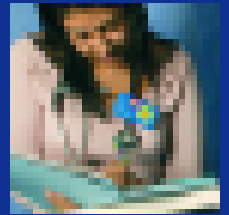
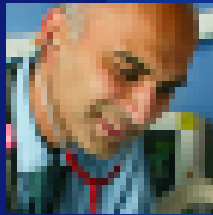


24:00



hours in the life of our hospitals

## Contact information

### Guy's and St Thomas' NHS Foundation Trust

#### Guy's Hospital

St Thomas Street  
London SE1 9RT

#### St Thomas' Hospital

Lambeth Palace Road  
London SE1 7EH

Tel: 020 7188 7188

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

### Chief Executive

If you have a comment for the Chief Executive, please contact:  
Sir Jonathan Michael  
Guy's Hospital  
Tel: 020 7188 0001  
Email: [chief.executive@gstt.nhs.uk](mailto:chief.executive@gstt.nhs.uk)

### Patient Advice and Liaison Service

If you require information, support or advice about our services, please contact:  
PALS office  
Tel: 020 7188 8801 (St Thomas')  
or 020 7188 8803 (Guy's)  
Email: [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

### Membership

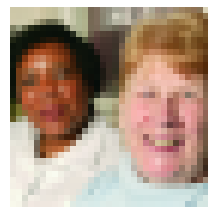
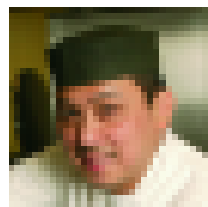
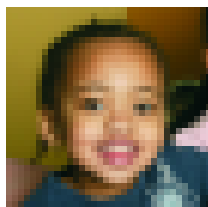
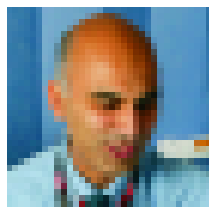
If you are interested in becoming a member of Guy's and St Thomas' NHS Foundation Trust, please contact:  
Tel: 020 7188 2004  
Email: [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)

### Recruitment

If you are interested in applying for a job at Guy's and St Thomas', please contact:  
The Recruitment Centre  
Tel: 020 7188 0044  
<http://jobs.gstt.nhs.uk>

### Communications

If you have a media enquiry, require further information about our hospitals, or would like more copies of this report, please contact:  
Anita Knowles  
Director of Communications  
St Thomas' Hospital  
Tel: 020 7188 5577  
Email: [anita.knowles@gstt.nhs.uk](mailto:anita.knowles@gstt.nhs.uk)



## Leading teaching hospitals

Guy's and St Thomas' NHS Foundation Trust is made up of two of London's oldest and most well known teaching hospitals. The hospitals have a long history, dating back almost 900 years, and have been at the forefront of medical innovation and progress since they were founded. Both hospitals have built on these traditions and continue to have a reputation for excellence and innovation. The Trust became an NHS Foundation Trust in July 2004 and, for the fourth year running, it was awarded a maximum three stars in the national performance ratings in July 2005.

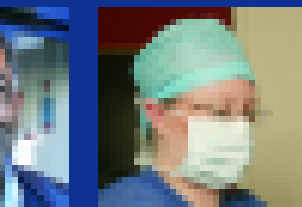
As well as providing a full range of hospital services for our local communities in Lambeth, Southwark and Lewisham, the Trust provides specialist services for patients from further afield, including cancer, cardiothoracic, renal and children's services. The new Evelina Children's Hospital opened in a landmark building at St Thomas' in October 2005, while Guy's is home to the largest dental school in Europe.

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

The Trust is one of the largest employers locally, with around 9,000 staff, and is working hard to reflect the cultural and ethnic diversity of the communities it serves. The Trust is also strengthening its partnerships with patients and local people, as well as neighbouring NHS organisations, local authorities, GPs and voluntary organisations.

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

# Contents



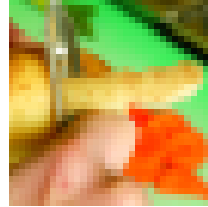
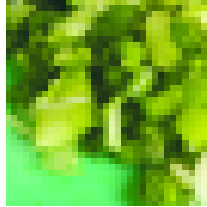
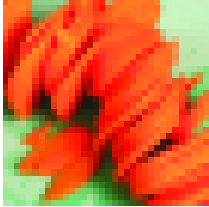
Chairman's statement	05
Chief Executive's report	09
Our financial performance	15
Our operational performance	23
Listening to our patients	29
Transforming our services	33
Working in partnership	37
Valuing our staff	41
Teaching and research and development	47
Our organisational structure	51
Who's who	55
Remuneration report	61
Annual Accounts	63



06:10

06:10

Jess Beguzman, diet cook at St Thomas', starts preparing meals early in the morning. The kitchens at Guy's and St Thomas' provide healthy balanced patient meals to all of the hospital's inpatients and supply a wide range of food to many of the cafés and restaurants on both sites which serve staff and visitors.



## Chairman's statement

The completion and opening of the Evelina Children's Hospital is a significant moment in the life of our two hospitals. Many hospital buildings serving our patients have come and gone over the centuries, each one contributing to the quality of clinical care.

We remember the extraordinary vision of the 19th century Rothschild founders of the original Evelina and we are proud to be revitalising that tradition in the 21st century. The excitement and enthusiasm of the staff and patients is a joy to see. As a Trust we are immensely privileged to be the recipients of the Charity's generosity.

I would like to put on record our personal thanks to Sir Tim Chessells, Chairman of the Guy's and St Thomas' Charity, for his leadership of this exceptional project. Sir Tim has been unwavering in his commitment to the safe design and delivery of a great building and I believe that present and future generations of patients will owe much to the dedication of Sir Tim, of the Trustee Board, and of Geoff Shepherd the Charity's Chief Executive. Sir Tim has ensured that his team has remained committed to the Evelina Children's Hospital from the early concepts over many years. As he steps down as Chairman, he takes with him our gratitude and good wishes.

As the Trust assumed responsibility for the building, many of our staff have worked immensely hard to ensure a smooth transition into this new environment. It is apparent that the modern and innovative designs are a huge benefit for parents and children, and have also attracted considerable international interest.

Over the past year our Foundation Trust Members' Council has continued to contribute effectively to the work of the Trust in a number of ways, from the appointment of the Trust's auditors and commenting on important aspects of our work to helping host functions and joining the Trust Open Day. This group of patient, public, staff and stakeholder members is acquiring vital knowledge and experience which will be of increasing importance. I am grateful for their support and tolerance as we learn to work together.

Meanwhile, the Board of Directors has had to address numerous changes to health policy, as well as major financial concerns. During this time we have benefited from a period of stability with no changes of membership in the Board of Directors. Our executive team is one of outstanding talent and ability, and continues to manage all the changing scenarios with efficiency and commitment. NHS managers deserve to be properly and publicly thanked for their industry and dedication which all too often go unrecognised. I am truly grateful for the unrelenting efforts of our Directors and senior managers.

## Chairman's statement

Non-Executive colleagues also give much support, and willingly give both their time and expertise to the maintenance of good practice and to strategic planning. It is particularly important that a number of our Non-Executive Directors bring substantial knowledge and expertise of our community to the Board's discussions.

It goes without saying that our success depends upon the dedication of staff at every level of the organisation. It is the commitment and continued hard work of our staff, which often goes far beyond the call of duty, that allows us to report the successful performance and many achievements that are described throughout this report.

Perhaps the clearest example of this was on July 7 when staff across the organisation, from doctors and nurses to catering, portering and administrative staff, responded magnificently to the tragic events that struck the Capital. Whilst staff are trained and the Trust continually tests its ability to respond to events such as the London bombings, this should in no way detract from the tremendous effort and professionalism which we witnessed on the day and in the weeks that followed. This has been most clearly brought home to us by the dignity and courage of the survivors, many of whom have made moving tributes to the staff who rescued, treated and cared for them at our Trust and elsewhere.

I know from the visits that I make to wards and other clinical and non-clinical departments across the Trust that this professionalism and commitment to high quality patient care happens around-the-clock, 365 days a year. This dedication to service creates strong and proud NHS organisations such as Guy's and St Thomas'. The photographs in this report pay tribute to our staff and that tradition of excellence.

As national policy brings increasing local involvement and ownership of public services, we need to remain vigilant about our responsibilities to be sensitive and co-operative partners in both Lambeth and Southwark as well as in maintaining our national academic profile and reputation for clinical excellence.



**Patricia Moberly**  
Chairman

07:33

Medical courier Adam Mills drops off an urgent sample at St Thomas' Hospital. As well as the accident and emergency department at St Thomas', the Trust has a minor injuries unit at Guy's, an emergency gynaecology unit, a dental A&E and an eye casualty department.



07:33

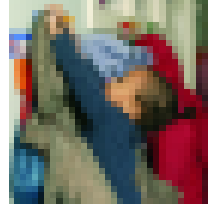


08:25



08:25

Staff children Rhia-Anais Reid and Ruby Bryan begin their day with a story, helped by Tina Belmar, a senior nursery officer at the staff nursery. There are staff nurseries at both Guy's and St Thomas' which provide childcare from 7am - 7pm for up to 145 children. This year the Trust achieved 'Practice Plus', the highest level of *Improving Working Lives*, the NHS led scheme to promote a healthy workplace and a good work-life balance for staff.



## Chief Executive's report

The past year has been characterised by a commitment to embedding change and building on many of the initiatives, such as our *Delivering Excellence* programme, that we launched during the previous 12 months. We have also begun to understand in far greater detail how we can make our NHS Foundation Trust status deliver the benefits and results for our patients that we anticipated when we decided to place ourselves in the vanguard of this new status.

If the year has been one of steady progress in many respects, I am also proud to report that it has been punctuated by some typically impressive high points, notably the opening of the new Evelina Children's Hospital which the Chairman describes in her report on the previous pages. In the tradition of our hospitals, we have seized upon this major milestone as an opportunity to innovate and set new standards of care that will meet the expectations of our younger patients and their families well into the future – and we have shared these achievements with the steady stream of visitors from across the UK and beyond who come to see and learn from us.

### A strong performance

On behalf of the Board of Directors, I take great pride in reporting that the Trust continues to perform extremely well both in terms of our financial and our operational performance. This has been another busy and successful year for the Trust, and one in which we again met our key targets. For the fourth year running we achieved a maximum three star rating in the national performance assessment published last July.

Despite this considerable success, we would all acknowledge it has been an extremely demanding year at times, as we have strived to meet ever more demanding national waiting times targets while at the same time as treating increasing numbers of patients, particularly in specialties such as A&E and orthopaedics. These added operational pressures, combined with soaring energy costs, have led to a reduction in the financial surplus that we have been able to achieve. However, in the current NHS climate we are proud of our continued strong financial performance and to have delivered a modest surplus at the end of the financial year to reinvest in future service developments.

Last year, the Trust was paid under a new system known as *Payment by Results* and we have been undertaking a detailed analysis of the likely impact of this year's tariff. We believe that this, combined with the financial pressures being experienced in other

## Chief Executive's report

parts of the NHS, will mean a difficult year ahead, particularly as many of the organisations that commission services from us will have reduced resources to invest in hospital services. These factors, combined with the additional uncertainty resulting from the introduction of *Patient Choice*, mean that we are forecasting a year of little, if any, growth.

To manage this uncertainty and potential risk to our income and activity, the Trust has taken a prudent approach to business planning for 2006/07. In March, following the publication of the final tariff and our early assessment of its impact, we asked the clinical divisions and corporate departments to make additional savings for this year before budgets were set. We believe that this cautious approach, however painful and difficult to deliver initially, will ensure that we are well placed to meet the challenges that lie ahead, including significant changes to the way that national research and development funding will be allocated from next year.

We are also taking a number of other measures, such as a robust approach to clinical coding and detailed work to review and improve our internal scheduling systems and overall efficiency. This will help us to make progress towards the Government target of a maximum 18 week wait for all patients from December 2008, and to meet the requirements of the further rollout of the national *Choose and Book* system that underpins *Patient Choice*. Further details can be found on pages 19 to 20.

### Delivering the best for patients

As an NHS organisation, it is vital that we retain a clear focus on our primary purpose, which is to diagnose, treat and care for the literally hundreds of thousands of patients who pass through our hospitals each year. We have a clearly stated aim to place patients at the heart of our thinking and the centre of what we do. The ongoing work to develop the Trust's strategy, and the valuable input we receive from the Members' Council, our staff and patients themselves, helps us to realise this ambition at every level, from our daily interaction with patients through to future service planning.

Highlights from our *Delivering Excellence* work include significant reductions in length of stay for patients on our elderly and medical wards which, combined with some of the lowest re-admission rates in the country, clearly demonstrate that these changes and improved efficiency have not been at the expense of quality of care. Indeed this has been an example where local clinicians have driven change within their departments and have dramatically shown how greater efficiency can simultaneously improve quality, allowing patients to leave hospital more quickly with the right support at home or in the community.

There have also been many successes in driving down the cost of the goods and services we buy, ranging from consolidating the number of products we use and negotiating better deals with suppliers, to reducing our dependence on agency staff and reviewing nurse handover arrangements to make these more efficient, freeing up valuable clinical time that can be spent with patients.

We continue to focus on research that delivers new drugs and the latest medical techniques to patients at the earliest opportunity, for example through participation in clinical trials for the latest cancer treatments or the use of new techniques such as robotic surgery. Many of these initiatives receive widespread media coverage and we were delighted that one of the first patients, who with her partner benefited from a robotic kidney transplant, shared her experiences with a fascinated audience at our annual public meeting, rapidly dispelling any fears that people might have about embracing new technology.



We also recognise the importance of issues such as infection control and the hospital environment to our patients. We have continued to raise awareness about the importance of good hand hygiene through an active publicity campaign throughout the year, and we have made substantial investment in the fabric of our buildings, with a particular focus on ward, toilet and bathroom refurbishments which we know are a high priority for patients.

We are delighted that literally millions of viewers continue to take a keen interest in our patients, as well as the work of our staff, through BBC One's popular *City Hospital* programme. The programme continues to attract over a million viewers a day and it is a pleasure to be able to showcase the work we do and to provide valuable health messages to such a wide audience.

