Annual Report 2006/07

Delivering excellence in orthopaedics, rheumatology and rehabilitation
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Delivering excellence in orthopaedics, rheumatology and rehabilitation

Foreword
Joanna Foster CBE, Chair of the Nuffield Orthopaedic Centre, looks back over the past year.

New facilities, finances and focusing on patient care

In last year’s Annual Report, I wrote about the extent of change in the NHS and how, in the face of so much pressure, the ‘NOC spirit’ had so strongly manifested itself. Huge change and the NOC spirit could well be the themes for my piece again this year. Both have been and continue to be very present.

Three other themes have also been very present; finance, our IT System (in NHS language known as Connecting for Health) and the building progress of the new hospital. By April, staff and patients had relocated to the new hospital which was officially opened by Her Royal Highness The Duchess of Cornwall in July. You can read more about our new modern facilities on page 12. Our travails with the IT system were very arduous and now, for the most part, behind us. By contrast, finance and how to manage the challenges of a national Payment by Results system, which does not yet adequately cover the costs of complex orthopaedic treatment, continues to dominate much of our agenda.

I would like to pay great tribute not only to my executive colleagues for their commitment and immensely hard work on behalf of our patients, but also to my Non-executive Director colleagues (NEDs) who give so generously of their time and skills. From their own experience and different worlds, our NEDs bring vital experience to the work of the Board.

Finally I would like to say a very public thank you to Jan Fowler who has been leading the executive team in an acting capacity during this very challenging period in our history. I am really delighted that we have now been able to appoint her as our Chief Executive. Jan brings to the role her unique leadership style, which encourages people to give of their best. The best is what the NOC is about – giving the best treatment to our patients, being the best sort of colleagues, developing our skills in the best way we can and being the best sort of organisation we can be in the way we work and as an organisation which is so much at the heart of the community.

Joanna Foster CBE, Chair
Introduction
by Jan Fowler, Chief Executive

A new era for the NOC
At the time of preparing this annual report for 2006/07, the whole of the NOC is on the move – moving into our new hospital. This is a very exciting time, not just because we are exchanging old, poor quality buildings for fabulous, state of the art accommodation, but also because the move heralds the beginning of a new era for the NOC.

Our new facilities with their improved design, clinical adjacencies and equipment, are the enablers we need to deliver patient care more efficiently and to the traditional high standards associated with the NOC; as well as providing a much better environment for patients.

This is particularly important as we tackle the challenge of securing our long-term financial viability. Whilst we are used to working in a challenging financial climate, the publication of the Thames Valley Orthopaedic Review brings the challenges facing the NOC to new heights. The report of this review, which was commissioned by the old Thames Valley Strategic Health Authority over a year ago, suggested that the NOC was not financially viable in the long term due to the under reimbursement of the specialist work we do under the Payment by Results tariff system of payment. Put simply, the full cost of some of the operations the NOC performs is not covered by the tariff payment, resulting in potential deficit for the Trust.

In response to the report, we have commissioned, jointly with the new South Central Strategic Health Authority, KPMG external consultants to work with us to identify opportunities for cost reduction and income generation to ensure the organisation can achieve its statutory duty to remain in financial balance. And to achieve our primary objective which is to ensure that these important specialist services continue to develop and to be accessible to patients into the future. This work will carry on during 2007/08, together with a continued contribution to the national Specialist Orthopaedic Alliance, which is working with the Department of Health to seek a solution to the problem of under reimbursement of specialist work, which is affecting specialist hospitals across the country.

Whilst this period of uncertainty is obviously very difficult for our staff, they have shown huge commitment and dedication, not only in continuing to deliver high quality care, once again recognised in the very positive results from the national patient survey, and ensuring that national access and quality standards are met; but also in developing plans to use resources more efficiently and effectively. With such determined efforts in the face of considerable change and uncertainty we are confident that the ‘new NOC’ can be the start of one of the most exciting chapters of the NOC’s history.

Jan Fowler, Chief Executive

Trust Board
The NOC is managed by a Trust Board comprising a team of Executive and Non-executive Directors.

