and at our Veterans, Fellowship and Leagues of Friends gatherings exemplify real devotion to the NHS. We need to remind ourselves constantly that staff give time and commitment because they want to work in a public sector ethos looking after others. It is, therefore, exceptionally important that the Trust maintains a good working environment and an

open and inclusive culture.

This was exemplified again recently by the first anniversary celebration of our Black and Minority Ethnic network led by Jackie Dunkley-Bent. These staff members are an inspiration to their peers in the leadership that they give on diversity issues. Guy's and St Thomas' is beginning to understand the importance of this work and will continue to give it enthusiastic support. We were proud too to gain whole organisation *Investors in People* accreditation – a tribute to the opportunities and the ethos we try to create for our staff.



We have reached out this year to numerous other groups, notably our Primary Care Trust and Local Authority friends who have joined us formally and informally at various events. One particularly important occasion was the 450th anniversary of the refounding of St Thomas' Hospital by King Edward VI in 1553, marked by a magnificent shared service at St Paul's Cathedral.

We have welcomed the Rt Hon Jack Straw MP to address staff and friends at the Annual Lord Mayor's lecture, the previous Secretary of State, the Rt Hon Alan Milburn MP, and a number of other ministers and government advisors. We were especially honoured to receive a very early visit from our near neighbours the Most Rev Rowan Williams, Archbishop of Canterbury and Mrs Williams when the Archbishop laid the Foundation Stone of the new Evelina Children's Hospital at St Thomas'. We look forward to a long and happy relationship with Lambeth Palace under Dr Williams's leadership. This new children's hospital, together with the anticipated Founder's Place development and many other important initiatives, result from the generosity of the Guy's and St Thomas' Charitable Foundation. The Trust Board and the local community owe the Foundation's donors and Trustees a huge debt of gratitude.

Many Trust staff reach out to groups of local people in a number of organisations. For example, the Lambeth Pensioners Action Group who held a second conference at the Trust on care of the elderly, the Lupus charities, Cancer Black Care and many others keep us in close touch with patients' needs and opinions. It is difficult for big organisations to respond quickly and sympathetically to new ideas – hence the importance both of the modernisation programme and of real joint working which allows us to learn from others and adapt to change. The work led by our Chief Executive Dr Michael on developing a long term service strategy, which will consider new ways of service delivery, is the most important indicator of our intention to remain bold and innovative.

We remain as a Trust dependent therefore on the loyalty and support of our community and the Friends' organisations. This support was particularly demonstrated by the vigour of the campaign to retain Block 9 at St Thomas' within the public sector. We were relieved and grateful that the Council of King's College accepted the offer by the Charitable Foundation to purchase the land for appropriate uses.



In this and other endeavours, we have much to be grateful for in our relationships with both Southwark and Lambeth Councils. I am grateful to Cllr Nick Stanton and to Cllr Peter Truesdale, together with Simon Hughes MP and Kate Hoey MP, who are all readily available for advice, support and consultation. With many employment, planning and environmental issues cooperation between the Trust and the boroughs is invaluable.

The Trust Board considers its many responsibilities in a supportive and conscientious spirit for which I am personally enormously grateful. We are particularly indebted to the previous Deputy Chairman, Michael Parker, who left us in December to become Chairman of King's College Hospital – our closest NHS partner. Michael's close knowledge, especially of the Southwark community, was invaluable at the Board. The reappointment of Dawn Hill, who is also the Chair of Governors at the Evelina Hospital School, to the Trust Board, means that we continue to have a gifted and experienced Non-Executive team to complement our high profile and successful executive directors. We owe most, as always, to Dr Michael whose ability to lead both the executive team and the Trust's direction remains one of our greatest assets.

*Patricia Moberly*

**Patricia Moberly**  
Chairman



# Chief Executive's report

I am delighted to be able to report back on yet another successful year for the Trust. It has been a year in which we made good progress in many areas of our work – retaining our three star status for the second year running in the national performance ratings is just one of the ways in which we can measure that success.

Our achievements are the result of the commitment, hard work and dedication of our 8,000 staff, and this is an important opportunity for me to pay tribute to them. We can all be proud to work for an organisation with such a strong history and reputation for excellence – these are the things that make Guy's and St Thomas' an exciting place to work and provide us with a sound basis from which to move forward.

We know that there is always more that we can do in the NHS. The drive to modernise our services and to work more closely with patients, the communities we serve and our partner organisations are all important areas where we continue to make progress, but we also recognise that we still have more to do if we are to make our services truly patient-focused.



## Balancing our roles

As a major university teaching hospital, we continue to balance a number of different and important roles. We must deliver high quality, effective health services which meet the needs and expectations of both the local communities we serve in south east London and



the patients who travel to our hospitals from further afield to receive specialist services, for example, for a heart condition, renal disease or cancer.

As teaching hospitals, we must provide high quality education for the students who come to work and learn at

Guy's and St Thomas'. We have an important role in training the doctors, nurses and allied health professionals on which the NHS will depend in future – as well as ensuring the continuing development of all our own staff, including many non-clinical support staff such as housekeepers and porters.

In addition, we remain a leading centre for research and development, working to develop the new treatments and technologies that are driving forward our understanding of life threatening or debilitating diseases and how best to combat and treat them.

Despite the tensions that sometimes exist between these different roles, it is this mix of service delivery, teaching and research that lies at the heart of our success and underpins the high quality care that we provide to patients.

Finance is a further area where we have to balance competing demands, and I am pleased to report that we again balanced the books and met all our financial targets at the end of the financial year. We have done so every year since the Trust was established 10 years ago – a considerable achievement.

Last year, we underwent a routine Clinical Governance Review carried out by the Commission for Health Improvement (CHI). This was a valuable experience for the organisation, highlighting both areas of excellence and areas where we need to make improvements. It also underlined the wide ranging demands that we face as we seek to constantly improve both the quality of clinical care and our internal quality monitoring systems.

## Improving services

One of the most important developments during the year was the opening of the new £16.5 million Women's and Neonatal Centre at St Thomas'. The facilities the new centre offers are truly world class,



with many areas enjoying views over the River Thames to the Houses of Parliament. The success of the centre owes a great deal to the women who use our services and the staff who were closely involved at the design stage.

Similarly, many children, their families and staff have been instrumental in drawing up the designs for the new Evelina Children's Hospital. Anyone who has driven past St Thomas' recently will know that the structure for this seven story landmark building, with views over Archbishop's Park and Lambeth Palace, has gone up incredibly fast.

Our new Director of Capital, Estates and Facilities Management, Steve McGuire, is now leading the project team which is planning every detail of the move into the new building in 2004. I am delighted to welcome Steve to the Trust Board. His experience, combined with the decision to bring together responsibility for the fabric of our buildings and the management of non-clinical support services, will help us to improve the infrastructure which is vital to support the staff who deliver patient care.

As a Trust, we have some of the most modern facilities in the NHS, but we also have many older buildings. We are fully committed to ensuring the hospital environment, including services such as catering and cleaning, meet the expectations of our patients. Some improvements are about changing how we do things, although we know that we will also need extra investment to improve older facilities.

Other developments, which are described more fully in this report, include the generous grant which the Guy's and St Thomas' Charitable Foundation has made to support the modernisation of our

services, initially focusing on renal, sexual health services and services for stroke patients.

The Foundation is also assisting us to secure the site of the former medical school at St Thomas' – sometimes referred to as Block 9 – for future NHS use, and I am extremely grateful to the Charitable Foundation for their continued support in this matter.

In addition, our new Joint Director of Fundraising, Charlotte Langley, will work for the Trust and the Foundation to help us raise the funds needed to fulfil our vision for the new Evelina Children's Hospital.

## Involving patients

Involving patients and the public in what we do remains a priority, and we are currently in the process of drawing up plans to support this. For example, as part of our work to develop a five year service strategy for the Trust, we have patient representatives on most of the 44 working groups getting involved in the discussions about the strategy alongside a wide range of our staff and colleagues from partner organisations.

During the year, we hosted a further two series of the successful BBC1 programme, *City Hospital*, which attracts around a million viewers a day – this amounts to 80 hours of coverage from our hospitals explaining health issues and celebrating the work of our dedicated staff. The recent launch of a new community magazine, *South of the River*, is a further example of our commitment to share news about our services and promote important health messages more widely with patients and the local community.

## Developing staff

Director of Nursing, Irene Scott, launched a three year nursing strategy for the Trust in December. As well as improving the quality and consistency of the nursing care that we provide, the strategy will ensure that nurses play a central role in developing patient-centred care. I am particularly pleased to report that we now have 10 nurse consultants in post, providing high quality clinical leadership across a wide range of services.

Recruitment and retention, as well as continuing to develop the skills of existing staff, remain high priorities. It is vital that we attract and keep the best possible staff and that we have a workforce which reflects the diversity of the communities we serve.

I hope many people will have seen the high profile diversity recruitment campaign we launched in May – this generated an overwhelming response, with around 6,000 people contacting us to find out more about job opportunities at the Trust in just three months.

Modernising the way we work and ensuring our staff are fairly rewarded and have access to training and development underpin the new pay system for the NHS, *Agenda for Change*. We are pleased to have been selected as one of 12 early implementer sites nationally, and are currently introducing the pay system across the Trust – a major undertaking which we are carrying out in partnership with staff side representatives.

During the year, I have had many opportunities to meet directly with staff, and I continue to host both an open forum and a breakfast meeting each month where any member of staff can come and ask me questions. For me this is a chance to listen to comments, ideas and suggestions about our services, and a useful eye-opener that can bring issues to my attention. For example, as a result of issues raised at these events, we have provided 50 new wheelchairs for our porters and we are working hard to improve security and patient transport.

## Looking ahead

There are some very important, and exciting, opportunities that lie ahead. Some involve building on what we have achieved so far, for example completing the new Evelina Children's Hospital, whilst others are about the changing environment in which we work and responding to the wider changes which are happening in the NHS and Department of Health. For example the introduction of greater

choice for patients about where they are treated and changes to the financial systems which underpin the health service.

Guy's and St Thomas' has been shortlisted to become one of the first Foundation Trusts, subject to the necessary legislation being passed. We are developing these proposals because we believe Foundation Trust status will offer important opportunities to build on our current efforts to work more closely with patients and local people.

As a Foundation Trust, we will remain fully committed to the NHS, and we expect to have a Board of Governors with over half its membership made up of patients, both local and from further afield, and the public we serve in Lambeth and Southwark.

This is an exciting and challenging prospect – like many leading teaching hospitals there has been a tendency for us to become rather removed from local people and what they want. I believe the new governance arrangements for Foundation Trusts will help us to redress that balance.

Working closely with our partners at King's College Hospital, who have also been shortlisted to become a Foundation Trust, we are planning to ask local people what they think about our proposals during the autumn. We hope that many people will respond and will also be interested in becoming a member of these new organisations, so that they can have greater influence over local health services.

Finally, on behalf of the Trust Board, I want to thank the wide range of partners who have supported or worked with us during the year. Special thanks go to the Guy's and St Thomas' Charitable Foundation, which continues to support a wide range of projects that directly benefit patients and staff. Thanks also go to the local Primary Care Trusts, Strategic Health Authority and Local Authorities with whom we work closely.

On a personal note, I wish to thank our Chairman, Patricia Moberly, for her continued support and her tireless work on behalf of the Trust, our staff and patients.



**Dr Jonathan Michael**  
Chief Executive





# The clinical directorates

Acute medicine

Cardiothoracic services

Children's services and genetics

Dental services

Diagnostic and therapeutic services

Oncology and haematology services

Perioperative medicine

Renal and urological services

Specialist medicine

Surgery

Women's health services



# A&E improvements boost patient care



*Guy's and St Thomas' was one of just 29 NHS trusts nationwide chosen as a first wave site for the Emergency Services Collaborative – a national initiative to drive improvements in emergency care.*

The Trust has emphasised consistently that emergency care extends much wider than the Accident and Emergency department (A&E). This approach enabled the organisation to meet the key Government target that 90 per cent of A&E patients should be admitted, discharged or transferred within four hours by March 2003 – a target which we continue to achieve.

A number of measures were introduced during the year – for example, a discharge lounge where patients

who are well enough to leave the hospital can wait for medication, hospital transport or relatives to take them home opened in February 2003.

A dedicated site nurse practitioner liaises with staff in A&E and on the wards to ensure patients who need admission have access to beds and a senior A&E nurse acts as a coordinator between the clinical professionals in the department.

The Trust also produced a new patient information leaflet to publicise the nurse-led Minor Injuries Unit at Guy's where patients with less serious illnesses and injuries can often be seen more quickly and appropriately than in A&E.

A multi-disciplinary Patient at Risk Team (PART) now works across the Trust to provide advice and support to staff caring for critically ill

## DID YOU KNOW?

Last year **101,148** patients attended A&E at St Thomas', making it one of the busiest A&E's in the country.

## Partnership with local GPs

Local GPs are now working shifts in the A&E department at St Thomas'.

This initiative enables GPs to broaden their experience and clinical skills while also enabling the Trust to provide better care for patients who come to A&E with problems that GPs commonly treat.

Streatham GP Dr Emma Rowley-Conwy, who is the GP lead for the scheme, says that the working relationship between GPs and nurses in A&E's minor treatment unit is a good example of shared skills.

"For example, I don't regularly suture so I will ask the Emergency Nurse Practitioner (ENP) to help but on the other hand the ENP might ask for my advice if they see a patient who has a rash."



adult patients on general wards, identify patients who should be transferred to intensive care and share critical care skills with ward staff.

Any member of staff can refer a patient to the team if they are concerned that a patient is acutely unwell and is at risk of deteriorating further. Since its introduction, the team has been referred over 1,000 patients and has followed up over 2,000 critical care discharges.

The Lane-Fox Unit, which provides specialised care for patients from throughout the UK who depend on ventilators to breathe, is undergoing major refurbishment thanks to joint funding from Guy's and St Thomas' Charitable Foundation and the Lane-Fox Respiratory Unit Patients' Association. Work is expected to be completed in summer 2004.

Every year one in three people of pensionable age suffer a fall, and injuries caused by falls consume huge healthcare resources which is why a project led by Elderly Care Consultant Dr Mark Kinirons has been initiated to address this problem.

The project is developing an integrated care pathway for older people who fall in Lambeth and Southwark with colleagues from A&E departments, the London Ambulance Service, NHS Direct, social services and residential and nursing homes.

The directorate has appointed five Lead Nurses to strengthen nursing leadership – Liz Dunn (Lane-Fox Unit and respiratory medicine), Karen Rule (general medicine), Mala Karasu (elderly care), Simon Featherstone (intensive care) and Chris Ellis (emergency medicine).



## Cardiothoracic services

# Innovation at the heart of the matter

*Following a successful bid to the British Heart Foundation, Catriona McLeod was appointed as Acute Coronary Syndrome Liaison Nurse – a senior role which will help us to improve the diagnosis and treatment of patients coming into hospital with unstable angina or chest pain.*

after diagnosis are much higher than for many cancer patients.

Nurse Consultant Elaine Coady led a small study looking at how a simple testing kit could help to diagnose heart failure more quickly and easily. The study revealed that the test, which shows how much of a particular chemical is secreted from the heart when it is under stress, was just as effective at

indicating heart failure as the more extensive, time-consuming tests that are currently used. Higher than normal levels of the chemical suggest a patient is more likely to have heart failure. Although further work is needed, the study found that within a nurse-led clinic this reading, along with other clinical information, could form the basis of an initial assessment.

Doctors Cliff Bucknall, Reza Razavi and Pier Lambiasi are trialling a new type of pacing device that could give heart failure

patients who are already on very high doses of medication some extra support.

These patients are unable to move from their bed or chair without becoming breathless. Because their heart is 'flabby', it does not move in a synchronised way and the blood swishes around inside the heart, rather than being pumped out to supply the rest of the body. Imaging techniques are used to search for the best electrical signals in the heart and the device is then connected, helping the heart to re-synchronise.

In the thoracic surgery unit, Nurse Case Manager Rebecca Myatt and Sister Julie Downer organised

Catriona's work will complement the Government's Cardiac National Service Framework (NSF), improving care for patients and helping to reduce the length of their hospital stay. Her role offers practical support to A&E and ward colleagues across the Trust, improving not only communication, but speeding up referrals to cardiologists.

Heart failure is exceptionally hard to detect as the symptoms are often very general. The condition develops gradually, eventually placing too much strain on the heart. Around one to two per cent of adults are affected and death rates within three years



## DID YOU KNOW?

We serve approximately  
**1.3 million** patient  
meals every year.

## Greater choice for patients

In June, patients waiting over six months for their heart bypass or a coronary angioplasty became the first to be offered the choice to have their operation or procedure elsewhere as part of the government's Extending Patient Choice programme.