### Building effective partnerships

We continue to be actively involved in partnership working at every level. This ranges from daily liaison with health and social care professionals working in the community and primary care through to international efforts that have seen nursing and medical staff travel to the Pakistan earthquake zone and to many other parts of the world in need of medical assistance, including Africa, the Far East and Iraq.

We are proud that both our workforce and the membership of our Foundation Trust reflect the diversity of the communities we serve. Not only does this allow us to provide services that are sensitive to the needs of our patients and their families and carers, but it also ensures that we benefit from the cultural richness that comes with being located in two of the most diverse and vibrant boroughs in London, where we are able to play an active part in the widespread regeneration that is taking place all around us.

We work closely with both statutory and voluntary sector organisations. These include our main academic partners King's College London and South Bank University, with whom we provide a wide range of training and education for the health professionals of the future. They also include many NHS partners such as Lambeth and Southwark Primary Care Trusts, King's College Hospital, South London and Maudsley NHS Trust and the South East London Strategic Health Authority. We all share a commitment to improving health and local health services and we are pleased to work together to achieve this.

Many of these relationships have been strengthened by our NHS Foundation Trust status and by the momentum that an active Members' Council and around 13,500 members have provided. It has been very rewarding to see how many people want to get involved with our hospitals and to support us in different ways.

Particular thanks and acknowledgement must go to the Guy's and St Thomas' Charity, which continues to provide generous support to projects ranging from the *Modernisation Initiative* to improve services for stroke, kidney and sexual health patients to the *Face initiative* to enhance the hospital environment. Special mention must also go to the Children's Appeal Committee, chaired by Stanley Fink, and the fundraising team based in the Charity who have impressed us all by reaching their target of raising £10 million to provide the very latest equipment and furnishings for the new Evelina Children's Hospital. We are enormously grateful for their efforts.

### Looking forward

As we look ahead, we know that there are many new challenges facing us, not least the continued drive to ensure that our services are as efficient and effective as possible

## Chief Executive's report

and that we continue to lead the way in setting new standards for health services, research and development, and training and education.

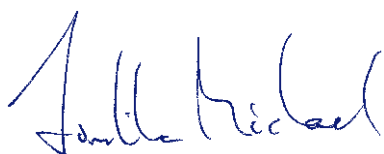
One of the most exciting ways in which we are doing this and taking forward the Trust's strategy for the next five years, is through the work that we are doing to create a vision for the future of cancer services that will be truly world class. Our aim is to create a vision for cancer services that will benefit patients across South East London and beyond.

This is one of the most exciting and ambitious areas of work that the Trust will be undertaking over the coming months. And, whilst we do not anticipate any immediate need to borrow against the Prudential Borrowing Limit that we receive as a Foundation Trust, this position is likely to change as we go forward and will allow us to realise our vision in areas such as cancer. We will submit proposals to secure the resources we require within the borrowing limit that applies at that time.

Finally, in concluding my report, I would like to thank the Chairman for her support and tireless work on behalf of the Trust. We were delighted when the Members' Council confirmed her reappointment for a further term at its meeting in February. We continue to benefit from her considerable experience and strong local links, and I would like to pay tribute to Patricia for the sound advice and continuity she has provided to the Board of Directors, the Members' Council and to me personally over the years.

As we have grown more confident in our new status as one of the largest and foremost NHS Foundation Trusts in the country, the Chairman has played a vital role in supporting and guiding the Members' Council with wisdom and sensitivity as it has sought to establish its role and influence. This has allowed us to ensure that the new governance structures add real value and benefit to our patients and staff, and place the Trust in a strong position for the future.

I do hope that you will enjoy reading this report and find it informative. If you have any feedback, I would be delighted to hear from you.

A handwritten signature in blue ink, reading 'Jonathan Michael', with a stylized, cursive script.

**Sir Jonathan Michael**  
Chief Executive

09:02 Pharmacist, Sharif Uddin, prepares a prescription in the main pharmacy at St Thomas'. The Trust has a number of pharmacies around Guy's, St Thomas' and the Evelina Children's Hospital, as well as in specialist areas like dermatology and sexual health.



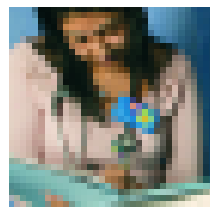
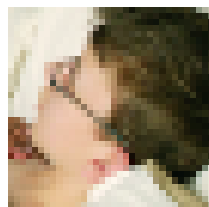
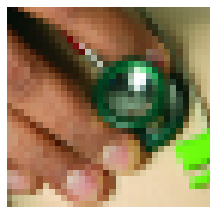
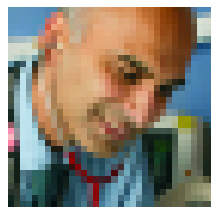
09:02



10:15

10:15

Dr Dipak Kanabar, a paediatric consultant at the Evelina Children's Hospital, examines young patient Luke Whitehead during his regular morning ward round. The Evelina Children's Hospital moved from Guy's to a brand new 140 bed hospital on the St Thomas' site in October 2005. The new hospital was designed in consultation with children and their families and includes a large performance space and a helter-skelter to help keep young patients entertained.



## Our financial performance

Guy's and St Thomas' strong track record in terms of financial performance was maintained last year, and the Trust has declared a surplus of £337,000 for 2005/06 – our first full year as a Foundation Trust. The Trust had planned for a higher level of surplus, but a number of challenges during the year prevented us from fully achieving the plan. Table 1 below compares the 2005/06 outturn to the 2005/06 plan.

Table 1

	Plan 2005/06 £000s	Actual 2005/06 £000s	Variance £000s
Total income	626,785	660,179	33,389
Expenses	(580,491)	(617,341)	(36,850)
<b>Operating surplus</b>	<b>46,294</b>	<b>42,833</b>	<b>(3,461)</b>
Depreciation	(27,512)	(26,651)	861
Interest etc	1,200	738	(462)
PDC	(16,582)	(16,583)	(1)
<b>Retained surplus</b>	<b>3,400</b>	<b>337</b>	<b>(3,063)</b>

The resources required to meet ever more demanding waiting times targets at the same time as treating increasing numbers of patients, particularly in services such as orthopaedics, plastic surgery and A&E, led to pressures on the budgets in these areas. These operational pressures, combined with steep increases in energy costs, have led to a reduction in the financial surplus we have been able to achieve. Therefore, against a planned surplus of £3.4 million, the Trust achieved an actual surplus of £337,000. However, in the current NHS climate this is still a significant achievement.

The Trust is required to prepare its accounts for the 12 month period ending March 31 2006 in accordance with the requirements set out in the Health and Social Care (Community Health and Standards) Act 2003 and the NHS Foundation Trust Financial Reporting Manual issued by Monitor. This requires the comparative figures for the nine month period of 2004/05 to be included in the accounts since the Trust acquired Foundation Trust status on July 1 2004. The accounts for the nine month

## Our financial performance

Table 2

	July 1 2004 - March 31 2005 £000s	Restated July 1 2004 - March 31 2005 £000s
Income	455,845	465,546
Expenditure	-443,740	-448,911
<b>Operating surplus</b>	<b>12,105</b>	<b>16,635</b>
Interest etc	483	483
PDC	-11,315	-11,315
<b>Surplus/(deficit)</b>	<b>1,273</b>	<b>5,803</b>
Exceptional items	-1,881	-1,881
<b>Surplus/(deficit)</b>	<b>(608)</b>	<b>3,922</b>

Table 3

	2004/05 actuals £000s	Restated 2004/05 actuals £000s
Income	601,085	610,786
Expenditure	-582,398	-587,569
<b>Operating surplus</b>	<b>18,687</b>	<b>23,217</b>
Interest etc	545	545
PDC	-15,087	-15,087
<b>Surplus/(deficit)</b>	<b>4,145</b>	<b>8,675</b>
Exceptional items	-1,881	-1,881
<b>Surplus/(deficit)</b>	<b>2,264</b>	<b>6,794</b>

Table 4

	Restated 2004/05 actuals £000s	2005/06 actuals £000s
Income	610,786	660,179
Expenditure	-587,569	-643,993
<b>Operating surplus</b>	<b>23,217</b>	<b>16,186</b>
Interest etc	545	738
PDC	-15,087	-16,583
<b>Surplus/(deficit)</b>	<b>8,675</b>	<b>337</b>
Exceptional items	-1,881	–
<b>Surplus/(deficit)</b>	<b>6,794</b>	<b>337</b>

period have been subject to a number of prior period adjustments and table 2 (left) sets out the accounts as previously reported and the restated nine month figures. The major changes requiring the restatement of the nine month accounts were the requirement to account for work in progress during the financial year and a change in accounting treatment for provisions for bad debt.

In the year 2004/05, the Trust produced two sets of annual accounts to reflect the fact that we officially became an NHS Foundation Trust on July 1 2004. We therefore produced a three month set of accounts for the period prior to becoming a Foundation Trust (April 1 to June 30 2004), in addition to the first accounting period as a Foundation Trust, the nine months period ended March 31 2005.

In the full year 2004/05, the Trust achieved a surplus of £4.2 million. The Trust was, however, required to charge an exceptional item of £1.9 million relating to the loss on revaluation to the expenditure account, rather than to the revaluation reserve, which had been the accounting convention within the NHS in previous years. After the charge of this exceptional item of £1.9 million, the Trust's full year surplus was £2.3 million. The full year accounts for 2004/05, with the restated position, are set out in table 3.

### Financial performance 2004/05 and 2005/06

Table 4 shows the Trust's financial performance for 2004/05 and 2005/06. Over the two year period, the Trust made a £7.1 million surplus. This compares to a planned surplus for the period of £3.4 million as submitted in the service development strategy which accompanied the Trust's Foundation Trust application. This is primarily due to the following positive factors:

- better activity performance resulting in increased income from Primary Care Trusts;
- the recovery of prior year income which had been fully provided for;
- the change in accounting arrangements for work in progress and bad debt.

These 'gains' have been partially offset by:

- increased costs associated with providing an increase in activity for Primary Care Trusts;
- increased energy costs and the cost of meeting national waiting time targets;
- the exceptional item of £1.9 million, associated with a change in accounting conventions.





In 2004/05, the Trust launched its *Delivering Excellence* programme designed to improve overall efficiency both in financial terms, for example through better use of Trust assets and, operationally, by reviewing and redesigning organisational processes to increase effectiveness and reduce waste. The overall aim is to improve the quality, efficiency and effectiveness of services for patients and to make the Trust a better and more efficient place for staff to work.

Underpinning the programme is a determination to reduce the overall cost base of the Trust and to re-invest the resources saved into more efficient service delivery and other improvements. In order to achieve financial headroom going forward, challenging savings targets are linked to the *Delivering Excellence* programme. In 2005/06, the Trust achieved savings of £15.3 million. Impressive reductions in patient length of stay in both acute and elderly care and general medicine, and in the costs of goods and services procured by the Trust, have helped to achieve these savings.

## Trends in activity, income and expenditure

Charts 1-5 (right) show activity, income and expenditure growth over a five year period from 2001/02 to 2005/06.

### Activity trends

Charts 1-3 show the growth in inpatient and day case activity (measured as finished consultant episodes), – up by 21 per cent, and growth in new outpatient attendances – up by 14 per cent.

The growth of inpatient and day case activity relates to increased demands for specialist tertiary services and increased activity purchased by Primary Care Trusts to achieve national waiting times targets.

Outpatient activity has remained relatively constant over the period. New referrals are up, but follow-up activity has reduced by one per cent. As a result, the ratio of new to follow up attendances has continued to improve.

A&E attendances have also increased – up by over 17 per cent over the five year period – and the time that patients wait to be diagnosed, treated, admitted or discharged has also improved in line with national targets.

Chart 4 shows the growth in income over the five year period from April 2001 to March 2006. Income has grown at approximately 10 per cent a year over the period, which is around five per cent above the NHS agreed inflation funding increases. This increase in income above inflation is, in the main, as a result of Primary Care Trusts purchasing the additional activity referred to above.

Chart 1: Finished consultant episodes

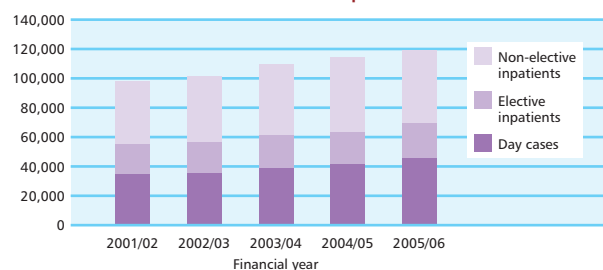


Chart 2: Outpatient attendances

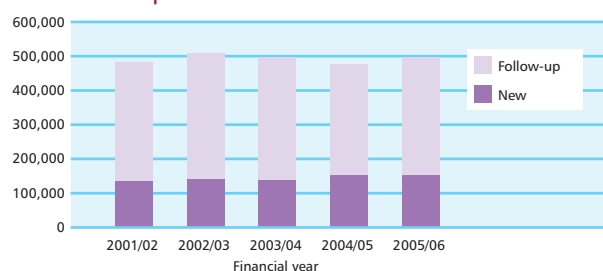


Chart 3: A&E attendances

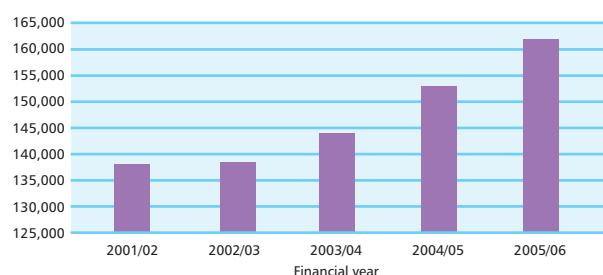


Chart 4: Income £000s

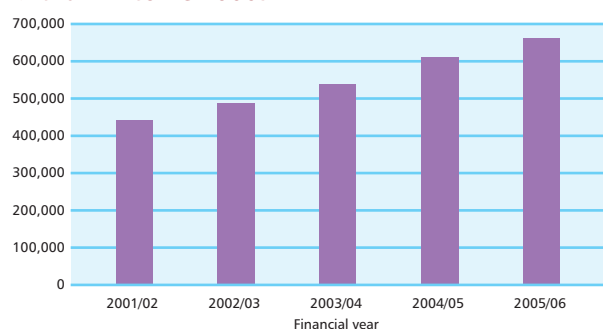
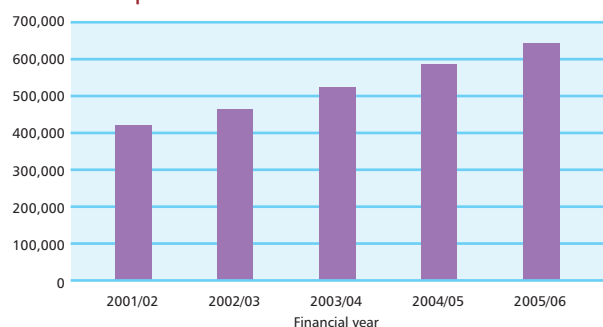


Chart 5: Expenditure £000s



# Our financial performance

Chart 5 shows the growth in expenditure over the five year period. Expenditure has grown at a rate slightly in excess of 10 per cent a year over the period. This was primarily as a result of additional staff and non-pay costs associated with providing the additional activity.