The Trust Board meets bi-monthly, usually on the first Monday of the month in the Trust’s Board Room and members of the public are invited to attend. Board papers can be downloaded from the Trust’s website or by calling the Trust’s offices on (01865) 737565.
Who we are, what we do

The Nuffield Orthopaedic Centre is an internationally recognised centre of excellence, providing routine and specialist orthopaedic, rheumatological and neuro-rehabilitation services to the people of Oxfordshire and from across the UK and abroad.

Patients needing a new hip, shoulder or knee or those with severe back pain or sports injuries, or children with curvature of the spine or cerebral palsy are just some of the conditions treated on a regular basis.

Specialist services, such as the treatment of bone infection and bone tumours, and the rehabilitation of those with limb amputation or congenital deficiency, and those with neurological disabilities, are provided for patients. The renowned Oxford Centre for Enablement provides a wide range of specialist services for people with long-term conditions and disability, including specialist equipment and prosthetic limbs and inpatient beds for neurological rehabilitation.

The NOC also has one of the lowest hospital infection rates in the country.

A new £42m hospital building has recently opened and houses many new facilities including a 360° ‘open’ MRI scanner; a state-of-the-art hydrotherapy pool; a newly expanded sports and exercise medicine service; and new facilities for the NOC’s Bone Infection Unit - the only dedicated unit of its kind in Europe.

As a teaching hospital, NHS Trust and major research centre, the NOC provides a large number of placements and fellowships for student doctors, nurses and other healthcare professionals in training, who benefit from the expertise and experience of some of the most skilled clinicians in the world. The Oxford University Nuffield Department of Orthopaedic Surgery located in the hospital is the largest academic clinical department in orthopaedics in the UK.
How we measure up
This section looks at how we have performed across a whole range of measures, including quality of care, efficiency, and access.

Key Access Targets
We are committed to ensuring that people have prompt and fair access to our services and during 2006/07 we met or exceeded the key targets that measure maximum waiting times for patients.

Since March 2007:

• No patients have waited more than 11 weeks for an outpatient appointment;
• No patients have waited more than 20 weeks for inpatient treatment;
• No patients have waited more than 13 weeks for diagnostic tests, including CT, MRI and endoscopy;
• We have continued to ensure that patients with suspected cancer wait no more than two weeks for an appointment.

We are now working with our commissioners and partner trusts to streamline the patient journey and reduce unnecessary delays even further so that by December 2008 no patient will wait longer than 18 weeks from referral to a hospital consultant to their treatment.

Following an audit by the Department of Health’s 18 Week Support Team on our progress, it reported in a letter to the Trust that it is confident in our approach and impressed by the progress that we are making towards achieving maximum 18-week waiting times for patients, which will include all the stages that lead up to treatment such as outpatient appointments and diagnostic tests.

We recognise that cancellation of operations can cause distress for patients and we work hard to prevent this from happening. The total number of cancelled operations at the NOC amount to 1.01% of the total number of elective surgeries. We continually monitor cancellations, and their causes, to try to improve internal systems.
Measuring our performance

In October 2006 the Healthcare Commission published performance ratings for NHS Trusts. The annual health check replaced ‘star ratings’ as a means of measuring a trust’s performance and looks at a much broader range of issues. The performance rating is made up of two elements:

- Use of resources – based on how the Trust manages its finances and ensures services represent good value for money.
- Quality of services – covering a wide range of areas, including access, safety and standards for better healthcare, patient survey etc. Each trust can receive a score of weak, fair, good or excellent for each element.

The NOC was given a ‘good’ rating for the use of resources element and a ‘weak’ rating for the quality of services element. The ‘weak’ rating was awarded mainly because the NOC failed to meet national targets relating to patient waiting times when teething problems with newly installed computer systems resulted in delays for some patients.

Patient activity numbers 2006/07

<table>
<thead>
<tr>
<th>Patient activity numbers</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and daycases</td>
<td>8,678</td>
</tr>
<tr>
<td>First outpatient attendances</td>
<td>21,201</td>
</tr>
<tr>
<td>Follow-up outpatient attendances</td>
<td>34,362</td>
</tr>
<tr>
<td>Referrals</td>
<td>17,464</td>
</tr>
</tbody>
</table>

What our patients say

The Healthcare Commission Inpatient Survey 2006 provides valuable information on the experience of our patients, and, once again, the results show that patients appreciate the efforts and excellence of our staff. We are very pleased that the Trust has ranked in the top 20% of NHS hospital trusts for performance across a range of issues.

