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CHAIRMAN'S FOREWORD

Patricia Moberly (2nd right) at the 'topping out' ceremony of the new Evelina Children's Hospital in November 2003 with guests including local MP Kate Hoey (centre)

This annual report documents a range of significant changes and improvements achieved during the 2003/04 financial year.

Much of the Board's time and energy has been focused on the pursuit of Foundation Trust status, and I am grateful for the commitment which has been devoted to the application process. We look forward in next year's annual report to describing the initial developments associated with becoming a Foundation Trust.

The other main focus for the Board has been the emerging service strategy and accompanying managerial changes which became operational in April 2004.

Two senior and long serving executive directors left the Board during the financial year. John Pelly, our Chief Operating Officer, became Acting Chief Executive at Queen Elizabeth Hospital in Greenwich. John's contribution, first to the District Health Authority and subsequently to St Thomas' Hospital and to Guy's and St Thomas' Hospital NHS Trust has been immeasurable, and we wish him every success in his future career. We look forward to working in close collaboration with John at Greenwich.

Dr Brian Ayers, our Medical Director, completed his years of service to the Board and returned to clinical practice. The wisdom and integrity that he brought to the Board was of enormous value to all his colleagues and it is good to know that he remains very much a part of the Trust.

Dr Edward Baker, our new Medical Director, brings not only clinical distinction as a Paediatric Cardiologist but also considerable senior experience from his time as Assistant Medical Director.

It is also a great pleasure to welcome Jan Oliver as an incoming Non-Executive Director. Jan brings considerable community experience and professional expertise to our deliberations.

Since the end of the financial year, we have said goodbye to Irene Scott, our Director of Nursing, who has taken up the post of Chief Executive of the Nurses Directors' Association. We are grateful for Irene's contribution to the Trust and wish her well in her new role.

At a time of almost continuous change and the requirement to respond constantly to new initiatives, the Trust continues to owe much of its success to the wise leadership of Chief Executive Dr Jonathan Michael and his senior team. As Chairman, I know how fortunate we are to have a high calibre Chief Executive and a Board which is both committed and enthusiastic. While we are far from complacent, we have good reason to feel confident that we are progressing well in our aspirations to achieve ever higher standards.



Patricia Moberly, Chairman

CHIEF EXECUTIVE'S MESSAGE

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Dr Jonathan Michael
abseils down Guy's
Tower in aid of the
Evelina Children's
Hospital Appeal

It gives me great pleasure to report on yet another very successful and exciting year for the Trust. During July, we not only maintained our maximum three stars in the national performance ratings for the third year running, but we also entered a new era in the history of Guy's and St Thomas' when we were confirmed as one of the first NHS Foundation Trusts.

Our achievements continue to be a direct result of the hard work and commitment of our staff and I am delighted to be writing this introduction to an annual report which pays tribute to their role in delivering high quality care to our patients.

Staff at the heart of what we do

This year's report is something of a departure from previous years as we have chosen to focus on all our staff – both healthcare professionals who care for literally hundreds of thousands of patients each year and staff behind the scenes who ensure our hospitals run smoothly and efficiently – in a section of the report entitled 'Meet the team' on page 7.

This is followed by a further section, 'Our big issues' which brings you some of the highlights of our year, including progress with the new Evelina Children's Hospital and other major developments on page 33.

I hope that you will enjoy this fascinating insight into the working lives of our hospitals, as our staff ensure that we continue to provide ever better and more patient-focused services. This sense of teamwork and collaboration, and the dedication of our 8,000 staff, is clearly one of our major strengths – and will stand us in good stead as we move forward into a new era as an NHS Foundation Trust.

We place great importance on the training and development of our staff. We have worked hard this year to implement the new national pay and conditions system for the NHS – Agenda for Change. As one of the 'early implementers', we have been sharing our experiences with other trusts, and we are also introducing the Knowledge and Skills Framework, which will ensure every member of staff has their own personal development plan.

As a major local employer, we are also working hard to recruit staff from the communities we serve. We have several initiatives to help people into work, including a very successful adaptation programme aimed at nurses who trained overseas, and a scheme designed to help unemployed people into work. We actively seek to have a workforce that reflects the cultural and ethnic diversity of our local community, as this is just one of the ways in which we ensure that our services are sensitive to their needs.

Members of our Children's Board give their views on our new children's hospital to Alastair Gourlay, Senior Project Manager

A new era

A great deal of time and effort during the year was spent on our application to become an NHS Foundation Trust, to satisfy first the Department of Health and then the Independent Regulator for NHS Foundation Trusts that we are a strong and successful organisation with the vision and skills to take on this new status and the freedoms it offers. I wish to thank and pay tribute to the many staff who have contributed to this process.

As we move forward, we look forward to using the new freedoms to build on our reputation for clinical excellence and innovation. As a Trust we will continue to balance the three important roles that lie at the heart of what we do.

First and foremost, we work hard to deliver a full range of hospital services to the local communities we serve in Lambeth and Southwark, as well as many specialist hospital services to both local people and patients from further afield. Secondly, as teaching hospitals we play an important role in the training and education of a wide range of health professionals and other staff. Finally, as a major centre for research, we work closely with academic partners including King's College London, to carry out vital research and development that extends scientific knowledge and often leads to new clinical treatments or technology.

As a Foundation Trust, we have an opportunity to more actively involve patients, the public, our staff and partner organisations in what we do. We have already created a Members' Council with a broad membership to advise the Trust's Board of Directors (formerly the Trust Board) on the overall strategic direction of the Trust – and we look

forward to working closely with the Members' Council as it develops.

Engaging this wider membership in the work of the Trust, and ensuring that we continue to build a membership that is truly representative of the diverse communities we serve, will be key challenges as we move forward.

We have also been building good relationships with the Patient and Public Involvement Forum for our Trust and we continue to work closely with the two Overview and Scrutiny Committees in Lambeth and Southwark.

As part of our ongoing commitment to engage with the local communities we serve, I am delighted that we launched a quarterly magazine, South of the River, last

Nurse Helen Appleby makes a point to Tony Blair during his visit to the new Evelina Children's Hospital this year

July to inform people about our services and opportunities to get involved with the work of the hospitals, either through working here or in other ways, such as volunteering or supporting our Evelina Children's Hospital Appeal.

We are particularly grateful to the **South London Press** for their support for the Evelina Appeal during the past few months. We have also been delighted to continue to host the BBC's popular City Hospital series which brings the work of our staff, as well as valuable health information, to a national audience of more than 1 million viewers a day.

Our future services strategy

We look forward to using the new opportunities that Foundation Trust status brings to help us to develop our services. During the past year, considerable work has gone into developing a future services strategy, setting out the key principles and the strategic framework that will determine the direction of the Trust for the next five to 10 years.

This will then help to inform decisions and priorities for service development and investment, closely linked to an estates strategy that will ensure that we make the best possible use of our buildings and estate. As well as investing in front line services, we need to invest in our buildings and essential infrastructure if we are to create an appropriate environment for patients and the delivery of modern health services in the 21st century.

As part of the strategy work, I would like to extend my thanks to more than 800 staff and 300 local partners who participated in 44 working groups to undertake a detailed analysis of our services during the year.

We are now drawing many of the themes that emerged from these groups together at a high level, alongside information from a review of organisational performance that I commissioned in May. This will continue to feed into the ongoing strategy development work over the coming months. Our approach to the development of the strategy has been an evolving one, and we have already responded to some of the issues that the strategy working groups have highlighted.

A new management structure

During the early part of 2004 we began a management restructure, initially focusing on

realigning some of the responsibilities of the Executive Directors.

As part of this, in April, we introduced a new clinical management structure, which saw the 11 clinical directorates replaced by four clinical divisions reporting to the new Director of Delivery.

The four divisions – acute patient services, managed networks, core clinical services and ambulatory patient care – bring together services which share similar patient pathways or processes, and will strengthen the diagnostic and clinical support services that are essential to the delivery of high quality patient care.

We have also created an innovative new role of Joint Directors of Clinical Leadership, aligning the work of the Medical Director and Director of

Nursing more closely to strengthen the support and advice that they provide on a wide range of professional and clinical issues. The other major change was the creation of a Director of Policy and Strategy – a chart on page 55 provides full details of the new management structure.

Investing in our services

We know that not all of our buildings are ideal and, ahead of the conclusion of the strategy work, I am pleased to report that improvements are already underway in many areas.

Millions are being invested in New Guy's House, particularly focused on the ward areas to improve patients' privacy and dignity. We have

Lead Nurse Vicky
Hammond in the Guy's
Critical Care Unit

also invested around £2 million in the latest switchboard technology so it's easier for patients and the public to contact us – we now have a single telephone number 020 7188 7188.

Next year children's services will move into the £60 million state-of-the-art new Evelina Children's Hospital at St Thomas' which has been designed – with the help of children – to meet their needs. And we are about to invest £3.7 million in improving the public areas of the Trust through the FACE project. Many of these projects are described in greater detail in this report.

We are particularly indebted to Guy's and St Thomas' Charitable Foundation for their generous support that has made these last two exciting developments possible.

The Charitable Foundation continues to support a huge number of service developments and research projects, ranging from major grants, such as the purchase of a new robot that is revolutionising surgery for many renal and urology patients, to small grants to individual members of staff to support their continuing professional development.

We are working closely with the Charitable Foundation on proposals for Founder's Place, an exciting development opposite St Thomas' that aims to provide high quality staff accommodation, a new nursery for the children of Trust staff and accommodation for the families of sick children being cared for in the new Evelina Children's Hospital.

Other developments include the introduction of patient agreed booking in many areas, and we will continue to extend this so that all patients can choose an appointment time and date that is convenient for them. The national Information Technology (IT) programme for the NHS is set to revolutionise many aspects of patient care, and I am delighted to chair the local group taking forward this work in our area, ensuring that we are able to take full advantage of the benefits that this will bring.

We have also made further significant reductions in waiting times for patients needing an outpatient appointment or inpatient treatment, as well as those needing to be seen in our accident and emergency (A&E) department. More than 95 per cent of patients are now seen, treated, discharged or admitted within four hours when they attend A&E, and we are working hard to further improve on this performance.

Looking forward

I hope this report gives a feel for just what a busy and exciting year we have had. As we look forward, we have a great many achievements that we can be proud of and on which we can build. We know, however, that we must not be complacent and that there are areas where we must continue to improve.

The NHS is facing a period of considerable change, and we need to ensure that Guy's and St Thomas' is well positioned to take advantage of these changes. Patients are being given greater choice than ever before about where they are treated, and a new financial system is being introduced that means money will follow patients and we will be paid at a national average rate for the work that we do.

We need to work hard to ensure that Guy's and St Thomas' are hospitals that patients choose to come to, not only because we provide high quality clinical care, but because the whole patient experience and the hospital environment is a positive and welcoming one.

As a Foundation Trust we have a good basis from which to move forward and we will engage the Members' Council, the wider membership, our patients, the public and our staff in our efforts to ensure that our services are truly responsive to the needs of our patients. We will continue to work closely with our NHS and local authority partners to ensure patients receive the best possible care, at the right time and in the right place, whether in hospital, the community or at home.

The continued success of the Trust owes everything to the dedication and hard work of the staff and the wise counsel and leadership provided by the Chairman and the Board. As ever I thank everybody for their contribution over the last year and their continued support in our pursuit of organisational and clinical excellence.



Dr Jonathan Michael, Chief Executive

MEET THE TEAM

Watch most TV hospital dramas and you could be forgiven for thinking that doctors and nurses are the only staff who work in the NHS.

In fact, Guy's and St Thomas' employs more than 8,000 staff to do a wide variety of jobs that have one thing in common – they all play their part in ensuring that patients receive the best possible care and that their stay in hospital is as pleasant as possible.

This year our annual report gives you the chance to meet some of our staff and the patients who benefit from their skill and dedication.

Not just doctors and nurses but allied health professionals such as physiotherapists and speech and language therapists, dietitians and radiographers.

And not just frontline clinical staff but also their colleagues in non-clinical roles such as porters, kitchen staff and ward clerks who ensure our two hospitals run smoothly.

We also talk to staff working behind the scenes to support the work of frontline staff, in laboratories and workshops, carrying out tests to help aid diagnoses and maintaining equipment which is vital to the treatment of patients.

Guy's and St Thomas' relies on the hard work and expertise of all these staff to maintain its services and improve the care that we provide for thousands of patients – we hope you enjoy reading about our team.

CHILDREN'S NURSES REACH OUT A HELPING HAND

When Janice Boyd was told that her son Samuel had tested positive for the rare metabolic condition phenylketonuria (PKU), she was shocked and scared.

Janice says: "I had very little information about what PKU was and what the implications were for Samuel. I kept asking myself, 'What does this mean?' and I remember crying about it."

Luckily, Samuel was immediately referred to a multi-disciplinary team of staff at Guy's Hospital who spend their working lives treating children with metabolic conditions.

Janice says: "The team at Guy's were all great, and they were able to reassure me that Samuel would be fine as long as he ate a very low protein diet which means he can't have meat, fish, eggs, bread or cheese."

Nurse Specialist Jane Gick was one of the team who Janice saw on that first visit to Guy's.

"Jane was there when we were being told what the diagnosis of PKU meant and she was very reassuring," says Janice. "She came on a home visit to us within a week of our first appointment at Guy's to ensure we could do the weekly blood tests that Samuel needs so we can plan his diet precisely."

Jane is one of 14 specialist children's nurses, based in the Evelina Children's Hospital at Guy's and St Thomas', who provide an 'outreach' service to sick children and their families.

This service is unique because the nurses spend most of their time on the road, providing continuity of care to children whether they are being looked after at home, at their local district general hospital or at a specialist centre like the Evelina.

Jane and her fellow outreach nurses see themselves as advocates for children and their families, and that can even mean talking to a child's school about management of their condition so they don't miss out on their education.

Janice Boyd is certainly grateful for the continuing expertise which enables Samuel to lead as normal a life as possible.

Nurse Jane Gick with
PKU patient Samuel

PATRICK PRAISES PROSTATE CANCER CARE

We now provide a full range of treatments for patients suffering from prostate cancer.

Options include both open surgery and keyhole surgery, as well as keyhole surgery using a state-of-the-art robot, external beam radiation therapy and a new type of radiation therapy called brachytherapy.

Both brachytherapy and robotic keyhole surgery were developed this year to provide significant benefits for prostate cancer sufferers.

Brachytherapy involves implanting up to 100 tiny radioactive seeds into the prostate gland to emit radiation directly into

cancerous cells.

Radiation is contained within the prostate which means less risk of damage to surrounding tissue.

Patrick Mooney, 74, was one of the very first patients to benefit from brachytherapy at Guy's and St Thomas'.

He says: "Apart from a few twinges, which I've managed with painkillers, there have been no side effects. I'm very lucky that this treatment was available at the right time for me."

The brachytherapy service is led by staff including Consultant Urologist Rick Popert, Nurse Specialist Janette Nichol who provides counselling and support for patients, and Dr Ronald Beaney, Director of Radiotherapy.

An award of nearly £900,000 from Guy's and St Thomas' Charitable Foundation will cover the costs of brachytherapy over the next three years.

It may sound like something out of a science fiction film but a robot now carries out keyhole surgery on patients suffering from prostate and bladder cancer, also funded by the Charitable Foundation.

The da Vinci robot's tiny mechanical wrists enter the body through small keyhole incisions and act like a pair of surgeon's hands – because the incisions are so small, patients recover more quickly after the operation.

GILLIAN GIVES THE GIFT OF LIFE TO SON ROWAN

Gillian Meacock knew she could help her young son Rowan overcome the health problems which had blighted him since birth by donating a kidney to her own son.

But she faced one major stumbling block – as Rowan's mum, she needed to be up and about as soon as possible after the transplant operation to look after the two-year-old.

And so she requested a keyhole operation at Guy's Hospital because she knew that the recovery time was much faster than after conventional open surgery.

Consultant Transplant Surgeon Nizam Mamode carried out the UK's first live keyhole kidney transplant from an adult donor to a child in April – and, happily, both Gillian and Rowan are doing well.