## Cash flow and balance sheet

There have been a number of significant changes in the Trust's balance sheet and working capital during the year.

The Trust ended the year with £27.5 million cash in the bank, against a plan of £28.7 million. This was an increase in cash of £9 million compared to the £18.5 million position at the end of 2004/05. This increase was largely due to the receipt of income from the Guy's and St Thomas' Charity for the Evelina Children's Hospital (the charity contributed £50 million towards the construction of the hospital and a charitable appeal has helped to ensure the new hospital is exceptionally well equipped through a £10 million appeal).

The Trust had a projected NHS capital spend of £47.3 million for the year and also expected to draw-down Public Dividend Capital (PDC) of £25.9 million. The actual capital expenditure during the year was £51.3 million. Therefore, after depreciation charges, the Trust is due £17.6 million PDC. This includes £2.1 million that has been accrued in the accounts with the cash expected in 2006/07. In addition, the Trust expects a further £38.6 million of outstanding PDC for schemes agreed by the Department of Health and the South East London Strategic Health Authority.

There has been no change to the Trust's schedule of protected and non-protected assets during the year.

## Charitable funding

The Trust is fortunate to be supported by the Guy's and St Thomas' Charity. All the charitable funds of the Trust are administered by this separate Charity, and each year the Trust benefits from many grants, described on page 38. The new Evelina Children's Hospital is the most notable capital project that the Charity supported during 2005/06. The Charity also contributes towards the Trust's revenue expenditure by funding some £1.6 million salary costs and awarding £4 million grants for specific projects, including the *Modernisation Initiative* in collaboration with the local Primary Care Trusts, and the *Face initiative* to improve the hospital environment.

## Capital expenditure 2005/06

Capital expenditure during 2005/06 was on protected assets and included backlog maintenance to the Trust estate, medical equipment and investment in new IT projects.

**Table 5: Capital expenditure**

	NHS funded £ millions	Donated £ millions
Buildings	13.5	0.5
Assets under construction	7.0	2.7
Plant and machinery	8.8	8.8
Information technology (IT)	4.4	0.4
Furniture and fittings	0.1	0.7
Software licences	4.4	0.0
<b>Total</b>	<b>38.2</b>	<b>13.1</b>

## Commercial income and private patient cap

The Trust has a large commercial portfolio. It is assumed that these contracts are maintained over the next eight years, although some reduction in their value is anticipated.

In accordance with Foundation Trust legislation, the Trust's private patient income is to be capped at 2.9 per cent of income from patient care activities, based on the Trust's 2002/03 financial outturn. The Trust remained within the private patients cap during 2005/06 (see page 75 of the annual accounts). Our plans assume that private income will remain constant in real terms, and will therefore remain within the required limit.

## Prudential Borrowing Limit

A Prudential Borrowing Limit (PBL) is set by Monitor and is reviewed at least annually. The total amount that the Trust borrows must be within this limit. Monitor sets the PBL for each Foundation Trust with reference to financial ratios and the individual Trust's working capital facility.

The Prudential Borrowing Limit for the 2005/06 financial year was £169.7 million. The Trust had no recourse for borrowing against the PBL during 2005/06 and this was in line with expectation. The Trust's performance against the PBL indicators is described in Note 24 of the final accounts on page 84.

## External audit services

The Members' Council agreed that the Audit Commission should be the Trust's external auditor for 2005/06. The provision of external audit services for future years was recently the subject of a tender exercise and it was agreed by the Members' Council that from 2006/07 onwards these services would be provided by Deloittes.



The Trust incurred £120,000 in audit service fees in relation to the statutory audit of the Trust accounts to March 31 2006. The Trust also purchased £50,000 additional audit services to review the implementation of the consultant contract and the Trust's IM&T arrangements.

## Monitoring Trust performance

The Trust has developed a 'balanced scorecard' to review and monitor performance at a Trustwide, divisional and service delivery unit level. Incorporated within the Trust level scorecard, which is reported to the Board of Directors, are the metrics used by Monitor to assess the financial risk rating of the Trust.

Monitor uses four criteria to assess the Trust's financial risk rating: underlying financial performance; achievement of the financial plan; financial efficiency; and liquidity. Overall the Trust achieved a risk rating of three, within the range of one to five where five is the best performance.

## Identifying potential financial risks

In assessing the financial risks faced by the Trust, we have assessed the external factors which are likely to impact on the organisation.

The external environment in which Guy's and St Thomas', along with all other NHS organisations, must operate continues to change in an unprecedented way. Senior managers and clinical leaders in the Trust have identified six key drivers of change which present both threats and opportunities to our future operation. These are:

- The continued roll out of *Patient Choice*;
- The new financial regime, *Payment by Results*;
- Referral management proposals;
- An increase in independent sector provision;
- Changes to funding for research and development;
- Changes to funding for teaching and training.

Through an economic model developed as part of the Trust's strategy work, it was concluded that the threats associated with the drivers of change generally outweigh the potential gains. *Patient Choice* remains both the most material threat and opportunity, although the volatility of the national tariff under *Payment by Results* makes planning difficult. The extent and impact of referral management proposals, currently being considered by Primary Care Trusts, are as yet uncertain.

## Responding to potential financial risks

In responding to these potential risks, in particular the change and uncertainty we face in terms of the external environment, the Trust set itself challenging financial targets to achieve during our first four years as a Foundation Trust. These aim to deliver a cumulative surplus of £22 million, which would then be available to reinvest in development opportunities.

The degree to which these targets are achieved will determine the levels of future investment the Trust is able to undertake, and will provide a financial buffer should the financial risks identified above materialise. Adverse effects of *Payment by Results* and referral management in particular have required a re-assessment of the level of surplus that the Trust should aim for, and this is reflected in the annual plan for 2006/07.

Through the South East London service design and sustainability project, the Trust is working closely with Primary Care Trusts, other hospital trusts and the Strategic Health Authority to share information in order to assess financial and clinical risk to services. The project aims to develop joint strategies to mitigate financial risk and plan services in a sustainable way for the future, which will maximise the provision of patient care and protect service quality.

The following section sets out the key risks we have identified in achieving the financial targets we have set ourselves, and how these will be managed.

### Patient Choice

The Trust has undertaken a number of initiatives to improve the patient experience including the environment within which our patients are treated. A patient booking project is also well established, which will help the Trust to achieve the *Choose and Book* targets, as well as improve internal scheduling and processes.

### Payment by Results

The Trust has led the establishment of a consortium of trusts across the NHS that are using an international expert to enable them to fully understand *Payment by Results*. The Trust has gained under *Payment by Results*, but the volatility of the national tariff remains a matter of concern. The Trust is represented on the Department of Health Project Board which is consulted on the development of the national tariff.

### Referral management

The Trust is working in collaboration with local Primary Care Trusts to assess the impact of referral management proposals being required by the London Region, which will replace the current five Strategic Health Authorities from July 2006.

## Our financial performance

Where treatment outside of hospital is possible, and financially advantageous, the partner organisations will explore how best to make this happen. The *Modernisation Initiative* funded by the Guy's and St Thomas' Charity is enabling specific proposals for renal, stroke and sexual health services to be developed.

### Independent sector provision

The Trust is working with other NHS and private sector providers to ensure continuity of care for patients, and the Trust is also bidding for contracts where NHS Foundation Trusts are eligible to do so.

### Changes to funding for research and development

Following the publication of the Department of Health's new research and development strategy in January 2006, the Trust is working in close collaboration with King's College London, our main university partner, and King's College Hospital to produce proposals to attract and retain research income and to ensure that the research potential of all three partners is maximised.

### Changes to funding for teaching and training

The Trust is working in close collaboration with King's College London and the South East London Workforce Development Confederation to assess the financial impact of potential changes to the method of funding teaching and training. This will enable the partners to influence the proposals as they are developed and to respond quickly once proposals are issued.

### Countering fraud and corruption

The Trust is committed to promoting and maintaining an absolute standard of honesty and integrity in dealing with our assets. We are committed to the elimination of fraud or illegal acts within the Trust, and ensure rigorous investigation and disciplinary or other action as appropriate. The Trust uses best practice, as recommended by the NHS Counter Fraud and Security Management Service (CFSMS), and is also involved in the *National Fraud Initiative*, led by the Audit Commission.

Over the year we have widely publicised our procedure for staff to report any concern about potential fraud and corruption, and reinforced this with awareness training. Any concerns are investigated by our local counter fraud specialists or CFSMS as appropriate, and all investigations are reported to the Audit and Financial Performance sub-committee.

13:04

Dr Tressa Amirthanayagam examines patient, Arthur Fox. The Trust has approximately 9,000 staff, including 500 consultants, 750 junior doctors in training, 3,150 nurses, 1,200 clinical support staff such as technicians, pharmacists and healthcare scientists, 500 therapists, 750 ancillary staff, 100 maintenance staff, 1,700 administrative and clerical staff and 300 managers.



13:04

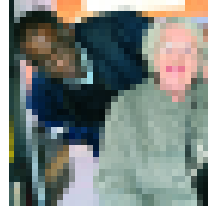
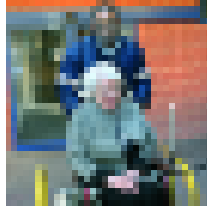
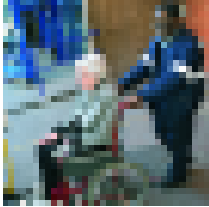
PATIENT TRANSPORT  
WAITING AREA



12:32

12:32

Winston Prosper, one of the Trust's patient transport drivers, takes patient, Lilian Wright, home from Guy's Hospital. The patient transport service helps patients to get to hospital for their appointments and then home again safely. 196,807 patient transport journeys were made during the year.



## Our operational performance

The Trust achieved a maximum three stars for the fourth year running in the NHS performance ratings which were published in July 2005 by the Healthcare Commission. This performance rating is not only a tribute to the hard work of the Trust's staff, but it is also important because of the benefits we are delivering to our patients, both in terms of shorter waiting times and many other quality improvements.

In addition to being measured against eight 'key targets', performance was assessed against three broader areas – 'clinical focus', 'patient focus', and 'capacity and capability focus' – with a number of indicators used to measure each. We achieved all eight key targets and were in the top band of trusts nationally for performance in the areas of 'clinical focus' and 'capacity and capability', and in the middle band of trusts in terms of 'patient focus'.

During 2005 the Healthcare Commission introduced the *Annual Health Check*, a new performance rating system, which will be used to report on the Trust's future performance, replacing the star rating system. This will measure the Trust's performance across a wide range of standards. In addition to clinical activity and financial performance, the new system will assess the Trust's fitness to provide services through a set of criteria called *Standards for Better Health*.

*Standards for Better Health* includes both core and developmental standards that will assess how well services meet patients' needs and whether they are provided in appropriate environments and delivered by competent staff. The Trust made its first full declaration against the new standards in May 2006 and, based on the information submitted to the Healthcare Commission, a positive performance rating is anticipated. The new ratings are expected to be published for the first time in autumn 2006.

### Clinical Negligence Scheme for Trusts

In December the Trust was reassessed against Level 2 of the Clinical Negligence Scheme for Trusts (CNST) in both the general hospital and maternity categories. The assessments measure the effectiveness of the Trust's processes and procedures for managing risk in clinical areas. Following many months of thorough preparation and a great deal of hard work by staff in departments across the organisation, we were delighted to achieve high scores in both assessments and to be reaccruited against both the general hospital and maternity standards.



# Our operational performance

## Healthcare Commission

The Healthcare Commission made an unannounced inspection of hospital cleanliness at St Thomas' in August. This was one of a hundred 'spot checks' that were undertaken across the country during the summer. The inspection team were very thorough in their audit and their visit included A&E, Albert ward, George Perkins ward and the fracture clinic. The Trust felt this was a fair and helpful inspection, and is now using the audit tool for future monitoring of cleanliness throughout the hospitals.

## PEAT inspections

The latest Patient Environment Action Team (PEAT) inspection took place in February 2006 and the results have been submitted to the Healthcare Commission and are expected to be published in the summer. The inspection team consisted of both patients and staff, and this initial assessment was positive. The team was pleased to see the many environmental improvements that have taken place over the past year, including new toilets and bathrooms and refurbished wards.

## Meeting national targets

Guy's and St Thomas' is one of the largest and busiest Trusts in the country. During 2005/06, the Trust saw 497,000 outpatients, 72,500 inpatients and 46,000 day case patients. On average we have 1,200 beds in use at any one time, with around 900 beds at St Thomas' and 300 at Guy's, as well as up to 36 specialist baby cots.

The Trust continues to meet the ever more challenging national access targets, and we do so despite seeing a considerable increase in the number of patients treated in many areas, particularly in our A&E department. For example, we achieved the 98 per cent target in A&E for patients to be diagnosed, treated, discharged or admitted within four hours, at a time when the department was experiencing some of its busiest days ever in terms of the numbers of patients seen.

The Trust also achieved the December 2005 target to reduce the maximum waiting time for all inpatients to six months, and has continued to sustain this performance. This has involved increasing capacity in areas such as ear, nose and throat, plastic surgery and orthopaedics. The new maximum waiting time of 13 weeks for patients referred by their GP for an outpatient appointment was also achieved, again against a backdrop of increasing referrals in several specialties, especially orthopaedics.