The Trust's Patient Care Advisor Carol McCoskery acts as an independent point of advice, information and support for all eligible cardiac patients, helping them to make their own decision and overseeing their care before, during and after their operation.

Carol said: "Although most patients chose to stay with Guy's and St Thomas', around 18 per cent of patients who were contacted went to another NHS trust or to a private hospital to have their operation."

one of the first ever nursing conferences to focus on this growing specialty. The event was run jointly with colleagues in cancer and haematology services, as the unit's patients often receive care from both teams over the course of their illness.

In September, the first places were taken up on a new cardiac nursing degree, the only one of its kind in the country for post-registration nurses. The course has been developed with our academic partners at King's College London and these specialist training opportunities are already in high demand.

Cardiac technicians provide a vital role in advising cardiologists as they work by 'reading' the heart during procedures such as echo tests and life-saving angioplasties. Technicians are hard to recruit and their role is not well understood. Head of Technicians Bob Cook has developed a robust in-house training programme to run alongside a degree course so that the profile of the profession can be raised and we invest in potential staff for the future.



Consultant Thoracic Surgeon Professor Tom Treasure has been actively involved in advising on research proposals to provide better evidence about treatment options for patients with mesothelioma – a particularly aggressive form of cancer that can develop in the lung and its lining after asbestos exposure.

Current surgery involves the removal of the lung, its lining and membrane, but is only carried out occasionally, as it is a major operation carrying considerable risks. With the predicted growth in number of mesothelioma patients by 2020, it is hoped that by setting up a national trial staff and patients will have access to the very best information so they can make informed decisions about the available options.



# Children's services and genetics

## New hospital just a year away

*A major service development during the last financial year has been the opening of the new cleft lip and palate service on the 12th floor of Guy's Tower which cares for children needing specialist treatment from early in life to correct deformities affecting their mouth and speech.*

This is an excellent clinical environment for the multi-disciplinary team to work in – staff include surgeons led by Head of Service John Boorman, speech and language therapists led by Sue Mildinhal and clinical nurse specialists headed up by Emma Southby.

They provide a full cleft lip and palate service in the South Thames area which stretches across south London, Surrey, Kent, Sussex and parts of Hampshire – including outreach clinics in Guildford, Brighton, Gillingham and Canterbury.

The Neonatal Intensive Care Unit (NICU) also moved during the year – it is now based in the newly refurbished Women's and Neonatal Centre at

St Thomas' after transferring from Guy's in August 2002. This setting provides state-of-the-art care and a much calmer environment for parents at a particularly stressful time in their lives.

NICU has now been designated as a Level 3 centre by the Thames Regional Perinatal Group, providing the most intensive care

to babies with the highest level of dependency.

The Trust also successfully bid to provide the South Thames Neonatal Transfer Service – ambulances are available at all times to 'retrieve' very sick babies to specialist services at Guy's and other regional centres of excellence from other hospitals throughout south London, Surrey, Kent and Sussex.

A dedicated children's service for sickle cell and thalassaemia patients is being developed following the appointment of Consultant Paediatrician Dr Baba Inusa during the year. Dr Inusa leads a multi-disciplinary team, including nurses, doctors, a psychologist, social worker and haematology staff, to provide a comprehensive package of care.

The aim is to ensure that, through close working with Primary Care Trust staff in the community and the adult sickle cell team, more than 300 local children who suffer from sickle cell and thalassaemia, will receive a seamless service.

Carol Williams, Senior Nurse for children's critical care, led the project to revise Guy's and St Thomas' child protection policy following the recommendations of the final report of the Victoria Climbié inquiry.

The new policy stresses the responsibility of all staff, and not just those who work in children's services, to ensure they can recognise children in need and have a working knowledge of the mechanisms for raising concerns about such children.

This trustwide approach reflects Climbié inquiry chairman Lord Laming's call for "a clear line of accountability from top to bottom, without doubt or ambiguity, about who is responsible at every level for the well-being of vulnerable children."

A rotation and development programme for newly qualified nurses working in children's services has been so successful that 85 per cent of the last cohort have stayed with the directorate after completing the 18-month programme.

The 'D' grade nurses' rotation means that they spend six months in three different clinical areas or specialties so they build up a wide range of experience.

The development programme is one day every month for the first 12 months of the rotation period to help develop the nurses' assessment and clinical





## DID YOU KNOW?

**11,000** cubic metres of concrete has been used to build the new Evelina Children's Hospital.



skills in caring for children.

Lorna Bramwells, Practice Development Facilitator, runs the rotation and development programme which aims to ease the transition from being a student nurse into a newly qualified staff nurse working within children's services.

The genetics department at Guy's Hospital is one of the largest in the country, providing a comprehensive clinical and laboratory service. The department has now been accredited as a training centre for genetic counsellors with funding provided by the Department of Health.

The pre-implantation genetic diagnosis (PGD) service, which enables genetic testing of embryos prior to establishing a pregnancy, is the largest in the UK and receives referrals from all over the country.

In addition, new cancer family history clinics are being established within cancer units throughout the region – local clinical teams assess the cancer risk, advise and discharge low risk patients and offer screening to medium and high risk patients, referring high risk patients to the genetics department at Guy's.

## Evelina Children's Hospital

Preparations for the opening of the new Evelina Children's Hospital in a state-of-the-art building on the St Thomas' Hospital site are progressing well.

Dr Rowan Williams, the Archbishop of Canterbury, laid the foundation stone of the new hospital in March 2003 – with the help of six young patients – and construction work is due to be completed in May 2004.

The new hospital, which has been made possible by a £50 million grant from Guy's and St Thomas' Charitable Foundation, includes a four-storey glass conservatory housing a café, performance space, hospital school, parents' sitting rooms and children's play areas.

Clinical space houses 140 inpatient beds, including 20 intensive care beds, three operating theatres and 16 consultation rooms for outpatient appointments, as well as a number of extra consulting rooms for the specialties of cardiology and neurology.

The hospital will benefit from natural light and fresh air and the floors have been given themes including Ocean, Arctic and Beach.

Clinical Director Dr Frances Flinter says: "Our aim is to create 'a hospital that does not feel like a hospital' by involving children, their families and our staff in the layout and design.

"At the moment, inpatient facilities are scattered across both Guy's and St Thomas' and we share access to x-rays, operating theatres and the pharmacy with services for adult patients. The new hospital brings all inpatient facilities together under one roof."

## Dental services

# Dental staff bridge gaps

*Dental services are part of the Dental Institute, an organisation that spans the Trust, King's College London and King's College Hospital NHS Trust.*



By working as part of the Institute, there have been many more opportunities for the Trust to build a close working relationship with the College. This ensures that training for new dentists, hygienists and dental nurses goes hand in hand with the needs of the service, whilst also reflecting future changes in the way that dental services are funded and provided.

New consultant appointments have brought additional expertise to a range of dental specialties.

Oral Medicine plays a vital role in the detection of symptoms that may indicate a patient has another serious underlying condition. Dr Pepe Shirlaw, previously Associate Specialist in Oral Medicine, was appointed to a new consultant post. Her appointment, together with Dr Mike Escudier as Honorary Consultant, has enabled the directorate to forge stronger links with the Trust's rheumatology,

dermatology, ophthalmology and gastroenterology departments, with whom they run joint oral medicine clinics.

The directorate also secured one of only two nationally funded specialist registrar training posts in

oral pathology. This allows staff to enhance the biopsy diagnostic service they provide, while contributing to medical training in this small, but crucial, specialty.

Progress with the creation of a Joint Cancer Centre with King's College Hospital NHS Trust led to the re-location of two specialties during the year – oral maxillo-facial and head and neck surgery. When fully up and running, King's will provide all maxillo-facial inpatient surgery – highly specialised surgery for the jaw and face – while patients with head and neck cancers that require surgery are now treated on the new Blundell Ward at Guy's.

Following consultation with staff, the directorate is appointing its first Head of Dental Nurse Services to provide leadership and professional support for dental nurses, an area of national recruitment shortage. This person will work closely with the new Director of Professions Complementary to Dentistry, Mabel Slater, and Head of Dental Nurse Training, Diana Wincott, and the Education Centre, to improve training and development opportunities and career progression. This will help to attract new recruits and retain existing staff.

The directorate has also developed innovative approaches to cope with the ongoing national shortage of dental radiographers. Part-time dentists are being recruited and trained by senior radiographers to teach on the undergraduate radiography course. This frees up valuable staff time to deliver services to patients.

**Dental services** • routine, emergency and community dentistry • oral and maxillo-facial surgery • restorative • preventative, conservative and periodontal dentistry, including dental public health • craniofacial development, orthodontics • sedation and special care • oral medicine, pathology, immunology, microbiology and radiology



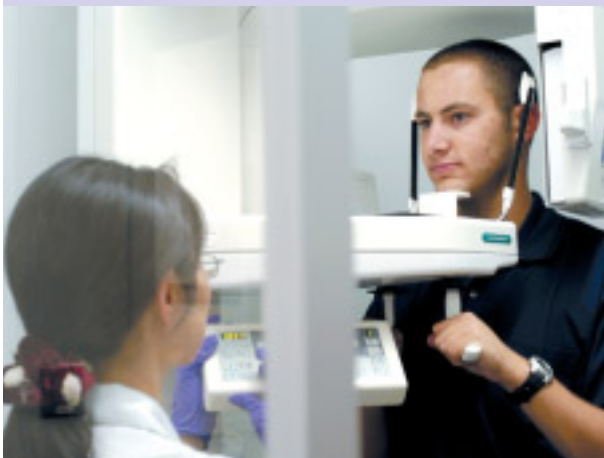
## Improving infection control

Work to strengthen risk management is well underway, and this has focused on infection control and instrument decontamination.

Dentists, hygienists and dental nurses have a high exposure to sharp instruments during the course of their work.

Dental teams use probes, drills and tooth scalers in their daily work, and these pose a risk of injury and cross-infection to staff and students, particularly during the decontamination process.

Training support for decontamination processes is being improved and the directorate is investing in an Infection Control Nurse to work closely with dental services while being part of the Trust's central infection control team.



Another related change is the development of a training course to extend the role of dental nurses so that these now include routine radiography duties. Six dental nurses are due to complete their training by December 2003 and it is hoped that the course will become a regular in-house development programme.

March saw a new patient referral unit set up to improve the way

that patients being referred for a first appointment are dealt with. The centralised system has improved the monitoring of waiting times and communication with users of dental services.

A partner unit is currently being established at King's College Dental Hospital as part of the Institute's strategy to share good practice. Future plans include a telephone referral hotline, which will give dental practitioners in the community access to a quick answer on the appropriateness of a referral.

Another service improvement this year saw the introduction of a fast-track system for patients with unusual pain, ulcers or swellings, helping to improve the swift detection of possible mouth cancers and other conditions. Initial consultations are followed up more quickly, with further investigations, progress reports and results discussed weekly by the clinical team.

Liz Vehit is heading up a new patient services team created during the year to support and improve the delivery of high quality patient care. Working with clinical staff, the team has strengthened management support for patient services and the training and education which the institute provides for students.



## DID YOU KNOW?

That Guy's Hospital is the **tallest** hospital in the world.



# Diagnostic and therapeutic services

## Spotlight on staff behind the scenes

*Allied health professionals working in the directorate are a vital part of the healthcare team. The Trust relies on the hard work of these staff, often operating 'behind the scenes', to ensure the smooth running of frontline clinical services.*

Allied health professionals in many areas of the directorate are also expanding their roles - the part they play in the delivery of patient care is becoming ever more important and they are also helping to shape the delivery of services.

Former Health Minister Lord Hunt visited the anticoagulation clinic at Guy's to make a major announcement about new powers for pharmacists to prescribe drugs – nationally up to 1,000 pharmacists will be trained as 'supplementary prescribers' by the end of 2004, as well as up to 10,000 more nurses.

The anticoagulation clinic, which treats patients who need medication to prevent blood clotting, is a good example of a multi-disciplinary team with doctors, nurses and pharmacists working side-by-side.

Tony West, the Trust's Chief Pharmacist, said: "Supplementary prescribing will help improve patient access to medicines. It ensures the NHS makes the best use of key professional staff by forging stronger partnerships between doctors and pharmacists in full collaboration with patients."

Staff based in the medicines information service manage the UK's most popular medicines information website – [www.druginfozone.nhs.uk](http://www.druginfozone.nhs.uk) – which provides up-to-date information for pharmacists, prescribing doctors and nurses throughout the UK.

The website was shortlisted for the Healthcare IT Effectiveness Awards 2003 and was officially relaunched in March after a £150,000 overhaul.

Medical physics staff play a crucial role in looking after much of the medical equipment in the Trust – equipment has to be installed, repaired and

adjusted properly or it may harm patients, so the job these staff do is vital and makes a big difference to the quality of care that patients receive.

Large machines require a lot of work to keep them operating safely. For example, the Trust has five linear accelerators, providing radiotherapy treatment for cancer patients, with three new machines installed recently and two more due soon.

It takes at least 18 months from the decision to install a new linear accelerator to the first patient treatment – medical physics staff are involved every step of the way and continue to maintain the machines when they are in day-to-day use.

Therapists working with patients who have had plastic surgery for flexor tendon injuries – typically caused by a knife or glass cutting through the tendons in the arm or hand – have introduced a streamlined system to reduce unnecessary delays.

Patients requiring post-operative rehabilitation used to be referred separately to occupational therapists (OTs), physiotherapists and the plastics dressings clinic, leading to an average wait of





12.1 days between surgery and first OT appointment.

A new system, introduced by Senior OTs Katrina Mills and Melanie McCulloch, has reduced the average wait to just 2.9 days – patients are booked for a dressings clinic before they leave hospital after surgery and, when they come to the clinic, they are also seen by an OT and physiotherapist if necessary.

This year also saw the launch of a post-polio rehabilitation programme for patients suffering mobility problems, fatigue, joint pains and muscle weakness, co-ordinated by a team including Senior Physiotherapist Sophie Nawarski and Head Occupational Therapist Kendra Simpson.

An evaluation of the first cohort of patients has been carried out and a second cohort are due to go on the programme.

The directorate was boosted this year by the recruitment of almost 50 staff from Australia and New Zealand who had an immediate impact – for example, the nuclear medicine department was able to have all its gamma cameras working at full potential, having previously been underutilised due to shortages of highly skilled staff.

## Rapid response lab

The opening of a groundbreaking rapid response laboratory in A&E enabled the Trust to meet the key Government target that 90 per cent of A&E patients should be admitted, discharged or transferred within four hours by March 2003.

The lab was the brainchild of David Guthrie, the Trust's Strategic Services Manager for Pathology, and A&E Consultant Dr Peter Leman, and is run by biomedical scientists.

It is a major improvement on the situation before the lab opened when blood samples taken from patients in A&E were sent to the hospital's central laboratory.

It has significantly reduced the length of time that patients wait for emergency blood test results since opening in August 2002, allowing doctors to make a clinical decision about whether patients need to be admitted or can be discharged more quickly.

The lab has attracted national attention from Professor George Alberti, the government's A&E Tsar. He said: "This is a very simple way of reducing unnecessary waits in A&E for patients who are either well enough to go home or who need to be admitted to a hospital ward for further treatment."



# Oncology and haematology services

## Frontline staff get celebrity backing

*Services received a double boost this year with the official opening of two new facilities at St Thomas'.*

Guy's and St Thomas' provides all radiotherapy services for patients with cancer in the South East London Cancer Network – an area of 1.7 million residents in the boroughs of Lambeth, Southwark, Lewisham, Bexley, Bromley, Greenwich and part of Dartford.

Laila Morse, who plays Mo Harris in BBC TV soap opera EastEnders, opened the new radiotherapy suite in October 2002. This includes two linear accelerators, provided by the government's New Opportunities Fund, a large waiting area and other new facilities to give patients more privacy costing a total of £2 million.

A new CT simulator machine, which enables



radiotherapy to be planned more accurately and efficiently, was officially opened in May 2003. The opening, performed by two Beefeaters from the Tower of London, was organised by ex-patient David Bremner who was successfully treated for cancer at the hospital.

He said: "I thought the staff in the centre were wonderful – they treated me with professionalism, compassion and a sense of fun. The care they provided was tremendous."

The directorate successfully bid to Guy's and St Thomas'

Charitable Foundation for £835,000 to fund equipment and staff to develop Intensity Modulated Radiotherapy

(IMRT). The IMRT system allows the multi-disciplinary team of physicists, doctors and therapy radiographers – led by Consultant Clinical Oncologists Dr Jane Dobbs and Dr David Landau – to administer radiotherapy more precisely.