"I am glad I chose to have a keyhole operation," says Gillian. "Rowan was running around again within days of the transplant and after only a few weeks I was able to run round after him again and take him out in his push chair."

Mr Mamode explains: "When a patient has a kidney removed through keyhole surgery, they often recover much faster and can be back to full activity in about six weeks, compared with an open operation which can take two or three months to recover from."

Rowan Cauldwell up and
about just days after his
kidney transplant operation

NURSE OF THE YEAR IMPROVES COLORECTAL CARE

Clinical Nurse Specialist Fiona Hibberts was named Guy's and St Thomas' Nurse of the Year in May.

She was nominated by four surgeons who she works with to provide the best care for patients suffering from colorectal problems.

Andrew Williams, Emin Carapeti, Mark George and Witold Kmiot say: "Fiona has rapidly become an indispensable member of the colorectal team. She always makes herself available for patients and staff alike, and she has a true interest in not only patients' physical wellbeing but also their mental health."

Fiona sees patients who have been referred directly to Guy's and St Thomas' by their GP because they are suffering from rectal bleeding, which can be a sign of colorectal cancer.

She says: "I can treat patients with conditions such as piles and haemorrhoids, but I can also refer on patients with suspected cancer to our doctors so they focus their attention on those patients who really need their help."

Fiona has reduced waiting times for patients referred to the colorectal department – and she also runs a nurse-led clinic for follow-up patients, to monitor the progress of people who have had surgery for everything except cancer.

"We gave a patient satisfaction questionnaire to patients coming to the follow-up clinics which was overwhelmingly favourable," says Fiona. "Only four out of 64 patients said they would have preferred to have seen a doctor."

The surgeons who nominated Fiona for the Nurse of the Year award say: "It is an honour and a pleasure to work with Fiona, and she is a great asset to the unit and the hospital."

Nurse of the Year Fiona Hibberts chats to a patient

CENTRE OF EXCELLENCE FOR WOMEN WITH CANCER

The implementation plan for developing St Thomas' Hospital as the cancer centre for complex gynaecological surgery moved ahead rapidly this year.

Work transferred from King's College Hospital and Lewisham Hospital in April, from Bromley Hospital and Queen Mary's Hospital, Sidcup, in June and the final stage of implementation takes place when work transfers from Queen Elizabeth Hospital, Greenwich, in September this year.

A £1.4 million investment has enabled comprehensive development of the team including surgical, radiological, pathology and nursing services, as well as administrative support to enable excellent communication.

Women can now access a more specialist and comprehensive service than was previously available.

NEW PROJECT AIMS TO HELP PREVENT FALLS

Did you know that every year one in three older people suffers a fall?

They not only cause physical injuries but they also leave psychological scars which can make older people feel vulnerable and unsure of themselves.

A new project based at Guy's and St Thomas' aims to improve care for older people who suffer a fall in Lambeth and Southwark – an estimated 16,000 people a year – and to reduce the number of falls.

A team including Dr Adrian Hopper, Dr Mark Kinirons and Michelle Barber is developing the Southwark and Lambeth Integrated Care Pathway for Older People with Falls (SLIPS) project.

"We want to help patients regain confidence, get to the root cause of why they fell in the first place and help them avoid future falls," says Dr Kinirons.

"By providing consistent advice and information at a patient's first point of contact, which could be their GP, the A&E department at St Thomas', NHS Direct or a high street pharmacist, we hope to reduce the number of falls and the number of patients admitted to hospital."

The SLIPS team offers a dedicated occupational therapy service – with exercise classes to improve the strength and balance of older people – and funding has now been secured to implement an integrated care pathway for falls patients.

"This is like a route map for staff caring for patients who have fallen," explains Dr Kinirons.

"Wherever a patient starts their journey – an accident at home, found by a carer or admitted to A&E by ambulance – their care will be clear and agreed in advance so that there is a consistent approach."

The SLIPS project is funded by Guy's and St Thomas' Charitable Foundation's Development Forum and is a partnership between Guy's and St Thomas', King's College Hospital, local councils, primary care trusts and other organisations.

RESEARCH AND DEVELOPMENT

The Trust participates in a wide range of research and development:

There were 617 projects underway in 2003/04.

The Trust registered 557 non-commercial research projects in 2003/04 – 320 attracted external funding to the tune of £13.6 million, primarily from medical charities, research councils and Guy's and St Thomas' Charitable Foundation.

An NHS Research and Development Levy worth £15.7 million supported non-commercial research in 2003/04.

The Trust also received £1.2 million from 60 commercially sponsored research studies during the financial year.

We continue to develop our 20 'priority and needs' programmes of research which address national health priorities such as cancer and stroke, as well as local health priorities including women's health and sexual health.

Research and development in these 20 areas resulted in the publication of 835 scientific papers in 2003 alone.

New staff were recruited during the year to strengthen research and development at Guy's and St Thomas':

A Clinical Trials/Clinical Research Co-ordinator to meet the needs of nurses and allied health professionals who are involved in research and development.

A Statistician to assess the statistical needs of researchers and provide a free consultation service.

A Health Service Researcher to provide advice on project design and analysis, and also to develop projects in 'priority and needs' areas.

Training staff in research governance continues to be a key element of the research and development team's work. This has included statistics lectures attended by more than 200 staff, a three-day research skills course, and informing staff about the implications of a new EU directive on clinical trials which is now UK law.

HOW WE IMPROVE PATIENT CARE



IRENE PRAISES 'MARVELLOUS' CARE

Stockwell pensioner Irene Boshier was one of the first patients to benefit from a project to provide the best possible care for older people when she had her knee replacement operation at Guy's and St Thomas'.

A multi-disciplinary team of staff from the Proactive Care for Older People Undergoing Surgery (POPS) project not only ensured Irene was fit for surgery but also followed her up after the operation.

The POPS project was set up because many older patients have surgery either deferred or cancelled because they are considered too high risk – now these patients are thoroughly assessed two or three months before surgery to help get them ready.

Before POPS, patients would undergo a pre-operative assessment just a week or so before surgery which might be too late to tackle any chronic medical conditions and therefore prevent a patient undergoing surgery.

Irene was seen by a team including a doctor, nurse, occupational therapist, physio and social worker before surgery, and then given a follow-up plan after the operation which incorporated physiotherapy, visits to a specialist nurse, information and advice.

"The whole team was marvellous and I really couldn't have had better care," says Irene. "They explained everything to me in full, from what was going to happen in the operation to the special shoes I would need to wear afterwards and the exercises I would need to do to build up my strength."

"The whole team was marvellous and I really couldn't have had better care."

Irene Boshier

Irene Boshier is all smiles after her successful knee replacement operation

Nurse Catriona McLeod talks to heart patient Shaun Lynch

THE HEART OF THE MATTER

When Shaun Lynch made a New Year's resolution to get fit, everything went to plan until he felt a pain in his chest when he was out walking.

"The pain stopped when I rested, so I ignored it at first," says Shaun. "But over the next few weeks it got much worse until one night it woke me up and I couldn't move. That's when I called the ambulance."

When Shaun was brought to St Thomas', he was seen by heart nurse Catriona McLeod who visits patients in A&E and on medical wards to check out unexplained chest pain that could be a warning sign of a heart condition.

She ordered tests on Shaun's heart which showed that he needed surgery.

"Shaun did well to call for help when he did," says Catriona. "By visiting the wards, I make sure that patients like Shaun get the right tests before they develop a more serious problem, so we can start treating them sooner."

Catriona's role is just one of a number of nurse-led improvements to the care of patients with chest pain and heart problems.

Cardiac Liaison Sisters Tracey Flannery and Clare Screeche-Powell visit patients in their own homes to prepare them for heart operations and to provide support after surgery or a heart attack.

"Offering a visit before an operation gives patients the chance to discuss any worries or concerns they may have with a specialist nurse in the comfort and privacy of their own home," explains Clare.

Tracey adds: "When patients go home after heart surgery or treatment, they can feel quite lost and worried. A home visit in the first week can bridge the gap between leaving hospital and starting their rehab programme."

Lawrie Favreau, who underwent a quadruple heart bypass operation in March, says: "I was amazed that I had the operation on a Thursday and I was back home by the following Monday."

"A nurse visited me at home to check my blood pressure, advise me to lose weight and also refer me to a six-week rehab programme at Guy's which has really put me through my paces. I can't praise the care that I have received highly enough."

Nurse Consultant Elaine Coady runs a rapid access chest pain clinic where patients are seen within two weeks of being referred to Guy's and St Thomas' by their GP with suspected angina.

Elaine and her team of nurses provide same day diagnosis for patients and they can instigate treatment or further investigations. Patients may then need to see a cardiologist, while others will be referred back to their GP with a clean bill of health.

Nurse-led clinics for heart failure patients are being expanded and a rehab programme for these patients is being piloted.

The British Heart Foundation sponsors the posts of both Catriona McLeod and Clare Screeche-Powell.

Dialysis patient Vincent White (seated) at the official opening of the new satellite renal dialysis unit in Camberwell with guests including Trust Chairman Patricia Moberly (far left) and Chief Executive Dr Jonathan Michael (back)

BRINGING CARE CLOSER TO HOME

Vincent White spends 12 hours a week on renal dialysis – but now he receives treatment closer to home thanks to the opening of a brand new satellite renal dialysis unit in Camberwell.

"It's a really nice unit and all the staff who work there are great," says Vincent who lives locally in Brixton.

"I find it reassuring to know that the unit is run directly by Guy's and St Thomas' so help is on hand if there is ever a problem with dialysis, but I don't need to go all the way up to Guy's to dialyse."

Trust Chief Executive Dr Jonathan Michael says, "We hope this new satellite unit will make life easier for patients and relatives alike, by reducing the need for visits to hospital."

The new unit is designed to look as unlike a hospital as possible, with bright, light walls and bedside televisions to keep patients entertained during treatment.

Another option for this group of patients is home haemodialysis so patients dialyse at home without needing to go to hospital or a satellite unit.

Nurse Colin Jamieson says "Currently we have 20 patients but we are very committed to expanding our numbers."

Another new initiative, developed by staff working in the Haemophilia Reference Centre at St Thomas', ensures that haemophilia patients, who require regular factor treatment, now have the treatment delivered to their homes.

Previously, patients came to the hospital to collect blood products and ancillary products every six to eight weeks.

The home delivery service is run in conjunction with delivery companies to ensure supplies of product and ancillaries are provided to patients in a timely and sensitive manner.

The service is co-ordinated by a team of dedicated Trust staff so that nursing staff can spend more time providing expert care for patients.

TAILORING SERVICES TO SUIT YOUNG PEOPLE

The area of south London served by Guy's and St Thomas' has the highest teenage pregnancy rate in the UK and some of the highest rates of sexually transmitted infections in the country.

That's why two new weekly sexual health clinics have been opened to target teenagers and young adults.

The Bridge Clinic at Guy's is for young men and women aged under 20 while the 374 Clinic is an outreach clinic run in Brixton for young men under 25.

Any young person who is concerned about sexually transmitted infections, pregnancy or who just wants advice, can drop into the clinics without an appointment.

Youth Outreach Nurse Lizzie Ambler, who works in the Bridge Clinic, says: "Visiting a sexual health clinic can be very daunting. Young people can drop into this clinic to use a whole range of specialised services from pregnancy testing and emergency contraception to advice about their relationships and sexual health."

Youth Outreach Nurse Lizzie Ambler talks to a patient in a sexual health clinic

Occupational
Therapist Lisa
Burnley shows
a patient
recovering from
a broken wrist
how to open a
jam jar

THERAPISTS PREVENT UNNECESSARY ADMISSIONS

No one wants to spend any longer in hospital than necessary – and our physios and occupational therapists (OTs) play a key role in ensuring patients aren't admitted unnecessarily, and they can go home as soon as possible, with the right back-up.

Physios and OTs work together as our Specialist Therapy Assessment Team (STAT) to assess the best options for patients who are well enough to leave hospital within 48 hours of admission to A&E, the Clinical Decision Unit or a medical ward – but require rehabilitation or social care support after they leave.

For example, an elderly patient living alone who has broken or sprained an ankle may need rehabilitation and support to get back on their feet.

The STAT therapists liaise with local primary care trusts and social services staff to ensure that, when these patients leave Guy's and St Thomas', they have instant access to an intermediate care bed or a suitable home care package.

Another therapist-led initiative – funded by Lambeth Social Services – is the Occupational Therapy Fast Track Programme, launched in January 2004 to reduce delays in discharging and transferring patients who live locally in Lambeth.

OTs provide rapid assessment – within 45 minutes for patients in A&E and the Clinical Decision Unit and within a day for patients on wards – to help reduce the time that patients spend in hospital.

Both services support the prevention of readmissions to hospital by visiting patients at home after they have been discharged.

PATIENTS DRIVE IMPROVEMENTS IN CARE

Jonathon Hope is a kidney dialysis patient who now helps to redesign the services provided for him and many other patients living with similar conditions.

His involvement is part of the Modernisation Initiative, a three-year joint project between the Trust and its local primary and community care partners to improve local stroke, kidney and sexual health services – funded by Guy's and St Thomas' Charitable Foundation.

In May, the stroke and kidney projects both won a second round of funding – worth just under £1 million for each project – and the sexual health project is due to bid for second phase funding later this year.

As Chair of the steering group for the kidney services project, Jonathon will be instrumental in transforming services. His experiences as a patient make him the ideal person to identify key areas for improvement.

"I've been a renal patient for 24 years, and I had never heard of a patient-inspired initiative during that time, but the enthusiasm of the people involved in the Modernisation Initiative really convinced me," says Jonathon.

"I decided to take on the role because the concerns of patients are central to change."

As well as seeking patients' views on how services can be improved, Jonathon and the rest of the team have spent time researching best practice, even travelling to Holland to learn about overnight dialysis.

Jonathon Hope
– helping to
redesign services

CLINICAL GOVERNANCE – ENSURING WE PROVIDE THE BEST CARE FOR OUR PATIENTS

Clinical governance is defined by the Commission for Health Improvement (CHI) – now known as the Healthcare Commission – as “the system of steps and procedures adopted by the NHS to ensure that patients receive the highest possible quality of care”.

Kathryn Druery at work

CLINICAL GOVERNANCE IN ACTION – REDUCING RISK TO WOMEN

The Clinical Negligence Scheme for Trusts (CNST) helps NHS trusts to fund the cost of legal action. Trusts can choose to contribute financially to the scheme and then reduce these contributions by meeting certain standards.

This year Guy's and St Thomas' successfully achieved level 2 status for both the acute trust standard and the maternity services standard.

Clinical Midwife Specialist Kathryn Druery led work on the maternity services standard while Risk Manager Paul Mulligan led on the acute standard.

Kathryn says: “Our central aim is to reduce risk to patients and ensure the quality of patient care is as good as it can be – our success in the assessment reflects the fact that we are making good progress in these areas.

“The co-operation of all staff was crucial to our success in meeting the standards and demonstrating that we have processes and procedures in place to manage risk in clinical areas.”

The CNST assessor said: “Risk management is clearly taken seriously across the Trust and this is reflected in the maternity services department. There is a supportive and proactive culture, demonstrating evidence of a learning organisation.”

She highlighted areas of good practice, including the Trust's Practice Development Midwives who she said have “a pivotal role in ensuring that the training needs of staff are identified and addressed”.

CHI's routine clinical governance review of the Trust was published in November 2002 and we produced an action plan in February 2003 to tackle areas for improvement identified by CHI.

Important elements of the action plan have now been implemented to strengthen our clinical governance arrangements and provide safe, high quality care for patients.

For example, CHI said the Trust should “ensure that clinical governance is supported, managed and monitored in an integrated way both centrally and across directorates”.

A central team of staff to support clinical governance throughout the Trust was established – they deal with complaints and litigation, risk management, clinical audit and clinical governance, enabling a more coherent approach to these areas of work.

Clinical Governance Managers were recruited during summer and autumn 2003 to provide practical, hands-on support to clinical staff.