Although the access targets were met at the end of

December and the end of March, a small number of patients – 11 inpatients and five outpatients – were not treated quickly enough during the year. In each case, this was due to shortfalls in our administrative processes, rather than capacity constraints. We are working hard to try to ensure that all our processes work effectively all of the time.

The Government has rightly attached a high priority to the achievement of improved and rapid access to cancer treatment. From January 2006, the targets applicable to breast cancer treatments were extended to all tumour types. The Trust has again performed well in ensuring that 100 per cent of patients referred urgently by their GP saw a specialist within two weeks. Similarly, the Trust has exceeded the 98 per cent target for patients diagnosed with cancer to begin treatment within one month of a decision to treat being made.

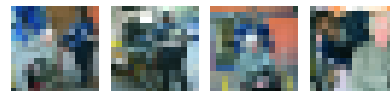
There has also been an improvement in the proportion of patients who begin treatment within two months of an urgent GP referral, now standing at 80 per cent, although this falls short of the target level of 95 per cent. This is partly due to Guy's and St Thomas' being a cancer referral centre for a wide catchment area. Many initial diagnoses are made at other hospitals within the wider cancer network, and therefore patients may already have waited six weeks before referral to our Trust to begin their treatment, making the achievement of this target particularly challenging.

For patients with heart conditions, the Trust continued to ensure that no patient waited longer than three months for a cardiac re-vascularisation operation, and that all patients referred to the rapid access chest pain clinic were seen within two weeks.

Under the Government's *Choose and Book* initiative, from the end of December the Trust needed to offer all patients a choice of dates for their admission to hospital for inpatient treatment or an outpatient appointment. This was achieved and has been sustained subsequently through the introduction of new appointment centres to manage patient appointments. This is in advance of full electronic booking, where appointments will be booked directly from the GP surgery.

The Healthcare Commission has introduced a number of further performance measures during 2005/06 which will now form part of its overall assessment of NHS organisations. These include new national targets such as maximum waiting times for diagnostic scans; assessments carried out as part of the acute hospital portfolio



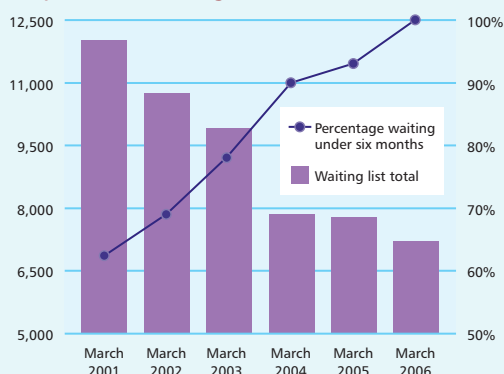


programme, which look at issues such as the management of admissions, medicines and diagnostics; and the results of improvement reviews. We expect the full results to be published in autumn 2006.

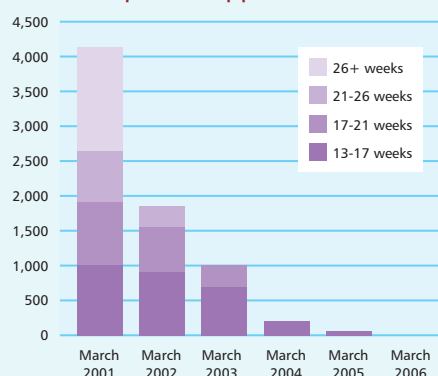
As an NHS Foundation Trust we are also required to agree an annual plan with Monitor, the independent

regulator for Foundation Trusts, that focuses on our financial performance and governance issues, including our broader performance in terms of service quality, our future plans and how our hospitals are managed. We produced our first annual plan in June 2005 and in May, we submitted our plan to Monitor for 2006/07.

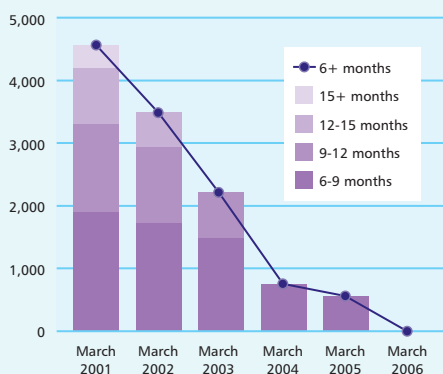
**Total waiting list size and proportion of patients waiting under six months**



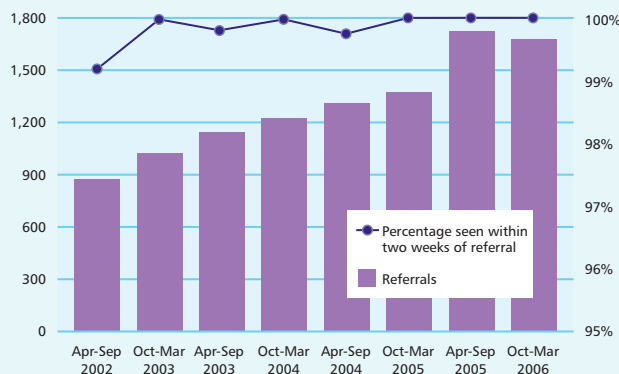
**Patients waiting over 13 weeks for an outpatient appointment**



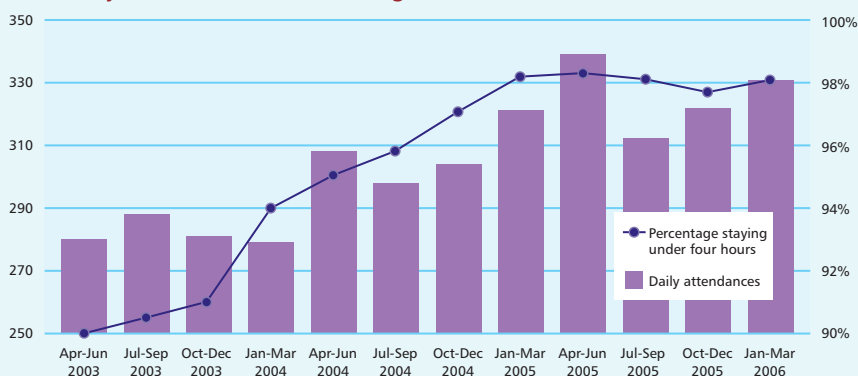
**Patients waiting over six months**



**Urgent cancer referrals and percentage seen within two weeks**



**A&E daily attendances and waiting times**



# Our operational performance

## Meeting local targets

*“Over the next five years, the Trust will provide top quality care to the local community and become both the first choice for clinical care in South East England (from Kent to Hampshire) and internationally distinctive in research, teaching and management of health services.”*

Six strategic themes support this vision for the Trust and last year we identified 16 Trustwide initiatives that would drive this forward, some designed to have a very immediate and direct impact on patient care, whilst others focused on longer term change.

### Focus on patients

- Reduce the length of time patients stay in hospital.
- Enable patients to book appointments and admissions at their convenience and improve patient scheduling.
- A sustained improvement in the standard of nursing and midwifery care, influenced by structured patient feedback.
- Improvement to the patient environment by undertaking projects that focus on the patient experience, the physical environment and service improvement.

### Develop high quality and innovative local services

- Through the *Modernisation Initiative*, work with partner organisations to transform stroke, kidney and sexual health services.
- Work with partner organisations in Lambeth and Southwark to develop proposals for services for people with chronic obstructive pulmonary disease.
- Pilot an urgent care centre at St Thomas' in collaboration with Lambeth Primary Care Trust.

### Drive growth in specific services

- Drive growth in identified specialties, starting with cardiac, and continuing with other identified specialties such as cancer and pathology.

### Be nationally and internationally distinctive in research and teaching

- Develop and implement strategies for research and development, undergraduate and postgraduate education.

## Attract, develop and retain the best people across all our staff groups

- Develop a capability building programme.
- Improve staff satisfaction with the Trust as an employer and working environment, investing in people.
- Improve and capitalise on staff diversity.

## Support patient services effectively

- Increase theatre utilisation.
- Improve operational efficiency in diagnostic services.
- Control expenditure on medical supplies, services and equipment.
- Improve the systems for identifying and managing risk.

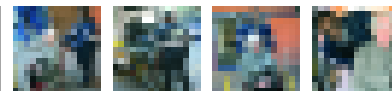
Through our *Delivering Excellence* programme and other work across the Trust many of these initiatives have been successfully achieved during the year. For others, the groundwork has been laid which will allow us to make further progress this year.

Reducing unnecessary stays in hospital, especially for medical patients, has been a major theme during the past year, with average lengths of stay reduced to 10 per cent below the case mix-adjusted NHS average. These significant reductions in length of stay have been accompanied by other improvements in the overall patient experience including reduced readmission rates, lower MRSA infection rates, and improved scores on patient satisfaction surveys.

For the current year, the Trust has developed a limited number of priorities that will allow us to continue to drive forward with our vision. These reflect the more demanding financial situation in which all NHS organisations find themselves, and the significant external changes and demands we need to focus on as major reforms such as *Payment by Results* and *Patient Choice* continue to roll out.

These priorities are:

- to improve financial and operational performance;
- to develop a culture of organisational excellence;
- to develop and begin implementation of a vision for world class cancer care;
- to support the development and reorganisation of services in South East London.



## Environmental impact

The Trust is fully committed to playing an active role in minimising the impact of its activities on the environment. We are an active member of the South East London Environmental Group, a partnership of local NHS organisations which focuses on developing shared approaches to maximising waste reduction, waste segregation and recycling.

Within the Trust, we have continued to reduce the volumes of waste sent to landfill sites, for example, through the introduction of compacting schemes for cardboard and packaging. Our recycling programme continues to focus on increasing the recycling of all white paper waste and copier toners, together with the refurbishment and recycling of furniture and equipment. Performance targets for recycling were exceeded last year, although the target for clinical waste had to be adjusted to take account of a significant increase in clinical activity.

We have devised local strategies to conserve energy, including an awareness campaign aimed at staff, and have developed plans to invest £2 million in new equipment that aims to reduce our energy consumption and expenditure in 2006/07. Furthermore, the Trust's £107 million capital programme is allowing us to specify the use of sustainable products and materials, and we are committed to using local suppliers where possible across the whole range of the Trust's activities.

As part of our commitment to promoting green travel, we encourage staff and patients and visitors to use public transport, walk or cycle, and over the last year we installed secure storage facilities for bicycles at St Thomas' with a similar scheme underway at Guy's. We also encourage staff to use the stairs instead of taking the lift, promoting exercise as a contribution to a healthier lifestyle at the same time as supporting our environmental work.

## Social responsibility

As the largest local employer, with around 9,000 staff, we are also keen to play an active role in the local community and to contribute both to the health of the local population and the wider regeneration agenda in Lambeth and Southwark. Local employment and education initiatives have progressed over the past year as we have continued to work in partnership with a number of social regeneration, health and social care groups within the communities we serve. Full details of our partnership work can be found on pages 37 to 38.

We work hard to increase access to jobs and careers at the Trust and to promote these to local people.

Programmes are in place to help unemployed people to undertake work experience and apply for jobs at the Trust, and we have an active programme to enhance links with further education organisations and local schools.

One innovative project is InterAct, co-ordinated by the Norwegian Institute for Adult Learning, a partnership spanning Norway, Romania, Spain and the UK, which aims to improve basic skills such as language, communication, teamwork and intercultural awareness, foster entrepreneurship and build motivation. We are using our involvement in this project to benefit existing staff and local jobseekers wanting to improve their skills, advance their careers or secure employment.

Participants from each country interact over a web-based platform to undertake simulated exercises that challenge and develop their skills. The feedback so far has been very positive, as this is an exciting and innovative way of learning and, at the same time, is broadening people's horizons and cultural understanding. Further information about education and employment initiatives can be found on pages 42 to 43.

## Freedom of information

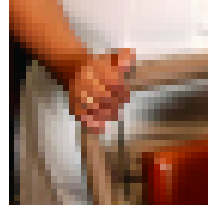
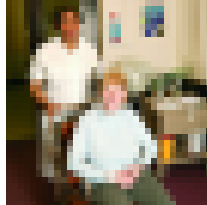
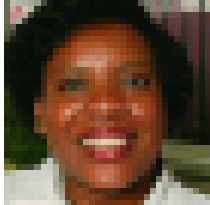
The Trust works hard to ensure that requests for information are responded to promptly, efficiently and openly, in the spirit of the Freedom of Information Act. Over the year, we received 208 requests for information, 98 of which were formally handled under the Trust's Freedom of Information procedures. We met the maximum 20 working days response time for all but 12 of these formal requests. The remaining 110 requests were handled informally, of which 44 were about policy documents; 21 were requesting employment or recruitment information; 24 were enquiries about health records; and a further 21 were other general requests. The Trust encourages members of the public to make requests via our website, where our online publications scheme is available.



14:46

14:46

Patient, Elizabeth Mitchell, enjoys an afternoon cup of coffee and a chat with healthcare assistant, Noemie Bastel, in the Trust's Discharge Lounge. Over the year the Trust saw 23,360 elective inpatients, 49,150 non-elective inpatients, 497,017 outpatients and 46,010 day case patients, as well as 160,656 people attending Accident and Emergency.



## Listening to our patients

Guy's and St Thomas' continues to work closely with patients, visitors and our local communities, as well as our membership and patient groups, listening to suggestions on how we can make our services even better.

### Patient feedback

The Trust has set up a patient experience reference group to advise and influence the way in which we involve patients in the development of services, and to help us understand what patients think about a range of issues from clinical care to the standard of the hospital environment. The group includes clinical and non-clinical staff, as well as patient and public representatives from the Members' Council.

A review of patient feedback undertaken in January 2006 identified over 50 separate ways in which we receive patients' views across the Trust. In addition, patients are often involved or consulted in an informal way, with views being sought as part of their everyday care. Staff are interested in what patients think and through day to day interaction they ensure we receive ongoing feedback and are able to respond to issues as they arise.

Patients are also involved in more innovative ways, for example in some areas of the Trust they are invited to comment on consultants' performance as part of their appraisal process; they are members of committees working on specific projects; or are involved in designing and conducting staff training. They may even be asked to play the role of 'mystery customers' to help gather views on the whole patient experience.