We are particularly pleased that this feedback comes from patients who were still being treated in our old buildings, because now that we’ve moved into the new hospital buildings, we expect many of the scores to be still higher in future surveys.

The results of the survey place the NOC in the top 20% of hospitals in many key areas:

- Patients said they had confidence and trust in our doctors treating them.
- Patients felt that their privacy was respected when being examined or treated.
- Generally patients had a positive view about the way in which they were kept informed about their treatment with clear explanations around operations or procedures.

Overall, the majority of patients felt that they received enough notice of admission, that their rooms were clean and that hospital food was acceptable. The survey also showed that delays to patients on the day of discharge have reduced significantly in the past year.
Delivering excellence in orthopaedics, rheumatology and rehabilitation

The NOC provides a wide range of specialist and routine orthopaedic and rheumatological services; as well as providing a number of multidisciplinary services including the Oxford Centre for Enablement which supports those with disabilities or rehabilitation needs; paediatric services; and sports injury services.

Our clinical services can be broadly categorised as follows:

• Orthopaedic surgery
• Rheumatology
• Metabolic Medicine
• Disability and rehabilitation (Oxford Centre for Enablement)
• Radiology

All clinical departments are supported by a range of support services including; physiotherapy, occupational therapy, orthotics and prosthetics.

The clinical services are overseen by Medical Director, Dr Tony Berendt.

Orthopaedics @ the NOC

This clinical directorate covers a wide range of orthopaedic services and also feeds into many multidisciplinary services that are run by the Trust. This service includes Orthopaedic Surgery, for example hip and knee replacements, and specialist services such as the Bone Infection Unit, Spine Service and the Tumour Service.

In 2006/07, new appointments included David Stubbs as Consultant in Limb Reconstruction and Joint Replacement and Rachel Buckingham as our first female Consultant Surgeon in Paediatric Orthopaedics. Martin McNally was appointed as Director of Surgery.

The directorate also appointed Andrew Price as Clinical Lecturer and Honorary Consultant in knee surgery, in conjunction with the University of Oxford. Professor Chris Lavy has joined the Nuffield Department of Orthopaedic Surgery for five years. He was recently honoured with an OBE. He has joined the spine and joint replacement teams, providing valuable clinical support.

Mike Benson, Senior Consultant Orthopaedic Surgeon, has retired after almost 30 years of dedicated service to the Trust. He will continue to support the paediatric team for the next 18 months. The Trust will be marking his contribution with an annual Michael Benson Lecture the first of which will be delivered by Mr Benson at the AGM in 2007.

The orthopaedic service has had a busy year. Referrals for bone and joint surgery continue to rise, not only from our local GPs but also from all over the UK and beyond. The specialist services in bone infection, deformity correction and limb lengthening, tumours, complex joint replacement and upper limb surgery maintain a national and international profile. We have been particularly encouraged by the very positive patient survey responses.

In 2007, we will also be welcoming the appointment of two new consultants in joint replacement and upper limb surgery.

Orthopaedic Consultants

**Paediatric orthopaedics**
Mr Tim Theologis
Mr Andy Wainwright
Mrs Rachel Buckingham

**Bone infection Physicians**
Dr Bridget Atkins (Hon)
Dr Tony Berendt
Dr Ivor Byren
Dr Derrick Crook (Hon)

**Adult hip and knee arthroplasty**
Mr Chris Dodd
Mr Max Gibbons (Oncology)
Mr Roger Gundie
Mr Peter McLardy-Smith
Prof David Murray

Mr Andrew Price (Hon)
Mr Duncan Whitwell (Oncology)
Mr Adrian Taylor (locum)

**Limb Reconstruction and Infection Surgery**
Mr Martin McNally
Mr David Stubbs

**Foot and ankle**
Mr Paul Cooke
Mr Graham Lavis
Mr Bob Sharpe

**Hand Surgery**
Mr Peter Burge
Mr Paul Critchley (Hon)

Mr Henk Giele (Hon)
Mr Ian McNab

**Shoulder and elbow**
Prof Andy Carr (Hon)
Mr Jon Rees (Hon)
Mr Chris Little (locum)

**Spinal team**
Mr Gavin Bowden
Prof Jeremy Fairbank
Mr James Wilson-Macdonald

**Osteoarticular Histophathology**
Prof Nick Athanasou (Hon)
Rheumatology @ the NOC

Rheumatology covers the treatment of medical disorders that affect the musculoskeletal system; this includes the joints and surrounding soft tissues.