CHI also said the Trust should “ensure that staff are easily able to access up-to-date clinical information, guidelines and protocols through the Trust intranet”.

A new process for managing clinical guidance means that all guidance is approved by the Clinical Guidance Group, chaired by Consultant Dr Mark Kinirons, before being posted on the intranet for use by all clinical staff. This new process aims to ensure that patient care is based on best available evidence and practice.

LEARNING FROM OUR MISTAKES – HOW WE ACT ON COMPLAINTS

We are determined to not only learn from complaints made by patients and their friends and family, but also to address concerns before they become formal complaints.

The Trust's central complaints team has worked hard this year to facilitate more face-to-face meetings which can resolve issues at an earlier stage.

By arranging a meeting between the complainant and the relevant clinical staff, even complicated situations can be resolved swiftly.

Although they can take up considerable time, these meetings are a chance to resolve problems because the complainant has an opportunity to ask questions without having to resort to protracted correspondence.

All formal complaints are investigated and then responded to in writing by the Chief Executive – this year only 26 complaints advanced to a request for an independent review panel.

Almost 70% of complaints were responded to within 20 days and we are working hard to improve this aspect of our performance. There

are a number of reasons why not all complaints are responded to within 20 days. Some complex complaints involve a number of different staff and Trust services and so take longer to resolve, while delays can also be caused if key staff are on leave, off sick or have left the Trust.

This is an example of how complaints can bring about positive change in the Trust:

A formal complaint was received from the daughter of a patient who had been treated for advanced breast cancer at Guy's and St Thomas' – the complainant raised a number of valid concerns.

Issues included the rude and unprofessional attitude of one of the doctors treating her mother and a lack of appropriate information about treatment for the condition.

The Trust apologised for these failings and also met the complainant to discuss areas for improvement.

As a result, communications skills training sessions have been run for all staff in oncology and haematology and patient information leaflets are being reviewed.

The complainant suggested that some prior knowledge of treatment procedures, in the form of videos, may have helped their understanding so a trial video is currently being produced.

If successful, we hope that a range of videos can be made to enhance the information given by clinicians in their patient consultations.

Formal complaints 2003/04

Formal complaints received 718

Complaints resolved by local resolution 692

Complaints answered at local resolution within 20 working days 69%

Requests for independent review of complaints 26

Requests for independent review – next steps

No further action 10

Further action for local resolution 3

Review panel established 3

Further action to be decided 10

John Cockerill with one of the machines he looks after in the paediatric intensive care unit at Guy's

HI-TECH MACHINES HELP SAVE ADRIENNE'S LIFE

Mum Robyn Hodes was terrified when her 11-month-old baby girl Adrienne was rushed to the paediatric intensive care unit (PICU) in the Evelina Children's Hospital at Guy's.

Tiny Adrienne was seriously ill with a viral infection – but thankfully she wasn't on the critical list for long, thanks to not only the expertise of our specially trained children's doctors and nurses but also the unit's hi-tech equipment.

"The machines had to completely take over Adrienne's breathing," says Robyn. "That was very scary but the staff were fantastic. The slightest beep from one of the machines and they were by her side."

Chief Medical Technical Officer John Cockerill is responsible for looking after PICU equipment which helps keep our sickest young patients alive.

"This equipment constantly monitors the patient's condition and so it is crucial that it is working properly," explains John, who can't wait to move to the new Evelina Children's Hospital when it opens in 2005.

He says: "The new hospital should make a real difference to the care we can provide. Currently PICU is split between two floors at Guy's but in

the new hospital we will have up to 20 beds all on the same floor."

Our local newspaper the **South London Press** launched a major fundraising campaign this year to buy a state-of-the-art monitor for the new hospital's PICU.

We are grateful for their support which will help us to continue providing the best possible care for children like Adrienne – with the best possible equipment.

Adrienne Hodes and mum Robyn

Evelina Children's Hospital Appeal

Getting involved in the Evelina Children's Hospital Appeal is a unique opportunity to assist in the creation of the first brand new children's hospital in London for over 100 years.

HRH The Princess Royal is Patron of the Appeal and Sir Evelyn de Rothschild, a descendant of the founder of the Evelina Children's Hospital, is its President.

For further information or to make a donation, you can contact the Appeal on 020 7403 4089 or make a cheque payable to Evelina Children's Hospital Appeal and send to: Evelina Children's Hospital Appeal, FREEPOST LON15724, London SE1 9YA.

See www.guysandstthomas.nhs.uk for our dedicated Evelina Children's Hospital section, including more information about the Appeal.

John Prestwich
takes flight on
the London Eye

TECHNICAL SUPPORT TEAM PROVIDES A LIFELINE FOR JOHN

For almost half a century, John Prestwich has relied on an artificial ventilator to keep him alive.

The Lane Fox technical
support services team

He has earned a place in the Guinness Book of Records as the world's longest survivor in an iron lung – without his Cuirass shell respirator, which fits his chest like a breast plate and helps him to breathe, he would be dead in minutes.

John contracted polio on his 17th birthday in 1955 which left him completely paralysed below his chin and requiring 24-hour care.

Despite his severe disability, John is able to live in his own home, thanks to the love and support of wife Maggie – and the expertise of the technical support services team from the Lane Fox Unit at St Thomas'.

"This unit was started with the idea that, however disabled people were, they could live successfully in the community with the right back-up – and that's what I have done for more than 30 years," says John.

"The expertise of this unit is world-renowned and I can't praise them enough."

Chief Medical Technologist Hira Miah, and

Senior Medical Technologists Nick Weston, Mike Mackie and Anthony Scaffardi, support a total of 679 patients all over the country who need hi-tech equipment to help them breathe.

Hira says: "We provide routine maintenance of equipment, we carry out repairs and we also visit patients out-of-hours in emergencies if their life support equipment breaks down."

John Prestwich is in no doubt that Hira and his colleagues – whose service is unique in the NHS – are life savers.

His own website, which tells his amazing life story – www.johnprestwich.btinternet.co.uk – stresses: 'Crucial to John's well being, and indeed his life, is the mechanics of his ventilators. Each undergoes regular maintenance to minimise the risk of a breakdown and John has the 24-hour support of the medical and technical staff at St Thomas'.

'The Lane Fox Unit provides all the necessary clinical and technological support that people like John need to stay alive and healthy.'

Caroline Morris
gets ready for another
dialysis session

CAROLINE'S UNI DREAM COMES TRUE

Caroline Morris was determined not to let the fact that she needs regular dialysis stop her enjoying student life to the full.

And thanks to the expertise of David Gandy, Technical Manager for renal and urology at Guy's and St Thomas', Caroline was able to fulfill her dream of going to university.

David installed a haemodialysis machine in the student health centre at Reading University so that Caroline could fit in dialysis around her studies and her social life.

Caroline says: "I can go for dialysis when I need to and it means that I have the same level of freedom that most other students just take for granted."

"When I see someone with such enthusiasm and determination to lead as normal a life as possible, I will do everything in my power to provide a technical solution, and I am delighted we were able to make this happen for Caroline," says David Gandy.

David and his team of technicians install and maintain equipment so that dialysis is provided

for hundreds of patients in the most appropriate and convenient way.

That includes dialysis facilities at Guy's Hospital, satellite dialysis units in Camberwell, Forest Hill and Tunbridge Wells, and also home dialysis for a growing number of patients.

"We aim to provide the best care for our patients, whatever their circumstances," stresses David.

"The most unusual situation I have faced was about five years ago when one of our regular patients was imprisoned in Wormwood Scrubs and he had to be brought into Guy's by prison guards every two days for dialysis.

"We managed to install dialysis facilities in the prison, which was more convenient for everyone, although I must admit our regular visits to Wormwood Scrubs during installation were an unnerving experience!"

Principal Physicist Peter Rudd
with one of the linear
accelerators he looks after

PHYSICS STAFF CRUCIAL TO CANCER CARE

Guy's and St Thomas' provides all radiotherapy treatment for cancer patients in the South East London Cancer Network, an area of 1.7 million people living in the boroughs of Lambeth, Southwark, Lewisham, Bexley, Bromley and Greenwich.

Most radiotherapy is administered by complex machines called linear accelerators – one at Guy's and four at St Thomas' – and staff from the Trust's medical physics department are responsible for ensuring that they work safely.

"Physics input is absolutely vital because a dose of radiotherapy which is too high could harm a patient and a dose which is too low could allow cancerous tumours to continue growing," explains Principal Physicist Peter Rudd.

"We ensure machines are maintained adequately and calibrated correctly to give the right dose to the patient, and we also work closely with doctors to produce treatment plans for individual patients."

A new linear accelerator was officially opened at St Thomas' in July but Peter and his team put in a lot of hard work before the first patient is treated on any new machine.

He says: "The whole process – from establishing the need to buy a new machine to treating the first patient – takes up to two years because we are dealing with equipment delivering high levels of radiation which makes safety paramount.

"Our job includes everything from ensuring the linear accelerator is surrounded by concrete walls up to 2.5 metres thick to familiarising radiographers and other frontline staff with the new machine before it is used to treat patients."

SLEEP DISORDERS ARE NO LAUGHING MATTER

"Sleep disorders are sometimes made fun of in the media but there is increasing public awareness of the serious impact they have on people's lives," says Simone de Lacy who is the UK's first Consultant Sleep Technologist.

"Snoring may be a symptom of a more serious sleep disorder called obstructive sleep apnoea which in the most extreme cases can lead to marriage breakdowns. And excessive daytime sleepiness is now widely accepted as a significant cause of road traffic accidents."

Simone set up and manages the Sleep Disorders Centre and lung function laboratories at Guy's and St Thomas' and in January she stepped up to the position of Consultant Sleep Technologist.

She says: "I really like this new role because I sit down with patients, take a detailed clinical history, order diagnostic tests and tease out the reasons behind their condition, which may have many different factors.

"Technologists perform and analyse sleep studies and run outpatient diagnostic and treatment clinics, but this extension to my role means that I am reducing our waiting list by seeing patients who would otherwise see a doctor."

Initial patient feedback is positive and Simone saw approximately 80 patients in her weekly clinic during her first six months in this pioneering role.

Consultant Sleep Technologist
Simone de Lacy with a computer
showing a patient's sleep patterns

Trish Dopping-Hepenstal
in the new EB lab at
St Thomas'

LAB STAFF CRUCIAL TO TREATMENT OF RARE SKIN CONDITION

Imagine suffering from a genetic disorder so severe that skin literally falls off the bodies of its sufferers.

The symptoms of epidermolysis bullosa – EB for short – aren't always that extreme, but even in its mildest forms it can cause blistering and scarring.

A new national laboratory has been set up at St Thomas' where scientists led by Trish Dopping-Hepenstal play a vital role in diagnosing EB and providing frontline clinical staff with the information they need to treat patients.

The Department of Health chose St Thomas' as the site for this national diagnostic lab and also provided £240,000 worth of funding to buy equipment for the lab, which will carry out diagnostic tests for EB patients from all over England.

St John's Institute of Dermatology at St Thomas' is one of only two national providers of treatment for adults suffering from EB, creating a centre of excellence with the lab.

Professor John McGrath, who treats EB patients, says: "This new lab and the frontline care we provide for patients demonstrates the importance of a strong link between research and NHS services – science can have practical benefits for patients."

Porter Bill
Simmons with
a patient

LAB STAFF VITAL TO TRANSPLANT SUCCESS

Staff working in the clinical transplantation laboratory at Guy's are crucial to successful transplants.

They ensure that a donated kidney or liver goes to the right recipient by carrying out tests to work out if a patient's body will reject the donated organ.

The lab at Guy's is the largest of its kind in the country and supports all kidney transplants in south east England – 255 last year.

Lab staff carry out HLA typing to pinpoint the exact tissue grouping of the donated organ before sending those results to UK Transplant which finds the most suitable national recipient.

A second test called cross matching, done once the recipient has been chosen, establishes if there are any antibodies in the patient's system that will reject the new organ.

Both HLA typing and cross matching tests take approximately four hours for the Guy's lab staff to perform and they are available 24 hours a day – when an organ becomes available, speed is of the essence.

MODERN APPRENTICES LEARN THE TRICKS OF THEIR TRADE

Rowan Taylor and Joe Martin are Modern Apprentices recruited by the Trust to help them gain practical experience of engineering.

They work in partnership with Seleta Training, a specialist training company which manages the various stages of their apprenticeship.

Both Rowan and Joe went on an 18-week engineering foundation programme at Lewisham College to get a basic grounding in the trade – and an NVQ level 2 – before gaining placements at Guy's and St Thomas'.

Rowan chose to specialise in mechanical engineering at St Thomas' while Joe is based in the electrical engineering department at Guy's.

They both spend a day a week at college to learn theory while the rest of their time is spent getting their hands dirty in the Trust, under the watchful eye of trained staff.

Rowan, 19, says: "The qualified engineers don't let me just stand there handing them the tools, I get involved in doing the actual work which could be a steam leak, an air conditioning fault or anything mechanical.

"The guys here are great, we have a laugh and I feel comfortable with them so I don't feel worried about asking anything which means I'm learning all the time."

Joe, who is also 19, agrees: "I fell on my feet with this apprenticeship and I am learning a lot from the other staff who

work here in this department when we are called out for anything from day-to-day checks on equipment to wiring a plug.

"I much prefer working here in the hospital than on a building site because you get to know the staff on the wards after you've been back to the same place a few times and that's a really good part of the job."

Mechanical Supervisor
Gary Grant keeps a
watchful eye on Modern
Apprentice Rowan Taylor

THERE'S A PORTER WORKS DOWN AT GUY'S SWEARS HE'S ELVIS...

Being wheeled down to an operating theatre before surgery is a stressful time for anyone and so Porter Bill Simmons has come up with a way to take people's minds off their operations – he sings to them!

Bill, who particularly prides himself on his renditions of Elvis classics, says: "It all started because part of my job as a porter is to take patients, who are usually pretty nervous, down to theatres and so I was thinking of ways to relax people which is how I hit on the idea of having a bit of a sing-song."

"Now my nickname around Guy's is Elvis and when patients come back for their check-ups after they've had an operation they ask me, 'How are you doing, Elvis?'"

Bill takes care to choose who he serenades but reckons that nine times out of 10 his singing helps to relax patients before they go into theatres – 'Love me tender' is a particular favourite.

On a more serious note, Bill says: "This can be a hard job because we are dealing with life and death everyday and one of our duties as porters is to take bodies to the hospital mortuary when people die.

"Especially when they are babies or children, there aren't really any words to describe how that feels, which is why it makes my day if I can help make someone laugh."

Guy's has been a big part of Bill's life because not only does he work here but he was also born in the hospital and he even met his wife Maria when she was a patient at Guy's.

He says: "I went to visit a friend, but my future wife was in the next bed and I spent the whole time talking to her instead. We got married in April this year so I guess I've got a lot to thank Guy's for!"

DEREK CLOCKS UP A LIFETIME OF SERVICE

When Derek Richardson started work at Guy's Hospital, Sir Anthony Eden was Prime Minister and the NHS was still in its infancy.

Derek Richardson with one of the sterilisers he keeps in full working order

For Derek is the longest serving member of full-time staff at Guy's and St Thomas', having notched up a staggering 48 years of service since he joined Guy's as an Apprentice Electrician in 1956.

"None of the modern hospital buildings you see today were here when I started working at Guy's," says Derek. "New Guy's House, Guy's Tower and Thomas Guy House have all gone up since I've been here and the whole area around the hospital has changed completely.

"When I was an apprentice, I lived just up the road on the Old Kent Road and I've kept my links with this area of London even though I moved to Kent years ago."

The highlight of 2004 for Derek was undoubtedly the appearance of his beloved Millwall Football Club in the FA Cup Final.

"No one expected us to win against Manchester United, and we didn't, but we had a great day out," says Derek who ensures the Trust's dental sterilisers are maintained and repaired so that the instruments used in dental surgery are completely safe.

Derek has seen a huge number of changes during almost half a century at Guy's, and it's fair to say that not all of them have been to his liking, but he is glad to see the re-introduction of at least one health service tradition.