In the new Evelina Children's Hospital, children and parents were involved in virtually every aspect of the design of the new hospital from the shape of corridors, to the choice of furniture and the food on the menus. Similarly, the advanced access project in renal and urology has involved patients in every step of the service redesign. Other examples where patient feedback is driving improvements include:

- our developing cancer strategy where patients are helping us to identify the best possible service for patients, for example with faster diagnosis and better access to emotional support and patient information;
- the redecoration of the chemotherapy area to create a more comfortable and relaxing environment;
- a new electronic queuing system in pharmacy and a redesigned dispensing area to improve patient confidentiality.

## Listening to our patients

To find out more about general levels of patient satisfaction, the Trust has commissioned an independent company to conduct regular interviews with former patients about their experience. The first survey, involving 500 former adult inpatients, showed a high level of satisfaction, with positive feedback both about the quality of care and the polite and helpful nature of staff. A relatively small number of patients were unhappy with their care, and we are seeking to learn lessons from this and to address the issues they raise. The survey will now be repeated every three months, with around half the interviewees coming from a specific service area, so we can gain a better understanding about particular services.

This work builds on the work we are already doing to respond to the national patient surveys. In April 2005, the Board of Directors approved a programme of action in response to our performance in the Healthcare Commission's national survey of patients attending outpatient and emergency departments. This included the introduction of revised cleaning schedules in A&E and all outpatient areas and increased frequency of cleaning in public toilets, as well as a programme of other improvements.

### Language support

Our language support service ensures that all patients with English as an additional language have equal access to hospital services; adequate and suitable information to support *Patient Choice*; and increased access to patient and public involvement activities such as membership of our Foundation Trust.

The service receives over 1,000 requests a month for interpreters, with 45 different languages being accessed daily through face to face interpreting and a further 15 languages through 24 hour interpreting. A translation service is also provided for appointment letters, medical results and a wide range of other patient information about both clinical procedures and services.

In February, the Trust became the first in the country to introduce British Sign Language (BSL) video interpreting equipment to assist deaf sign users during their visits to hospital, as an addition to BSL interpreters. The equipment is similar to teleconferencing and allows live communication between a deaf sign user and the health professional treating them via a BSL interpreter on screen. The service is currently available in A&E at St Thomas' and in the Minor Injuries Unit at Guy's, but ultimately with the introduction of wireless technology, it will be possible to offer the service throughout the hospitals.

### Knowledge & Information Centre

Last year the Knowledge & Information Centre (KIC) at St Thomas' welcomed over 350 people a day wanting health information, to access the internet, advice on careers or benefits, or simply take time out to relax and read a paper. An information prescription service is now available, encouraging clinical staff to 'prescribe' health information for patients so that they can play a more active part in their care, and a KIC user group of patients and carers makes suggestions on a wide range of 'patient experience' issues.

### Patient information

Good patient information is an essential part of patient care. During the year, an audit of over 2,000 patient information leaflets used within the Trust was completed to identify priorities for updating existing information and the development of new resources. Almost 70 new or substantially revised leaflets were produced, with a further 50 in production, covering procedures from biopsies to eye surgery, a wide range of information for pregnant women and a new range of specialist information for children and parents attending the Evelina Children's Hospital. The patient information team works closely with clinical staff, existing patient groups and a newly established patient information readers' group to ensure information is relevant, accurate and easily understood by patients.

### Learning from comments and complaints

Our complaints team works closely with clinical staff and the risk management team to ensure that complaints result in improvements to services. The team maintains close contact with complainants, keeping them informed of progress, and supports clinical staff to help them address the individual needs of each case.

An area of particular focus this year has been dentistry, where a rise in complaints and difficulties in investigating them, led to the complaints team working closely with dental staff to find a way forward. Because dental services are part of the dental school, with a high turnover of students, we discovered inconsistencies in the way dental records were stored. As a result, a new dental records department with electronic tracking of case notes was created. Complaints relating to dental services have more than halved since the improvements were introduced.

During the year, we received 779 formal complaints, of which 568 (73 per cent) were concluded within 20 working days. 37 (4.7 per cent) of these complainants



wrote second letters and 24 (2.9 per cent) progressed their cases to the next stage, referring the matter to the Healthcare Commission to request an independent review. In line with national trends, more complainants referred their cases to the Healthcare Commission than sent them to the Trust's complaints convenor under the previous complaints process. Of the cases sent to the Healthcare Commission, six have had independent reviews completed to date. In three cases, the Trust was asked to provide further information, and in the other three, no further action was recommended by the Healthcare Commission.

#### Complaints in 2005/06

Total formal complaints:	<b>779</b>
Number responded to within 20 days:	<b>568</b>
Number referred to Healthcare Commission:	<b>24</b>

#### Patient Advice and Liaison Service

The Trust's Patient Advice and Liaison Service (PALS) works closely with our complaints team and received 3,745 enquiries via letter, email or in person during the year. These ranged from enquiries about specialist services provided by the Trust, to requests for information about how to access patient transport, view medical records or get involved with the work of the Trust.

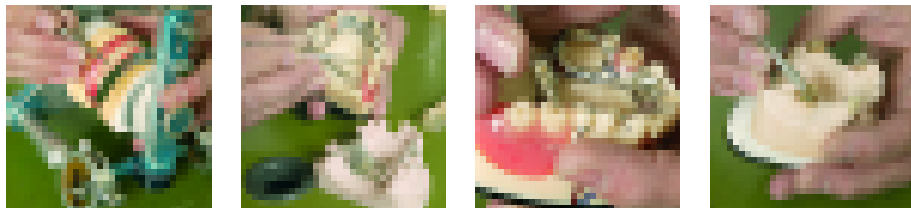


16:51



16:51

Senior dental technical instructor, Andy Juszczyk demonstrates a procedure to post graduate students Georgios Theodoridis (left) and Paul Chetcuti Carauya. The Trust is home to Europe's largest dental school, training over 1,000 undergraduate dental students and postgraduate dentists every year.



## Transforming our services

Guy's and St Thomas' continues to strive for excellence in everything it does. We are committed to improving the quality of our services, providing these as efficiently as possible and ensuring that the hospital environment meets the needs of our patients in the 21st century. A number of major programmes are underway, many of which are challenging existing ways of working.

### Delivering Excellence

The *Delivering Excellence* programme aims to make services better for patients, make the Trust a better place to work and to make the best use of all our resources. It is an umbrella term for a number of different strands of modernisation work within the Trust. In some areas this has meant completely redesigning systems and processes that support staff who deliver direct patient care, such as how patients are booked onto operating theatre lists. In others it has looked at the way we buy goods and services to ensure we get the best possible value for money.

Over the past year, *Delivering Excellence* has achieved considerable success in improving clinical care, reducing waste and duplication and building in-house expertise in change management and service transformation. For example, staff working in elderly care and medicine have substantially reduced the time that older patients stay in hospital. At the same time, they have reduced the number of patients needing to be readmitted to hospital, demonstrating that greater efficiency is also improving the quality of care. Ward nurses have also seen their administrative duties streamlined, giving them more time to spend with patients.

As part of *Delivering Excellence*, the *Change Leaders' programme* has continued to grow over the past year, helping to train clinical and non-clinical staff so they are able to lead, facilitate and participate in the changes we are making. During the year, 35 staff completed the programme and an active network of 'change leaders' is developing across the Trust. Increasingly, these staff are becoming a key resource to help us modernise and transform our services.

# Transforming our services

## Nursing toolkit

This year saw the launch of the Trust's first nursing toolkit which allows us to monitor in a comprehensive way the standard of nursing and midwifery care in all clinical areas, ensuring sustained improvements in the quality of patient care. The toolkit brings together different methods to monitor aspects of care that we know are important to our patients, including infection control, the environment, nutrition, privacy and dignity.

The assessments are undertaken by a team which includes the ward sister, a matron, a senior member of the facilities team, a senior member of the nursing and midwifery executive team now integrated into clinical services and a patient or public representative. Once an assessment has been completed, an action plan is drawn up and overseen by the responsible matron. The toolkit is already proving extremely valuable and a number of other Trusts have expressed an interest in the work we are doing.

## Modernisation Initiative

The *Modernisation Initiative* aims to transform services for stroke, kidney and sexual health patients in Lambeth and Southwark. The initiative is a partnership between Guy's and St Thomas' NHS Foundation Trust, Lambeth and Southwark Primary Care Trusts and King's College Hospital, and is generously funded by Guy's and St Thomas' Charity.

Many voluntary organisations are also involved, including the Stroke Association, Connect, Time and Talents and Speakability in the stroke programme; the Kidney Patients' Association and the National Kidney Research Fund in the Kidney Programme; and Brook, Terrence Higgins Trust and the Family Planning Association in the sexual health work.

Patient and carer involvement is also central to the redesign of services so these are centred around the patient and their needs, rather than the needs of the organisations that deliver them. There have been many achievements over the last year including:

### Stroke

- A significant reduction in the time that patients who have suffered a 'ministroke' (a transient ischaemic attack) wait to see a specialist.
- The creation of an innovative training DVD, developed with service users and carers, to help staff fully understand the impact that a stroke has on their lives.

## Kidney disease

- A new kidney function test (eGFR) introduced in both hospitals and the community to ensure patients at risk of developing kidney disease are identified and treated earlier.
- A new patient information DVD to help increase the number of people who might consider becoming a living donor.
- Teaching to enable haemodialysis patients to play a more active part in their care, increasing their independence and treatment choices.

## Sexual health

- The redesign of the Lloyd clinic at Guy's so that walk-in patients can be seen more rapidly.
- Several pilot projects are also reducing waiting times, for example, patients are given an appointment to return to the busy sexual health clinic at a specified time on the same day, rather than having to wait to be seen.

The *Modernisation Initiative* brought together the wide range of individuals and organisations that have been driving forward its pioneering work at a highly successful conference in May to celebrate and share the learning so far. The conference was extremely well received and around 300 people attended.

## Information technology

The need for accurate and up-to-date information at the patient's bedside and in other clinical areas is increasingly an essential component of delivering high quality care. Our information technology and telecommunications department has been working hard during the year to improve efficiency and access to information where and when it is needed.

The Trust now has full electronic systems for the ordering and reporting of diagnostic tests, including a system which allows GPs to order tests and see the results in their surgeries across South East London. A fully electronic diagnostic imaging system is also being introduced, enabling doctors and nurses to review patients' x-rays more easily.

These initiatives have been supported by the introduction of new IT infrastructure which aims to make our systems more reliable, flexible and cost effective. During the year a major overhaul of our data network was carried out, introducing wireless technology to clinical areas which will allow us to introduce a range of new systems to make it easier to provide high quality care for patients in the future.



## Improving our environment

Last year, the Trust invested £13.6 million in ward upgrades, refurbishments, and other improvements, including major improvements to many toilets and bathrooms across both sites. Larger schemes have included a £1.6 million upgrade of the coronary care unit and refurbishment of the renal wards at Guy's.

£220,000 was spent on new public toilets in the main entrance at Guy's, addressing an issue that has been a concern to patients for many years and completing the transformation of the entrance area. The thoughtfully designed toilets not only meet the highest hygiene standards, but use practical materials and include features such as sensor taps, lights and driers – the original artwork on the doors, either city views or floral landscapes, is an added bonus. The new design is being evaluated and will be incorporated into other refurbishments across the Trust.

## The Face initiative

The *Face initiative* is a partnership between the Trust and Guy's and St Thomas' Charity, which has awarded a £3.65 million grant over three years. The project team has been looking at many aspects of the patient experience, from the design of reception areas and corridors to how people find their way around our hospitals. They have also been looking at how we can ensure consistently high standards of behaviour that will create a welcoming and helpful atmosphere for patients and visitors as they interact with staff from receptionists and porters to consultants. We have been piloting these new ideas and ways of working in the Evelina Children's Hospital before rolling them out to other areas.

The *Face initiative* has been transforming some of the least attractive parts of the Trust. For example, the route patients take along the lower ground floor to the radiotherapy department at Guy's has now been completely redesigned with corridors displaying vibrant pictures of leaves and foliage from floor to ceiling that create a more calm and welcoming atmosphere. Major work has also begun to rejuvenate some of the busiest corridors at St Thomas'. The use of colour on doors and signage will help patients and visitors to find their way around the hospital.

## Guy's approaches

Work is well underway to transform the external approaches to Guy's Hospital as part of a project involving leading British designer, Thomas Heatherwick. Around 15,000 people use the site every day, and with major development work planned for nearby London Bridge station, improvements were urgently needed. The work is due to be completed in August 2006 and will improve access through pedestrianising sections of Great Maze Pond and repaving and widening pavements.

It will also make the whole area feel safer and far more pleasant for patients, visitors, staff, and local people. The scheme is funded by the Pool of London Partnership and Guy's and St Thomas' Charity.

## Cancer strategy programme

We are making good progress with work to develop exciting plans for world class cancer services in South East London – a key part of the Trust's service strategy. The cancer strategy is being developed with our partners, King's College Hospital (with whom we are a Joint Cancer Centre), King's College London (our major academic and research partner) and the South East London Cancer Network, which includes the other hospitals and Primary Care Trusts in South East London.

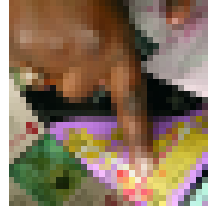
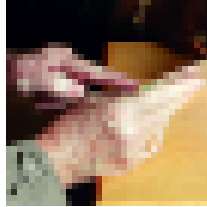
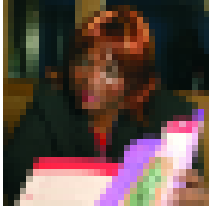
The programme is building a detailed vision for cancer services across South East London and a business case to enable us to take forward these plans. The work is funded for 12 months by Guy's and St Thomas' Charity. We are initially looking at six tumour types, starting with breast cancer. Clinical and research staff are visiting international centres of excellence to learn from their experiences, as well as consulting local patients and GPs, to develop future models of care based on best local and international practice. In addition, through this work, we are identifying immediate service improvements we can implement now.



18:10

18:10

Omolara Ajagbe, one of the receptionists on main reception at St Thomas' directs Judith Laurance to visit her daughter in the Hospital Birth Centre. Across our two hospitals there are about 50 wards in use at any one time, including 10 medical, 12 surgical, four cardiac and six cancer/renal wards, as well as six wards in the Women's and Neonatal Centre which is home to the birth centre.