Advantages of IMRT include a reduction of harmful side effects and the prevention of unnecessary exposure of healthy tissue to radiotherapy. Over the next three years it is hoped to integrate IMRT into the everyday running of the department to put Guy's and St Thomas' at the forefront of clinical practice.

The Richard Dimpleby Cancer Information and Support Service, named after the famous broadcaster who was a patient at St Thomas' and died of cancer, celebrated its fifth anniversary in October 2002.

His sons David and Jonathan Dimpleby visited St Thomas' to mark the anniversary of the service which provides information and support for patients with cancer, their families and friends.

A Patient Liaison Group is now up and running, chaired by patient representative David Hart with the support of vice chairman Sarah Illingworth – its membership includes past and present cancer patients and carers, as well as staff working in cancer services at Guy's, King's and St Thomas'.

This partnership approach reflects a willingness to work with patients and has included a number of satisfaction surveys – issues emerging from these surveys are fed back to Trust managers so the voices





## DID YOU KNOW?

That **2,300** staff went on Trust run training courses during the year.

of patients and carers are heard.

Nursing leadership in the directorate was boosted by the appointment of four Lead Nurses – Paula Wilkins (inpatients), Cath Mullooly (outpatients), Delia Lord (palliative care) and Bee Collins (haemophilia).

Clinical Development Nurse Michelle Morris led work during the year to develop guidelines for breaking bad news to patients and relatives. This guide was piloted first in the directorate but it is intended to roll it out trustwide to help frontline clinical staff tackle this sensitive task.

As part of a South West London Workforce Development Confederation initiative, a new four-year in service, part-time degree in therapeutic radiography has been developed in partnership with South Bank University and the Trust.

Two Helpers are employed by the directorate and seconded to the new four-year programme which includes academic study at South Bank University and clinical training in the radiotherapy department at Guy's and St Thomas'. The rest of their time is spent working as Helpers and assisting with general clinical duties.

The training scheme is a creative way to widen access to radiotherapy by attracting potential new recruits to the profession who may never have thought of it as a career choice without this



## Action on cancer waits

This year the introduction of a new team of staff dedicated to ensuring that every patient urgently referred by their GP with suspected cancer is seen within 14 days had a dramatic impact on waiting times.

The cancer two-week wait team of Coordinator Steven Rennie and Data Manager Orit Cole ensures that no patient waits more than two weeks for an appointment at Guy's and St Thomas'. They handle up to 200 referrals from GPs every month.

Orit said: "One of the reasons I applied for this job was that the two-week cancer wait was such a top priority for the Trust and so I felt I would be personally helping to make a big difference.

"Patients want to be reassured that they will be seen as quickly as possible and it is obviously good for them to know that we are here to talk to them."

opportunity to 'earn as you learn'.

The Haemophilia Centre's laboratories received a Clinical Pathology Accreditation (CPA) inspection in June 2002 and passed with flying colours – they retained full CPA status after being assessed by external experts.



# Perioperative medicine

## Well on the way to recovery



*As the provider of operating theatre facilities and specialist theatre staff to the rest of the Trust, perioperative medicine needs to react and respond quickly to the demands of other clinical directorates. This has never been more important than in the past year, when meeting national waiting time targets required extensive collaboration across all of the clinical directorates that perform surgery in the Trust's main operating and day theatres.*

Nurses, Consultant Anaesthetists, Theatre Technicians and Operating Department Practitioners have worked flexibly alongside surgical colleagues to plan and run 23 new theatre sessions, some in the evenings.

By doing so, they played a vital role in achieving the maximum waiting time targets in even the most challenging specialities of orthopaedics and ophthalmology.

In order to help us treat more patients having planned (elective) operations more quickly, a six-bedded recovery suite and a new £1.24 million day surgery theatre opened at Guy's in October 2002 and January 2003 respectively.

Staff in the recovery suite care for patients returning from theatre until they can be safely transferred to a ward area for continuing post-operative care. During the year, a specialist Children's Recovery Nurse, Zoë Sharp, was recruited. Zoë and her team provide tailored support for our younger patients after surgery. Younger patients can be especially distressed or confused when they recover from their anaesthetic and may need one to one nursing care.

Working with the Trust's Capital and Estates team, Head of Nursing Pat McNulty oversaw the conversion of a disused storage area into a state-of-the-art day surgery theatre. This is now being used for a range of procedures, including arthroscopies – the removal of loose cartilage from the knee – and surgery to release trapped nerves in the hand.

**Perioperative medicine** • theatre services, including day surgery • anaesthetics  
• overnight intensive recovery • resuscitation services • acute pain service • endoscopy



## DID YOU KNOW?

We have around **1,250** beds at Guy's and St Thomas' Hospitals.

More operations can now be performed as day cases and patients often find this more convenient, as they are able to return home the same day and don't have to stay in hospital overnight.

In July, Consultant Anaesthetist Dr David Burt was appointed as Head of Service for day surgery to lead trustwide work to increase the number of operations performed as day cases by 10 per cent over the next two years. This work is in line with Modernisation Agency and Audit Commission recommendations and builds on the success of the past year, which saw a review of the guidelines which indicate which patients are suitable for day surgery.

The next phase of this work is to develop a strategy to expand the type and range of procedures performed as day cases. This will involve a thorough and detailed analysis of how theatres are currently used and where there might be opportunities to make changes.

During the year, members of the directorate's clinical development and resuscitation teams, Jennie Hall and



## Overseas nurses boost

The directorate's successful recruitment drive last year was consolidated further when a large number of the new nursing staff who joined the Trust from Australia and the Philippines decided to continue to work at the Trust. Many of these nurses have already progressed to more senior grades and are proving a valuable addition to our workforce.

The Commission for Health Improvement, which carried out a routine clinical governance review last year, commended the directorate's supervised practice programme, which was created and developed for the adaptation nurses joining from overseas. This is now being used as a model for nurse adaptation programmes throughout the Trust.

Building on this success, the directorate made a second visit to the Philippines in July 2003 and 40 more recruits will join the directorate during the coming year.



Jo Childs, coordinated a special month to focus on mandatory training for non-clinical and clinical staff. This improved take up of essential training such as fire safety, manual handling and basic lifesaving support.

Resuscitation Officer Trish Rooney began consulting nursing and medical staff as part of a study that will look at how healthcare professionals discuss with patients the circumstances in which they should or should not be resuscitated, and how best to involve patients in these difficult decisions.

The study forms part of Trish's thesis on cardio-respiratory nursing, but also aims to raise awareness of this sensitive issue within the Trust.

Trish is planning a separate study to find out what patients think about being given such information, and to evaluate the quality of the information available.

As a result of funding from the Charitable Foundation, Mike McSweeney took up the post of Project Manager for Galaxy, the Trust's computer based system for recording how our operating theatres are used.

Mike has played a key role in training large numbers of directorate staff to use the latest version of the software, and is working with colleagues in Performance and Information to provide robust, detailed analyses that will help us to make best use of valuable theatre time.

## Renal and urological services

# Hi-tech medicine at the cutting edge

*A programme to develop keyhole (laparoscopic) surgery in urology and transplantation has been hugely successful with over 40 patients benefitting from this new technique to remove a diseased kidney.*



The groundbreaking procedure dramatically reduces patients' discomfort and recovery time. Guy's is one of only a few centres in the country to use keyhole surgery to perform a living kidney donor operation and one of only two in the country using keyhole surgery to treat prostate cancer.

Around 500 patients receive regular dialysis for kidney disease at Guy's. A continuing priority for the directorate in the coming year will be to increase dialysis provision in the community. A new satellite dialysis centre is under construction in the Brixton/Camberwell area and, when completed, will be able to treat around 60 patients.

The Modernisation Initiative – see page 38 for details – is looking at ways to improve education and awareness about renal disease. It will particularly focus on high-risk groups such as the African-Caribbean community. Hand in hand with education, an accessible screening service is planned, with more facilities for dialysis closer to home and in

a more relaxing environment than a hospital can provide.

An exciting research project in robotic surgery took place in partnership with John Hopkins University in the United States. Using a transatlantic ISDN telephone link, surgeons in Baltimore used a robot to perform simulated kidney stone operations at Guy's. Later in the year a reverse trial took place where a robot in Baltimore was controlled by surgeons at Guy's. The trials proved that 'man is less accurate than machine' and it is hoped that robotic surgery trials on real patients will begin in the near future.

A state-of-the-art training tool has been purchased to allow students to practice removing kidney stones before operating on a real patient. Students use the same instruments as in the operating theatre and throughout the procedure view an extremely realistic image on screen.

Sharon Clovis has been employed in the new role of Prostate Nurse Specialist and runs clinics in the community for patients with lower urinary tract infections. Wherever possible Sharon supports patients so they are treated without having to attend a hospital appointment.

As part of *Investors in People*, a new nursing strategy has been developed for the directorate which aims to improve recruitment and retention in renal and urological services. This has already resulted in significant reductions in nursing vacancy rates. Lead Nurse, Catherine Foreman has been focussing specifically on recruitment issues, involving and informing current staff and coordinating vacancy advertisements.

Renal and urological services were the first directorate to work with laboratory and radiology departments to test-drive the first phase of the Electronic Patient Record system (EPR).

As well as ordering laboratory and radiology services, EPR can be used for prescribing, dispensing and administering medication. It will eventually be used across the Trust for storing and creating live documents such as notes, referrals and discharge letters. Staff in the directorate have been writing new policies to support the new system





which will benefit other directorates when they begin to use EPR.

Working with the training and development department, the directorate took part in a pilot equality and diversity scoping exercise. External consultants interviewed and shadowed staff across all departments to assess their training needs. A tailored diversity training programme is being produced and the exercise is due to be rolled out across the Trust.

A celebration was held in the Burfoot Court room to say thank you to members of the Guy's and St Thomas' Hospital Kidney Patients Association (KPA) for raising £1 million towards the renal unit. The department works closely with the KPA and a member of the senior management team attends the group's monthly meetings.

Earlier this year, the clinical transplantation laboratory at Guy's was awarded the contract to provide tissue typing services for the kidney transplantation programme at Great Ormond Street Hospital.

In the laboratory, tests take place to ensure the right kidney goes to the right person, reducing the chances that a patient's body will reject a donated kidney. The service is the busiest in the country, dealing with as many as 230 kidney transplants a year – 15 per cent of all kidney transplants in the UK.

## Living donors

Last May, Lisa Burnapp was appointed as the country's first Nurse Consultant with the role of Living Donor Coordinator. Since November she has been supported by Isobel Gordon who has been appointed as Sister in Living Donor Renal Transplantation.

The Trust has one of the largest living kidney donor programmes in the UK and Lisa and Isobel are working with potential donors and recipients to expand the programme further.

They work with patients referred from other hospitals in the South East and Jersey, as well as those referred from within the Trust. This involves finding out if a potential donor is suitable and offering them counselling and information, scheduling theatre sessions and offering lifelong follow up after the operation.

The living donor renal transplantation service was a finalist in the 2003 London Modernisation Awards, and the team was commended for raising awareness amongst patients and their families about the possibilities of living donor transplantation, improving the previously complex and lengthy donor assessment process and providing more patient centred post-operative care.

Last year, 127 kidney transplants were performed at the Trust, of which 39 were patients receiving kidneys from a living donor. Nine of these operations were kidney and pancreas transplants.

## Specialist medicine

# Improvements in the pipeline to meet rising demand

*Specialist medicine is a diverse directorate with a huge range of services – more than 700 outpatient clinics are held every week and approximately 50 new posts from consultants and nurses, to pharmacists and administrative and clerical (A&C) staff were filled during the past year.*

The directorate is driving forward a number of new initiatives with A&C staff, who are crucial to the smooth running of services, including an accelerated development scheme for medical secretaries who want to expand their roles.

The area of south London served by Guy's and St Thomas' has the worst sexual health in the UK – nearly one in 100 pregnant women in south London is HIV positive and there are ever-increasing numbers of other sexually transmitted infections (STIs).

In the context of these figures, manager Teresa Battison and nurses Inga Churchman and Debbie



## A healing environment

Dermatology patients on Robert Willan ward at St Thomas' are set to benefit from a £500,000 refurbishment project.

The work will include improved bathroom facilities, ultraviolet (UV) screened windows throughout the ward so that patients who are particularly sensitive to light can be cared for anywhere on the ward and a revamped nurses' station.

Funding has been provided by £35,000 from the King's Fund's 'Enhancing the Healing Environment' programme, together with grants totalling almost £460,000 from Guy's and St Thomas' Charitable Foundation and the St John's Special Purpose Fund.

Patients, who often spend long periods of time on the ward because of the severity of their dermatological conditions, have been actively involved in plans to improve the ward environment.

They worked with professional artist Natasha Kerr to design attractive bedside curtains which will give the ward a more homely feel – there will also be a new floor design with a river motif to make the ward more colourful and lively.

Holland are spearheading a £400,000 scheme to improve access to sexual health care in GP surgeries and community settings.

The STI management in primary care project is a training course for local GPs, practice nurses, community nurses and family planning practitioners so they can diagnose and treat common STIs in the community. It is funded for three years by a grant from Guy's and St Thomas' Charitable Foundation.

The Trust's department of sexual health launched a comprehensive website during the year which contains clinic details and safer sex advice. The website – [www.gsttsexualhealth.org.uk](http://www.gsttsexualhealth.org.uk) – is translated into several other languages including French, Spanish and Portuguese.



## DID YOU KNOW?

We delivered **145** sets of twins and **6** sets of triplets during the last year.

Deputy Prime Minister John Prescott, a recently diagnosed diabetic, visited the state-of-the-art Diabetic Eye Complication Screening (DECS) service at St Thomas' to launch the Government's

strategy for tackling diabetes in January 2003.

Diabetes is the most common cause of blindness among people of working age in the UK and the digital retinal camera used by staff in the DECS service allows clinicians to pinpoint

any deterioration of eyesight as it happens.

The Diabetes Integrated Shared Care Scheme (DISCS), which aims to coordinate care between clinical staff based at Guy's and St Thomas' and their colleagues working in GP surgeries and the community, is due to be evaluated soon. It continues to progress well and primary care guidelines were published in March 2003.

A dedicated rheumatoid arthritis (RA) service, the RA Centre@GSTT, is being developed by the rheumatology department.

This service aims to provide the best possible clinical care for patients suffering from this painful condition, which can lead to permanent joint damage and loss of limb function, while also meeting their emotional and psychological needs.

It will be developed and its progress monitored in partnership with patients and GPs, through the extensive use of focus groups, to ensure that it is tailored to the needs of those people who need it most.

Rheumatoid arthritis is the most common type of inflammatory arthritis, affecting 0.8 per cent of the UK population, and the condition doesn't just affect older people because symptoms can develop when sufferers are still in their 20s.

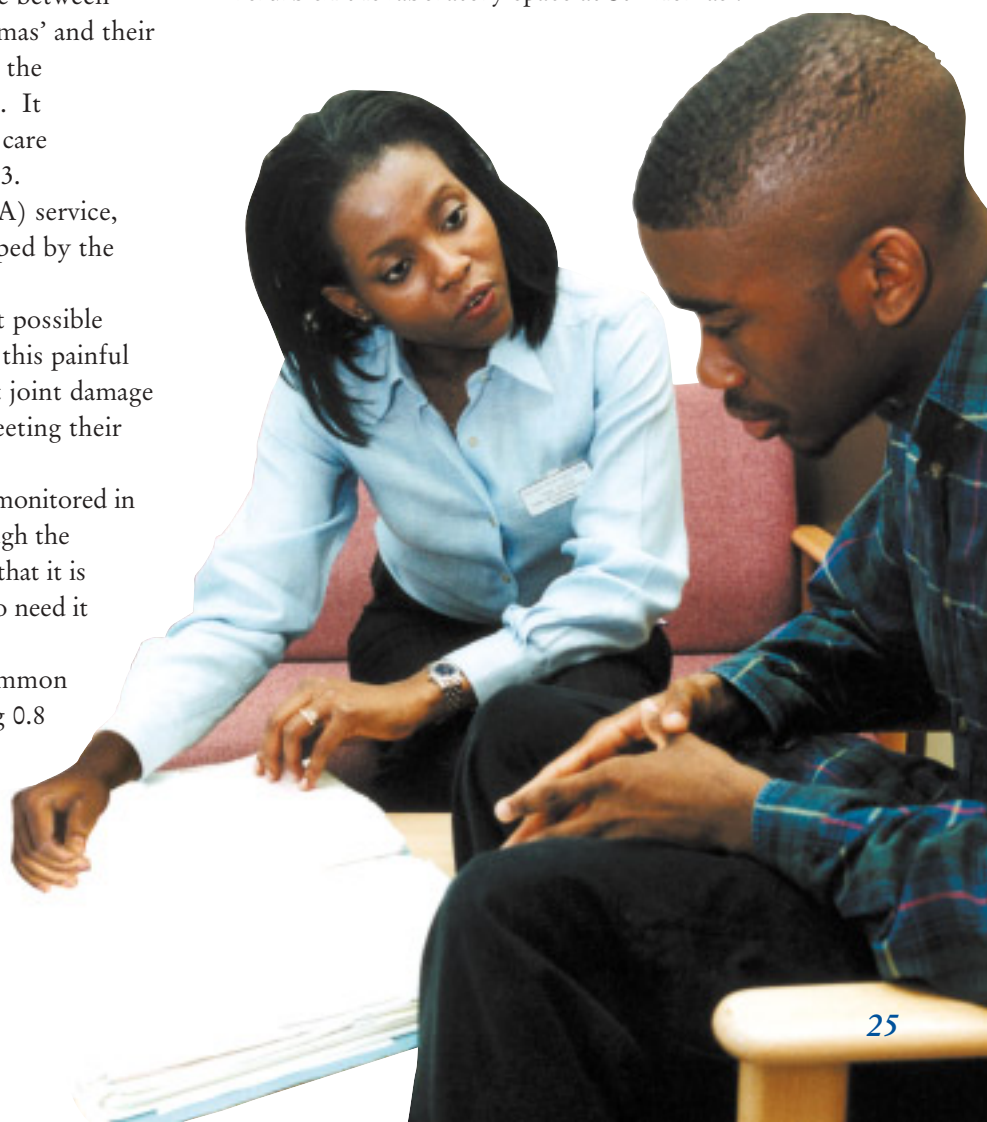
New research published by doctors in the Twin Research Unit in December 2002 revealed that the main causes of the common skin condition acne are genetic.