"The old hospital matrons may have been archaic and strict – but they certainly got things done," remembers Derek.

Guy's and St Thomas' now has a large number of so-called 'modern matrons', known as lead nurses in the Trust, who help ensure that patient care is of the highest quality possible.

Housekeeping Supervisor
Loris Johnson discusses cleaning
issues with a colleague

HOUSEKEEPERS KEEP OUR HOSPITALS CLEAN

Cleaning two vast hospitals, parts of which are well over 100-years-old, is a huge task but the Trust's housekeeping staff ensure both Guy's and St Thomas' are kept as clean as possible.

Housekeeping Supervisor Loris Johnson, who has worked at Guy's for 29 years, is responsible for heading up a team of approximately 60 housekeepers who clean every inch of the New Guy's House block at Guy's.

"Some people look down on cleaning jobs," says Loris, "but in my opinion what we do is just as important as what the doctors and nurses do because, without us, what would the hospital look like?

"Keeping a hospital clean is difficult but our housekeeping staff are hardworking and reliable, and they do a great job. I see us as part of the nursing team on the wards because what we do can help patients feel better more quickly."

IT'S GOOD TO TALK

The number one priority for the Trust's security officers is to ensure that our staff can treat patients without the fear of either physical violence or verbal abuse.

Michael Ferguson, who is the dedicated Security Officer in A&E at St Thomas' from 7am to 7pm on weekdays, says: "I would much rather talk to someone than have to resort to physically removing someone from the hospital and, fortunately, that's only necessary in a small minority of cases.

"Our staff should be able to get on with doing their jobs without being frightened and my job is to look after them so that no patient abuses or assaults a member of staff."

Michael reckons: "Having a permanent security presence here in A&E is definitely a deterrent to people who might want to cause trouble."

He is based next to the main reception desk so he has a clear view of the waiting area, as well as access to a bank of CCTV cameras, so that he is able to provide a reassuring presence for both staff and patients.

Michael Ferguson on duty
outside A&E at St Thomas'

IF YOU CAN'T STAND THE HEAT...

The celebrities who entered Gordon Ramsay's 'Hell's Kitchen' for this year's surprise reality TV hit spent just two weeks among the pots and pans – but some of the staff who work in our kitchens have spent decades cooking for patients.

Pudding chef Gary Fawcett started working at St Thomas' in July 1963 and so there was quite a celebration when he clocked up 40 years of service in summer 2003.

"Every day brings a new challenge," says Gary. "Things are constantly changing and with all the new developments it doesn't feel like the same place it was 40 years ago. The team are really friendly and a pleasure to work with."

Eligio Ettorre, known as Hector to his colleagues in the kitchen at Guy's, is part of a team who serve up to 300 breakfasts a day for staff and visitors in the Great Maze Restaurant, lunch for up to 500 people and, of course, meals for patients.

"My job is to ensure that the quality of the food that we serve to patients on the wards, staff and visitors in the restaurant, and guests who come to

Guy's for functions, is always of a high standard," explains Hector who is the Kitchen Manager.

"In the restaurant we have a different theme every day – it could be a carvery, a barbecue or Caribbean food – and 90% of all the food we serve is freshly prepared here in our kitchen so we know exactly what we are serving."

Many patients at Guy's have special dietary requirements, either because of their medical condition or for cultural reasons, and so Hector and his team prepare special meals for them.

All part of a day's work in our kitchens – celebrities need not apply...

Hector Ettorre, Kitchen
Manager at Guy's

SUPERVISORS KEEP ST THOMAS' TICKING OVER

"If the boilerhouse isn't working properly, the hospital can't operate – it's as simple as that," says Gary Grant who is the Mechanical Supervisor at St Thomas'.

"The heating would break down and the sterilisers wouldn't work so no operations could be carried out."

Gary, who joined St Thomas' as a fitter 17 years ago, is in charge of a team responsible for maintaining and repairing the hospital's mechanical services which includes everything from air conditioning to heating and hot water.

If a nurse on a ward asks for the air conditioning in a particular bed bay to be turned down, Gary uses a sophisticated computer system to carry out that request remotely from his office deep in the bowels of the basement at St Thomas'.

"I see our area of work as the heart of St Thomas' because we are essential to the smooth running of the hospital, and I must admit that I get frustrated when staff like us sometimes don't get credit for what we do," adds Gary.

Bob Gibbons is the Maintenance Supervisor at St Thomas', leading a team of staff carrying out a wide range of painting, plastering, tiling and flooring jobs all over the hospital.

"This is my local hospital because I live just down the road and, when I needed to be treated here, the medical staff gave me wonderful care," says Bob who has worked at St Thomas' for almost 30 years.

"In the same way, we try to give them the best service we can with the resources we are given. Sometimes people don't really understand what we do but we directly affect patient care because, if we don't repair a crack in a wall on a ward for example, it can encourage germs to spread which cause infections."

Bob is a plain speaking south Londoner who has some stern words for TV makeover shows which he says don't help people to fully appreciate the vital role played by his team in keeping the hospital in working order.

"I blame 'Changing Rooms' and all those programmes because everyone thinks they are DIY experts now – but what we do in the hospital is completely different," says Bob.

Maintenance Supervisor
Bob Gibbons measures
up another job

Theatre Administrators
Michelle Hamilton (front)
and Felicia Mensah
(back) on duty in the
main operating theatres
reception at Guy's

A TEAM EFFORT IN THEATRELAND

Sally Griffiths manages our operating theatre schedule which means that she has overall responsibility for ensuring our theatres are used efficiently.

That's a huge task since the perioperative team covers not only theatres but many outlying areas where anaesthetic support may be required, such as critical care, x-ray and the cardiac catheter lab. In total, we have 36 inpatient and day surgery operating theatres which carry out approximately 40,000 procedures a year.

The theatre schedule for the whole Trust is a hugely complex jigsaw, with different surgeons operating at different times in different theatres on different hospital sites, and Sally stresses that it only works if all the pieces of the jigsaw are in place.

"This means not only ensuring all our theatres are being utilised effectively but also ensuring that all staff involved in a patient's operation are available," she says.

Good communication plays a vital role in ensuring that everything runs smoothly. A 'gatekeeper' system means that

service managers in the Trust, who need to arrange extra theatre time or cancel an operating session, simply contact Sally who then liaises directly on their behalf with the perioperative team.

The team includes everyone from the receptionists in theatres, who are contacted by the clinical staff when they are ready for the next patient to come down from the ward, to the porters who bring the patient down to theatres, the anaesthetist, the surgeon, nursing staff and the operating department assistant.

As Sally says, "If one member of that team is missing, we can't go ahead and the patient won't be able to undergo the operation that they need."

Sally started working for the Trust as a receptionist in theatres and believes that experience gave a good grounding for her progression into her current position as Operational Manager.

IT'S A FAMILY AFFAIR

If it's true that first impressions count for a lot, then ward clerks and clinic clerks are some of the most vital staff at Guy's and St Thomas'.

They are often the first people that patients and their families meet when they come into hospital.

Mother and daughter team Brenda Warman and Jackie Hill both work in the Evelina Children's Hospital at Guy's – mum Brenda is Ward Clerk on Dickens Ward, where children who need kidney dialysis and transplants are treated, and daughter Jackie is Clinic Clerk for the South Thames Cleft Service.

They agree that they play an important part in putting our young patients at their ease.

"Because the children who come here have long term conditions, it's like a second home. They can feel apprehensive when they come into hospital and so it's really important that the atmosphere on the ward is as relaxed as possible," says Brenda.

Jackie agrees: "Because our patients have cleft lip and palate conditions, they come back regularly for treatment and so I have got to know a lot of the children and their families really well. It's great to see children, who can't speak a word when they first come to us, come on in leaps and bounds after speech and language therapy or surgery."

Jackie Hill, Clinic
Clerk in the cleft lip
and palate centre

SHRINKING VIOLETS NEED NOT APPLY . . .

"You mustn't be easily embarrassed and you certainly can't be timid, but at the same time you have to be tactful and sensitive," says Shirley Parker.

Bobbie Lawrence, the Trust's Telecommunications Manager, keeping an eye on calls coming in to the new switchboard

Shirley Parker on duty in one of the Trust's sexual health clinics

NEW SWITCHBOARD GOES LIVE

This year Guy's and St Thomas' launched a new central switchboard with a brand new number **020 7188 7188**.

It's now easier to get in touch with our hospitals because the new switchboard and new number replaced two switchboards – one for Guy's and one for St Thomas' – which both had their own numbers.

A new automated voice recognition system has been installed so that callers are put straight through when they say a name, extension number or department name – instead of having to wait for an operator.

Bobbie Lawrence is the Trust's Telecommunications Manager, leading a team of switchboard operators who help connect callers with the person they want to speak to.

She says: "The new switchboard, with its voice recognition, voicemail and direct dial numbers, is revolutionising the way that we answer people's calls and makes it much easier and quicker for them to speak to the department or member of staff they need."

Patients at Guy's and St Thomas' also have access to the Patientline system which means that friends and relatives can contact them direct via a phone next to their bed – Patientline also provides a wide range of television channels and radio stations to keep patients entertained while they are in hospital.

Talking telephone numbers

Guy's and St Thomas' switchboard receives a staggering **3.25 million** telephone calls a year.

Switchboard operators receive **5,500** external and **3,300** internal calls a day.

7,500 phones, **1,500** pagers and **1,600** bleeps are used by Trust staff.

A maximum of **12** switchboard operators answer calls at any one time.

Switchboard operators are on duty **24** hours a day, **365** days a year.

She is listing the attributes she looks for in the people who staff the reception desks of the Trust's sexual health clinics.

Shirley manages reception staff who are vital to the smooth running of a range of clinics including a walk-in clinic at St Thomas', where people who think they may have contracted a sexually transmitted infection (STI) can come for treatment without an appointment.

"We have a vital role because people coming to our clinics are sometimes scared, upset, embarrassed, or even paranoid that someone will find out they have been to a clinic," says Shirley.

"If you work on the reception desk, you need to have the ability to put people at their ease and deal with patients who react in every kind of way to the possibility that they may have an STI."

STIs may still have a stigma attached to them, but for staff at Guy's and St Thomas' the treatment of these diseases is an everyday reality because the area which we serve has some of the highest infection rates in the country.

And our receptionists are the frontline staff who ensure patients can access sexual health services.

Appointment Centre Manager Miguel Sequeira with appointment centre staff Deborah Donle (front), Sue James and Fatima Turay

APPOINTMENT CENTRES PUT PATIENTS FIRST

The new NHS buzzword is Choice and it's already a reality for many patients at Guy's and St Thomas'.

People referred to us for an outpatient appointment in three specialties – surgery, medicine and dental – can now choose a date and time which suits them.

Patients can fit their hospital treatment around their everyday lives, and the evidence shows that patients who choose are more likely to turn up for their appointments.

These three specialties were chosen to pilot the new approach because they all have lots of outpatient appointments – the booking system will soon be rolled out across the Trust so that all patients benefit from greater choice.

A dedicated team of admin and clerical staff working in appointment centres are the backbone of the Patient Agreed Booking Programme – they do everything from receiving new referrals to sending out reminder letters.

They received just under 10,000 new referrals in the three months up to the end of May and answered more than 30,000 phone calls.

Miguel Sequeira, who has managed the medicine appointment centre since it opened in February, explains: "These patients need appointments for highly specialised treatment including rheumatology, dermatology and lupus.

"When we receive a referral for a patient from their GP or another hospital, the frontline clinical staff decide whether it is an urgent or a routine referral.

"If it is an urgent case, the patient will of course be given an appointment straight away but, if the patient is a routine referral, they are sent a letter informing them that they have been referred to us and letting them know about the lead time for an appointment.

"Nearer the time we invite them to ring us to choose a date and time for their appointment and, if they don't ring us, we send them a reminder letter."

HOME BANKER PAYS DIVIDENDS

Staff running the nurse, midwife and health assistant bank joined the Guy's and St Thomas' team when the Trust took the staff bank in-house in September 2003.

They were previously employed by nursing agency BNA, which ran the bank before the Trust took over, and their hard work helps to save significant sums of money.

If we fill shifts with bank nurses, we don't have to use external agencies and the Trust makes savings – Guy's and St Thomas' spent £14.26 million on agency nurses in 2002/03, but that figure dropped to just £9.95 million in 2003/04.

When nursing staff on the wards know they need an extra pair of hands – perhaps to cover a member of staff who is on annual leave or if someone phones in sick – they contact a booking co-ordinator who then fills the shift.

They try to fill the shift with a bank nurse and now only go to an agency if no bank nurse is available – booking co-ordinators take approximately 250 bookings a day, most of which are pre-booked shifts although there are a minority of on-the-day bookings.

Most booking co-ordinators are based on the general booking desk at Guy's, but there is also a team of specialist co-ordinators for areas including theatres, intensive care and children's services who are based at St Thomas'.

"Our job is to ensure we provide the right nurse at the right time with the right skills to cover temporary gaps in staffing so patients are cared for safely," says Nurse Bank Manager Steve Dyos.

Cathy Geddes, Acting Director of Nursing, adds: "I'm delighted that we have taken ownership of our bank because reducing our spending on agency staff and encouraging more of the Trust's own nursing staff to work bank shifts is an important part of our nursing and midwifery strategy."

AND NOT FORGETTING...

JULIE'S JOB IS CHILD'S PLAY

"The children we look after might be ill, and sadly we know that some of them won't get better, but they are still normal children and they need to be able to play."

So says Julie Ainsworth, one of a team of play specialists in the Evelina Children's Hospital who ensures that play is an integral part of the care that we provide for our youngest patients.

Julie has worked with children who have neurological conditions on Ronnie McKeith ward at Guy's for 23 years – and her job, in conjunction with other staff on the ward, is to help bring about little miracles every day.

"I get excited about seeing a child being able to move one finger or getting a smile because I have dipped their hand in foam and they love the sensation that gives them," says Julie.

"For me, when I am working with these children who have very severe neurological conditions, those individual moments are like climbing Everest."

Julie is clearly a passionate advocate for 'her' children on Ronnie McKeith and families who sometimes find it difficult

Play
Specialist
Julie
Ainsworth
with
young
patient
Phoebe
French on
Ronnie
McKeith
ward

coming to terms with the reality that their child is just a bit different from other youngsters.

She says: "We want to make sure that our patients don't miss out because they are in hospital, often for months at a time. We might take them to see the new Harry Potter film or go on a day trip to Chessington – anything that means they aren't institutionalised."

Play specialists also use their skills to help prepare children for surgery and take the fear out of being in hospital.

"We are all afraid of what we don't know, and it's no different for a child," Julie points out.

ANNA CARES FOR PATIENTS EVERY STEP OF THE WAY

Diagnostic Radiographer Anna Loach says: "People think that we just take x-rays but there's a lot more to the job than that."

Anna and her colleagues perform x-rays, CT (computerised tomography) scans, MRI (magnetic resonance imaging) and a range of other tests that can diagnose in precise detail a patient's condition.

Her work includes everything from taking an x-ray for an A&E patient with a suspected broken wrist to carrying out a CT scan to discover if chemotherapy treatment has helped to halt the spread of cancer.

"I like the fact that this job is so varied and we follow patients all the way from A&E to the outpatient clinic where they are given the all clear," explains Anna.

"If a patient is rushed to A&E by ambulance after a road traffic accident, for example, we are the first people to give a diagnosis to the doctors and nurses, then we will be on duty if the patient needs to go to the operating theatre for surgery and a few days later we will perform x-rays to find out if the operation has been successful."

Anna, who is originally from Birmingham, has been a qualified diagnostic radiographer for three years and has worked at Guy's and St Thomas' since June 2003.

Now she is a Senior II Radiographer, she is being trained in CT and vascular imaging, which includes numerous procedures ranging from angiography to placing stents. It all provides a wealth of information to ensure frontline clinical staff have the very best diagnosis at their fingertips to inform their treatment of patients.