## Working in partnership

The Trust has continued to maintain and develop close working relationships with a wide range of partners such as patient groups, local partnerships, Primary Care Trusts and Guy's and St Thomas' Charity.

### Primary Care Trusts

The Trust works closely with the Primary Care Trusts (PCTs) that commission our services, in particular our local PCTs in Lambeth and Southwark. For example, Trust staff are contributing to the work led by Lambeth PCT to improve services for people with long term conditions, and the Trust is a member of the Lambeth and Southwark Urgent and Emergency Care Network. Jointly we have developed an urgent care centre within A&E at St Thomas' which ensures that patients who need primary care, rather than emergency services, can see a GP in the urgent care centre and receive follow up care in the community.

The Trust has also played a key role in a local project looking at chronic obstructive pulmonary disease. Working with colleagues at King's College Hospital and in both local PCTs, this work is making major improvements to the care provided for people living locally with this long term condition.

This year we also agreed with Lambeth PCT to increase our strategic partnership work and our clinical lead in elderly care, Dr Danielle Harari, became a member of the PCT's adult and older people's directorate and now attends the Lambeth partnership board. Trust staff have also played an active part in a review of intermediate care. For example, Dr Finbarr Martin has served as the lead geriatrician for the care homes support team that spans our three local PCTs in Lambeth, Southwark and Lewisham, and has led an audit of care home admissions to local hospitals.

### South East London service design and sustainability project

During the latter half of the year, Guy's and St Thomas' has been actively involved with partner organisations from across the NHS in South East London in work to ensure the future sustainability of services across the sector. As the only NHS Foundation Trust locally, the Trust has demonstrated its continued commitment to the wider NHS through full involvement in this work, and by bringing its experience and expertise to the project which aims to increase efficiency and ensure patients have access to high quality care.

# Working in partnership

## South London and Maudsley

The Trust also continues to work closely with colleagues providing local mental health services at South London and Maudsley NHS Trust. Board level colleagues met on several occasions to discuss strategic developments, as well as specific service issues such as arrangements for clinical supervision where services overlap, and the provision of mental health support services to patients in the Evelina Children's Hospital.

## Overview and scrutiny of health

Local Authority Health Scrutiny Committees have a statutory responsibility to oversee local health services and ensure they meet the needs of their population. Over the year, the Trust has worked closely with the committees in Lambeth and Southwark. Regular briefings have been provided to help councillors understand healthcare acquired infections and the work the Trust has been doing to increase day surgery rates and reduce the length of time that many patients stay in hospital. The scrutiny committees have also had the opportunity to comment on the Trust's draft Annual Health Check declaration before it was submitted to the Healthcare Commission.

## Patient and Public Involvement Forum

The Guy's and St Thomas' Patient and Public Involvement Forum (PPIF) is an independent body, established by Government to provide feedback on our services. Bi-monthly meetings have been held with the PPIF, looking at issues such as patient transport, parking, Patientline services and the new Evelina Children's Hospital. The PPIF was also involved in the Trust Open Day in July, as well as the Patient Environment Action Team inspections looking at hospital cleanliness and the development of new patient information.

## Local partnerships

Guy's and St Thomas' works closely with the many local groups and partnerships that are well established around both hospital sites. This helps build good relationships with our neighbours and ensures that the Trust is at the heart of developments in the local community. These include:

- Better Bankside;
- More London Advisory Board;

- Pool of London Partnership's London Bridge Gateway Group;
- South Bank Employers' Group;
- South Bank Partnership;
- Waterloo Project Board.

## Guy's and St Thomas' Charity

Guy's and St Thomas' Charity uses its very considerable charitable funds – the result of donations to both our hospitals over many years – to improve services for patients, support our staff and contribute to research and development at the Trust and in the wider health community in Lambeth and Southwark. Guy's and St Thomas' NHS Foundation Trust is the main beneficiary of the Charity and over the year we received funding for five major projects totalling £870,000. These included:

- £450,000 to install a cone beam CT scanner for dental and maxillofacial imaging. Benefiting around 10,000 dental patients each year, this equipment provides high resolution three dimensional images of the teeth and jaws, assisting with many aspects of dentistry such as implant planning, orthodontics and treatment for cleft palates.
- £104,000 to develop the Guy's poisons unit's patient toxicology database. With around 1,500 acutely poisoned patients attending St Thomas' A&E each year, this system enables the poisons unit to collect and analyse detailed information about these patients, improve training and education for medical and nursing staff caring for poisoned patients, and helps to assess new treatments.
- £96,000 to establish a specialist follow up clinic for patients who have a genetic predisposition to breast cancer. These patients face many difficult decisions about their treatment options and the clinic aims to establish a model of best practice in terms of their care which involves all the key clinical specialties.

The Charity also made 63 smaller grants, totalling £433,777 during the year, to support a wide range of projects that aim to improve services and the hospital environment or support staff development. Information about the *Modernisation Initiative* and the *Face initiative*, two exciting projects funded by the charity are set out on pages 34 to 35.

19:22 Staff nurse Helen Morgan chats to cardiac patient Ronald Samuels. In response to feedback from patients and visitors all nursing and midwifery uniforms changed this year to ensure that across all specialties staff of the same level wear the same colour of uniform making it easier for patients to identify the best person to speak to about any queries they have.



19:22



20:00



20:00

Site nurse practitioner Rob Schwarz chats with colleague Sue Guthrie during their daily 8pm handover. The site nurse practitioners run the hospitals out of hours, allocating beds and dealing with emergencies overnight and at the weekends. On average the Trust has around 1,150 beds in use at any one time plus 50 specialist baby cots.



## Valuing our staff

Our reputation for high quality services depends on the skill and commitment of our staff. During the year we have continued in our determination to be a model employer, to maintain an excellent dialogue with staff and to work in partnership.

### Improving Working Lives

During the year the Trust achieved the highest level of the *Improving Working Lives* initiative, Practice Plus. This is an NHS wide scheme to promote excellent employment practices, and our practices were measured by external assessors against criteria covering a number of areas such as access to flexible working; staff involvement; commitment to equality and diversity; and a healthy work place. The Trust was delighted to be commended for its commitment to improving the working lives of staff.

### Agenda for Change

The Trust has also made good progress in implementing the new NHS pay, terms and conditions known as *Agenda for Change*, with management and staffside representatives working closely together throughout the process. The new pay arrangements, together with the *Knowledge and Skills Framework*, will provide a structured process for performance management and the design of new roles to support the delivery of high quality patient care and the development of services.

### Involving our staff

Over 500 staff were directly involved in our efforts to review and improve our employment practices as part of the *Improving Working Lives* initiative. This, together with the implementation of *Agenda for Change*, has encouraged close partnership working between managers and staff. The Trust meets regularly with staff representatives both formally and informally to ensure that workforce issues are properly discussed and consulted upon. We also have active staff members on our Members' Council who play a key role in representing the views of staff at a strategic level in the Trust.

In October 2005, the annual NHS staff survey was sent to one in 10 of our staff, chosen at random. Our initial analysis shows that compared with other trusts, we have done well on many measures such as the feeling of security in the work environment and the number of staff reporting injuries in the work place. However, we did less well

## Valuing our staff

on health and safety training, and the proportion of staff being appraised regularly. The detailed results are being analysed and an action plan will be developed with staff representatives to help us improve the working lives of staff, respond to staff views and make improvements.

### Communications

Effective communication with staff, patients and our local communities underpins all aspects of the Trust's work, ensuring appropriate information about our services and any changes or developments are widely known. Staff receive news in several different formats each month, including through our staff magazine *People*; a monthly *Team Briefing*, which also allows staff to feedback their ideas and comments; electronic newsletters on issues ranging from clinical governance to the *Choose and Book* project; and via the intranet. The Chief Executive holds regular lunchtime question and answer sessions, and several staff policy leaflets have also been produced to update everyone on key issues such as the new uniform policy, flu vaccination and how to report adverse incidents.

The Trust intranet, known as **GTi**, was relaunched in March, following extensive consultation with staff and the introduction of a new content management system. The web team used this feedback to improve the navigation of the site, making it easier for people to find information and also reviewed best practice in web design to ensure the site meets the latest accessibility guidelines. The new look **GTi** has been well received and the Trust's external website will now be relaunched later this year.

### Training and development

Our dedicated training centre in the former General Lying In (GLI) Hospital, close to St Thomas' continues to go from strength to strength, with the opening of a Knowledge & Information Centre for staff to make it easier for them to find a quiet place to study and access the internet. Training and development was one of the areas reviewed as part of our *Improving Working Lives* accreditation and our commitment to training, developing and engaging our staff was commended by the review team.

The Trust's reputation for excellence in training and development partly derives from the expectation that all staff have access to learning opportunities based on the needs of their job and their career aspirations. In accordance with the Trust's equal opportunities policies, access is available to all staff.

A major focus during the year has been a detailed

review of the Trust's induction processes to ensure all new staff are given the right information and training when they join the Trust. A new two day corporate induction programme has been developed providing both a warm welcome to the Trust and important mandatory training.

Induction was also a key feature of another important development. Around 800 staff completed a tailored induction programme to familiarise themselves with the new Evelina Children's Hospital and its culture, values and new ways of working before the hospital opened in October 2005.

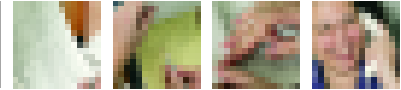
Meanwhile to respond to the continuing roll out of new management structures during the year, around 100 managers from the new service delivery units (SDUs) went through a tailored *Leading Delivery* programme to introduce them to their new roles and responsibilities.

Many staff have accessed both internal and external training opportunities, to support their development needs in line with the new national appraisal system known as the *Knowledge and Skills Framework*. During the year, we expanded the range of National Vocational Qualifications (NVQs) offered to support staff, and 46 staff ranging from healthcare assistants to porters completed their NVQs, achieving a great sense of pride and personal satisfaction as a result.

### Investing in our nurses and midwives

Over the past year there have been a number of key developments within nursing and midwifery. A range of programmes to support nurses and midwives has been developed which will help staff at all levels achieve their clinical competencies, and ensure we create a workforce fit for purpose and the delivery of high quality care. Ensuring nurses and midwives are listened to and fully engaged has been an essential part of creating a stable and motivated workforce. To support this, monthly network events have been established, as well as development days for ward sisters, clinical nurse specialists and nurse consultants.

The Trust is committed to developing excellence in clinical practice by supporting the expanded role of the nurse. During the year the number of nurse consultants has increased by four, with new nurse consultant roles in haematology, coloproctology, upper gastrointestinal care and dermatology, whilst Laura Doig, our ground-breaking nurse endoscopist, was runner up in the *Nursing Standard's* nurse of the year award.



## Celebrating diversity

The cultural diversity of the communities we serve is illustrated by the fact that some 150 languages are spoken locally. We are pleased that our workforce reflects the diversity of our local communities, particularly in Lambeth and Southwark, and we continue to work hard to ensure this is reflected at all levels of the Trust.

In May 2005 we celebrated the bicentenary of the birth of Mary Seacole, a Jamaican nurse during the Crimean War and a contemporary of Florence Nightingale, who is an inspiration to many of our staff. We used this occasion to launch a new mentoring scheme to increase career development opportunities for black and minority ethnic staff, and we continue to work closely with our Black and Minority Ethnic Staff Network.

The Trust is committed to supporting fairness in the work place irrespective of age, gender, sexual orientation, disability, religious belief, national origin, race, marital status, responsibility for dependents, political or trade union affiliations, HIV status or socio-economic background. The Trust continues to review policy and practice to ensure that it reflects the latest regulation and also best practice. The Trust holds the disability 'two tick' accreditation for employers who are positive about employing disabled people.

Our commitment to support working parents is reflected in our range of family friendly policies and in our two childcare nurseries. The launch of childcare vouchers and their promotion during the year has ensured that we are able to fully support our staff in their need for cost effective childcare.

## Enabling all our staff

The Trust is committed to supporting the recruitment of disabled applicants as well as ensuring the retention of existing staff who become disabled. The Trust encourages applications for employment from disabled people and works on a case by case basis to ensure that any personal needs arising from a disability are met. Similarly, the Trust takes all reasonable steps to ensure that staff who become disabled are able to remain in employment and develop their careers. In all situations the Trust will liaise with the successful candidate or existing employee as well as with medical advisers, occupational health specialists and external disability support organisations to ensure that appropriate adjustments and adaptations are made to meet individual needs.

The Trust Board has recently re-affirmed its commitment to these principles and a Disability Equality Scheme will be

developed which will identify an action plan to ensure compliance with disability legislation. The Trust will engage disabled staff and stakeholder groups in this process.

## Recruiting new staff

The Trust recognises that we are a major employer in the local community. Our 'We need a hand campaign' from a couple of years ago confirmed that many local people prefer to use the internet to contact the Trust. In response, we have now ensured that all vacancies are advertised on the internet <http://jobs.gstt.nhs.uk> helping to speed up the recruitment process to the benefit of both applicants and the Trust.

During the year we recruited to 1,603 vacancies, sending out 29,000 recruitment packs. We used both the Trust's standard and more creative advertisements to ensure vacancies were filled as quickly as possible, even in 'hard to recruit' professions such as paediatric clinical nurse practitioners and financial accountants.

## Our volunteers

Over 400 people support the Trust as volunteers covering a wide age range, from 17 to 94. Volunteers are treated as other members of staff and take part in the Trust induction programme. The Trust has been working hard to improve and extend the range of roles offered to volunteers. As a result, new volunteering opportunities have been created in renal services, the rheumatoid arthritis centre and working with the citizens' panel looking at care for elderly patients. This is in addition to more traditional roles such as meeting and greeting patients and visitors, and helping with clerical tasks or taking books and magazines around the wards.

## Health and safety

The Trust has given a high priority to the continued development of both clinical and non-clinical risk management processes to ensure the health, safety and welfare of patients, staff and visitors. Working in partnership with other departments and staff representatives, the health and safety team continues to develop policies to enable managers to proactively manage safety.