The research study, based on more than 1,500 pairs of identical and non-identical twins seen at the unit, showed that 80 per cent of the susceptibility to acne is explained by genes, while other factors including diet and smoking have no significant effect.

The Twin Research Unit, which was set up in 1982, has looked at the role that genes play in the development of many common diseases and now has the largest adult twin registry in the UK.

St John's Institute of Dermatology has been designated by the Department of Health's National Specialist Commissioning Advisory Group (NSCAG) as a national provider of treatment for adult patients suffering from the hereditary skin disorder EB (Epidermolysis Bullosa).

It will also host the national diagnostic laboratory for EB – NSCAG has provided £240,000 for the purchase of equipment while an £85,000 grant from Guy's and St Thomas' Charitable Foundation will refurbish the laboratory space at St Thomas'.



## Surgery

# Drive to cut waiting times pays off

*Specialties within the directorate of surgery made some of the most significant achievements in meeting waiting time targets. Orthopaedics and ophthalmology had some of the longest waiting times, but they achieved the targets they were set by appointing extra staff, increasing operating theatre capacity and opening more beds.*



A highly effective recruitment campaign brought a new nursing team to Sarah Ward at Guy's to care for orthopaedic patients. Headed by Sister Awena Warmington, the newly opened ward allowed the directorate to cope with the increase in patients having operations such as hip and knee replacements.

ENT and head and neck cancer patients are now being cared for on the newly refurbished Blundell Ward at Guy's. Patients with head and neck cancers often suffer facial disfigurement or changes to their senses or reflexes, all of which can be immensely distressing.

As well as eight extra beds, new counselling,

pre-assessment and treatment rooms enable every member of the healthcare team to treat patients with privacy and dignity. In addition, the appointment of a plastic surgeon with a specific interest in facial reconstruction after cancer surgery has improved the cosmetic results for many of these patients.

Staff in the fracture clinic have been developing plans for a total refurbishment, involving patients and staff to explore the possible options to improve the clinic. This looked in detail at the needs of

patients and staff, and took into account the space constraints within the department.

The plans include a new children's area, improved disabled access, private consulting rooms and a new mezzanine floor to house administrative and clerical staff. Detailed plans have now been drawn up and submitted to the Charitable Foundation for funding to transform this area.

A successful bid to the Government's *Action On* modernisation programme to develop our hand injuries service was announced in May

2003. Plastic surgery staff have already redesigned the service to reduce last minute cancellations and improve access to physiotherapy, but this £100,000 boost makes the service a national pilot for emergency day case hand surgery.

During the year, Colo-rectal Nurse Endoscopist Fiona Hibberts set up a 'one stop shop' for the rapid diagnosis and treatment of patients with haemorrhoids or rectal bleeding. Acting as a single point of contact for the patient, Fiona is able to identify patients with symptoms that suggest they may have colo-rectal cancer and then refer them on for follow-up.

Clare Coughlan, Nurse Specialist in colo-rectal



## DID YOU KNOW?

That we perform around  
**53,500** procedures  
every year.

surgery, has established a monthly family history clinic to identify patients with a genetic pre-disposition to colo-rectal cancer and to provide access to appropriate treatment and counselling.

After completing a lengthy training process, Laura Doig became the country's first endoscopic ultrasound nurse. The Trust is a large centre specialising in upper gastro-intestinal cancers and Laura plays a vital role in assessing how advanced a cancer is. She is able to give patients their results and then develops treatment plans with the multi-professional team.

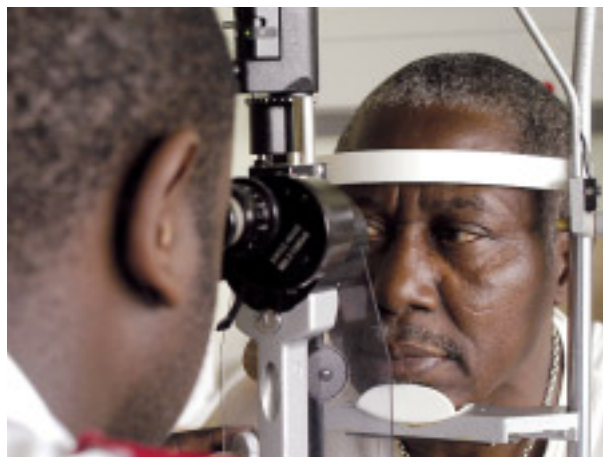
Another first is Diana Sherlaw's role as Nurse Specialist for pancreato-biliary cancer. Diana works with patients who are often terminally ill and their families to develop the best possible care as they are treated in different parts of the hospital.

Working with Consultant Ophthalmologist Mr David Spalton, Clinical Research Fellow Miss Catherine Heatley started a two-year study to improve patients' sight after a cataract operation.

A new type of hinged lens that moves with the eye allows patients to focus on objects both near and far, and could reduce the need for reading glasses after surgery.

In vascular surgery, a practical study to look at ways of repairing abdominal aortic aneurysms is almost complete. The new technique prevents the need for major surgery,

meaning a quicker recovery and a shorter stay in hospital. The condition is increasingly common in older people, who often also have heart disease, and



## New eye unit

Surgery's new day case eye unit is already proving popular with patients, who are impressed with the speed and quality of the service.

Consultant Ophthalmologist Denise Mabey acted as lead clinician for the project, which was funded jointly by the Trust, the Charitable Foundation and regional modernisation monies.

Cataract removal accounts for around 75 per cent of the Trust's eye surgery and waiting times for standard cataract surgery have fallen dramatically from eight months to one month in just a year.

The new unit houses two operating theatres alongside one another, which means that junior surgeons get the chance to perform operations while having easy access to more experienced surgeons as part of their ongoing training.

The pre-assessment area, adjacent to the new theatres, is run by nurse practitioners and patients are assessed, treated and followed-up in one place, making it easier for them to get to know the team.

involves an enlargement and weakening of the abdomen's main blood vessel, the aorta.

Using interventional radiology to give a clear image of the aorta, dye is then pushed through it so that the abnormal area is identified. Tiny metal stents, which open up the blood vessel, are then inserted so that the blood can flow through freely.



# Some highlights of our year



**April** – Three nurses receive awards for their outstanding contribution to charity MediCinema from Hollywood actor Jeff Bridges. St Thomas' is the first hospital to benefit from a cinema onsite free to patients and staff.

**August** – The last baby is born at Guy's Hospital before Women's and Neonatal Services moved over to a new fully refurbished centre at St Thomas' – see page 30 for details.



**July** – Electronic Patient Record goes live in renal and urology.



**October** – Around one million viewers a day tune into City Hospital during its eight week run on BBC1 making it the most popular morning programme.



**St Thomas' Hospital**

# 2002

April

May

June

July

August

September

October



**May** – First annual celebration of nurses and midwives' contribution to the Trust. A graduation ceremony was held for the 80 nurses and midwives who completed the Trust's adaptation course having originally trained overseas.



**July** – Creation of the Black and Minority Ethnic network for staff. Up to 200 people attended a launch event where guest speakers included Trevor Phillips from the Commission for Racial Equality and local MP Simon Hughes.

**July** – The Trust earns a maximum three stars in the national performance ratings.



**September** – King's College London agrees to sell the former St Thomas' Medical School Building (Block 9) to the Guy's and St Thomas' Charitable Foundation so that the Hospital Trust can develop plans for its future use.

**September** – David and Jonathan Dimbleby visit St Thomas' to celebrate the fifth anniversary of The Richard Dimbleby Cancer Information and Support Service that was named after their father.



**December** – Trust Chairman Patricia Moberley (left) presents long service awards to 51 staff who have worked at the Trust for either 20 or 25 years.



**January** – A new day surgery theatre opens at Guy's allowing more patients to have surgery and return home on the same day.



**January** – Patientline, the bedside television, radio and phone service goes live at Guy's.

**November** – Staff take part in the *Improving Working Lives* assessment. The Trust received confirmation that it was successful in obtaining 'practice status' in June 2003 – see page 39 for details.



**Guy's Hospital**

**March** – A&E hit the Government target to see, treat, admit or discharge 90 per cent of patients within four hours – see pages 8 and 32 for details.

**November**

**December**

**January**

**February**

**March**

**2003**

**October** – The Trust is chosen to pilot *Agenda for Change* – the new pay system for NHS staff.



**December** – The Twin Research Unit discovers that genes, and not diet, are one of the main causes of acne.



**January** – a Rapid Response Laboratory opens in A&E at St Thomas' that reduces the length of time that patients wait for emergency test results.

**February** – St Thomas' begins research with a Kenyan hospital to try and find a vaccine against HIV.



**December** – Cataract patients trial new type of artificial lens that could mean patients will no longer need to use reading glasses after a cataract.



**March** – Dr Rowan Williams, Archbishop of Canterbury, lays the foundation stone for the new Evelina Children's Hospital being built at St Thomas'.

## Women's health services

# New centre opens its doors to south London women



*Women's health services had an extremely busy year, completing a series of major moves, including the transfer of all maternity services from Guy's to a state-of-the-art refurbished centre in the North Wing at St Thomas'.*

Officially opened in February by the former Secretary of State for Health, Alan Milburn MP, the £15.6 million centre has spectacular views over the River Thames. It houses a range of services for new and expectant mothers, including a home from home birth centre for women with low-risk pregnancies and a hospital birth unit for women who need extra care. The single labour rooms are all ensuite, and some have sofa beds so that birth partners can stay overnight.

Women choosing a water birth can use one of two pool rooms and a unique garden room for women in the early stages of labour offers a relaxing, green environment overlooking London's skyline.

Babies who are premature or need extra care at birth are looked after in the centre's neonatal unit, which is part of the Evelina Children's Hospital. The improved facilities have helped to minimise the stress that parents experience, as the unit has been designed to provide a calm environment, despite all the high-tech equipment. There are also ensuite rooms for parents so that they can stay at the hospital and be near their baby at this difficult time.

Demand for our maternity service has increased by 20 per cent since the new centre opened, exceeding our expectations. In order to meet the needs of as many women as possible, the Trust is now setting up a



## Emergency care for women

January saw the opening of an emergency gynaecology unit (EGU) at St Thomas', a 24-hour service for women with early pregnancy problems or who need emergency gynaecology treatment.

Unit Coordinator Katharine Young said: "The EGU is largely nurse-led with around 80 per cent of women seen and treated by nurses, but there is dedicated consultant cover for women who need medical backup.

"We are also able to diagnose more women more quickly as we have our own sonographer who scans women in the unit."

Women can refer themselves to the unit and, in addition, GPs can telephone the unit direct for advice if they think a woman in their surgery needs to be referred urgently. Approximately 1,020 women with early pregnancy problems and 250 women with emergency gynaecology needs are seen by the unit every month.



centralised booking service to help us to improve planning for our expected deliveries.

Midwifery is a known area of national recruitment shortage and although we have made great strides and reduced vacancy rates by 11 per cent, the Trust needs to develop its service gradually if it is to meet expectations. The unit has continued with a series of recruitment drives to further reduce vacancy rates. In addition it has completely reviewed its community service, with the aim of developing flexible models of midwifery care which will suit both women and midwives.

The 10th floor of the new centre houses an academic unit, from where undergraduate teaching and postgraduate training is organised. Colleagues from King's College London work alongside Trust staff,

## DID YOU KNOW?

The new women's centre expects to deliver around **5,500** babies every year.

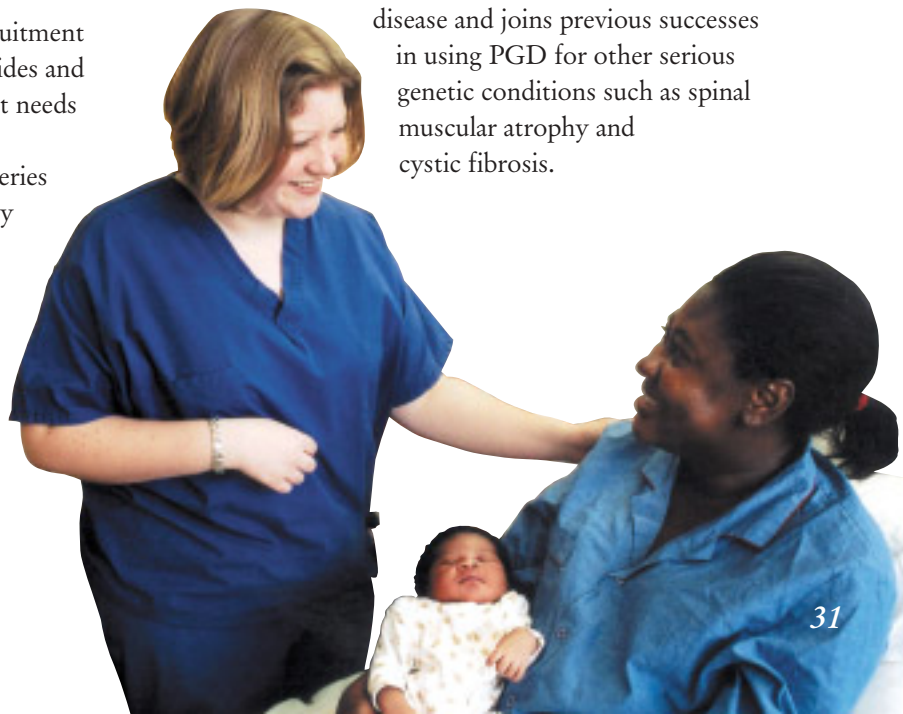
helping to bridge the gap between research and clinical practice. Current research includes a national trial based at St Thomas' and funded by the Wellcome Trust investigating the possible links between pre-eclampsia – a life-threatening condition that is the most common cause of premature births – and taking vitamins during pregnancy. Other studies investigate causes of prematurity and new ways of safely inducing labour.

Both the Assisted Conception Unit and gynaecology outpatients continue to be based at Guy's.

Gynaecology outpatients was one of the first services to 'go live' with GP direct booking, which means that patients can book a date for their outpatient appointment before they leave their GP surgery. In order to strengthen our links with primary care, Nurse Consultant for gynaecology Debra Holloway coordinates all referrals made in this way and also gives advice and guidance to GPs who are unsure whether a referral is needed.

Our Assisted Conception Unit's work in pre-implantation genetic diagnosis (PGD) resulted in the UK's first ever pregnancies for couples who carry the gene for Huntington's Disease. PGD uses IVF technology to test individual, very early embryos for the gene and to replace only embryos that are free of the gene into the womb, in the expectation that their child will be born free of the disorder. Huntington's is

a severely disabling and life-threatening disease and joins previous successes in using PGD for other serious genetic conditions such as spinal muscular atrophy and cystic fibrosis.



# Our performance

A number of external inspections and performance ratings during the year confirmed high standards and performance throughout the Trust. The Trust achieved Trustwide *Investors in People* accreditation, 'practice' status for *Improving Working Lives*, a maximum three stars in the national performance ratings and a good CHI report, as well as level one Clinical Negligence Scheme for Trusts and the Risk Pooling Scheme for Trusts.