Diagnostic Radiographer Anna Loach
x-rays patient Margaret Osbourne

FIRST EVER MACMILLAN CHAPLAIN APPOINTED

Macmillan Cancer Relief appointed its first ever chaplain this year – at Guy's and St Thomas'.

Sister Christiane Lehair is the new Macmillan Palliative and Supportive Care Chaplain in the Trust's department of spiritual care – her post is a new post funded by Guy's and St Thomas' Charitable Foundation.

Her role is to provide spiritual care for patients, their families and close friends, as well as staff.

She works closely with the palliative care team and is a member of the department of spiritual health care which incorporates Christian chaplains from different churches and multi-faith chaplains including a Muslim Imam and a Jewish Rabbi.

Colette Sheehan prepares patient Aaron Nash for radiotherapy

COLETTE AND SAIMA PUT CANCER PATIENTS AT THEIR EASE

"When people are first told they need a course of radiotherapy, they are understandably anxious as they are often unsure of the process involved and are still dealing with a recent diagnosis of cancer," says Therapeutic Radiographer Colette Sheehan.

"We take the time to explain the radiotherapy procedure, discuss possible side effects and answer any questions they may have so we can put them at their ease.

"As a standard course of treatment can last up to six weeks, we aim to build a friendly yet professional rapport with our patients and it is very rewarding to make what could be a traumatic experience more bearable."

Colette's colleague, Saima Naz, agrees: "Because we see patients on a regular basis, we get to know them as people and not just patients."

Both Colette and Saima chose to become radiographers, who administer radiotherapy treatment, because they wanted to work as health professionals in a multi-disciplinary work environment.

"It's a very challenging job, both mentally and emotionally," says Colette who has now worked at Guy's and St Thomas' for 18 months. "But it is also a very satisfying job because we get to meet and treat people at a very vulnerable time in their lives, and we can make a big difference to their care."

Courses of radiotherapy range from one day to six weeks and include both radical treatment to cure conditions and palliative treatment to control the spread of cancer.

Radiographers work in teams and treat up to 40 patients a day during shifts which usually last from 9am to 6pm.

Chaplain Christiane Lehair talks to a patient

Sister Lehair is a Roman Catholic nun and she provides spiritual care for not only people with faith, whether they are patients, relatives or staff, but also for those with none.

"I am there for people who need to try to make sense of what is happening to them," she explains.

"Cancer causes changes and a lot of anxiety. It is really something that prompts a lot of questions about what you believe."

NIGHT OWLS ENSURE OUR CARE IS 24/7

When most patients are asleep and only essential staff are working, site nurse practitioners (SNPs) ensure our hospitals are always ready for anything – whatever time of night or day it happens.

From 8pm to 8am, these experienced nurses double up as both the hospitals' site managers and the duty senior nurses.

When most of us are safely tucked up in bed, SNPs can be faced with everything from a cardiac arrest call in the car park, to treating a patient whose condition is causing concern, or even dealing with a fire on the hospital site.

SNP Maggie Kennedy says: "I was on duty at 3.30am when we received a fire call to the staff accommodation in Gassiot House at St Thomas' where flames and smoke were billowing out. We were the point of contact for the fire officers and also had to find emergency accommodation at short notice for some very distressed people."

Fellow SNP Alyson Jones adds: "A hospital is a very different place at night because most patients are asleep and so far less staff need to be on duty than during the day when we have outpatient clinics, operations are being carried out and the whole place is full of hustle and bustle."

During daylight hours, the SNPs are responsible for ensuring that beds are found for both patients coming in for planned operations and also for emergency patients – and that role continues after dark. But it is during the night shift that the SNPs really come into their own.

Podiatrist Liza Curtis shares a joke with patient David Keating

PODIATRISTS HELP ERIC GET BACK ON HIS FEET

Eric Denny, a patient with diabetes, has nothing but praise for one of the smallest teams of specialist staff at Guy's and St Thomas'.

"I have been an insulin dependent diabetic since 1960 and I suffer from the foot problems which are a common complication of my condition," explains Eric.

"Luckily, the podiatrists who are based in the department of foot health at Guy's are excellent and they really know their stuff. I usually have monthly check-ups and they provide more regular treatment when foot problems flare up."

Eric is just one of numerous patients who benefit from the expertise of a team of six podiatrists led by Liza Curtis.

"There are only 7,500 state registered podiatrists in the whole country, and just 4,000 work in the NHS," says Liza.

"We provide a comprehensive foot health service for everyone from people who have suffered sports injuries to patients like Eric who live with chronic conditions such as diabetes which carry the risk of foot complications."

A shared care partnership between Liza's team and podiatrists working for Southwark Primary Care Trust (PCT) means that patients living in the borough now benefit from a comprehensive network of services including home visiting and outreach clinics.

"It means that we can allow patients to go home earlier because we know that the PCT will bridge the gap by ensuring they receive the right services when they are discharged from hospital," explains Liza.

Site Nurse Practitioners Alyson Jones (left) and Maggie Kennedy outside St Thomas'

OUR BIG ISSUES

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Hopkins Architects' vision for the outpatient waiting area in the new Evelina Children's Hospital – complete with helter skelter

This has been a significant year characterised by new and involving partnerships and dialogues in a host of arenas.

Guy's and St Thomas' became an NHS Foundation Trust on July 1 2004, and our new Members' Council will oversee how the Trust is run.

Although Guy's and St Thomas' are world famous, they are first and foremost local hospitals to the people of Lambeth and Southwark – that's why we launched our new community magazine, South of the River, to bring hospital news to our local population.

The magazine promotes services like our community sexual health clinic, offers health advice from our own staff experts and gives details about volunteering, fundraising or joining our NHS Foundation Trust.

Patients have become more involved in our hospitals than ever before, not just in terms of understanding and taking control of their own health, but by helping to plan refurbishments and influence the look and feel of new services.

The trade unions that represent our staff have worked jointly with us to implement Agenda for Change, the new pay and conditions system for the NHS, before its national rollout. We have a strong track record in developing our staff, and our involvement with Agenda for Change and the new NHS University this year have highlighted the importance of learning.

At a more local level, the way that staff work together has proved crucial, boosting our performance and helping to develop our 10-year service strategy.

Patient involvement is no longer a new concept, but at Guy's and St Thomas' we have found a host of ways to harness its benefits.

The relationship between an individual member of staff and a patient is one of the most important ways that we listen to and involve patients in their care. We also ask for their views, opinions and suggestions as we develop new services to make them genuinely patient-focused.

Many of our successes this year have built upon this principle of empowering patients – our new Knowledge & Information Centre has a wealth of health resources for patients and their visitors to use – and our patient groups act as a source of support and learning for other patients.

Guy's and St Thomas' Members' Council

The Members' Council is the result of consultation with patients, staff, the public and local stakeholders about how our NHS Foundation Trust should work.

It comprises 10 patient, 10 public and seven staff members – all elected by our membership – plus 10 nominees from local organisations such as primary care trusts.

The Members' Council will provide support and advice to our Foundation Trust so that we meet the needs of the patients and communities we serve.

It met officially for the first time on July 1, 2004 when we became an NHS Foundation Trust.

Meetings are held in public and advertised on the Trust's website www.guysandstthomas.nhs.uk.

To join our 13,500 existing NHS Foundation Trust members and to take part or stand as a candidate in future Members' Council elections, email members@gstt.nhs.uk or telephone 020 7188 2004.

Our PALS team is a crucial link between the Trust and its patients and the local community

TIM LENDS A HAND

Tim Roffey from Blackheath made his first ever trip to hospital after efforts to open a glass door at home resulted in him severing the tendons in his wrist and hand.

After initial treatment and removal of the glass, Tim was referred for surgery at Guy's and St Thomas' where he received what he describes as "excellent care".

However, this was undermined for him by a frustrating four-day stay in hospital because more urgent cases needed to be operated on in theatre.

Because of this experience, Daren Edwards approached Tim to be part of a project to improve our emergency hand injury service.

Daren explains: "Most of the patients we see in the hand injury clinic are just like Tim – young, healthy men who don't really need an overnight stay for their operation.

"We want patients like Tim to be seen in our day surgery unit so they can go home the same day. We also want to provide comprehensive follow-up with our surgeons, therapists and nurses in one clinic."

These ideas sound simple but any changes need to be thoroughly tested so they improve patient care.

Daren continues: "Involving patients like Tim ensures that the project stays grounded and we keep focused on how we can make things better for patients."

"I think that one of the most valuable things I can do is give direct feedback to those planning service improvements, particularly as someone who knows nothing about the NHS and how it works," says Tim.

The project is funded by the government's Action On modernisation programme.

MAGGIE GETS WORKING FOR KIDNEY PATIENTS

Kidney disease is a life-changing illness and patients need access to responsive services and ongoing support.

Maggie Loughran has taken up the job of Renal Information and Development Officer, a joint appointment between the Kidney Patients' Association and Guy's and St Thomas'.

Maggie experienced kidney failure first hand before a successful kidney and pancreas transplant. In her new role, she works to raise awareness in the local community and encourage greater patient involvement in all aspects of living with kidney disease.

Maggie explains: "Kidney patients have valuable experiences to share at different stages of their lives. That's why we are setting up a range of support groups for people dealing with kidney disease, from carers to young people.

"We are also developing better information resources for newly diagnosed patients to help them prepare for their return to work or to understand and claim any benefits they are entitled to."

Maggie is providing a patient's view to help redesign kidney services as part of the Trust's Modernisation Initiative, and uses other patients' feedback to help the Kidney Patients' Association plan demand for future services.

ASK EXPERT ELSIE

Four years ago, chronic bronchitis stopped Vauxhall resident Elsie Renew in her tracks.

Elsie had difficulty breathing and that made her nervous about a walk to the shops or playing with her grandchildren.

She recalls: "I'd had breathing problems before, with a cold or an asthma attack, but nothing like this. I felt frightened of climbing stairs that I wouldn't have thought twice about before."

The turning point came when Elsie was referred for an eight-week rehab course at St Thomas' which helped her develop a personal exercise programme, take part in relaxation classes to control her breathing and think about tactics for dealing with an emergency.

After Elsie successfully completed the course, she was asked if she would like to be an expert patient to help other patients just like her.

"I jumped at the chance," says Elsie. "I knew how hard it was motivating myself and wanted to offer other patients any support I could. Coming to the course is the first time many people have been in a gym."

"They ask me questions like, 'Will I be all right?' and 'Am I doing this exercise right?' so I reassure them and also help them with the exercises and breathing techniques."

Elsie enjoys seeing how her support has helped give others greater confidence by the time they complete the course.

Elsie Renew keeps in shape with Occupational Therapist Kendra Simpson

KIC Manager Liz Fairclough in the new centre

KNOWLEDGE AT YOUR FINGERTIPS

The Knowledge & Information Centre (KIC) opened at St Thomas' in April – a major refurbishment of our former library creating a modern, welcoming facility for patients, visitors and our own staff.

It puts knowledge at the fingertips of patients, their families and friends and equips them to make informed decisions about their health.

There is free access to the internet and email so patients can search a wealth of health resources or find out about a medical condition. Facilities also cater for those less keen on computers with a wide range of books, patient information leaflets and videos on offer.

KIC Manager Liz Fairclough says: "As well as working hard to provide the best possible service for patients, we are also here for staff who use the centre to take a break and relax."

"It's great for staff who don't have access to a computer as they can keep up to date with news on the hospital intranet and use email."

In its first few months, special events have included drop-in cancer information sessions run by the Richard Dimpleby Cancer and Information Service, advice about social security benefits and careers advice for staff.

BRIAN HELPS HIS HEART

Continuing Cardiac Care Sisters Kimberley Brown and Jane Sanders have been making the journey from St Thomas' to Stockwell Healthy Living Centre since September 2003.

The patients they meet there have been referred by their GP or practice nurse to a unique Exercise on Referral programme for local people who already have, or are at risk of developing, coronary heart disease.

Kimberley says: "We work with people who, because of their heart condition or other medical problems, need close supervision and regular monitoring when they embark on an exercise programme."

The nurses ensure that any exercise their patients do is at the right level for their current state of health, and they are not putting themselves at risk by doing too much.

Participants exercise under the care of Ivan Headley, a fitness instructor based at the centre who holds a British Association of Cardiac Rehabilitation qualification.

Brian McKenzie, 60, who has coronary heart disease, high cholesterol and diabetes, says: "I'd thought about doing some exercise for a while and Kimberley said she thought that the programme could work for me.

"In eight weeks I've really noticed a difference – and I've added the stepper and rowing machines to my workout and introduced some weights. I hadn't exercised for about 30 years

Brian McKenzie is put through his paces

and now I go three times a week and really look forward to it! My wife has also just been referred, so we work out together."

Jane adds: "Patients are fully involved in planning their goals from the very start. This enables them to take control of their own health and make decisions about how to reduce their risk of heart problems."

The programme is funded by the New Opportunities Fund and there are plans to extend it across Lambeth and into Southwark.

AN ARTIST'S IMPRESSION

Photographer Gina Glover has created a fascinating exhibition to help patients and their families understand more about genetic conditions.

Gina worked with patients and staff to create images including the award-winning illuminated photograph 'Human chromosomes', which uses pairs of socks to reflect the shape of different chromosomes.

Primary Care Geneticist Dr Fred Kavalier says: "Gina did a great job – not only is the exhibition a wonderful way to educate people about genes and genetics, it also brightens up the genetics department for both patients and staff."

'Human chromosomes' won first prize in the 2003 Visions of Science photographic awards

BUILDING A BETTER FUTURE

"The staff at Guy's have played an important role in our lives since our son Sebastian was born in March 2000 with a rare heart condition. We are convinced the new hospital will have an enormously beneficial effect on children, parents and staff alike." **Paul Bainbridge**

We set aside £5.7 million this year to maintain the backbone of our hospitals and to keep the everyday things – from our roof to our power supply – in good shape.

On a grander scale, our largest building venture the new Evelina Children's Hospital at St Thomas' – is due to open in 2005 as a landmark building on the London skyline.

And at Guy's, a multi-million pound refurbishment of the New Guy's House block is set to improve care for cancer and kidney patients.

Other building schemes of all shapes and sizes are making both our hospitals brighter, more welcoming places for patients, visitors and staff.

"As the parent of a child who has spent a lot of time on the cardiac wards at Guy's, I would like to express my excitement about the new hospital. The time our children spend in hospital will be made far more pleasant by this wonderful new building."

Anne Marie Hennessy

How a ward in the new Evelina Children's Hospital will look

The innovative floor designs for the new Evelina Children's Hospital and artist Mary Evans (below right) with one of her designs

A nurse plays with a young patient in the Evelina Children's Hospital

MAGICAL IDEAS BECOME REALITY

When the new £60 million Evelina Children's Hospital opens its doors next year, we feel sure it will get an enthusiastic reaction from children, parents and carers alike.

The hospital has been made possible thanks to a very generous donation of £50 million from Guy's and St Thomas' Charitable Foundation.

Its signature glass conservatory houses a café, play areas and performance space for live music and other arts.

A trio of three Guy's and St Thomas' staff have been helping to make this vision become a reality.

Alastair Gourlay is the Senior Projects Manager working with all the contractors to oversee the construction of the new hospital and Reconfiguration Manager Valerie Seago is working with staff to ensure that the new hospital has all the equipment it needs and the move into the new hospital goes smoothly.

As Operational Project Manager until July 2004, Rosie Sillitoe's role was to co-ordinate the work of seven different

implementation groups covering everything from patient and staff communications to physically moving the children's wards.

Staff who will work in the new Evelina have been fully involved in detailed planning for the opening.

One example of this work has been the reviewing of our existing theatre lists so that surgeons who operate on both children and adults are able to work in the new children's hospital's dedicated operating theatres.

Deirdre Conn, General Manager for theatres, has led the group working on plans for surgery and operating theatres.

She says: "Currently, children and adults can be seen on the same theatre list at Guy's. This won't happen when we have the new children's hospital, because the theatres are specially designed for younger patients, so we have to work out exactly who will be where and when.

"It may sound easy, but when you consider there are about eight staff involved in every operation we need to plan how we will carry out surgery at both our hospitals."