During the year, a new risk management strategy was approved and implemented, focusing on the proactive management of risk through the use of local risk assessment and risk registers. Clear lines of management responsibility for the identification and minimisation of

## Valuing our staff

risk were defined. Revised policies on the management of adverse incidents, including those classified as 'serious', were also developed. Management training courses to support the investigation process, including root cause analysis, were provided to embed the new arrangements.

### Occupational health

The Trust's occupational health service employs a team of doctors, nurses, counsellors and health promotion advisors and offers a full occupational health service to the Trust, the medical, dental and nursing schools, and a number of external organisations. The service is an approved NHSPlus site, making it part of a network of NHS occupational health departments which provide quality services to non-NHS employers. For example, in 2005, the team secured a new contract to provide a service to the Victoria and Albert Museum.

The service provides an immunisation programme; regular work related health checks; pre-employment screening; advice on correct work procedures; and assessment of fitness to work after illness or injury. The annual flu vaccination programme saw the highest number of clinical staff vaccinated in any year so far, with around 1,350 staff taking up the vaccination. Following the London bombings on July 7, senior staff have helped to provide appropriate support and advice to staff involved in the Trust's response.

**21:17** Housekeeping assistant, Vern Oshodi, cleans an operating theatre at Guy's Hospital during the night. In October the Capital, Estates and Facilities directorate held its second awards ceremony to recognise the essential contribution that staff from these areas make to the smooth running of the Trust. The event was extremely popular and well attended by staff and senior managers, including many of the Trust's Directors.



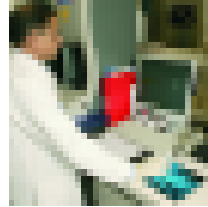
**21:17**



22:33

22:33

Ashok Pandya, a biomedical scientist, examines samples in the Trust's Haematology laboratory. Some of the Trust's laboratories run 24 hours a day to deal with urgent work from Accident and Emergency, intensive care, theatres and obstetrics.



## Teaching and research and development

The Trust is a major teaching hospital and we are proud of our close collaboration with King's College London and our other academic partners, both in terms of joint research and development, and also in training the next generation of doctors, nurses and other health professionals.

### Undergraduate teaching

The Trust has reorganised its undergraduate teaching so this is now led by a new undergraduate medical education team and aligned with the Trust's four clinical divisions. The team's aim is to provide an excellent teaching and learning environment for undergraduate medical students. To support this, a detailed audit of the number of teaching hours clinical staff spend with students is being carried out and regular monitoring of the level of student satisfaction with their teaching experience in the Trust is also being undertaken. The team meets regularly with department teaching leads to ensure consistent and high quality teaching across the Trust, and also works closely with King's College London's School of Medicine and other local NHS Trusts.

The Trust also enjoys strong links with South Bank University, providing undergraduate training and continuing professional development for many groups of staff, ranging from nurses and therapists to radiographers and laboratory technicians.

### Postgraduate teaching

Postgraduate training for doctors in the UK is rapidly. Guy's and St Thomas' has embraced the *Modernising Medical Careers* project, which began in August 2005, and now provides the new two year foundation programme which precedes more specialist or general practitioner training.

The Trust is currently training 48 recent graduates from medical schools around the country on Year 1 of the new Foundation Programme, having accepted its first intake of trainees in August 2005. The Trust has developed its Year 2 programme, and a pilot Year 2 programme with 15 trainees began in August 2005. The Trust has recruited 60 trainees to the Year 2 programme which will begin in August 2006. Feedback from doctors in Year 1, and in the pilot Year 2 programme, has been extremely positive, and the Trust is monitoring the new programme closely to ensure it meets the needs of both the doctors and Trust.

# Teaching and research and development

## Research and development

Research and development is one of the six strategic themes which underpins the Trust's vision for the next five years. Our collaboration with King's College London has increased considerably over the past year and we have made great strides in aligning the Trust's service strategy with the university's research strategy to the mutual benefit of both organisations.

A broad range of research and development was underway in the Trust during the year – with a total of around 600 projects. The Trust recorded around 480 non-commercial research projects, over 300 of which were funded primarily by medical research charities, the research councils or the Guy's and St Thomas' Charity.

The Trust received an NHS research and development levy of £17.7 million to support non-commercial research in 2005/06.

The Trust continues to focus effort on its 20 'Priority and Needs' research programmes which cover national priorities such as cancer, diabetes and stroke, as well as address local health priorities such as sexual health. Of the 17 programmes, 16 received the highest possible research rating from the Department of Health.

During the year, a Trust Research and Development strategy covering the period 2005/08 was developed with active participation from researchers, service level R&D leads, and university colleagues spanning all professional groups. The overall aim is to increase the Trust's capacity to carry out high quality research that is relevant to the international, national and local health agenda, and which will support innovation in the way that health care is delivered. Themes incorporated into the strategy include:

- developing the appropriate ethos, structures and processes to deliver high quality clinical research;
- enhancing the Trust's reputation, prestige and identity as an academic hospital consistent with the Guy's and St Thomas' 'brand';
- using R&D as a lever for recruitment and retention of talented academics, research and clinical staff;
- ensuring through an active R&D programme that the Trust remains ahead of the technology curve and is developing innovative new services.

Underpinning these aims, both the Trust and King's College London continue to develop robust managerial and governance systems, as well as the capacity needed to deliver the strategy.

In a new partnership venture the Trust, King's College London and King's College Hospital have established a joint Clinical Trials Office to maximise commercial and academic trials capacity and make it easier for other partners to work with us. A Director has recently been appointed to head the Clinical Trials Office.

Closer working between the Trust and King's College London, through the establishment of a joint R&D office, is also helping to remove bureaucratic obstacles to undertaking research by streamlining processes for researchers, for example by speeding up the issuing of honorary contracts and the securing of project approvals. The R&D office has also appointed a Research Governance Co-ordinator to improve the existing processes for Trust approval of research, as well as monitoring research projects that are ongoing in the Trust, allowing us to provide training where necessary.

Training to support staff and facilitate effective research projects which will benefit patients and increase medical and scientific knowledge, has continued to be a priority for the R&D team. Funding of £150,000 from the London Development Agency, awarded jointly to the Trust, King's College London and King's College Hospital, has supported extensive training in clinical trials focused on good clinical practice and the most recent EU legislation. This important support for researchers working in the Trust will be developed further next year. In addition, the R&D team has established a biostatistics consultancy service with the Division of Health and Social Care research at King's College London to support and advise research staff. This collaboration is proving very popular and beneficial to Trust researchers.

In January 2006, the Government launched a new Research and Development Strategy, *Best Research for Best Health*. The Trust is actively considering the challenges this presents, particularly in terms of how research will be funded in the NHS in future. Detailed plans in response to this, to ensure the Trust continues to maximise its research and development potential and continues to lead the way in developing new treatments and technologies through research, are already being drawn up.



23:11

Security officer Ismaila O Salau, and security supervisor Benjamin Ayerley, patrol outside the hospital late at night. This year the Trust introduced a number of new initiatives to make our hospitals more secure. External doors are now locked throughout the night to improve security for patients and staff.



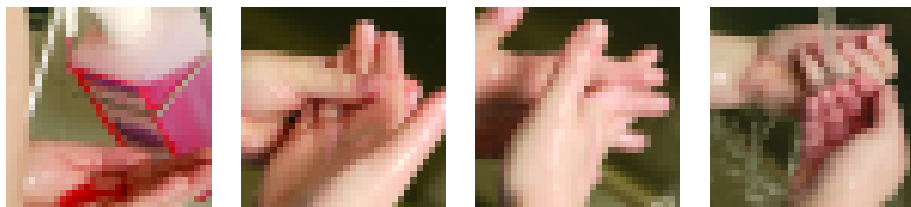
23:11



00:40

00:40

Rachel Bell, consultant vascular surgeon, scrubs up, ready to perform emergency surgery. The Trust takes infection control extremely seriously in every area of the Trust. Over the last year we have seen an improvement in our MRSA rates thanks to a number of successful initiatives, including our 'Clean Your Hands' campaign which reminded staff and visitors of the importance of washing their hands to reduce the spread of infection.



## Our organisational structure

### The Members' Council

As an NHS Foundation Trust, we established a Members' Council (our equivalent of the Board of Governors as described in the legislation), that met for the first time in July 2004. 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. It comprises 10 patient, 10 public and seven staff members, all elected from the membership, together with 10 representatives nominated from local organisations.

The Members' Council fulfils a number of formal functions such as the appointment of external auditors and the appointment of the Chairman and other Non-Executive Directors for four year terms. The Members' Council may, at a general meeting, appoint or remove the Chairman and the other Non-Executive Directors of the Trust, although the decision to remove a Non-Executive Director would require the support of three quarters of the Members' Council.

### Elections to the Members' Council

The patient, public and staff members of the Members' Council are elected from the membership by the members to serve for three years. Elections for the 27 positions originally took place in April 2004. Half of these positions came up for re-election in March 2006, with elections held in April 2006. See pages 55 to 56 for details of the membership of our Members' Council during the year.

Our Members' Council supports the work of the Trust outside of its formal meetings, supported by the Executive Directors and the Chairman. Members' Council working groups play an important role, with the skills and experience of individual members providing a valuable asset to the Trust. Through the working groups members have the opportunity to concentrate on specific issues in greater detail than is possible at a full meeting of the Members' Council. Four working groups were active until November 2005:

**Service strategy** – this group reviewed the Trust's service strategy, receiving reports on NHS policy and presentations from the local Directors of Public Health. The group made recommendations about the overall strategy, taking into account the challenges facing the Trust, the local health economy and the wider NHS.

## Our organisational structure

**Face initiative** – this group reviewed and made recommendations on how the Trust could improve the patient and public environment.

**Communications and membership development** – this group considered the membership development strategy, including initiatives to target hard to reach communities, and events and mailings for members.

**Race Equality Scheme** – this group focused specifically on the Trust's Race Equality Scheme and provided advice to the Board of Directors.

In November 2005, the Members' Council reorganised the working groups to focus on three areas – staffing and employment, patient experience and service strategy, and these groups continue to meet regularly.

### Board of Directors

The Trust Board became the Board of Directors on July 1 2004, when the Trust formally became an NHS Foundation Trust. The role of the Board of Directors is to manage the Trust by:

- setting the overall strategic direction of the Trust, within the context of NHS priorities;
- regularly monitoring our performance against objectives;
- providing effective financial stewardship through value for money, financial control and financial planning;
- ensuring that the Trust provides high quality, effective and patient-focused services through clinical governance;
- ensuring high standards of corporate governance and personal conduct;
- promoting effective dialogue between the Trust and the local communities we serve.

The Board of Directors is made up of our Chairman, Patricia Moberly, six other Non-Executive Directors and seven Executive Board Directors, including the Chief Executive. See pages 56 to 59 for further details.

The Board has the following sub-committees:

- Assurance and Risk;
- Audit and Financial Performance;
- Personnel and Workforce;
- Remuneration;
- Strategy and Estates.

Monthly board meetings are open to the public, who can come and listen to the discussions. Agendas, papers and minutes are published on our website, along with dates of future meetings. In September we hold an Annual Public Meeting (APM), where members of the Foundation Trust, local people, patients, staff and other local stakeholders are invited to come and find out about how we have performed during the year and to meet the Board of Directors and the Members' Council. There is also an opportunity to ask questions of the Chief Executive, Chairman and Executive Board Directors. Over 250 people attended our APM in September 2005.

### Trust Management Executive

The Trust's Management Executive brings together Executive Board Directors, Trust Directors and the Divisional Directors. The role of the Trust Management Executive is to:

- monitor the management of risk, including agreement of any action plans or resources;
- contribute to the development of the Trust's service strategy and agree the strategy to be submitted to the Board of Directors for approval;
- review and agree detailed business plans and performance contracts;
- monitor the delivery of the Trust's service activity and financial objectives;
- agree policies and procedures to ensure the delivery of external and internal governance;
- develop and monitor the implementation of plans to improve the efficiency, effectiveness and quality of the Trust's services.

The Management Executive has the following sub-committees:

- Capital Investment;
- Clinical Governance and Risk Management;
- Clinical Records Management;
- Enterprise Executive;
- Information Strategy Group;
- Medical Workforce;
- Research and Development.



## Our membership

The Trust has three membership constituencies:

- a patient constituency, open to people over 18 years of age who are currently a patient of the Trust or have been in the last three years;
- a public constituency, open to residents over 18 years of age who live in the London Boroughs of Lambeth and Southwark;
- a staff constituency, open to all staff employed by the Trust, as well as staff employed by King's College London or South Bank University or staff employed by contractors, whose place of work is at the Trust.

For full details of the membership criteria and information about becoming a member, telephone 020 7188 2004 or e-mail [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)

Throughout the year, the Trust has worked with community groups, patient organisations and primary care colleagues to recruit new members. The Trust has attended community meetings and also sent targeted mailings to GP surgeries and the voluntary sector.

During the year, members received a quarterly mailing which includes a letter from the Chairman and Chief Executive, a members' newsletter *Healthy Foundations*, the Trust's community magazine *South of the River* and invitations to Members' Council meetings and forthcoming events. A programme of seminars has been developed for members focusing on areas of interest, ranging from cancer treatments and unusual specialist services such as sleep services, to a behind the scenes look at the popular BBC *City Hospital* programme, which is filmed at the Trust.

## Developing the membership

At March 31 there were 2,824 patient members, 2,227 public members and 8,317 staff members – a total of 13,368. The Members' Council agreed a membership development strategy for the year, the key objectives of which are:

- to aim for an overall membership consisting of 55 per cent of members from the patient and public constituencies and 45 per cent from the staff constituency;
- to actively recruit members from the diverse communities we serve;
- to ensure members are actively engaged with the Trust and the work of the Members' Council.

Developing an engaged membership is very important to both the Members' Council and the Board of Directors. Membership is seen as one way of encouraging people to help us to put patients at the centre of everything that the Trust does.

The Trust is committed to developing a diverse and representative membership. The Trust recognises and values the variety and richness of the backgrounds and life experiences of the patients and communities we serve. It is a key priority of the Trust to use the opportunity given to it as a membership organisation to hear the voices of people who reflect this diversity. An analysis of the current membership shows that this broadly reflects the communities we serve.