Rheumatologists treat conditions with medication and non-drug approaches such as physiotherapy are also used. The conditions that are treated include: inflammatory disease such as rheumatoid arthritis and ankylosing spondylitis and rarer diseases such as vasculitis. There are also the non-inflammatory diseases such as soft-tissue rheumatism, fibromyalgia, shoulder and back problems as well as sports injuries. The rheumatology directorate offers a range of specialist clinics and also provides important pain management advice. Rheumatology has increasingly moved toward an ambulatory, outpatient/daycase model of treatment for most patients. This approach is supported by a helpline for patients and GPs.

Paediatric and Adolescent Rheumatology is an important part of the services offered by the directorate, and is provided for by the multidisciplinary Oxford Paediatric and Adolescent Rheumatology Centre (OxPARC) team. OxPARC, which currently has almost 500 registered patients, is a one-stop clinic with support from physiotherapy, occupational therapy, psychology and ophthalmology. The service provides a specialist tertiary service for young people with rheumatic disease to the whole Thames Valley area and neighbouring counties. There is also outreach support at Swindon, Reading, Stoke Mandeville and Harold Wood Hospital, Essex, Frimley Park, Kettering General and Wexham Park.

The rheumatology team has also led the development of oxsport@noc, the Trust’s multi-disciplinary clinic for the diagnosis and management of sports injuries and related problems. Oxsport@noc also provides training for a range of medical professionals wishing to gain expertise in sports and exercise medicine. The department has just launched a Performance Laboratory which is very helpful in the design and monitoring of exercise therapy for athletes and chronic diseases such as respiratory illness and cancer. The rheumatology department is active in rheumatology research and audit. Biological therapies such as the anti-TNF antibody treatments, are used for the treatment of aggressive inflammatory disease. The department uses a state of the art method of assessment and monitoring of these patients.

Rheumatology consultants
Dr Joel David Dr Raashid Luqmani
Dr Paul Bowness Prof Paul Wordsworth
Dr Nick Wilkinson Dr Julia Newton

Metabolic Medicine @ the NOC

Metabolic medicine covers a range of services including well known conditions such as osteoporosis and much rarer conditions such as osteogenesis imperfecta, Paget’s disease and fibrous dysplasia.

Osteoporosis (thinning of the bones) is a common condition affecting 50% of women and 20% of men over the age of 50. In Oxfordshire alone there are over 22,000 women with osteoporosis, with around 800 hip fractures each year, at a cost of around £7.2m per annum.

The Oxfordshire Osteoporosis Service provides a general metabolic bone clinic with the services of an endocrinologist, rheumatologist and nurse specialists; a screening/investigation nurse-led clinic; bone scanning with appropriate reporting and management advice; evidence-based and up-to-date information on osteoporosis; training and education opportunities across primary and secondary care; and a telephone help-line for both health professionals and patients. We have developed a fracture liaison service to ensure the patients who have osteoporotic fractures, hip, wrist and back, get suitable treatment.

Osteoporosis services based at the NOC serve as a countywide hub for osteoporosis care in the community. We have now developed peripheral clinics in key primary care locations.

Metabolic medicine consultant
Prof John Wass (Hon)
The Oxford Centre for Enablement (OCE)

The Nuffield Orthopaedic Centre specialises in managing people with two of the commonest disabling long-term conditions, neuromuscular and musculoskeletal conditions. The Oxford Centre for Enablement (OCE) is an integral part of Oxfordshire's services for people with long-term disabling neuromuscular conditions. Musculoskeletal long-term conditions are covered primarily by other parts of the Trust, though there are some areas of overlap.

The OCE offers Oxfordshire a fully integrated service spanning a range of conditions from cerebral palsy, multiple sclerosis and Huntington's disease to stroke and head injury, and a range of potential problems (from purely motor loss/paralysis through complex cognitive losses such as memory loss to emotional and behavioural difficulties). It also supports people across a wide age spectrum from birth (and training mothers who have a disability) to supporting some patients through their last few months.