During 2002/03, the Trust saw 508,000 outpatients and treated 65,500 inpatients and 37,000 day case patients. In addition, 142,000 people attended A&E, the minor injuries unit at Guy's and the dental and eye casualties.

## A three star performance

The Trust was delighted to be awarded a maximum three stars - the highest level - for the second year running in the latest performance ratings published in July 2003 by the Commission for Health Improvement (CHI).

As well as being measured against nine 'key targets', the Trust's performance was assessed against three broader areas – clinical focus, patient focus and capacity and capability – with a number of indicators used to measure each.

The Trust achieved all nine of the key targets and is in the top band of trusts nationally for its performance in the areas of 'clinical focus' and 'capacity and capability'. In terms of 'patient focus' we are in the middle band of trusts.

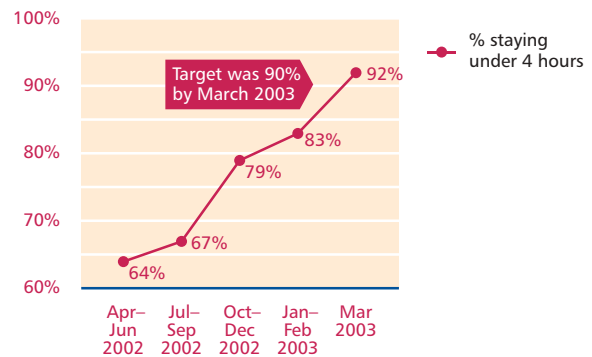
Our performance against the clinical indicators clearly demonstrates that the Trust provides high quality clinical care to patients, whether they are admitted in an emergency or need planned hospital treatment.

For example, the Trust continues to have fewer patients who die within 30 days of surgery, and fewer children readmitted to hospital within seven days of going home, compared with the national average.

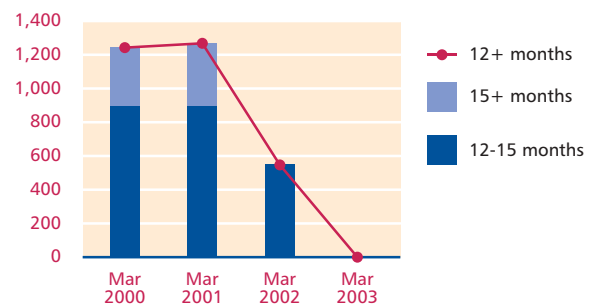
A number of the key targets measured access to care, including a maximum two week wait for patients with suspected cancer referred as urgent by their GP. The Trust did not achieve this target for the whole year, but by setting up a dedicated team to handle these referrals, we have ensured patients received faster assessment – see page 19 for further information.

Other key targets meant that no patient referred by their GP to Guy's or St Thomas' had to wait longer than 12 months for inpatient treatment or 21 weeks for a first outpatient appointment.

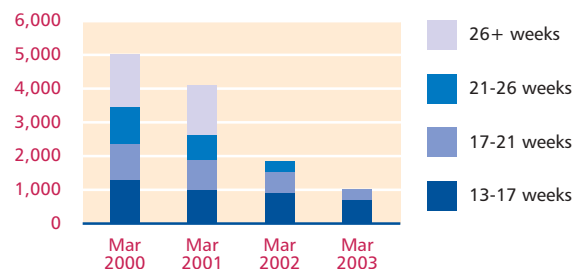
A&E waiting times



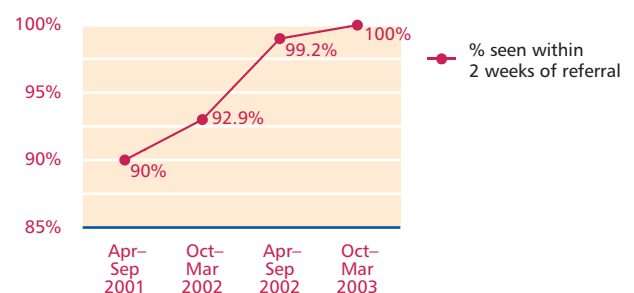
Patients waiting over 12 months



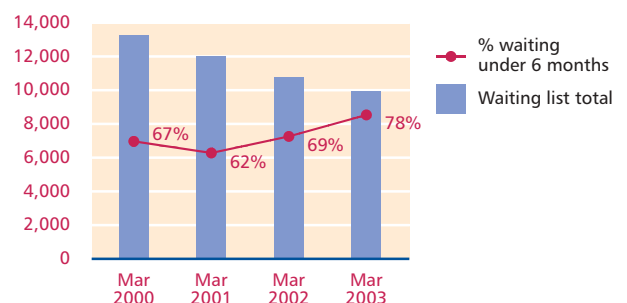
Patients waiting over 13 weeks for an outpatient appointment



Cancer 2-week wait



Total waiting list size and proportion of patients waiting under 6 months





## CHI review

In November 2002, the Commission for Health Improvement (CHI) published its routine clinical governance review of the Trust's services.

The report highlighted many areas of good practice including the Trust's induction for new staff; support programmes for newly appointed nurses from overseas; appraisal for consultant medical staff; and the Trust's research programme and strong links with academic partners. The Trust was also praised for its open and effective communication with staff, and is considered by staff to have an open and just culture, with good access to training and development.



CHI also identified a number of areas that the Trust needed to strengthen or improve. These included the further development of the strategy for patient and public involvement; the improvement of the physical environment for patients in certain areas of our hospitals; the need to improve the management of complaints and the need to provide stronger coordination and central support for clinical governance.

The Trust produced an action plan in response to the CHI review in February 2003 and have now set up a clinical governance support unit under Maggie Hicklin, Head of Clinical Governance Support.

## Managing risk

The Clinical Negligence Scheme for Trusts (CNST) is a requirement of the NHS Litigation Authority and looks at how good our processes and procedures are for managing risk in clinical areas. The Trust achieved high scores against level one and is now working hard to achieve the standards which apply at levels two and three. The Trust also successfully achieved level one in the Risk Pooling Scheme for Trusts, which is a similar scheme covering non-clinical areas of work.

The Trust has introduced a new Adverse Incident

## Leading the way on clinical governance

Maggie Hicklin took up her post of Head of Clinical Governance Support in October 2002, managing a new team that deals with complaints and litigation, risk management, clinical audit and clinical governance across the Trust.

The team enables a more coherent approach to these areas of work, both within individual directorates and trustwide, and aims to share good practice. During the year, the unit developed a single system for the reporting and investigation of clinical and non-clinical incidents that has received National Patient Safety Agency (NPSA) recognition.

Maggie is one of the most senior and experienced nurses in the Trust, specialising in children's nursing. She has spent her whole career working for the Trust – starting as a staff nurse in children's intensive care; a sister on the children's renal unit; and spending her clinical career in paediatric nephrology. She represented children's services nationally on the Renal National Service Framework and was Head of Nursing in Children's Services, before taking a secondment in April 2002 to be part of the Trust's CHI Review Team.

Maggie has always had a clinical interest in risk management and clinical governance and sees her role as a real opportunity to take this forward across the Trust.

Maggie said: "Clinical governance acknowledges that mistakes will happen, but it is not acceptable to keep making the same mistake. We must ensure that we learn and make it less likely for a mistake to happen again".

The Clinical Governance Support Team is working hard to achieve this.

Policy, designed to improve the reporting of incidents by using a system to measure the severity and the likelihood of an incident reoccurring.

## PEAT inspections

The Trust was inspected by the Patient Environment Action Team (PEAT), as part of a regular programme of inspections on behalf of NHS Estates. The inspection covers the cleanliness, tidiness and general presentation of the hospital and staff, a review of catering service standards and a look at privacy and dignity for patients. The Trust received a middle 'amber' assessment in May 2002 and a top 'green' rating at Guy's and 'amber' at St Thomas' in February and March 2003.

# Listening to our patients

The Trust's Patient Advice and Liaison Service (PALS) has continued to offer a highly visible support and information service to patients, their families, carers and visitors throughout the year at both hospital sites. PALS has been working hard to improve patients' experience and to help them to understand their treatment, as well as to deal with any concerns patients may have without these escalating into an official complaint. 922 people used the PALS service during 2002/03.

The PALS team has been finding ways to involve patients and the public in the work of the Trust and organises the Trust's Patient and Public Involvement Committee, which is made up of volunteers, patients, carers and members of the public. This group helps to influence service changes and improvements across the Trust. The Trust is currently developing a patient and public involvement strategy, which will take our work to involve patients and the public a stage further.

The Trust works closely with many patient groups and local organisations and is widely supported by our local communities – as was clearly demonstrated by the community led 'Save Block 9' campaign. The Lambeth Pensioners Action Group held their very successful annual conference at St Thomas' Hospital for the second year running.

Directorates have continued to work closely with patient groups to improve services, for example:

- As part of the National Service Framework for Older People, a Citizens' Panel for older people has been established within elderly care. The panel involves older people in ensuring services meet their needs.
- The Guy's, Kings and St Thomas' Joint Cancer Centre has a well established Patient Liaison Group. The group meets regularly to discuss cancer services and makes suggestions on how they can be improved.
- The local Kidney Patients' Association works closely with the renal and urology directorate, to ensure services are centred around the needs of patients.

## Valuing our volunteers

The Trust has a well organised and effective voluntary services department which supports a wide range of patient-focused volunteer work. During the year, 380 volunteers were registered at the Trust and gave nearly 28,000 hours of support.



Our volunteers make a huge impact by carrying out roles such as welcoming visitors at information and reception points, helping with surveys to find out patients' views, for example on the role of the new ward housekeepers (see page 42), and by acting as volunteer ushers in the MediCinema.

The volunteers also help out with the Patient Advice and Liaison Service and regularly attend the Patient and Public Involvement Committee as health service users and carers.





## DID YOU KNOW?

The Trust's Spiritual Care department received over **5,200** referrals last year.

### Keeping in touch all year round

The Trust is committed to communicating with patients, carers and our local communities - so that they are fully informed about the services that we provide. During the year two further series of the BBC's popular *City Hospital* have been filmed at the Trust. This show has become increasingly popular and has reached around one million viewers each day.

We have recently launched a new community magazine, *South of the River*, which provides news about our services and public health messages for our patients and the local community.

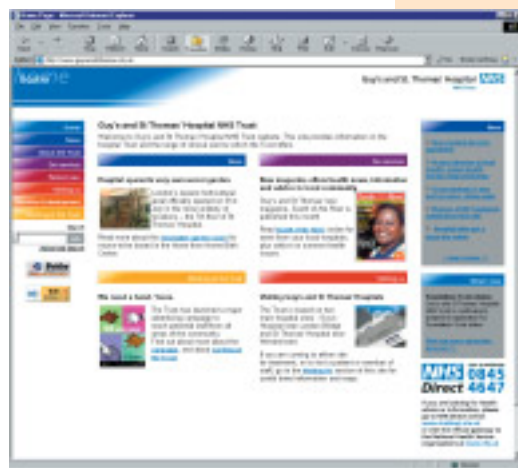
Our website [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk) was re-launched in September 2002 as a gateway for information about the Trust and our services for patients, visitors and health professionals. The website currently receives around 18,000 unique visitors a month.

Future developments include online recruitment and a children's website specially designed to meet the needs of our younger patients.

To improve our information for patients, the Trust has been developing new patient information leaflets. Patients and staff have been

consulted on the content for these leaflets and they are available in alternative formats such as audiotape, Braille and large print, as well as electronically on the Trust website.

Over the coming year we hope to begin to transform patient information across the Trust as part of a three year project. Patient expectations have risen greatly over recent years and this project aims to meet that challenge. We will work with patients, community groups and our primary care partners to ensure high quality information is available to all of our patients at the most appropriate point of their care or treatment, and that the information meets the needs of our diverse communities.



### Learning from comments and complaints

Handling complaints effectively, and as quickly as possible after the problem arose, is vital in bringing about a successful resolution. During the year, the Trust has worked hard to improve its service and performance through the complete restructuring of the complaints and litigation department, together with the introduction of improved processes. During 2002/03, the Trust received 637 formal complaints.

The Trust is expected to respond to complaints within 20 working days. During the year, 55 per cent of complaints received a full response within 20 days and 85 per cent received a full response within 30 working days. We are working hard to improve this aspect of our performance.

To help improve the handling of complaints, training sessions have been held twice a month, which any member of staff can attend. The complaints team have also carried out training with a number of departments to address specific issues.

The central team has developed a more individual approach to complex complaints. We have found that by arranging a meeting between the complainant and the relevant clinical staff, even complicated issues can often be resolved swiftly. Consequently there has been a clear reduction in the number of complaints which advance to an independent review panel – from eight in the year 2001/02 to only one in the year 2002/03.

All complaints, independent review panel reports and ombudsman findings are used to improve Trust services. Every two months a report is presented to the Clinical Governance and Risk Monitoring Committee which analyses the statistics for that period and the service improvements that have been made as a result. Often an action plan is drawn up to resolve issues that come out of complex complaints, with the complaints team following up to ensure implementation and compliance.

# Working in partnership

The Trust continues to work closely with not only our traditional partners, but with local communities and organisations in the areas around the two hospital sites. The Trust prides itself on its growing involvement with the local community, through many local groups and partnerships in south east London including:

- Southbank Employers Group;
- Waterloo Project Board;
- Bankside Business Partnership and the Better Bankside Circle initiative;
- Pool of London Partnership's London Bridge Gateway Group;
- City Growth Strategy Group;
- Elephant Links Partnership Board (health seat now taken by Southwark PCT).



The City Growth Strategy Group is one of eight Government pilot schemes, led for London South Central by the Pool of London Partnership. It aims to regenerate deprived inner city areas by improving employment and the business wealth of an area. As one of the largest employers locally, the Trust is a key member of this group alongside local businesses, councils and employment and training organisations. The Trust will play an active role in the planned work to address health and social care issues over the coming year.

During the year, the Pool of London Partnership has match-funded the second phase of work to improve Great Maze Pond following the success of the first phase of this work last year. We are also working with the Waterloo Project Board to develop



two projects, one to improve cycle parking, security and shower facilities and the other to improve signage on both of our sites.

Transport for London is an increasingly important organisation for us to work closely with, particularly with the introduction of the central London Congestion Charge in February 2003. Director of Personnel, Tim Higginson, worked on behalf of the NHS across London to review the implications of the congestion charge for staff, patients and visitors to central London hospitals within or close to the zone. A number of concessions were negotiated as a result of this work and we continue to monitor the impact of the scheme closely.

## Overview and scrutiny of health

Overview and scrutiny of health is an important part of the Government's commitment to place patients and the public at the centre of health services.

The new powers that have been granted to Local Authority Health Scrutiny Committees enable elected members to consider local health services by inviting senior staff to provide information and explanations about how local health needs are being addressed.

We have been working closely with Lambeth and Southwark Councils and our health partners to understand how this new function will work in practice and to develop arrangements for consultation on service changes and developments.

Over the last year we have given information to both our local Health Scrutiny Committees to bring members up to date on developments and service plans at the Trust. We will be contributing to a review in Lambeth on the health needs of refugees, the homeless and asylum seekers and will be working with Southwark to plan service reviews in the coming year.



## Local partnership

Our Joint Directors of Partnership and Planning have been instrumental in establishing a Chief Executives Group for Lambeth and Southwark which now meets every second month and brings together the Chief Executives of local health trusts and Directors of Social Services. The Group discusses key issues ranging from capacity planning and service developments to our local response to the Climbié Inquiry, Foundation Trust proposals and diversity programmes.

In addition to this work with our health partners, we have continued to develop close working relations with King's College Hospital particularly around the Joint Cancer Centre, cardiac services, radiology, pathology modernisation and the development of health scrutiny and Foundation Trust proposals.

King's, along with Lambeth and Southwark Primary Care Trusts, have been leading a national pilot of *Pursuing Perfection* – a programme aimed at fundamentally altering and improving the way services are organised and delivered. Guy's and St Thomas' is participating in two of the three initial projects, looking at chronic obstructive pulmonary disease and health and ageing.

We have also increased our partnership working with South London and Maudsley NHS Trust and now hold regular liaison meetings. We are working on a shared initiative to improve the quality of mental health nursing support to the general wards at both our hospitals and discussing the mental health support needs of the new Evelina Children's Hospital which is due to open at St Thomas' in 2004.