02:09

02:09

Paramedics Adam Bancroft and Alan Hedger bring a patient into the A&E department at St Thomas' Hospital. The Trust has the largest intensive care department in the country with 68 adult critical care beds and a further 21 paediatric intensive care beds in the Evelina Children's Hospital.



## Who's who

### Members' Council

The following people were members of our Members' Council during 2005/06.

#### Patients

Mary Coales  
James Heaton  
Gerald Hine  
John R Hyde  
Derek Lee  
John McLaughlin  
Jeremy Marsh  
Dr John Mathews  
Jane Wardle  
Clive Welch

#### Public

Pauline Anderson  
Stephen Beer  
Susan Brooks  
Stephen Bubb  
James Cronin  
Edward Heckels  
Daphne McKenzie  
Wendy Mathews  
Karen Pardoe  
Sir Michael Weir

#### Staff

##### Doctor and dentist category:

Mike Smith, Consultant Orthopaedic Surgeon  
Dr John Coltart, Consultant Cardiologist

##### Nurse and midwife category:

Wendy Cookson, Lead Nurse, Private Patients  
Natalie Forrest, Staff Development Sister, Intensive Care Unit (until April 8 2005)  
Jackie Dunkley-Bent, Consultant Midwife (from April 9 2005)

##### Other health professional category:

Hamish Wallis, Acting Head of the Therapies' Service Development Unit

##### Other staff category:

Jacky Lewis, Environment Services Manager, Environment Services  
Hendrika Santer Bream, Personnel Manager – Modernisation Support.

The Trust held elections for four staff, five patient and five public members of the Members' Council in March 2006. The new members will start their term of office on July 1 2006.

*continued overleaf*

## Who's who

### Members' Council continued

#### Nominated members from local organisations

- Julia Barfield  
South Bank Employers Group  
(London Eye Company)
- Chris Bull, Chief Executive  
Southwark Primary Care Trust
- Dr Lynn Carlisle  
Deputy College Secretary  
King's College London
- Sarah Fox, Director  
South East London Workforce  
Development Confederation
- Roma Grant, Non-Executive Director  
South East London Strategic Health  
Authority
- Brian Lymbery, Chairman  
Lewisham Primary Care Trust
- Madeliene Long, Chair  
South London and Maudsley NHS Trust
- Jane Ramsey, Chair  
Lambeth Primary Care Trust
- Cllr Nicholas Stanton, Leader  
Southwark Council
- Cllr Peter Truesdale, Leader  
Lambeth Council

To view the register of interests for our Members' Council please contact the Head of Corporate Affairs.

## Board of Directors



#### Sir Jonathan Michael Chief Executive

Sir Jonathan Michael has been Chief Executive at Guy's and St Thomas' since November 2000. Sir 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. He received a knighthood in 2005 in the New Year's honours' list in recognition of a lifetime commitment to the NHS.

Sir Jonathan holds a number of external appointments including Chair of the Foundation Trust Network Board; Chairman of the Association of UK University Hospitals; Chairman of NHS Innovations London; a board member of the UK Clinical Research Collaborative Board; and a member of the Joint Medical Advisory Committee to the Higher Education Funding Council for England.

*Sir Jonathan is a member of the Assurance and Risk, Personnel and Workforce and Strategy and Estates sub-committees and is in attendance at the Audit and Financial Performance and Remuneration sub-committees.*

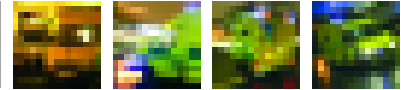


#### Dallas Ariotti MBE Director of Transformation

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' career has included nursing, clinical psychology and academic statistics and research, and she has worked in a wide variety of international policy development and management roles, including as Principal Adviser to the Minister for Health and Community Services in Australia and the Commonwealth Department of Health. Dallas became Director of Delivery in April 2004 and Director of Transformation in December 2005. Dallas received an MBE in the New Year's honours' list in recognition of her leadership of the Trust's response to the London bombings in July 2005.

*Dallas is a member of the Assurance and Risk, Personnel and Workforce, Strategy and Estates sub-committees and is in attendance at the Audit and Financial Performance sub-committee.*





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

Ted Baker became Medical Director in October 2003 and has been a consultant paediatric cardiologist at the Trust since 1987. Ted has held a number of Trust positions including Assistant Medical Director, Clinical Director of Children's Services and Group Director of Women's and Children's Services. 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 Assurance and Risk sub-committee.*



**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 and more recently as Director of Strategy and Policy in April 2004. Tim was previously the Trust's Assistant Chief Executive, Head of Personnel at St Thomas' Hospital and held a personnel post with the West Lambeth Health Authority.

*Tim is a member of the Personnel and Workforce and Strategy and Estates sub-committees and is in attendance at the Remuneration sub-committee.*



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

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

*Steve is a member of the Assurance and Risk, Personnel and Workforce and Strategy and Estates sub-committees.*



**Martin Shaw**  
**Director of Finance**

Martin Shaw has been Director of Finance since 1998. Martin joined West Lambeth Health Authority in 1983 and was Deputy Director of Finance there until 1993 when he joined Guy's and St Thomas' as Business and Financial Planning Manager before becoming Strategy Director and Projects Director. He is a Board member of the South East London Workforce Development Confederation, where he chairs the performance management and audit committee.

Martin chairs the Healthcare Financial Management Association's Foundation Trust technical issues group; is a member of the NHS Confederation Foundation Trust Network Finance Directors' Group; attends the Department of Health's *Payment By Results* Project Board; and is on the group assisting the Department of Health to review the 'Market Forces Factor'.

*Martin is a member of the Strategy and Estates sub-committee and is in attendance at the Audit and Financial Performance sub-committee.*



**Eileen Sills CBE**  
**Joint Director of Clinical Leadership,**  
**Chief Nurse and Director of Clinical Services**

Eileen Sills joined the Trust in February 2005 from Whipps Cross University Hospital NHS Trust where she had been Director of Nursing, Deputy Chief Executive and Acting Chief Executive. She qualified as a Registered General Nurse in 1983, and held a number of nursing and clinical leadership posts before moving into nursing management roles at University College London Hospitals, Homerton Hospital and the Royal Free Hospitals. Eileen's first Director post was at the Royal National Orthopaedic Hospital in 1999. Eileen added Director of Clinical Services to her role in August 2005. Eileen was awarded a CBE in the New Year's honours' list in 2003 in recognition of her contribution to the development of nursing locally and nationally.

*Eileen is a member of the Assurance and Risk and Personnel and Workforce sub-committees*

## Who's who



**Patricia Moberly**  
**Chairman**

Patricia Moberly chairs both the Board of Directors and Members' Council. Patricia has significant experience of local health services. Before joining the Guy's and St Thomas' 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 and a magistrate. She was Head of Sixth Form at Pimlico School until 1998. Patricia was reappointed as Chairman in June 2002 and again in February 2006, and will serve until March 31 2009.

*Patricia chairs the Remuneration and the Strategy and Estates sub-committees. She is a member of the Assurance and Risk sub-committee.*



**Dawn Hill**  
**Non-Executive Director**

Dawn Hill has considerable experience in human resources management, social policy administration and health care. She worked for eight years until 2003 as a senior consultant at the Focus Consultancy Ltd, specialising in black and minority ethnic health projects. She is currently self-employed and working on city academies. Dawn has previously held senior management positions in the NHS, social services and education. She is Chair of Governors at the Evelina Children's Hospital School and has a strong interest in the Trust's volunteers and women's services. 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 Governors at 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 joined the Board in November 1999 and was reappointed to the Board in November 2003.

*Dawn chairs the Personnel and Workforce sub-committee and is a member of the Remuneration sub-committee.*



**Professor Robert Lechler**  
**Vice Chairman**

Professor Robert Lechler, having been the Dean of Guy's, King's and St Thomas' School of Medicine since September 2004, became Vice Principal for Health at King's College London in October 2005. He has a distinguished career in academic medicine which began in 1979 as a Medical Research Council Training Fellow in the Department of Immunology at the Royal Postgraduate Medical School, London. He has held many senior posts, including Chief of Immunology Services at Hammersmith Hospital NHS Trust; Professor of Molecular Immunology at the Royal Postgraduate Medical School; and Professor and Director of Immunology and Head of the Division of Medicine at Imperial College London. Robert joined the Board of Directors in November 2004.

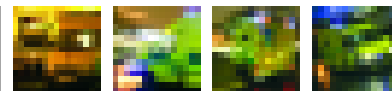
*Robert is a member of the Remuneration and Strategy and Estates sub-committees.*



**Rory Maw**  
**Non-Executive Director**

Rory Maw read economics at Trinity College, Cambridge before qualifying as a Chartered Accountant. He joined Schroders' Investment Banking division in 1989, specialising in mergers and acquisitions and providing strategic advice to a number of major international clients, particularly in the consumer products sector. In 2000 he moved to Morgan Stanley, a leading US-based investment bank, becoming Head of its European Consumer Products Group. He now advises start up companies and holds a number of Non-Executive directorships. Rory joined the Board in March 2005.

*Rory is a member of the Assurance and Risk, Audit and Financial Performance, Personnel and Workforce, and Remuneration sub-committees.*



**Jan Oliver**  
**Non-Executive Director**

Jan Oliver has considerable experience in the area of diversity, ensuring that organisations have a culture where diversity is embedded in their day to day business. She previously was Diversity Manager for Factual and Learning at the BBC, responsible for raising the profile of diversity issues, developing training and other initiatives. 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 joined the Board in January 2004.

*Jan is a member of the Assurance and Risk, Personnel and Workforce, Remuneration and Strategy and Estates sub-committees.*



**Keith Palmer**  
**Non-Executive Director**

Keith Palmer 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 senior Associate of the King's Fund. He is also a Trustee of Guy's and St Thomas' Charity. Keith Palmer joined the Board in January 2001 and was reappointed in January 2005.

*Keith chairs the Audit and Financial Performance sub-committee and is a member of the Remuneration and Strategy and Estates sub-committees.*



**Anna Tapsell**  
**Non-Executive Director**

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 is a member of Lambeth's Domestic Violence Forum and chairs Lambeth Women's Aid, which provides refuge and outreach services for women and children affected by domestic violence. Anna is a Director of Lambeth's Police Consultative Group, chairing their mental health working party, and is a Mental Health Act Manager for South London and Maudsley NHS Trust. Anna joined the Board in July 1999 and was reappointed in May 2006.

*Anna chairs the Assurance and Risk sub-committee and is a member of the Audit and Financial Performance and Remuneration sub-committees.*

## Attendance at Board of Directors' meetings

Number of meetings attended out of a maximum 10

Dallas Ariotti	10
Dr Edward Baker	10
Tim Higginson	10
Dawn Hill	9
Professor Robert Lechler	7
Steve McGuire	10
Rory Maw	10
Sir Jonathan Michael	10
Patricia Moberly	10
Jan Oliver	9
Keith Palmer	10
Martin Shaw	8
Eileen Sills	8
Anna Tapsell	10

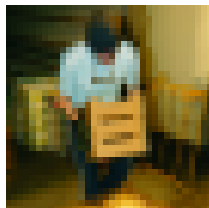
To view the register of interests for our Board of Directors, please contact the Head of Corporate Affairs.



04:30

04:30

Ray Geere makes an early morning delivery to the Trust. The loading bays open early in the morning and receive around 700 deliveries every day across both sites to ensure our hospitals operate effectively.



## Remuneration report

The remuneration and expenses for the Trust Chairman and Non-Executive Directors are determined by the Members' Council, taking account of the guidance issued by organisations such as the NHS Confederation and the NHS Appointments Commission. Remuneration for the Trust's most senior managers (Executive Directors who are members of the Board of Directors) is determined by the Trust's Remuneration sub-committee, which consists of the Chairman and the Non-Executive Directors.

Details of remuneration, including the salaries and pension entitlements of the Board of Directors, are published in the annual accounts on page 77. Remuneration of Executive Directors may include a non-recurrent bonus related to performance.

The only non-cash element of senior managers' remuneration packages are pension related benefits accrued under the NHS Pensions Scheme. Contributions are made by both the employer and employee in accordance with the rules of the national scheme which applies to all NHS staff in the scheme.

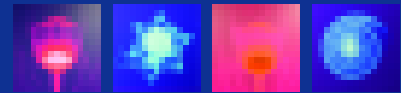
Pay levels are informed by executive salary surveys conducted by independent management consultants and by the salary levels in the wider market place. Affordability, determined by corporate performance and individual performance, are also taken into account. Where appropriate, terms and conditions are consistent with the new NHS pay arrangements – *Agenda for Change*.

The Trust's strategy and business planning process set key business objectives which in turn inform individual objectives for senior managers. Performance is closely monitored and discussed through both an annual and ongoing appraisal process. All senior managers' remuneration is subject to performance.

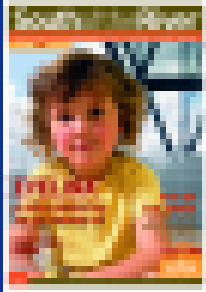
Senior managers are employed on contracts of service and are substantive employees of the Trust. Their contracts are open ended employment contracts which can be terminated by either party with six months notice, or 12 months in the case of the Chief Executive. The Trust's normal disciplinary policies apply to senior managers, including the sanction of instant dismissal for gross misconduct. The Trust's redundancy policy is consistent with NHS redundancy terms for all staff.

**Sir Jonathan Michael**

Chief Executive      June 19 2006



Pages 62-63 show a selection of artwork from the recently refurbished fracture clinic at St Thomas'.



Guy's and St Thomas' NHS Foundation Trust's Annual Report is produced by the communications department. The team also produces:

**South of the River** – a quarterly magazine for the local community.

**People** – a monthly magazine for Trust staff.

**In Touch** – a quarterly magazine for primary care partners.

**[www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk)**  
the website of the Trust.

If you have a media enquiry, require further information about our hospitals, or would like a copy of *South of the River* or *In Touch*, please contact:

**Anita Knowles**

Director of Communications  
St Thomas' Hospital  
Lambeth Palace Road  
London SE1 7EH

Tel: 020 7188 5577

Email: [anita.knowles@gstt.nhs.uk](mailto:anita.knowles@gstt.nhs.uk)

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

Guy's and St Thomas' NHS Foundation Trust

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