In the run-up to the opening, the Guy's and St Thomas' website has broadcast the latest Evelina news in a dedicated section packed with facts and figures, which even features a webcam to keep track of the building work as it happens.

And, working with colleagues at Great Ormond Street Hospital, we launched EvelinaKids – a child-friendly website of health information for children and their families.

www.evelinakids.nhs.uk

The story so far – key dates in the birth of a new Evelina

December 1999 – Hopkins Architects win the design competition that sets out a vision of our new children's hospital.

February 2002 – MJ Gleeson awarded the building contract.

March 2002 – Riddell House, built as nurses' accommodation in the 1930s, demolished to make way for the new Evelina.

September 2002 – The Evelina's foundations are complete.

March 2003 – Dr Rowan Williams, the Archbishop of Canterbury, lays the Evelina foundation stone.

July 2003 – HRH the Princess Royal becomes Patron of the Evelina Children's Hospital Appeal.

November 2003 – Topping out ceremony signifies that construction is entering its final phase.

February 2004 – Local newspaper the South London Press launches its Quids for Kids campaign for the Evelina Children's Hospital Appeal.

June 2004 – Prime Minister Tony Blair dons a hard hat to visit the Evelina construction site.

Dame Karlene Davis cuts a floral garland to open the garden room

A ROOM WITH A VIEW

Dame Karlene Davis, General Secretary of the Royal College of Midwives, opened a little bit of horticultural heaven at St Thomas' in June 2003.

The indoor garden room is part of the birth centre and offers women in labour a tranquil haven.

Mum Tina Barlow felt that her visit to the garden really helped during her labour with baby Alfie.

She says: "Within about 10 minutes my contractions changed and I felt much more in control. I stayed there for

about an hour and a half, enjoying the river view of London.

"I thought it was great that there was somewhere quiet to go with your partner, especially given the weather – it was a hot day but the garden was lovely and cool."

With active labour in mind, bars around the room provide support during contractions.

Consultant Midwife Belinda Ackerman adds: "Early labour is an important time for couples to be together before the birth of their baby. Our garden room is ideal, providing a quiet space in which to relax."

Volunteer Edna Morgan helps a visitor to Guy's and St Thomas' find their way

FACING UP TO A BRIGHTER FUTURE

When patients and their friends and relatives come to our hospitals, it's not just the care that they receive from frontline staff that makes a difference.

The physical environment of our buildings and the welcome they receive from all members of staff – from receptionists to consultants – are also key factors in ensuring that people's overall experience of Guy's and St Thomas' is a positive one.

That's why the Trust has launched its FACE (Friendly Accessible Clean Environment) project in partnership with Guy's and St Thomas' Charitable Foundation, which is funding this exciting new initiative to the tune of £3.7 million over the next three years.

FACE will refurbish high profile areas such as entrances, receptions and waiting areas but this investment must be matched by our efforts to create a culture of actively welcoming people to Guy's and St Thomas'.

This culture change applies equally to a receptionist greeting someone coming to a clinic for an outpatient appointment, a medical secretary answering a telephone call from a patient or any member of Trust staff helping a visitor who has lost their way.

The first phase of the FACE project involves recruiting a team of dedicated staff, consulting patients and staff, and laying firm foundations for future work – an action plan is due to be completed soon.

Some of the ideas to make our service truly patient-focused, friendly and welcoming will be piloted as staff and patients move into the new Evelina Children's Hospital at St Thomas' in 2005, before examples of good practice are rolled out more widely across the whole Trust.

Nurse Sarah Davenport with chemotherapy patient Donald McKinlay – our dedicated 10-bed chemo unit will be on the move shortly as part of works to improve the New Guy's House block

NEW WARDS FOR CANCER AND KIDNEY PATIENTS

Major building work to make New Guy's House a better place for patients and staff began in February.

In phase one of this ambitious scheme, existing renal services will be boosted by a new renal ward for kidney patients and renal support accommodation, while all cancer wards will be relocated to the top two floors of New Guy's House.

With the first phase due for completion this autumn, the next steps involve the improvement of all remaining ward areas and bathrooms.

Steve McGuire, Director of Capital, Estates and Facilities Management, says: "We are placing a particular emphasis on privacy and dignity through these improvements.

"A good quality environment for patient care is about so much more than simple redecoration. That's why the New Guy's House works will also change how ward space is currently organised to improve the quality of care we can provide."

HALFWAY FLOOR IS A WINNING IDEA

Patients attending the fracture clinic at St Thomas' will enjoy a hugely improved facility from December 2004.

Space in the old clinic was cramped and poorly laid out, making for an uncomfortable wait and a lack of privacy.

An imaginative redesign of the same space will create a new mezzanine floor for the clinic's administrative staff. This creative masterstroke has freed up extra space for a larger waiting area, children's play zone and individual consulting rooms at ground level.

Final design plans were drawn up after external consultants interviewed patients to find out their views on what would improve the clinic.

SIX OF THE BEST

Waiting areas and day rooms have been given a makeover thanks to a new scheme to improve facilities.

Nine grants of up to £20,000 were awarded and staff were able to choose between six design ideas.

These designs create variety in the décor across the two hospitals but also guarantee consistency of style and quality.

In a separate scheme, eight staff areas were upgraded – for example, new changing facilities for catering staff were installed and a further £70,000 will greatly improve bathroom and changing areas for therapists in Lambeth Wing.

Both schemes were generously funded by Guy's and St Thomas' Charitable Foundation to the tune of just over £200,000.

A PLACE TO LEARN

The Trust's training and development team outside their new home

Giving staff the opportunity to learn and develop throughout their careers is a major strength at Guy's and St Thomas'. We have been consistently praised in external assessments for the quality of our training.

It's usual for some learning to take place in the workplace, but ensuring staff teams keep their knowledge up-to-date or develop new skills can mean taking time out.

The training and development department moved into their newly refurbished home – the General Lying-In (GLI) Hospital building – in September 2003, giving staff development a renewed focus in the Trust.

But at Guy's and St Thomas' we don't just develop our own staff – we are a training ground for the rest of the NHS.

We are also the largest of the 12 'early implementers' of Agenda for Change, the new pay and conditions system for the NHS.

This makes us one of the first trusts to test the Knowledge and Skills Framework, which links the development needs of staff to improvements in pay and career progression.

NEW HOME OF LEARNING

A grade II listed building near St Thomas' has become the new home of our training and development department.

The General Lying-In (GLI) Hospital on York Road was formerly used as a maternity hospital, but the local landmark now boasts state-of-the-art training rooms to give our staff the chance to get away from the workplace and focus on their development.

Carolyn Norgate, Head of Training and Development, says: "Having a dedicated facility as flexible and well equipped as the GLI demonstrates just how seriously the Trust takes staff development.

"This year has been particularly exciting because we've signed up as a pilot site for NHSU – the new NHS University – to raise the profile of learning throughout your working life. It also helps staff achieve qualifications and develop skills that are common right across the NHS."

As part of the pilot, a revised Trust induction day will be launched this autumn to give new starters an in-depth knowledge of what it means to work at Guy's and St Thomas' and in the wider NHS.

Our staff can already access some national training such as customer care and management qualifications that the NHSU offers. By working closely on its new programmes, we will be well placed to make the most of all it has to offer.

TRAINING THE FUTURE NHS

At Guy's and St Thomas' we don't just develop our own staff. As major teaching hospitals, we are a training ground for future NHS staff, providing high quality experience for trainees ranging from doctors and dentists to radiographers and pharmacists.

A LITTLE THERAPY

In May, Mabel Slater joined the Dental Institute as Director of Professions Complementary to Dentistry – skilled dental hygienists, nurses and technicians who provide patient care.

As well as increasing training places for these professions, one of Mabel's early achievements has been to establish a new dental therapy course which welcomes its first intake of 32 students this autumn.

Dental therapists are increasingly in demand in the UK. Mabel explains: "Many dentists are carrying out work that could be devolved to a dental therapist.

"They are trained to look after adult and young teeth and gums, carry out scaling and polishing and take x-rays. Therapists also do fillings, can take out some teeth and prepare teeth that need a crown."

Mabel also has plans for the Institute to become a base for a new International Qualification Programme, so that complementary dental professionals who train overseas can start working here more quickly.

Currently, overseas trained staff must complete a 12-month course before registering with the General Dental Council. The new option would provide a shortened programme of work and study, followed by practical and written assessments.

Dental Hygienist Jane Hogben treats patient Diane Latimer



SHARED SKILLS IN CARDIOLOGY

Annie Williamson, Head of Catheter Laboratory Radiology for cardiothoracic services, is hoping to develop the country's first ever accredited course for generic cath lab skills.

"I began thinking some years ago about how we could develop our specialist radiographers, technicians and nurses to have generic skills," recalls Annie.

She believes that having a minimum safe level of practice across all job roles could benefit both staff and the Trust by helping the team to work more flexibly and also improving recruitment and retention.

Annie continues: "Our set-up at Guy's and St Thomas' already encourages good teamwork and I think the course will go down well here. All disciplines work in the lab together so the atmosphere for learning is ripe."

Annie's vision is set to become a reality this November, thanks to the support of our academic partner South Bank University, two workforce development confederations and four acute hospital trusts.

Annie is also part of a Trust team providing high quality specialist training to cath lab staff working in the newly established Kent Cardiac Centre.

Traditionally, Kent residents have had to travel to London for routine cardiology treatment, but now cath labs in local hospitals will treat more heart patients closer to home, with only those who need more complex treatment coming to specialist centres like Guy's and St Thomas'.

Annie Williamson (left)
in the cath lab

ENJOYING A HEALTHY CAREER

Many Trust staff play a part in attracting new recruits to join Guy's and St Thomas'.

Whether signing up new staff to join us or encouraging local people to return to the NHS after time away, at Guy's and St Thomas' we try hard to be the hospitals that job hunters choose to come to.

Our learning and development programmes are central to this and also help us to hold on to many valuable staff.



NEW PAY PACKAGE PROFILES LEARNING

Strong partnership working with our trade unions has been a reality this year as Guy's and St Thomas' became one of 12 'early implementers' of Agenda for Change.

It's the biggest reform of pay in British industrial relations history and affects all staff except doctors and dentists. Our task has been to test the new pay and conditions system before it is rolled out to the rest of the NHS.

Being involved in Agenda for Change has put us firmly at the forefront of new thinking in learning as we begin to try out the Knowledge and Skills Framework, which highlights continuous learning as the key to pay and career progression.

Managers, and the staff they appraise, are being trained to understand how the framework operates – each job has a set of core knowledge and skills, plus specific ones for individual roles.

It makes clear the knowledge and skills required when someone is appointed to a job and when they are fully developed in their role.

And, because the framework identifies the knowledge and skills for every job, it makes working towards promotion much clearer.

Children's nurse Dawn Knight puts her skills into action with young patient Rosie Wood

Dawn says: "The teaching was superb and spending six months in each area was exactly right. You learn a huge amount but don't get so comfortable that you don't want to move on."

Now working in children's intensive care, Dawn has nothing but praise for the opportunities on offer at the Trust.

"They're incredibly good at developing us – it never stops. Some nurses have been here 20 years or more, and are still fired up about their jobs because of the constant learning," she says.

"I've just finished a mentoring course which should enable me to help student nurses. It's made me more confident with students and I think it will be of real value to the unit."

Dawn, who wants to develop her bereavement skills, is due to start a nine-month intensive care course this September and remains passionate about her new career:

"I adore kids and consider it a privilege to care for them and their whole family," she says. "You can be with a family for hours at a time and a real bond develops as you help them, when they are often very vulnerable, to get through their experience."

THE LEARNING NEVER STOPS

Staff Nurse Dawn Knight, who qualified as a nurse in September 2002, turned to nursing after realising that she was not fulfilled by her legal career.

Dawn chose Guy's and St Thomas' for her first nursing job because of the D-grade rotation programme run by Practice Development Facilitator Lorna Bramwells. This enables newly qualified nurses to try six months in different children's specialties.

FINDING TALENT ON OUR DOORSTEP

Twenty-year-old Josephine Kargbo is a Healthcare Assistant on Victoria Ward at St Thomas'.

She was interviewed for the job in September after completing a pre-employment training scheme to learn all about the role.

Healthcare Assistants can be hard to recruit but are vital to the day-to-day running of the ward. Local recruit Josephine serves meals, helps patients to wash and dress, and monitors important observations such as the temperature and blood pressure of her patients.

The two-week training programme targets unemployed people who live on our doorstep and is run jointly by Workplace Co-ordinator Katie Adams and clinical development nurses.

Katie explains: "Being unemployed can really knock your confidence, so it's important to boost people's confidence while developing their interpersonal and team-working skills.

"We meet potential candidates to make sure that the course is really for them and I then act as a point of contact for help and advice. This support continues if someone decides to apply for a job after completing the course and, if they are successful, during their first six to 12 months working with us."

Healthcare Assistant Josephine Kargbo enjoys life on Victoria Ward

Katie worked with clinical development nurses in general medicine and elderly care to pilot the course and helped these areas fill all their vacancies.

She continues: "We started with a number of small pilots to ensure that we could offer high quality training, including

work experience, and completed each programme at a time when there were vacancies that the participants could apply for."

Josephine says: "I knew that I really wanted to work in care – I just wasn't sure exactly what. I saw an advert for this course in the job centre and that was it!

"The work experience days were brilliant because you could get stuck in and start caring for patients. I love it here and want to train as a nurse in the future."

Following this success, more healthcare assistants will be recruited in the same way.

PROVIDING THE BEST CARE FOR PATIENTS

Regular training is a must so that patients and staff can work safely, but it also helps us to be more patient-focused.

Increasingly, multi-disciplinary staff train or learn together and this helps to achieve a common approach to patient care across teams, departments and the Trust.

SECRETARIAL STAFF GET CLOSER TO PATIENTS

Traditionally, medical secretaries have had few career development opportunities, unless they move into a supervisory role.

A pilot project this year aimed to tackle this issue by creating a new role that retained the relationship between medical secretaries and doctors, but increased their decision-making and links with patient care.

Staff from personnel, training and development, renal and urology and specialist medicine drew up a development programme to create the new role of Higher Medical Secretary.

"We've explored a range of new duties and possibilities for the role," says Annie Brawley, Service Manager in Renal and Urology. "For example, co-ordinating and collating test results so that patients avoid unnecessary follow-up visits to the clinic, saving patients' time and freeing up outpatient clinics for those who really do need to be seen again."

Another important task is the organisation of junior doctors' teaching sessions and timetables, with this role acting as a first port of call for any questions.

Annie continues: "We believe this will be even more valuable as the European Working Time Directive comes into force this year."

Jane Kennedy provides hands-on training for Student Midwife Sid Coe

TOP TEAM PUTS DIVERSITY PLANS INTO ACTION

Over 100 senior staff took part in diversity training sessions between May and October 2003.

This was part of our five-year strategy to broaden the equalities agenda to include not only good practice as an employer, but also improving our service to patients.

"More than 130 languages are spoken in our local area," says Carolyn Norgate, Head of Training and Development, "so we need to provide culturally sensitive health care based on the needs and preferences of our patients."

Diversity experts ran individual and group interviews with staff to develop different patient and staff scenarios, which actors then role-played for members of the Trust Board and Management Executive. The management group then identified the Trust's priorities and developed a corporate diversity action plan.

More than 80 senior clinicians and managers from our eleven clinical directorates then attended a shortened version of the session where they focused on the diversity agenda for their area.

All directorates now have a plan for the year that sets out their priorities for action.

A FLEXIBLE APPROACH TO CRITICAL CARE

When patient Audrey Robinson had surgery at Guy's to remove a tumour from under her saliva glands, her lung collapsed and so she needed a short stay in an intensive care bed.

She was admitted to the Guy's Critical Care Unit, which opened in February, with two intensive care, three overnight recovery and four high dependency beds.

Lead Nurse Vicky Hammond says:

"Setting up this unit involved bringing together teams with different expertise to reflect these three different levels of care.