## Guy's and St Thomas' Charitable Foundation

The Charitable Foundation is a registered charity based at Guy's Hospital which uses its charitable funds – the result of generous donations to both our hospitals over many years – to improve the health of patients and contribute to the delivery of high quality healthcare and research. Guy's and St Thomas' is the



principal beneficiary of grants made by the Foundation, although others such as South London and Maudsley NHS Trust, Lambeth and Southwark Primary Care Trusts and partners of all these organisations also receive grants.

A total of £11.4 million was awarded to Guy's and St Thomas' last year, including support for research and development and an instalment of the funding which has been set aside for the Evelina Children's Hospital. The children's hospital is a £60 million project which has been made possible by a generous £50 million grant from the Charitable Foundation.

The Charitable Foundation has enabled the Trust to take forward many exciting and innovative projects through its generous grants. Last year, £4.3 million was awarded to 19 Trust projects through the New Services and Innovations in Healthcare Fund, and a further £508,000 was given to smaller projects across the Trust, including funding for courses and personal development opportunities for staff.

Examples of projects funded via the New Services and Innovations Fund include:

### Improvements to the environment

- £312,000 for improvements to the wards and clinics in the Lane Fox respiratory rehabilitation unit.
- £100,000 to carry out a feasibility study to find the best way to completely re-design the fracture clinic at St Thomas'. We hope that this will subsequently lead to a major grant of £980,000 being approved.

## Clinical innovations and equipment

- £835,000 to enable the introduction of intensity modulated radiotherapy – a leading edge treatment – in our Cancer Centre.
- £601,000 for a peripheral MRI scanner in rheumatology to take high quality images of the hands, elbows, feet, ankles and knees to help treat musculoskeletal disease.
- £233,000 to purchase a laser in urology to undertake laser treatment for bladder tumours, bladder stones and other urological conditions.



## Staff development

- £227,000 to develop a teaching programme which includes training for health professionals in cancer communication issues.
- £215,000 to develop a virtual reality simulator to help train doctors in laparoscopic (keyhole) procedures prior to undertaking this type of urological surgery on real patients.

## A new Modernisation Initiative

One of the most exciting developments during the year was the Guy's and St Thomas' Charitable Foundation's decision to invest a sizeable sum over the next two to three years to enable radical change to health services for the benefit of not only patients, but staff and the local NHS as a whole. In November it was agreed to begin this work with three feasibility projects focusing on sexual health, renal and stroke services in Lambeth and Southwark.

The initiative will fully involve service users and one of the key aims is to help health professionals to

work differently. It will allow them to reshape services to deal with demand and to improve partnership working across the health community. It is anticipated that much of what we learn in improving sexual health, renal and stroke services will also help in a wide range of other services in the future.

Project management arrangements have now been agreed, a project director appointed and a project board established to drive this work forward by bringing together representatives from Guy's and St Thomas', Lambeth and Southwark Primary Care Trusts, and other partners.

## The Development Forum

The Development Forum, which is part of the Guy's and St Thomas' Charitable Foundation, also works to capture ideas for improving healthcare and to help turn these into practical projects. It has established a mentoring system, a peer network and web-based project planning information, and also provides access to external advisors.

The projects it supports develop services that are patient friendly and tackle issues that can have a devastating impact on people's lives such as ageing, mental health problems and chronic conditions.

Guy's and St Thomas' has been successful in attracting resources to support multi-agency projects to improve local services for people who fall and, last year, we successfully developed a bid to improve care for older people undergoing surgery. We also secured support to develop the Alexandra Service at St Thomas' which provides care for people under the age of 65 who develop dementia.

## Founder's Place

The Charitable Foundation has continued to draw up plans to redevelop the site opposite St Thomas' Hospital, which will be known as Founder's Place.

The proposed development includes key worker accommodation for around 400 doctors, nurses, therapists and other health service staff; a day nursery with 100 places to be used by the children of staff who work at the Trust; and accommodation in the Ronald McDonald House where the families of sick children can stay, close to the new Evelina Children's Hospital.

Planning permission is being sought from Lambeth Council and we hope that building work will begin in 2005.



# Valuing our staff

## Investors in People

During the year we achieved Trustwide *Investors in People* status, with 170 staff from all departments interviewed as part of the final assessment. Over the last three years, all departments in the Trust have achieved *Investors in People* as individual units. During November and December, the whole Trust was assessed to see if *Investors in People* standards were being maintained.

By achieving this standard trustwide, we demonstrated a strong commitment to staff and firm foundations for delivering excellent patient care and developing both our services and the skills of our staff.

The annual staff attitude survey results show a significant increase in satisfaction with communication, feeling valued and involved, training and development, job satisfaction and commitment to the Trust – all areas that *Investors in People* aims to improve.

## Improving Working Lives

*Improving Working Lives* is an initiative at the heart of the NHS Plan and is a standard that all Trusts are working towards – it demonstrates our commitment to investing in staff and ensuring a better deal in their working lives, for example, through improving the workplace culture and environment.

The Trust achieved the first level – ‘pledge’ status – in April 2001 and following an external assessment in November 2002, was awarded the next level – ‘practice’ status. The award recognises the huge amount of work across the Trust to ensure we have the right policies, procedures and opportunities in place to support staff in every aspect of their work.

The Trust has developed a number of initiatives including more flexible working; the implementation of new staff policies on dealing with bullying and harassment and the exclusion of violent patients; and has worked with staff to look at ways to improve their local working environment. Through the ‘design challenge’, a number of schemes specifically aimed at improving the working environment for staff are currently at the detailed planning stage.

The Trust is now working towards the highest level, ‘practice plus’ status, and will continue to explore both existing and new ways to ensure we help staff to strike a balance between work and life outside work, and ensure that they feel valued, work safely and achieve their personal goals.



## Striking a balance that works

It can be hard to find a balance between work and other aspects of life such as caring for children or elderly relatives, studying, taking part in community activities or pursuing hobbies.

The Trust has launched the Work Life Balance project aimed at helping staff achieve a healthy balance which will, in turn, make for better services for patients and help us to retain staff.

From flexi-time, job sharing, extending the working day and term time contracts to annualised hours – all are being tried and tested by staff across the Trust.

Site Nurse Practitioners – some of the most senior nurse managers in the Trust – have introduced annualised hours – where weekly or monthly contracted hours are translated into annual working hours and then reduced by the number of hours of allocated leave and bank holidays.

This gives the staff far greater control over how their working hours are spread across the year, for example, helping parents to take time off during school holidays.

Jeanette Spellacey is a part-time administrative coordinator for paediatric surgery. After having her second child she thought she would have to leave because of high child care costs during the normal working day. As a result of this initiative, Jeanette has been working from 3pm to 7.30pm, Monday to Thursday, which enables other family members to look after her children whilst she is at work.

“I am delighted with the quality time that I have with my children during the mornings and in the afternoons and that I am able to provide a good service for the families who use our service” said Jeanette.

Involving staff as we develop new policies and initiatives is a high priority for the Trust. In addition to consultation with professional associations and trade unions, we have increased staff involvement through a wide range of fora and project groups within the Trust.

Some directorates have staff committees working on specific projects and issues relating to their local areas. For example, community midwifery have involved staff, users, GPs and the local PCTs in a review which looked at improving services for women and improving recruitment and retention.

## Agenda for Change

During 2002/03 the Trust, with support from staff side organisations, applied to become an early implementer of *Agenda for Change* – the new national pay system for the NHS. The Trust is now one of 12 trusts that will assimilate their staff to the new terms and conditions in 2003/04. Other NHS trusts will implement the new arrangements in the following year, learning from our experience as an early implementer.

At the heart of our approach to *Agenda for Change* is a commitment that the Trust will work in partnership with representatives of Trust staff. This has resulted in the development of a Project Executive involving managers and staff representatives who are taking responsibility for the overall implementation.

Joint management and staff leads have also been established to lead the work streams that this important project demands.

## Listening to staff

Communications have been strengthened throughout the year to ensure that staff receive important news as quickly as possible and staff can feed in their comments and suggestions at the highest level.

Our monthly staff magazine *People* has expanded to 12 pages in a number of editions throughout the year and new stands have made it more widely available on both sites. In addition, a monthly *Team Briefing* helps managers to keep their staff up-to-date with trustwide issues and provides an important opportunity for staff to feedback ideas, suggestions and concerns.

We have also established monthly question and answer sessions with the Chief Executive, where staff can come along and quiz the Chief Executive about any issue over lunch. Regular breakfast meetings, to which a wide range of staff are invited, have also been running throughout the year, as well online 'Ask the Chief Executive' sessions. These sessions have proved popular and have allowed the Chief Executive Dr Jonathan Michael and other Directors to hear from staff at all levels.

A series of staff policy leaflets has also been produced during the year to provide all staff with a summary of important Trust policies.

The intranet was relaunched in May 2002 following a review of the previous site with staff. The new site contains a wealth of practical information for staff, ranging from personnel and medical policies to clinical performance data. New online discussion boards and intranet polls also enable staff to share views, ideas and suggestions.

## Embracing diversity

We are committed to providing equal opportunities for all applicants, employees and users of Trust services. The Trust takes this commitment very seriously, and aims to reflect this in all our policies and practices.

The Trust has been awarded the Employment Service's 'two ticks' symbol for employers who are positive about employing disabled people and is a Gold Card member of the Employers' Forum on Disability.

We have also been an active member of the Strategic Forum for Refugees and Asylum Seekers, as well as the





Race Equality Community Network which is run by the Strategic Health Authority and brings together the voluntary sector, health services, local authorities and locally based radio station Choice FM.

Our Equality and Diversity Statement states:

***"The Trust declares that no job applicant, employee or user of our services shall receive less favourable treatment than any other, on the grounds of: gender, sexual orientation, marital status, responsibility for dependents, disability, race, national origin, age, religion, political or trade union affiliations, HIV status or socio-economic background".***

## Diversity in recruitment

The Trust launched a major recruitment advertising campaign to help Guy's and St Thomas' better reflect the diversity of the communities we serve. The eye-catching 'We Need a Hand' campaign uses simple but effective imagery of different hands to represent the black and minority ethnic, gay and disabled communities from which the Trust is actively seeking to recruit staff.

The three-month campaign was funded by Guy's and St Thomas' Charitable Foundation and includes posters in tube stations, at bus stops and on board local buses. It also featured adverts in newspapers and magazines specifically aimed at black and minority ethnic, gay and disabled readers and a radio advertising campaign on stations including Choice FM and Sunrise Radio.

The campaign attracted huge attention with over 6,000 enquiries in the first three months.

Alison Risker, the Personnel Manager who has helped develop the campaign said: "As far as we know, this is the first major advertising campaign of its kind by an NHS employer which is aimed fairly and squarely at a wide range of minority groups.

"We want people to feel that Guy's and St Thomas' are their local hospitals and part of their community so that people who might not normally consider working in the NHS will come and work with us."





## Recruitment that Works

The Trust has been involved in a pilot project called *Recruitment that Works*, which was set up to employ local long term unemployed disabled residents, in partnership with Job Centre Plus. The project includes pre-employment programmes to help job applicants and support to help these staff to become effective in their new roles more quickly. The Trust has recruited eight people so far to administrative and clerical jobs.

## Local recruitment initiative

Working with local employment organisations, the Trust has carried out two pilot schemes to recruit local unemployed people as healthcare assistants. The pilots involve seven days pre-employment training, in conjunction with practice development nurses in both general medicine and elderly care.

The training ranges from dealing with people to key skills such as bathing and lifting, and potential recruits can learn



## New role for ward housekeepers

During the year the Trust has piloted a project to introduce 'ward housekeepers' – a new role designed to improve patient care by bringing responsibility for a range of non-clinical duties under one person.

All staff involved in the pilot are existing employees and have been recruited from a wide range of job backgrounds, including food service assistants and healthcare assistants.

As the role combines a range of tasks, it gives wards greater flexibility as the work can be matched more closely to the needs of each ward. For example, some may want the ward housekeeper to spend more time helping patients with their food.

Former food service assistant, Zehra Dervish now works on Sarah Swift ward as a ward housekeeper. She explains: "My new job is exciting and gives me lots of different challenges. I'm getting a wide variety of experience and I never get bored as I do a bit of everything. I'm also getting to know the staff and patients on the ward really well, which is great and allows me to provide a more personal service."

more about the Trust and shadow staff in their daily work. Further training is given to help them fill out application forms and practice interview techniques to boost their confidence, particularly if they have not had an interview for some time.

After completing the training, potential employees are kept informed about job opportunities at the Trust. So far five local

unemployed people have been successfully recruited as healthcare assistants and further pilots are planned.





## Investing in our staff

Training, education and development were all highly rated by a number of external inspections during the year, particularly the Commission for Health Improvement and the *Improving Working Lives* assessors. As a major teaching hospital, the Trust has a strong focus on education and training, with many doctors, dentists and other health professionals receiving training throughout the Trust. We continue to work hard to extend training and development opportunities to all staff groups, including non-clinical staff.

Last September saw the Trust's first annual Education and Learning Awards Ceremony which celebrated staff successes in a range of qualifications from modern apprenticeships and NVQs, to diplomas. Professor Bob Fryer, Chief Executive of the new NHS University, was guest of honour and was very impressed by the commitment and hard work of staff in achieving a wide range of qualifications.

### Helping staff learn for life

The Trust's learning representatives project has gone from strength to strength during the year with 16 support staff acting as learning representatives. The scheme aims to ensure that learning opportunities are available to all staff and that support is provided to address core skills needs, such as writing and numeracy. The learning representatives now have their own forum for supporting each other and keeping up-to-date so that they can carry out their roles.

Felix Fadiya is one of the representatives who has brought the scheme to life. Ten years ago, Felix joined the Trust as a catering porter and moved in the last couple of years into materials management, where he deals with incoming goods and ordering clinical stock.

Felix is no stranger to learning – he completes an Open University course in Law next year. "I never tire of trying to convince people that they can improve their prospects" he says, "some people are resigned to doing the same job for the rest of their life, and thinking they will never move upwards." Felix feels the role helps staff to see that there is a way, and that with the will to learn, they can gain more control over their lives.



This year – for the first time – we achieved the target set for us by the Workforce Confederation for the number of support staff receiving training opportunities and signing up for NVQs. 52 members of support staff registered for an NVQ in customer service or assessor training. In addition, 121 support staff started working towards a European Computer Driving License (ECDL) – a qualification which trains them in the IT skills needed for the modern NHS.

Further work took place during the year to create a range of in-house development courses for managers. We doubled the number of Management Essentials courses we ran and began to offer a tailored MBA programme for senior staff in partnership with King's College Hospital.

## Training to become a medical secretary

In September 2002, thanks to funding from the Local Initiative Fund via the London Central Learning and Skills Council, six clerical staff began an innovative two year medical secretary training scheme through Southwark College. All staff applying for a place on the training scheme went through a rigorous recruitment process to ensure that they had the potential to become high calibre medical secretaries.

The trainees were released from their jobs to attend Southwark College one day a week and have now completed their first year. All six have learned to touch-type and achieved the AMSPAR Certificate in Medical Terminology. They are now being slotted into vacant medical secretary posts within the Trust and will start the second year of their course in September.

### Putting staff first

A new policy was launched which outlines steps to be taken to deal with patients who are violent or abusive and aims to help Trust staff in difficult situations.

This follows a recommendation from the Department of Health that all trusts have a policy in place and coincided with some work already under way at the Trust. Under the policy, as a 'last resort' the Trust now reserves the right to exclude the most violent or abusive patients from the hospitals. The policy also reassures staff that they have rights, and gives them confidence that the Trust takes this issue very seriously.

# Investing in our nurses



Nursing issues have been rising up the agenda during the year, under the leadership of Director of Nursing Irene Scott. Irene holds quarterly away days with all nurses and midwives from G grade up to look at current nursing issues, developments and ideas to improve services for patients.

A Nursing and Midwifery Strategy was developed, drawing on contributions from around 400 nurses and midwives. The strategy aims to set corporate objectives, give nurses and midwives a stronger voice in the Trust and enable them to share best practice. Over 140 delegates from inside and outside the Trust attended the launch of the strategy in December 2002 and external speakers included David Amos, Deputy Head of Human Resources and David Moore, Assistant Chief Nursing Officer at the Department of Health.

The strategy has five key themes and five groups have been established to take work forward in these areas – the image of nursing; research and development; education, training and professional development; standards, audit and evaluation; and recruitment and retention.

The image of nursing group has been leading on the design of new uniforms, working with a designer to develop a style that is both smart and practical for

work. The uniforms will shortly be piloted before being rolled out across the Trust. Other groups have been looking at how to improve the quality of essential care on the wards and developing innovative ways to reduce spending on agency staff further.

Nurses have also been working hard to develop a career path for healthcare assistants throughout the Trust. During the year, ten healthcare assistants were successfully seconded to a nurse training programme, following the completion of their NVQ qualification, with a further ten expecting to join the training programme this year.