The OCE works closely with all interested parties; the patient and their family, GPs and the whole primary care team, the Oxfordshire Primary Care Trust, especially the Continuing Health Care managers, social services, community-based rehabilitation services, neurology and neurosurgery, trauma and orthopaedics, paediatrics and general medicine.

Clinical staff specialise in different diseases - Huntington's disease, multiple sclerosis, motor neurone disease, and stroke; and different problems – prosthetics and limb absence, orthotics, spasticity, specialised seating, challenging behaviour, people who are disabled but have no disease.

During 2006/07 the service has continued to adapt and change offering a more flexible and active rehabilitation service responding as far as possible to patient needs. The respite service which started in 1989 at Ritchie Russell House is now the responsibility of social services and patients themselves. The prosthetics service now offers a single multi-disciplinary first assessment clinic to increase efficiency.

Changes expected in 2007/08 include: the development of a single ‘neurological rehabilitation’ service; further integration with other services in the community; and specialised clinics for patients with particular problems associated with limb loss.

The ultimate goal is that the OCE and all other local services should offer people in Oxfordshire with neuromuscular conditions a high-class service focused on their activity limitations.

Consultants:

Prof Derick Wade Dr David Henderson Slater
Dr Udo Kischka Dr Dougall Morrison
Delivering excellence in orthopaedics, rheumatology and rehabilitation

Diagnostic Imaging

The diagnostic imaging service provides a musculoskeletal imaging service for Oxford and the surrounding area. Patients also travel from the rest of the UK and abroad to receive the specialist services of the NOC.

Services offered include:
- X-ray (DR)
- Interventional and Special Procedures
- Bone Densitometry (DEXA scanning)
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- Open Magnetic Resonance Imaging

During 2006/07, in addition to seeing around 55,000 patients, diagnostic imaging has successfully moved into its new home in the Wingfield Building of the new hospital. Following this move we are able to use the three newly commissioned Direct Radiography (DR) X-ray machines. These machines have huge benefits to patients. The machines not only reduce the dose to the patient from X-ray procedures, they also improve the patient journey as these images are available within seconds, reducing patient waiting times. They are then viewable via the PACS (Picture Archive and Communication System) across the computer network. This process is so fast the clinician in Outpatients is able to view the images before the patient has left the imaging department.

Following the installation of a Fonar ‘open’ magnet scanner, radiology has grown its revolutionary MRI service. This focus currently has particular benefits to claustrophobic patients. This ‘open’ scanner has led to the reduction of sedated cases for MRI scanning. Further developments and research will enable this machine to be used for a range of MRI imaging and interventional techniques.

The department has achieved huge reductions in waiting times during the past year in line with all national targets and is continuing to work to reduce these waits in line with the patient 18-week pathway.

The report turnaround time is vastly improved with the use of a new voice recognition system. The project to install a state-of-the-art 3T MRI magnet has begun. This will be the first 3T magnet in Oxfordshire and is expected to be operational by winter 2007. This will not only improve the efficiency of the service with reduced scan times but improve image quality and the range of procedures that the Trust can offer its patients. This will also provide new research opportunities. As we settle into our new hospital, it is hoped to continue to work towards streamlining all diagnostic imaging aspects of patient treatment.

The department continues its commitment to research, providing income to the Trust. We are one of the UK centres for a large vertebroplasty trial undertaking this major research in conjunction with the Mayo Clinic in the United States.

The team is lead by Jane Robinson, Radiology Services Manager and Dr James Teh, Consultant Radiologist.

Consultant Radiologists
Dr Eugene McNally
Dr Simon Ostlere
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Dr David Wilson

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Consultant Radiologists
Dr Eugene McNally
Dr Simon Ostlere
Dr James Teh
Dr David Wilson
Research @ the NOC

The NOC aims to develop practical treatments for common conditions that have considerable impact on the lives of people of all ages. Areas of research include osteoporosis, cerebral palsy, back pain, osteoarthritis, rheumatoid arthritis, osteogenesis imperfecta and ankylosing spondylitis. The Trust is also committed to ensuring that the outcomes of research are swiftly put into clinical practice on site.