"Job roles are clearly defined, but to maximise flexibility both medical and nursing staff have received hands-on training to learn about the areas of expertise that each set of staff have.

"This means that if a recovery bed is not in use, one of these nurses can help to filter a renal patient's blood in the high dependency area, for example."

It is this type of teamwork that helped Audrey as she was 'stepped down' from an intensive care bed into a bed where she needed less monitoring.

"I just remember everyone being so kind and thoughtful that, despite being very unwell, I never felt stressed," Audrey recalls.

"The staff helped me in any way they could, whether giving me a wash when I couldn't move or piling up my wheelchair with all my tubes and oxygen so that I could go to a bathroom and wash myself. They were magnificent."

The new unit is reducing the number of patients who need to be transferred from Guy's to St Thomas' for intensive care – from between 10 and 15 patients a month before it opened to just two a month now.

Patients who are expected to need a long stay in intensive care have their operation at St Thomas'.

Postnatal Ward Manager
Sathya Singh

KEEPING CLINICAL SKILLS UP-TO-DATE

In an ever-changing world of new technology and evidence-based practice, keeping clinical skills bang up-to-date is vital for all staff.

It is with this in mind that our consultant midwives and practice development midwives are co-ordinating a programme of continuing education in women's health services.

Jane Kennedy, a Practice Development Midwife, says: "Planning time off for training is crucial. That's why we develop a yearly calendar to plot everything from mandatory courses such as moving and handling skills through to practical workshops on water births and highlighting mental health problems in pregnant women.

"We also run a monthly session where the multi-disciplinary team trains together to learn how to deal with obstetric emergencies such as an unexpected breech birth, pre-birth bleeding or a prolapsed umbilical cord."

Meanwhile, Practice Development Nurse Martina O'Brien runs 'hot spot' days for qualified nurses in the surgical directorate twice a month, focused on developing understanding to improve outcomes for patients.

She explains: "Training this year has included a practical education session led by tissue viability nurses to assess surgical wounds and select the best possible dressing.

"And the acute pain team helped our nurses ensure that patient-controlled pain relief pumps are used safely."

GETTING THE JOB DONE

We have made good progress with our performance targets this year, and are particularly proud of how our staff have worked together to achieve a maximum four-hour wait for patients in A&E.

It has been everyone's business – from staff in A&E and our Emergency Gynaecology Unit, to ward staff who make sure that patients who are ready to go home are well looked after in our patient discharge lounge, so that hospital beds are freed up for patients who really need them.

It is this teamwork, coupled with new working practices inside and outside A&E, that has helped us to step up our performance.

Last year 108,000 patients attended the A&E department at St Thomas' and a further 20,000 patients attended the Minor Injuries Unit at Guy's.

An additional 12,000 patients came to the dental A&E and 8,000 emergency patients were seen in the eye casualty department.

Dr Mark Kinirons and
Healthcare Assistant
Patricia Sewell treat an
elderly patient

FASTER DECISIONS FOR THOSE WHO NEED A BED

Taking doctors out of A&E may not sound like the solution to faster emergency treatment, but it is the cornerstone of changes that have cut waiting times for patients.

Medical patients such as asthmatics, TB sufferers or frail older people who have a fall are seen straightaway by junior physicians who work alongside A&E consultants.

If a decision to admit the patient is made, the patient is transferred to an admissions ward where more specialist staff take over their care.

In the past, patients could have seen up to four increasingly senior doctors in A&E before a decision to admit them to hospital was taken.

Dr Terry Gibson, Consultant Physician, says: "Before we made the changes there were a few concerns that patients might be admitted to a bed unnecessarily, but this has not happened."

The vast majority of decisions have been the right ones and, where they have not been, it is because doctors have erred on the side of caution.

Dr Gibson continues: "We are very pleased with what our teamwork has achieved. There can be a fine balance between a patient who needs a bed and one who is best treated in A&E and followed up in an outpatient clinic.

"We now plan to recruit a Consultant Acute Physician to oversee these decisions and build on this success."

Clinical Nurse Specialist Katharine Young gives patient Tracey Walton an ultrasound scan

FIRST YEAR SUCCESS

Nine weeks into her pregnancy, GP Rebecca Stephens woke up one weekend with none of the symptoms she had got so used to.

After a sleepless night, and fearing something was wrong, Rebecca took action. She decided to phone the Emergency Gynaecology Unit at St Thomas', a 24-hour service for women with early pregnancy and gynaecological problems.

Women can refer themselves by coming to A&E, phoning the unit's nurse specialist on the advice of NHS Direct or being referred by their GP.

Rebecca says: "I phoned and spoke to a really friendly, experienced nurse. She didn't make me feel silly for calling and invited me in for a scan.

"My husband and I waited just 20 minutes to be seen and we had all the reassurance we needed within 40 minutes."

Since opening in January 2003, the unit has become a real success story, seeing more than 1,000 patients a month but treating almost every single one within four hours.

Katharine Young, who manages the unit, explains: "As well as recruiting more staff, we have put a great deal of effort into clarifying nursing and medical roles.

"Junior doctors and nurses work alongside one another, helping women to be seen, treated and discharged without a long wait, and they can refer women to a more senior doctor if more help is needed."

SPEEDIER SERVICE FOR SURGICAL EMERGENCIES

Surgeons in training have always had competing demands – patients in A&E who need a diagnosis, operating alongside a consultant in theatre, running outpatient clinics or doing a ward round.

“As a trainee, your time in theatre is extremely valuable because you are exposed to the practical skills that you need to be able to operate,” remembers Consultant Surgeon Mr Andrew Williams.

“Spending time in A&E can be frustrating if there are no patients waiting for a surgical opinion, or you are waiting for test results before you can make a decision.”

Getting involved in tackling the four-hour wait, Mr Williams saw the same old issues arising from his time as a trainee and felt motivated to help sort them out.

Working with A&E Consultants Dr Jane Terris and Dr Peter Jaye, access to a surgical opinion was guaranteed at 8am by starting the first ward round of the day in A&E – with further visits to A&E at 1pm and 6pm.

Patients due to be seen by the junior surgeon are reviewed by an A&E registrar and any tests are ordered in advance wherever possible, to optimise the surgeon's time in A&E and avoid the need to admit patients to a hospital bed unnecessarily.

Junior surgeons still gain the operating experience they need because they can work on the emergency theatre list every weekday afternoon.

Registrar Roger Adlard (right) treats patient Hicham Kilch's cut hand in A&E

OUR PERFORMANCE

For the third year running, we are celebrating a three-star rating for our performance against targets and measures designed to improve patient care.

But, as well as keeping a close eye on our current performance, much of the year has been spent looking to the future.

We have set nine corporate objectives for the year and, in addition, hundreds of staff and local stakeholders have taken part in working groups to prepare the ground for a five to 10-year service strategy for the Trust.

On average, we have 1,250 beds in use – 850 beds at St Thomas' and 400 beds at Guy's – and up to 50 specialist baby cots. During 2003/04, the Trust saw 495,000 outpatients and treated 70,000 inpatients and 40,000 day case patients.

THREE STARS AGAIN

The national performance ratings measure all NHS trusts in England against a set of indicators and Trusts are placed in one of four categories ranging from zero to three stars – with three stars being the highest level.

The ratings are published by the Healthcare Commission, which replaced the Commission for Health Improvement in April.

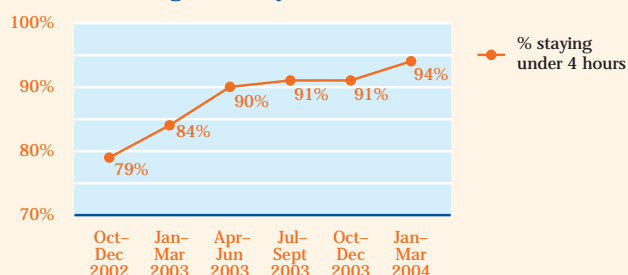
We achieved all nine key targets, which include maximum inpatient and outpatient waiting times, waiting times for A&E treatment and urgent cancer referrals, as well as financial performance, cleanliness and progress with Improving Working Lives – an initiative focused on making our hospitals good places to work.

In addition, we are assessed against three broader areas – 'clinical focus', 'patient focus', and 'capacity and capability focus' – with a number of indicators used to measure each. We were placed in the top band of trusts nationally for 'clinical focus' and 'capability and capacity focus', and in the middle band for 'patient focus'.

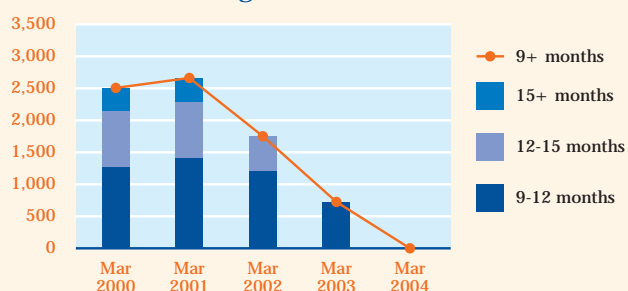
One success that we are particularly proud of is that for the year as a whole, 99.1 per cent of A&E patients, who doctors decided needed a hospital bed, were admitted within four hours of this decision to admit them for treatment.

We know just how important an efficient A&E department and reduced waiting times for all types of treatment are for our patients. This year's corporate objectives focus on this as well as other key tasks, such as reducing our infection rates, to ensure further improvements.

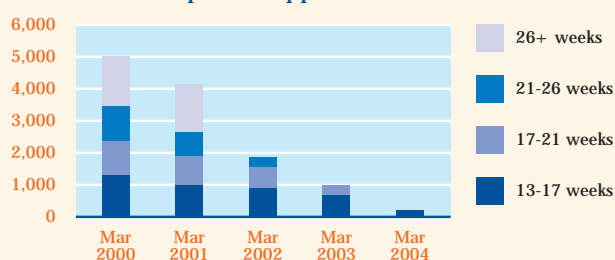
Total length of stay in A&E



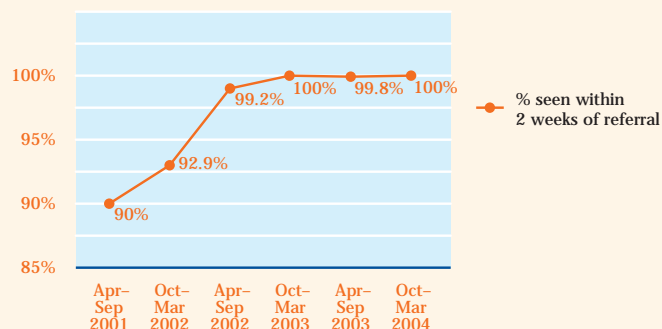
Patients waiting over 9 months



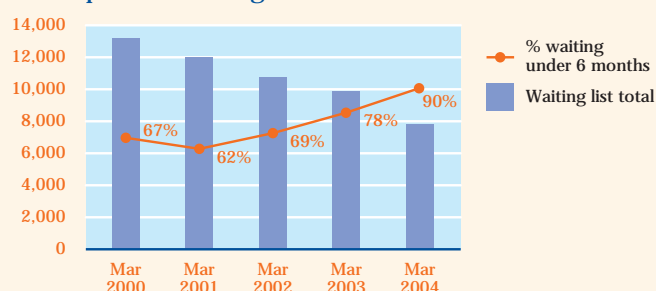
Patients waiting over 13 weeks for an outpatient appointment



Cancer 2-week wait



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



OUR YEAR AHEAD

2004/05, our first year as an NHS Foundation Trust, looks set to be an exciting year. But it is also a time of transition as we work on our future service strategy, prepare for the new Payment by Results financial system and begin to take advantage of our Foundation Trust status.

Our nine core objectives give us a clear focus of attention. These objectives are based on four clear themes that have emerged from developing our future service strategy – these are clinical quality, access, clinical effectiveness and new ways of delivering services.

For example, under the heading of clinical quality we have set an ambitious target to reduce the acquisition of MRSA and other hospital-acquired infections by 25 per cent this year.

And our emphasis on improved access to care for patients means that we have established a target to introduce electronic booking to all GP practices in Lambeth and Southwark.

We have also set ourselves a specific objective to improve the hospital environment and the experience of patients when they need to come into hospital.

Our nine objectives are:

CLINICAL QUALITY

- 1 Substantially reduce the likelihood that patients will acquire an infection as a result of coming into hospital.
- 2 Improve the quality of information available to clinicians treating patients.

ACCESS

- 3 Make it possible for patients to book an outpatient appointment at Guy's and St Thomas' as soon as their GP has seen them.
- 4 Make sure that, whenever cancer is diagnosed, treatment begins within a month.

CLINICAL EFFECTIVENESS

- 5 Ensure a patient's stay in hospital is no longer than clinically necessary.
- 6 Reduce the need for an overnight hospital stay after an operation.
- 7 Cut down on unnecessary tests and drug prescriptions.

NEW WAYS OF DELIVERING SERVICES

- 8 Modernise key employment practices.
- 9 Improve the user experience.

LOOKING TO THE FUTURE

Over the course of the year, more than 1,100 staff and local stakeholders volunteered to get involved in work to develop a five to ten-year service strategy for the Trust.

In the first phase of development, staff at every level of the organisation took part, working alongside patients, GPs, community and other healthcare staff, as part of a strategic working group.

There were 44 working groups in all, and each undertook a detailed analysis of individual services, or groups of services. Their work is now feeding into a second phase of strategy development at a Trustwide level.

All the groups' work included a review of current performance, activity and bottlenecks in our systems, and considered the impact of major changes that are on the horizon – from local population predictions to clinical innovations.

They were also charged with thinking about what our services could look like in the future, assessing how we move towards this vision and outlining the implications for services within the Trust and in our partner organisations.

Among the themes that emerged from this work were the need for us to improve access to diagnostic services, and to improve the way that we use the skills of our staff to modernise and change services.

Our approach to the development of the strategy has been an evolving one, and we have already responded to some of the issues highlighted by the strategic working groups. For example, we introduced a new clinical management structure in April which will help us to focus the way we work around the way that patients move through the hospital.

The Board of Directors has recently agreed the four broad principles on which the next phase of detailed work will be based:

Our aspirations for the Trust;

Deciding what our portfolio of services should include;

How we will deliver these services;

Our plans for achieving this.

OUR ORGANISATIONAL STRUCTURE

Opposite you will find an up-to-date organisational chart, which gives details of the Trust's Non-Executive Directors, Executive Directors and senior managers.

The Members' Council

The Members' Council provides support and advice to the Trust to ensure that we deliver services that best meet the needs of patients and the communities we serve.

The Members' Council comprises 10 public, 10 patient and seven staff members, all elected from the membership, together with 10 representatives nominated from local organisations.

Board of Directors

The Trust Board became the Board of Directors in July 2004, when the Trust became an NHS Foundation Trust.

The role of the Board of Directors 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.

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

The Board of Directors has the following sub-committees:

- ◆ Academic;
- ◆ Audit and Finance;
- ◆ Clinical Governance and Risk Monitoring;
- ◆ Estates Strategy;
- ◆ Personnel;
- ◆ Remuneration; and
- ◆ Service Delivery.

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.