## Nurse of the year

The first ever Guy's and St Thomas' Nurse/Midwife of the Year was announced in May.

Comfort Momoh, the UK's only midwife specialising in female genital mutilation (also known as female circumcision) was the deserving winner.

Comfort provides support and counselling for women who have undergone female circumcision and also does reversal operations. Whilst it is illegal in the UK, female circumcision is still common in areas of Africa and the Middle East.





# Research and development

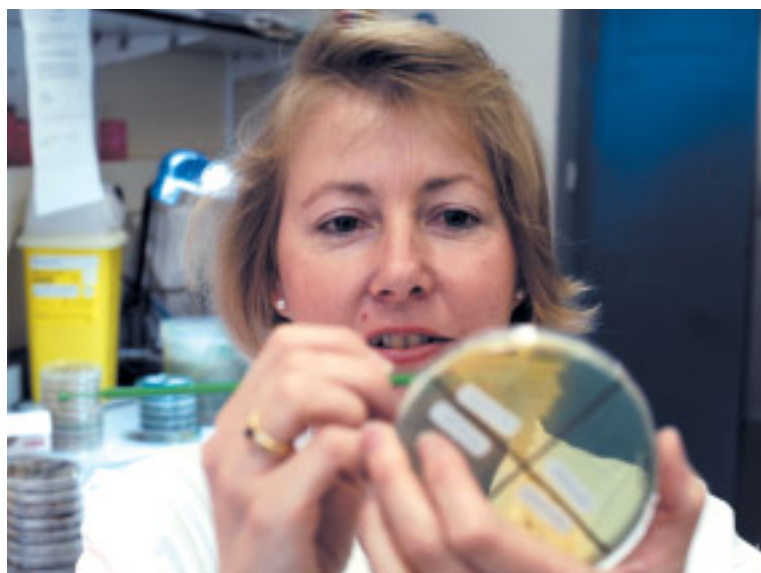
The Trust has continued to participate in a wide range of research and development projects in 2002/03, with 406 projects underway during the year. Of these, 235 projects have attracted external funding to the tune of almost £16 million. Research projects at the Trust are also supported by our NHS Research and Development (R&D) Levy of £15 million. In addition, the Guy's and St Thomas' Charitable Foundation gave £7 million towards 83 research projects at the Trust.

Trust staff continue to undertake a wide range of interesting projects which have resulted in the publication of almost 800 scientific papers. These research publications cover a variety of clinical issues ranging from a new method to screen for autism when children are 18 months old and the role of genetics in the clinical management of male breast cancer to research which aims to improve our understanding of glucocorticoid resistant asthma.

We are an active participant in the South East London Research Network alongside our partners – King's College Hospital and University Hospital Lewisham – and through this we continue to develop excellent research alliances.

Throughout the year we have been developing our 20 'priority and needs' programmes of research which address the national priorities of cancer, cardiovascular disease and stroke, as well as local health issues such as sexual health, women's health and healthcare inequalities. The research programmes were all rated very highly by the Department of Health and are cited nationally as the way to manage research. It is expected that these programmes will become a key part of our research activity over the next year.

Research governance has been a main focus for the Trust in the past year to ensure that we have robust arrangements for undertaking research within the NHS and that all our research is conducted to high standards and is of excellent quality.



As part of this, we have trained staff in research governance issues and a successful course was established to train staff involved in research in both the Trust's own research governance processes and the legal aspects of the Research Governance Framework, such as the Data Protection Act. This training programme ensures that all staff are aware of their responsibilities when undertaking their research, for example, when handling clinical information about patients or obtaining the necessary consent to use that information.

Research governance across south east London has also been improved during the year through sector wide discussions, led by the Strategic Health Authority, to streamline research governance processes between organisations.



# Our management structure

*Overleaf you will find an up-to-date management chart, which gives details of the Non-Executive Board Directors, Executive Board Directors and senior managers including the Clinical Directors.*

The Trust Board is made up of our Chairman, Patricia Moberly, five Non-Executive Directors and the Executive Board Directors.

## **The role of the Trust Board is to:**

- Set the overall strategic direction of the Trust, within the context of NHS priorities.
- Regularly monitor our performance against objectives.
- Provide effective financial stewardship through value for money, financial control and financial planning.
- Through clinical governance, ensure that the Trust provides high quality, effective and patient-focused services.
- Ensure high standards of corporate governance and personal conduct.
- Promote effective dialogue between the Trust and the local communities we serve.



During the year the Board reviewed its structures and has introduced a new set of sub-committees:

- Audit and Finance Committee (formerly the Audit Committee);
- Remuneration Committee;
- Clinical Governance and Risk Monitoring Committee (formerly the Clinical Governance and Quality Monitoring Committee);
- Personnel Committee;
- Service Delivery Committee;
- Estates Strategy Committee; and
- Academic Committee.

Trust Board meetings are held in public every month. Members of the public are welcome to come and listen to the meeting and the discussions which take place.

In September we hold an Annual Public Meeting, where staff, patients and other local stakeholders are invited to come and find out about how we have performed during the year. There is an opportunity to ask the Chief Executive, Chairman or Executive Board Directors questions.

Dates of Trust Board meetings and the Annual Public Meeting are available on our website – see back cover for details.

## **Management Executive**

The Trust's Management Executive meets every two weeks, and brings together Executive Board Directors, Trust Directors and the eleven Clinical Directors.

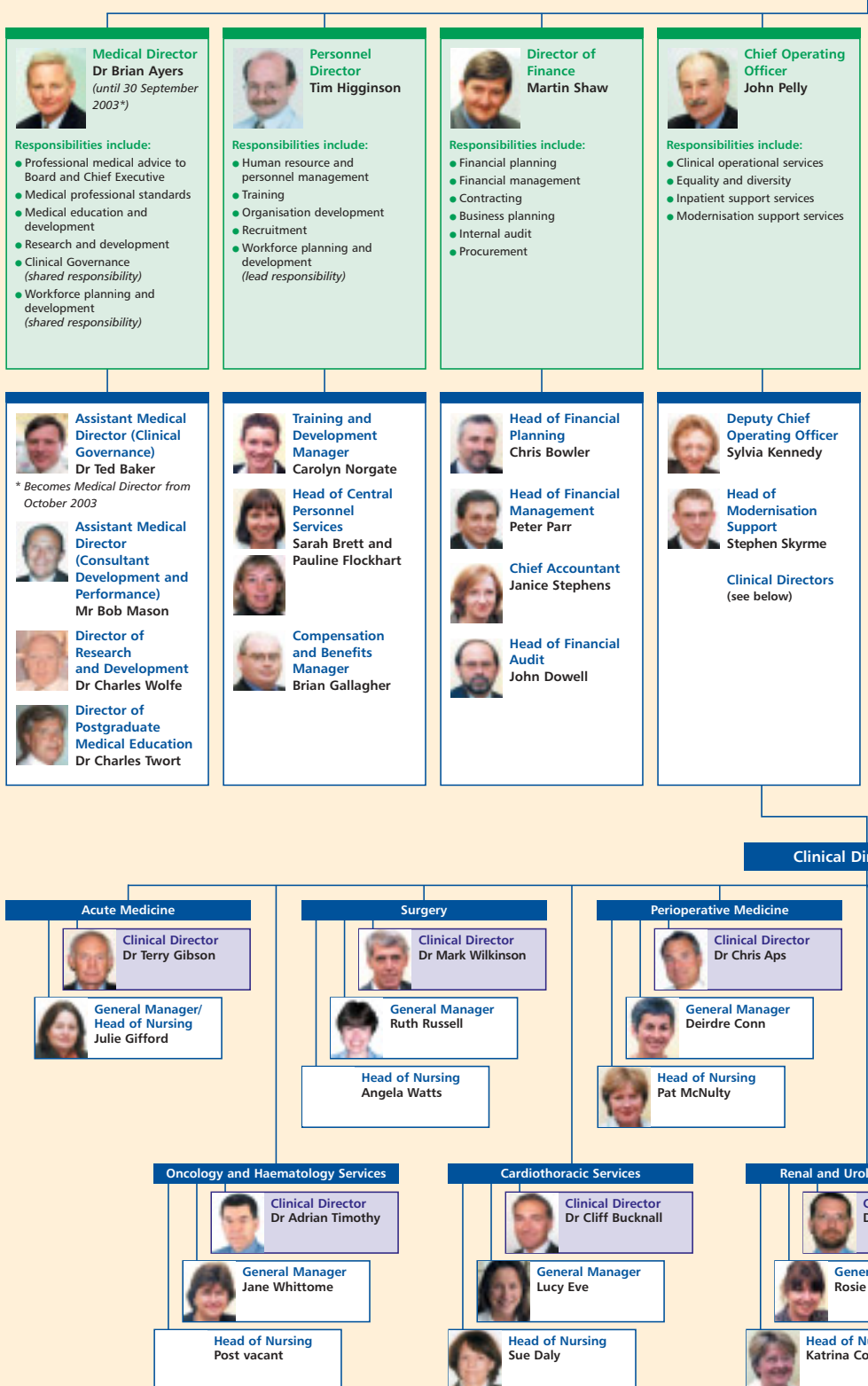
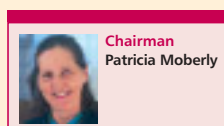
There are currently 12 sub-committees of the Management Executive:



- Drug and Therapeutics Committee;
- Clinical Governance and Quality Management Committee;
- Information Steering Committee;
- Operations Executive;
- Project Executive;
- Risk Management Committee;
- Workforce Planning and Development Committee;
- Research and Development Committee;
- Clinical Records Management Committee;
- Adult Critical Care Committee;
- Modernisation Steering Committee; and
- The Enterprise Executive.



## Sub-Committee Structure

August 2003

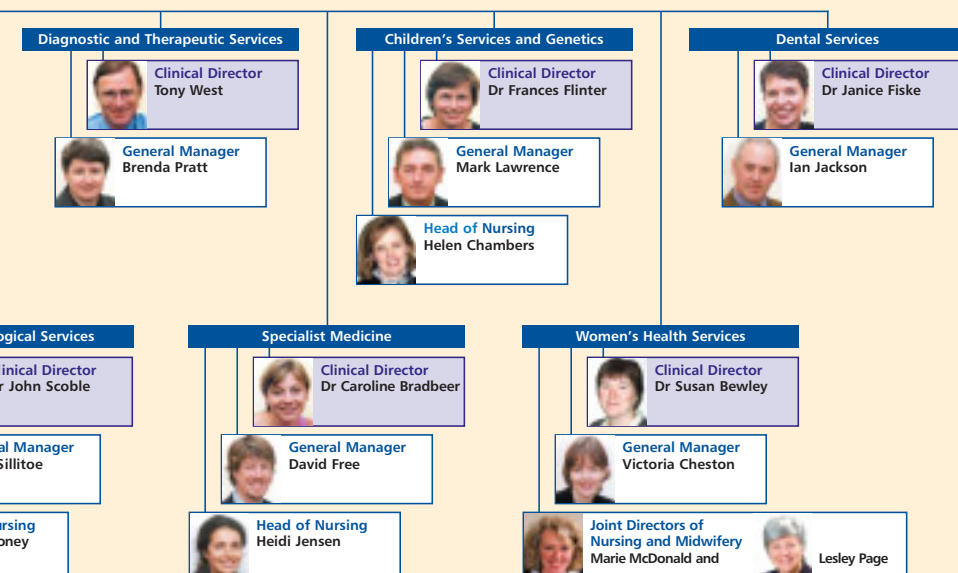


Dawn Hill		Keith Palmer		Anna Tapsell	Vacant
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Chief Executive  
Jonathan Michael



## Directorates



## Corporate Objectives

### Objective 1

To improve patient access to our services and reduce waiting times.

### Objective 2

To improve the quality of clinical care.

### Objective 3

To reflect the diversity of our patients and staff in how we deliver our services.

### Objective 4

To involve our patients in how we run services, seek their views and make improvements as a result.

### Objective 5

To make improvements to our estate to enhance the environment for patients and staff.

### Objective 6

To develop and value our workforce.

### Objective 7

To make the best use of resources to improve patient services.

### Objective 8

To work with our partners in service delivery, education and research to make demonstrable improvements.

### Objective 9

To develop our role as a provider of education, research and development.



## Non-Executive Directors

### Patricia Moberly – Chairman

Patricia Moberly has significant experience of local health services. Before joining the Trust Board in December 1997, initially as a Non-Executive Director, she had been Chairman of Lambeth Community Health Council and a member of West Lambeth Community Health Council. She was also a member of West Lambeth District Health Authority and a lay member of the Research Endowments Committee and the St Thomas' Ethics Committee. Patricia is a lay member of the General Medical Council, a magistrate and was Head of Sixth Form at Pimlico School until 1998. Patricia was reappointed as Chairman in June 2002.

*Patricia chairs the Remuneration Committee and the Clinical Governance and Risk Management Committee. She is a member of the Estates Strategy and Academic Committees.*

### Professor D Gwyn Williams – Vice Chairman (from 18th December 2002)

Gwyn Williams is the university representative on the Trust Board. He is Professor of Medicine and an Honorary Consultant Physician in Renal Medicine. He is also Head of Guy's, King's and St Thomas' School of Medicine. Professor Williams has previously been Chairman of the Trust's Medical and Dental Advisory Committee and has worked at Guy's and St Thomas' since 1974.

*Gwyn chairs the Academic Committee and is a member of the Remuneration, Clinical Governance and Risk Management, Personnel and Academic Committees.*

### Dawn Hill

Dawn Hill has considerable experience in human resources management, social policy administration and health care. She works as a senior consultant at the Focus Consultancy Ltd, having previously held senior management positions in the NHS, social services and education. Dawn is currently the Chair of Governors at the Evelina Hospital School and has a strong interest in the Trust's volunteers service. She has been actively involved with voluntary and community organisations for over 25 years. She is a member of the Black Cultural Archives and has held a number of posts including Vice Chair of the African Caribbean Family Mediation Services and Chair of Norwood School. In addition she was chair of Blackliners, which for 13 years provided HIV/AIDS services for African, Caribbean and Asian people in South London. Dawn was reappointed to the Board in June 2003.

*Dawn chairs the Personnel Committee and is a member of the Audit and Finance, Remuneration and Clinical Governance and Risk Management Committees.*

Please note that Dawn receives £5,294 remuneration in her role as Non-Executive Director. For details of other remuneration please see page 56.

### Keith Palmer

Keith Palmer joined the Trust as a Non-Executive Director in January 2001. He is Non-Executive Director of a major London-based merchant bank from which he retired in April 2002. He has extensive experience advising on business and financial matters. Keith is a part-time Professor of Economics and Finance at the University of Dundee, a Trustee and member of the Finance Committee of Cancer Research UK, Chairman of Emerging Africa Infrastructure Fund, a UK sponsored public private partnership supporting infrastructure investment in Africa and Non-Executive Director of IVIMEDS, an international not-for-profit collaboration to improve access to high quality medical and nursing education worldwide. He has also been a member of the Human Genetics Commission Public Involvement Committee, a governor of an inner London state secondary school and Chair of Action Health, a charity promoting improved community health in Asia and Africa.

*Keith chairs the Audit and Finance Committee and the Estates Strategy Committee and is a member of the Remuneration, Clinical Governance and Risk Management and Service Delivery Committees.*

### Michael Parker – Vice Chairman (until 30th November 2002)

Michael Parker qualified as a chartered certified accountant in 1995 and has his own practice, which specialises in the not-for-profit sector. Michael has carried out audits for a few hospital Trusts. Michael has also worked as a part-time lecturer in accounting, economics and finance at the University of East London and Queen Mary and Westfield College, University of London. Michael left the Board to take up the post of Chairman at neighbouring King's College Hospital NHS Trust.

### Anna Tapsell

Anna Tapsell has a long history of involvement in local health services. She was Chairperson of West Lambeth Community Health Council and was a local councillor for ten years. She chairs Lambeth's Domestic Violence Forum and Lambeth Women's Aid, which provides refuge and outreach services for women and children affected by domestic violence. Anna is an independent member of Lambeth's Adoption Panel and a Mental Health Act Manager for South London and Maudsley NHS Trust. Anna was reappointed to the Board in August 2002.

*Anna is the Trust Board's Complaints Convenor. She chairs the Service Delivery Committee and is a member of the Audit and Finance, Remuneration and Clinical Governance and Risk Management Committees.*

## Executive Directors

### **Dr Jonathan Michael – Chief Executive**

Jonathan Michael has been Chief Executive of Guy's and St Thomas' Hospital NHS Trust since November 2000. Jonathan trained as a doctor at St Thomas', qualifying in 1970, and spent the next ten years training as a physician specialising in kidney disease at Guy's.

In 1980 he became a Consultant Physician at the Queen Elizabeth Hospital in Birmingham where he was responsible for the development of what is now the largest kidney unit in the UK. During the 1990s he became more closely involved in hospital management: serving as Clinical Director, then Medical Director, and finally Chief Executive of University Hospitals Birmingham NHS Trust.

*Jonathan is a member of the Audit and Finance, Clinical Governance and Risk Monitoring, Personnel, Service Delivery, Estates Strategy and Academic Committees and is in attendance at the Remuneration Committee.*

### **Dallas Ariotti – Director of Performance and Information Management**

Dallas Ariotti joined the Trust as its first Director of Performance and Information Management in January 2002 from University Hospitals Birmingham NHS Trust where she was Director of Clinical Governance and Information. Dallas started her career in nursing and has worked in a wide variety of policy advice and development roles, including serving as Principal Adviser to the Minister for the Health and Commonwealth Department of Australia.

*Dallas is a member of the Audit and Finance, Clinical Governance and Risk Monitoring, Service Delivery and Academic Committees.*

### **Dr Brian Ayers – Medical Director**

Brian Ayers is a radiologist with over 35 years clinical and academic experience. He joined St Thomas' Hospital as a consultant radiologist in 1975, and was appointed as one of the hospital's first clinical directors in the early 1990s. As a member of the executive team, he was closely involved in the merger with Guy's Hospital in 1993, and has served on the executive management team of Guy's and St Thomas' Hospital NHS Trust since then.

Brian became Medical Director in 1997 and his responsibilities include: clinical governance, research and development, medical and dental education and consultant development.

*Brian is a member of the Clinical Governance and Risk Monitoring, Service Delivery and Academic Committees.*

### **Tim Higginson – Personnel Director**

Tim Higginson has a long history of service within the Trust, before his appointment as Personnel Director in 1997. Tim was previously the Trust's Assistant Chief Executive, a post he held since the Trust was formed in 1993. Previously he was Head of Personnel at St Thomas' Hospital and before that held a personnel post with the West Lambeth Health Authority.

*Tim is a member of the Personnel Committee and is in attendance at the Remuneration Committee.*

### **Steve McGuire – Director of Capital, Estates and Facilities Management**

Steve McGuire joined the Trust as its first Director of Capital, Estates and Facilities Management in April 2003 from the Leeds Teaching Hospitals NHS Trust where he was Director of Property and Support Services. Steve joined the NHS in 1992 and has been Director of Facilities at both Leeds Health Authority and St James and Seacroft NHS Teaching Trust. Previously, Steve worked for the British Coal Corporation where he held a variety of posts. He is a Chartered Mining Engineer.

*Steve is a member of the Clinical Governance and Risk Monitoring, Personnel, Service Delivery and Estates Strategy Committees.*

### **John Pelly – Chief Operating Officer**

John Pelly has been Chief Operating Officer of the Trust since 1998. He has overall responsibility for the operational management of the Trust's clinical services. Previously, John was Director of Finance of the Trust, a post he held since the Trust was formed in 1993. His NHS career began in 1990 when he became Director of Finance of West Lambeth Health Authority. Prior to joining the NHS, he worked within finance and marketing in the private sector, including 11 years with Rank Xerox.

*John is a member of the Audit and Finance, Clinical Governance and Risk Monitoring and Service Delivery Committees.*

### **Irene Scott – Director of Nursing**

Irene Scott became the Trust's Director of Nursing in summer 2001. Irene has brought considerable experience of nursing strategy and patient care to the Trust from her previous role as Regional Director of Nursing and Workforce Development for the West Midlands Regional Office of the NHS Executive.

She has previously been the Director of Nursing at both the Leicester Royal Infirmary NHS Trust and the Christie Hospital NHS Trust in Manchester.

*Irene is a member of the Clinical Governance and Risk Monitoring, Personnel, Service Delivery and Academic Committees.*

### **Martin Shaw – Director of Finance**

Martin Shaw has been Finance Director since 1998. Martin joined West Lambeth Health Authority in 1983 and was deputy director of finance there until 1993 when the Trust was formed. He then joined Guy's and St Thomas' as business and financial planning manager before becoming strategy director and projects director. He is a board member of the South East London Workforce Development Confederation, where he chairs the performance management and audit committee.

*Martin is a member of the Audit and Finance, Estates Strategy and Academic Committees.*

# Summary financial statements

## Independent auditors' report to the Directors of Guy's and St Thomas' Hospital NHS Trust on the summary financial statements

I have examined the summary financial statements set out below.

This report is made solely to the Board of Guy's and St Thomas' Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 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 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 auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

### Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2003 on which I have issued an unqualified opinion.



**Geoffrey Banister**  
Audit Commission  
4th Floor, Millbank Tower  
Millbank  
London SW1P 4QP

6 August 2003

2002/03



# Income and expenditure account

for the year ended 31 March 2003

	2002/03 £000	Restated 2001/02 £000
<b>Income from activities:</b>		
Continuing operations	333,962	298,497
<b>Other operating income:</b>		
Continuing operations	152,793	142,395
<b>Operating expenses:</b>		
Continuing operations	(465,162)	(420,108)
<b>OPERATING SURPLUS</b>		
Continuing operations	21,593	20,784
Exceptional gain: on write-out of clinical negligence provisions	–	15,217
Exceptional loss: on write-out of clinical negligence debtors	–	(14,858)
Profit/(loss) on disposal of fixed assets	112	(133)
<b>SURPLUS BEFORE INTEREST</b>	21,705	21,010
Interest receivable	714	1,056
Other finance costs: unwinding of discount	(694)	(401)
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	21,725	21,665
Public Dividend Capital dividends payable	(21,601)	(21,474)
<b>RETAINED SURPLUS FOR THE YEAR</b>	124	191
<b>FINANCIAL TARGET PERFORMANCE</b>	6.15%	6.47%

# Balance sheet

as at 31 March 2003

	31 March 2003 £000	Restated 31 March 2002 £000
<b>FIXED ASSETS</b>		
Intangible assets	686	628
Tangible assets	539,339	464,844
	<b>540,025</b>	465,472
<b>CURRENT ASSETS</b>		
Stocks and work in progress	11,437	12,331
<b>Debtors: amounts falling due:</b>		
after one year	1,033	1,107
within one year	31,169	27,150
Cash at bank and in hand	670	669
	<b>44,309</b>	41,257
<b>Creditors: amounts falling due within one year</b>	<b>(42,340)</b>	(39,625)
<b>NET CURRENT ASSETS</b>	<b>1,969</b>	1,632
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>541,994</b>	467,104
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	<b>(8,062)</b>	(8,120)
<b>TOTAL ASSETS EMPLOYED</b>	<b>533,932</b>	458,984
<b>FINANCED BY: TAXPAYERS' EQUITY</b>		
Public dividend capital	279,666	273,291
Revaluation reserve	113,638	73,040
Donated asset reserve	148,777	122,624
Government grant reserve	379	199
Other reserves	743	743
Income and expenditure reserve	(9,271)	(10,913)
<b>TOTAL TAXPAYERS EQUITY</b>	<b>533,932</b>	458,984



**Dr Jonathan Michael**

Chief Executive  
6 August 2003

# Cash flow statement

for the year ended 31 March 2003

	£000	2002/03 £000	2001/02 £000
<b>OPERATING ACTIVITIES</b>			
Net cash inflow from operating activities		44,604	31,425
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE</b>			
Interest received	714		1,115
Net cash inflow from returns on investments and servicing of finance		714	1,115
<b>CAPITAL EXPENDITURE</b>			
Payments to acquire tangible fixed assets	(38,543)		(26,918)
Receipts from sale of tangible fixed assets	225		–
(Payments to acquire) intangible assets	(273)		(530)
Net cash (outflow) from capital expenditure		(38,591)	(27,448)
<b>DIVIDENDS PAID</b>		(21,601)	(21,474)
Net cash (outflow) before financing		(14,874)	(16,382)
<b>FINANCING</b>			
Public dividend capital received	6,375		11,599
Other capital receipts	8,500		4,797
Net cash inflow from financing		14,875	16,396
Increase in cash		1	14



# Statement of total recognised gains and losses

## for the year ended 31 March 2003

	2002/03 £000	2001/02 £000
Surplus for the financial year before dividend payments	21,725	21,665
Fixed asset impairment losses	(7,333)	(906)
Unrealised surplus on fixed asset revaluations/indexation	67,389	9,932
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	13,304	4,520
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(4,911)	(4,330)
<b>Total recognised gains and losses for the financial year</b>	<b>90,174</b>	<b>30,881</b>
<b>Prior period adjustment</b>		
– Pre-95 early retirement	(7,016)	–
<b>Total gains and losses recognised in the financial year</b>	<b>83,158</b>	<b>30,881</b>

# Salary and pension entitlements of senior managers

Name	Title	Age	Salary £000	Other Remuneration £000	Real increase in pension at age 60 £000	Total accrued pension at 60 at 31/03/2003 £000	Years of pensionable service
<b>EXECUTIVE MEMBERS</b>							
<b>D. Ariotti</b>	Director of Performance and Information Management	*	119		*	*	*
<b>B. Ayers</b>	Medical Director	59	40	120	*	*	*
<b>T. Higginson</b>	Personnel Director	45	90		1	22	20
<b>J. Michael</b>	Chief Executive	57	178		3	82	37
<b>J. Pelly</b>	Chief Operating Officer	50	130		2	21	13
<b>I. Scott</b>	Director of Nursing	48	93		2	35	30
<b>M. Shaw</b>	Director of Finance	45	109		2	31	22
<b>NON EXECUTIVE MEMBERS</b>							
<b>D. Hill</b>	Non-Executive Director	*	*				
<b>P. Moberly</b>	Chairman	*	20				
<b>K. Palmer</b>	Non-Executive Director	55	5				
<b>M. Parker</b>	Vice Chairman to 30.11.02	42	4				
<b>A. Tapsell</b>	Non-Executive Director	67	5				
<b>D. Williams</b>	Vice Chairman from 18.12.02	63	6				

\* Consent to disclosure withheld.

Total accrued pension is calculated based on the years of pensionable service. Where appropriate the years of pensionable service includes any additional years purchased.

## Statement on NHS managers' pay

The Trust agreed a 3.6 per cent increase in pay for senior managers in 2002/03. In addition to this, the Trust paid performance related pay to a number of senior managers in accordance with the Trust's Performance Management Framework based upon the achievement of tangible objectives. This was approved by the Trust Board on 26 June 2002.

## Management costs

	2002/03 £000	2001/02 £000
Management costs	16,608	14,690
Income	486,755	440,892
Management costs as a percentage	3.4%	3.3%

Management costs are as defined in the document "NHS Management Costs 2002/03" which can be found on the internet at [www.doh.gov.uk/managementcosts](http://www.doh.gov.uk/managementcosts).

New posts were established during the year to support initiatives such as corporate governance and risk management.

## Better payments practice code

	2002/03 Number	2002/03 £000	2001/02 Number	2001/02 £000
Total bills paid in the year	145,863	216,266	146,313	196,786
Total bills paid within target	102,113	163,873	95,641	134,045
Percentage of bills paid within target	70%	76%	65%	68%

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



## Statement on internal control 2002/03

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance;
- Financial Management;
- Risk Management.

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). The assessment demonstrated a high level of compliance with the core standards and action plans have been developed to meet any remaining gaps in compliance.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.
- Strengthening of the risk management function with the integration of clinical and non-clinical risk under the significantly expanded clinical governance support structure.

In addition to the actions outlined above, in the coming year it is planned to:

- Collaborate with the Controls Assurance Support Unit Benchmarking Group on the development of key indicators. Q3 2003/04
- Ensure that each principal risk has appropriate controls and assurances in place and that the risk register is used as a tool to prioritise our work programmes. Q4 2003/04
- Establish control self-assessment workshops. Q4 2003/04



**Dr Jonathan Michael**  
Chief Executive Officer  
6 August 2003  
(on behalf of the Board)

# Picture captions

Page 1: Main receptionist Frank Boachie Owusu welcoming visitors to St Thomas'

Page 2: Block 9 campaigners march on Downing Street. Rt Hon Jack Straw MP with Trust Chairman Patricia Moberly at the Annual Lord Mayor's Lecture

Page 3: Most Rev Rowan Williams, Archbishop of Canterbury, lays the Foundation Stone of the new Evelina Children's Hospital at St Thomas'

Page 4: Trust Chief Executive Dr Jonathan Michael. Rt Hon Alan Milburn MP with Elizabeth Jolliffe and baby Grace at the official opening of the new Women's Centre at St Thomas'

Page 5: Staff in the new Women's Centre at St Thomas'

Page 7: Staff Nurse Yvonne Clark in the Women's Centre

Page 8: Dr Craig Davidson and Staff Nurse Cherie Ellis examine an x-ray in the Lane-Fox Unit

Page 9: Members of the Patient at Risk Team, Kath Daly and Linda Cooper. Local GP Dr Emma Rowley-Conwy working a shift in A&E

Page 10: Staff Nurse Catherine O'Brien gives Eleanor Mander her medication

Page 11: A physiotherapist takes cardiac patients through a rehabilitation exercise class. Cardiac Radiographer Nikki Whitfield in the Catheter Laboratory

Page 12: Patient Monique Mansaray visits the cleft lip and palate service

Page 13: Plans for the new Evelina Children's Hospital

Page 14: Patient T-Bone Pancha receives treatment in Acute Dental Care

Page 15: Dr Ngu takes a dental x-ray. Nosheen Ara learns dental hygiene from dental nurse Ruth Skepple

Page 16: Biomedical Scientist Jose Alexandrio in Microbiology

Page 17: Patient Kevin Thomson with Occupational Therapist Katrina Mills

Page 18: David and Jonathan Dimpleby celebrate the anniversary of the Richard Dimpleby Cancer Information and Support Service. Laila Morse opens the new radiotherapy suite

Page 19: The two-week wait team (left to right) - Data Clerk Nish Patal, Data Manager Orit Cole and Coordinator Steven Rennie. Clinical Development Nurse Michelle Morris chats to patient Nicholas Wilde

Page 20: Consultant Anaesthetist David Burt in day surgery

Page 21: Senior Staff Nurse David Nazario in theatres. Sister Zoë Sharp with Zena Qayyum in recovery

Page 22: (Right to left) Research Fellow Mr Ben Challacombe, Consultant Urologist Mr Prokar Dasgupta, Mr Tayyab Salimullah and Specialist Registrar Tariq Sami perform keyhole surgery

Page 23: Sister Isobel Gordon (left) and Living Donor Coordinator Lisa Burnapp (right)

Page 24: Student doctor Harry Petrushkin takes a break in Tom's 2

Page 25: Clinic clerk Lorraine Williams in the new Ophthalmic Day Case Unit. Raymond Stephens chats to Sickie Cell Nurse Practitioner Tina Jegede

Page 26: Staff nurse Erwin Desendaro cares for Robert Careswell

Page 27: Staff nurse Keith Sibanda gives patient Mr K Owusu a check up. Consultant Anaesthetist Craig Bailey at work in the operating theatres

Page 30: Midwife Michelle Weston in the pool room in the new Women's Centre.

Page 31: Emergency gynaecology unit manager Katherine Young chats to patients in the waiting room. Midwife Elaine Jeffreys with Indira Jackson Davis and baby Joviel.

Page 33: Pharmacist at work

Page 34: The Guy's and St Thomas' Hospital Kidney Patients' Association. The PALS team (left to right) - PALS Administrator Clare Ratner, PALS Manager Michael Smith, PALS Officer Pinache Khan and PALS Officer June Anderson

Page 36: Cleft Nurse Specialist Emma Waterworth with Kerrie and baby Phillips. Speech and language therapist Sue Mildinhall with Daniel Peel in the cleft lip and palate service

Page 37: Lower Marsh Market

Page 38: Senior Physiotherapists Sophie Nawarski (left) and Helen Wilkinson relax on their lunch break

Page 39: Housekeeper Juleth Jones makes a cup of tea

Page 40: Healthcare assistant Jenny Abegunde with Michelle Haffner in the Women's Centre

Page 42: Clinic Clerk Norma Bygraves. Ward Housekeeper Zehra Dervish serves dinner to Lady Thomson

Page 43: Materials Management Technician Felix Fadiya chatting with a colleague

Page 44: Staff nurse Claire Dicks caring for Maria Goncalves. Specialist Midwife Comfort Momoh

Page 45: Biomedical scientist Robyn Timms in Microbiology. Senior Radiographer Kristi Major

Page 46: Entrance to St Thomas'

[www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk)

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