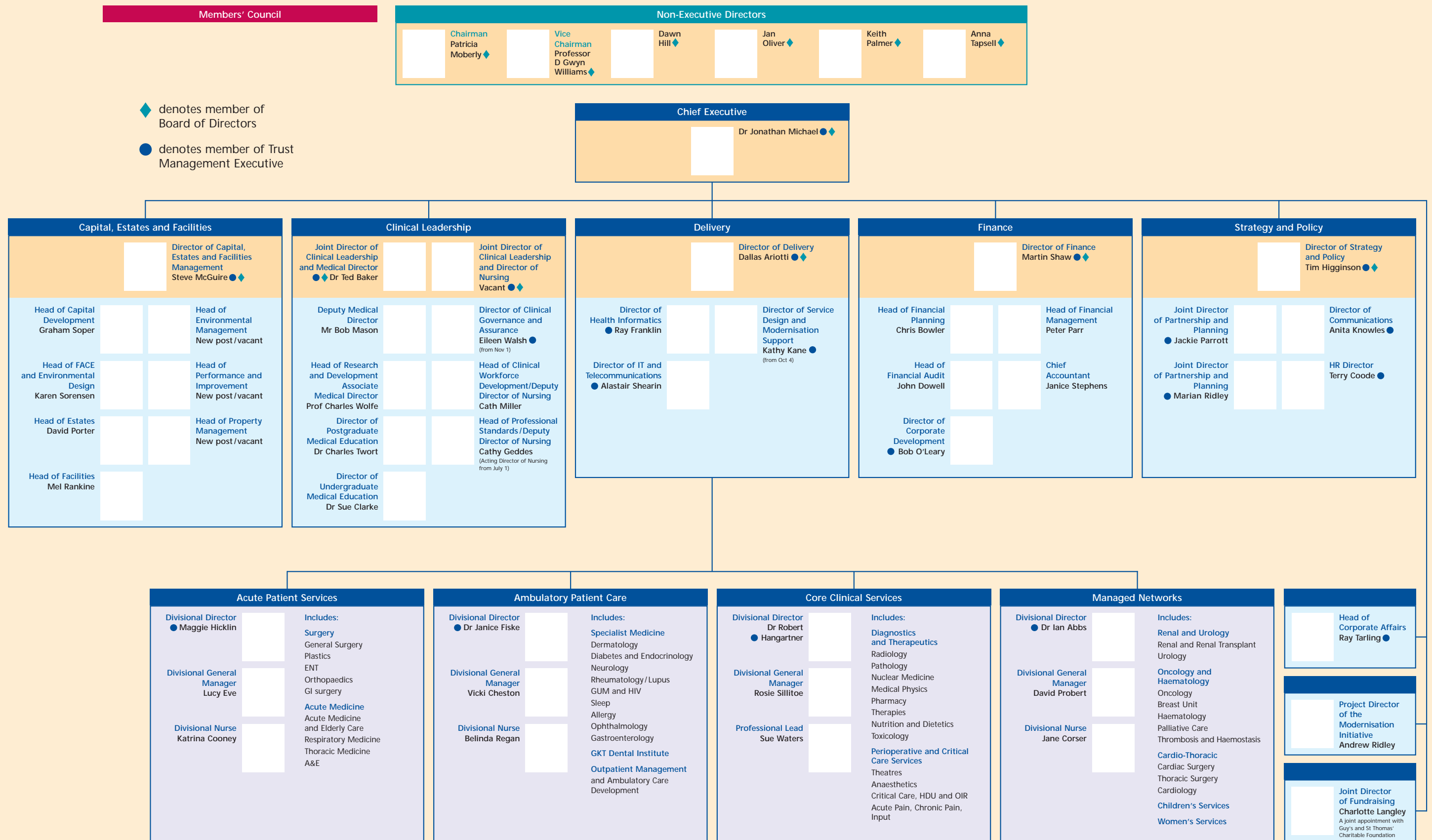
Dates of Trust Board meetings and the Annual Public Meeting are available on our website.

Trust Management Executive

The Trust's Management Executive meets regularly and brings together Executive Board Directors, Trust Directors and the Divisional Directors.

There are currently 11 sub-committees of the Management Executive:

- Clinical Governance;
- Clinical Records Management;
- Enterprise Executive;
- Information Strategy Group;
- Medical Workforce;
- Modernisation Steering Group;
- Operations Executive;
- Project Executive;
- Research and Development;
- Risk Management and Controls Assurance; and
- Workforce Planning and Development.



Patricia Moberly – Trust Chairman

Patricia Moberly chairs both the Board of Directors and Members' Council. Patricia 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 Estate Strategy and Academic Committees.

Professor D Gwyn Williams – Vice Chairman

Gwyn Williams is the university representative on the Trust Board of Directors. He is Professor of Medicine and an Honorary Consultant Physician in Renal Medicine and was Head of Guy's, King's and St Thomas' School of Medicine until August 2004. 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 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 worked for eight years to 2003 as a senior consultant at the Focus Consultancy Ltd on Black and Minority Ethnic health projects and is currently self-employed working on City Academies. Dawn has previously held senior management positions in the NHS, social services and education. Dawn is currently 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.

Keith Palmer

Keith Palmer joined the Trust as a Non-Executive Director in January 2001. He is Non-Executive Vice Chairman of a major UK-based investment bank from which he retired in 2002. He is a part-time Professor of Economics and Finance at the University of Dundee, Chairman of Emerging Africa Infrastructure Fund, a public private partnership supporting infrastructure development in Africa, a Non-Executive Director of IVIMEDS, an international collaboration to improve health education worldwide and a former Chair of Action Health, a charity promoting improved public health in the developing world.

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

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.

Jan Oliver (from January 2004)

Jan Oliver is currently Diversity Manager for Factual and Learning at the BBC and is responsible for raising the profile of diversity issues, and developing training and other initiatives which ensure that the BBC has a culture where diversity is embedded in the day-to-day operation of the business. From 1999 to 2001, she was Chair of the BBC Black and Asian Forum, a campaigning and support group for minority ethnic staff. She is a Trustee of the Stephen Lawrence Charitable Trust, where she leads on event management and raising the profile of the organisation and its work.

Jan is a member of the Personnel, Clinical Governance and Risk Management and Service Delivery Committees.

EXECUTIVE DIRECTORS

Dr Jonathan Michael – Chief Executive

Jonathan Michael has been Chief Executive of Guy's and St Thomas' 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 Clinical Governance and Risk Monitoring, Personnel, Service Delivery, Estate Strategy and Academic Committees and is in attendance at the Audit and Finance and Remuneration Committees.

Dallas Ariotti – Director of Delivery

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 became Director of Delivery in April 2004.

Dallas is a member of the Clinical Governance and Risk Monitoring, Service Delivery and Academic Committees and is in attendance at the Audit and Finance Committee.

Dr Edward Baker – Joint Director of Clinical Leadership and Medical Director

Ted Baker is the Trust's Joint Director of Clinical Leadership. He took over as Medical Director from Dr Brian Ayers in October 2003. Ted has been a consultant paediatric cardiologist at the Trust since 1987. Since then he has been Assistant Medical Director, Clinical Director of Children's Services and Group Director of Women and Children's Services. Ted became Joint Director of Clinical Leadership in April 2004.

Ted was one of the pioneers of magnetic resonance imaging of the heart. He trained as a junior doctor at both Guy's and St Thomas', as well as at several other hospitals, including Pittsburgh Children's Hospital in the USA.

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

Tim Higginson – Director of Strategy and Policy

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 held a personnel post with the West Lambeth Health Authority. Tim became Director of Strategy and Policy in April 2004.

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 January 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 Estate Strategy Committees.

John Pelly – Chief Operating Officer (to December 2003) John is currently on secondment to Queen Elizabeth Hospital in Greenwich as Acting Chief Executive.

John Pelly was Chief Operating Officer of the Trust from 1998 to December 2003. With overall responsibility for the operational management of the Trust's clinical services and a number of non-clinical support services. Previously, John was Director of Finance, having been appointed to the post when 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, John worked within finance and marketing in the private sector, including 11 years with Rank Xerox.

Irene Scott – Joint Director of Clinical Leadership and Director of Nursing (to June 2004)

Irene left the Trust in June 2004 to become Chief Executive of the Nursing Directors' Association.

Irene Scott became the Trust's Director of Nursing in summer 2001, followed by Joint Director of Clinical Leadership in 2003. Irene 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.

Martin Shaw – Director of Finance

Martin Shaw has been Finance Director since 1998. His key responsibilities are finance, procurement, and corporate development. 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 and held the posts of Strategy Director and Projects Director before undertaking his current role. He is a Board member of the South East London Workforce Development Confederation, where he chairs the performance management and audit committee. He chairs the HFMA Foundation Trust Technical Issues sub group.

Martin is a member of the Estate Strategy and Academic Committees and is in attendance at the Audit and Finance Committee.

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF GUY'S AND ST THOMAS' NHS FOUNDATION TRUST ON THE SUMMARY FINANCIAL STATEMENTS

I have examined the summary financial statements set out on pages 60 to 66.

This report is made solely to Guy's and St Thomas' NHS Foundation 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

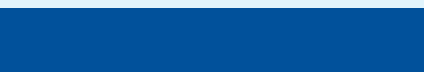
The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications 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 2004 on which I have issued an unqualified opinion.



Sue Exton

Audit Commission
19 August 2004

First Floor, Millbank Tower
Millbank
London SW1P 4HQ

INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 MARCH 2004

	2003/04 £000	2002/03 £000
Income from activities:		
Continuing operations	373,690	333,962
Other operating income:		
Continuing operations	164,673	152,793
Operating expenses:		
Continuing operations	(523,684)	(465,162)
OPERATING SURPLUS		
Continuing operations	14,679	21,593
Profit (loss) on disposal of fixed assets	(515)	112
SURPLUS BEFORE INTEREST	14,164	21,705
Interest receivable	879	714
Other finance costs – unwinding of discount	(376)	(694)
Other finance costs – change in discount rate on provisions	(413)	–
SURPLUS FOR THE FINANCIAL YEAR	14,254	21,725
Public Dividend Capital dividends payable	(14,160)	(21,601)
RETAINED SURPLUS FOR THE YEAR	94	124
FINANCIAL TARGET PERFORMANCE	3.65%	6.15%

BALANCE SHEET

AS AT 31 MARCH 2004

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	£000	31 March 2004 £000	Restated 31 March 2003 £000
FIXED ASSETS			
Intangible assets	894		686
Tangible assets	603,361		539,339
		604,255	540,025
CURRENT ASSETS			
Stocks and work in progress	8,145		11,437
Debtors: amounts falling due:			
after one year	1,040		1,033
within one year	42,913		31,169
Cash at bank and in hand	670		670
		52,768	44,309
Creditors: amounts falling due within one year		(53,900)	(42,340)
NET CURRENT ASSETS/(LIABILITIES)		(1,132)	1,969
TOTAL ASSETS LESS CURRENT LIABILITIES		603,123	541,994
PROVISIONS FOR LIABILITIES AND CHARGES		(10,300)	(11,306)
TOTAL ASSETS EMPLOYED		592,823	530,688
FINANCED BY: TAXPAYERS' EQUITY			
Public Dividend Capital		276,350	279,666
Revaluation reserve		142,415	113,638
Donated asset reserve		182,670	148,777
Government grant reserve		620	379
Other reserves		743	743
Income and expenditure reserve		(9,975)	(12,515)
TOTAL TAXPAYERS' EQUITY		592,823	530,688

Dr Jonathan Michael
Chief Executive
1 July 2004

Martin Shaw
Director of Finance
1 July 2004

CASH FLOW STATEMENT

FOR THE YEAR ENDED 31 MARCH 2004

	£000	2003/04 £000	2002/03 £000
OPERATING ACTIVITIES			
Net cash inflow from operating activities		41,354	44,604
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE			
Interest received	841		714
Net cash inflow from returns on investments and servicing of finance		841	714
CAPITAL EXPENDITURE			
Payments to acquire tangible fixed assets	(42,478)		(38,543)
Receipts from sale of tangible fixed assets	–		225
Payments to acquire intangible assets	(491)		(273)
Net cash outflow from capital expenditure		(42,969)	(38,591)
DIVIDENDS PAID		(14,160)	(21,601)
Net cash outflow before financing		(14,934)	(14,874)
FINANCING			
Public Dividend Capital received	–		6,375
Public Dividend Capital repaid (not previously accrued)	(3,316)		–
Other capital receipts	18,250		8,500
Net cash inflow from financing		14,934	14,875
Increase in cash		–	1

STATEMENT OF TOTAL RECOGNISED GAINS & LOSSES

FOR THE YEAR ENDED 31 MARCH 2004

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	2003/04 £000	2002/03 £000
Surplus for the financial year before dividend payments	14,254	21,725
Fixed asset impairment losses	(1,548)	(7,333)
Unrealised surplus on fixed asset revaluations/indexation	47,698	67,389
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	24,526	13,304
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(5,319)	(4,911)
Total recognised gains and losses for the financial year	79,611	90,174
Prior period adjustment		
Pre-95 early retirement	(3,244)	(7,016)
Total gains and losses recognised in the financial year	76,367	83,158

SALARY/PENSION ENTITLEMENTS

OF SENIOR MANAGERS 2003/04

Name	Title	Age	Salary £000	Other Remuneration £000	Real increase in pension at age 60 £000	Total accrued pension at age 60 at 31 March 2004 £000	Benefits in kind	Years of pensionable service £
EXECUTIVE DIRECTORS								
D. Ariotti	Director of Performance and Information Management	*	*		*	*	*	*
B. Ayers	Medical Director to 30.9.03	60	20	62	*	*		*
E. Baker	Medical Director from 1.10.03	48	24	51	—	—		—
T. Higginson	Director of Personnel	46	96		2	25		21
S. Kennedy	Acting Chief Operating Officer from 1.1.04	42	29		4	20		18
S. McGuire	Director of Capital, Estates & Facilities Management	44	110		5	14		11
J. Michael	Chief Executive	58	192		7	91		38
J. Pelly	Chief Operating Officer to 31.12.03	51	111		1	17		14
I. Scott	Director of Nursing	49	98		1	36		30
M. Shaw	Director of Finance	47	112		2	33		23
NON EXECUTIVE DIRECTORS								
D. Hill	Non-Executive Director	*	5					
P. Moberly	Chairman	*	21					
J. Oliver	Non-Executive Director from 1.1.04	44	1					
K. Palmer	Non-Executive Director	56	5					
A. Tapsell	Non-Executive Director	68	5					
D. Williams	Vice Chairman	64	5					

* Consent to disclosure withheld.

The current Medical Director is recharged to the Trust from the King's College Medical School, and therefore is not a member of the NHS Pension Scheme. As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors.

STATEMENT ON NHS MANAGER'S PAY

The Trust agreed a 3.225 per cent increase in pay for the senior managers in 2003/04. 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 scheme was approved by the Trust Board on 26 June 2002.

SALARY/PENSION ENTITLEMENTS

OF SENIOR MANAGERS 2002/03

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Name	Title	Age	Salary £000	Other Remuneration £000	Real increase in pension at age 60 £000	Total accrued pension at age 60 at 31 March 2003 £000	Benefits in kind	Years of pensionable service £
EXECUTIVE DIRECTORS								
D. Ariotti	Director of Performance and Information Management	*	119		*	*		*
B. Ayers	Medical Director	59	40	120	*	*		*
T. Higginson	Director of Personnel	45	90		1	22		20
J. Michael	Chief Executive	57	178		3	82		37
J. Pelly	Chief Operating Officer	50	130		2	21		13
I. Scott	Director of Nursing	48	93		2	35		30
M. Shaw	Director of Finance	46	109		2	31		22
NON EXECUTIVE DIRECTORS								
D. Hill	Non-Executive Director	*	*					
P. Moberly	Chairman	*	20					
K. Palmer	Non-Executive Director	55	5					
M. Parker	Vice Chairman to 30.11.02	42	4					
A. Tapsell	Non-Executive Director	67	5					
D. Williams	Vice Chairman from 18.12.02	63	6					

MANAGEMENT COSTS

	2003/04 £000	2002/03 £000
Management costs	18,445	16,608
Income	538,363	486,755
Management costs as a percentage	3.4%	3.4%

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.

BETTER PAYMENTS PRACTICE CODE

Better Payments Practice Code – measure of compliance

	2003/04 Number	2003/04 £000	2002/03 Number	2002/03 £000
Total bills paid in the year	163,477	338,673	145,863	216,266
Total bills paid within target	125,233	288,860	102,113	163,873
Percentage of bills paid within target	77%	85%	70%	76%

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

AUDIT COSTS

Cost of audit work carried out by the Audit Commission:

– Audit services	£
– Further assurance services	263,876.86
– Other services	

STATEMENT ON INTERNAL CONTROL

The Board is responsible for internal control. Our statement on internal control can be found in our annual accounts. A copy can be obtained by contacting the communications department (see inside cover for details).