The Nuffield Orthopaedic Centre is part of the Oxford Research and Development Consortium which was set up in 1997. The consortium consists of four NHS trusts and works in close association with the University of Oxford and Oxford Brookes University. A new research funding directive from the Department of Health, which is currently being introduced, sets out a five year strategy for the NHS in England. £100 million is being made available to support new research networks and the expansion of funding programmes, with between five and ten new Academic Medical Centres being created. As a result of this reorganisation, the Oxford Consortium will soon disband and new arrangements will be announced.

The Nuffield Department of Orthopaedic Surgery is the academic department of Orthopaedic Surgery for the University of Oxford within the Medical Services Division. The research arm of the department is largely housed in the Botnar Research Centre on the Nuffield Orthopaedic Hospital site. Being situated on the grounds of the Nuffield Orthopaedic Centre puts the Botnar Research Centre in a unique position with basic researchers working alongside clinicians. This substantially improves the research capacity of the centre, improving researchers’ access to patients, and facilitating the interaction between clinicians and basic scientists that is essential for successful medical research.
Highlights of the year at the Nuffield Orthopaedic Centre 2006/07

excellence in orthopaedics, rheumatology and rehabilitation

The NOC’s new hospital buildings were completed in March 2007 and services are now up and running in their new homes. The Trust is now able to provide the people of Oxfordshire with state-of-the-art facilities specifically designed for orthopaedic and rheumatology treatment and care.
New buildings

The final plans for the construction of the new hospital buildings were signed off in 1999, marking the beginning of a £42m re-development of the NOC facilities. In April 2004, the trust moved into the first phase of the new building, and by April 2007 staff were relocated and patients were being treated in the completed ‘award winning’ Phase 2 buildings.

What remains is to demolish the old buildings and to finish off the Phase 3 plans which will include the installation of the new car parking facilities and landscaping of the site grounds (expected completion date, February 2008).

Royal visit

The official opening of the new hospital building was celebrated on the 3rd July 2007 when HRH, The Duchess of Cornwall, unveiled a ceremonial plaque to an excited crowd of patients, staff and invited guests. It was an excellent occasion, one that will certainly be remembered for years to come. The plaque is now on permanent display in the hospital’s main atrium.

The new building covers approximately 24,000 m² of floor space and boasts

- Six state-of-the-art orthopaedic operating theatres
- 110 musculoskeletal beds
- Three new digital x-ray radiography suites providing faster and better image quality
- A specialist ‘open’ 360° MRI scanner particularly important for claustrophobic patients and offering the opportunity for minor interventional procedures to be carried out during the scanning process
- New ten-bed day surgery ward with separate entrance to reduce infection risk to patients
- A state-of-the-art hydrotherapy pool and physiotherapy gym
- A fully compliant ‘on site’ Theatre Sterile Services Unit (TSSU)
- Modern infrastructure which is extremely energy efficient and has restricted use of air conditioning
- A new lecture theatre provides over 100 seats for training and conference purposes
- Curved walls to minimise corners where dirt can be trapped which helps to maintain the NOC’s achievement of some of the lowest MRSA/Clostridium difficile infection rates in the country
- Multi-faith room. Patients, staff and visitors can go for quiet reflection and contemplation
New developments

oxsport@noc
oxsport@noc is a new service at the NOC that brings together sports medicine with a human performance lab: together, the services work to provide assessment, treatment and rehabilitation of complex training problems and injuries. The specialist oxsport@noc team compromises physicians with an interest in sports medicine, a senior sport's physiotherapist and an orthotist. The team is supported by dedicated imaging slots and the presence of the specialist orthopaedic services on site. Individuals can access this service through a General Practitioner referral.

EvaluLogix
Senior NOC Consultant Rheumatologist, Dr Raashid Luqmani, took an NHS Innovations Awards in 2006 for developing a piece of software, EvaluLogix. EvaluLogix is a diagnostic tool which will enable clinicians to identify easily patients’ suitability for an expensive advanced rheumatoid arthritis treatment – known as anti-TNF therapy. The new software could be used to assess up to 12,000 patients per year in the UK who may be helped by the treatment.

Unique design of ‘open’ MRI scanner
As part of our imaging resources, the NOC possesses a 360° open MRI scanner - a world-first design by Fonar Ltd – the inventors of MRI scanning technology. The openness of the scanner's design has a number key benefits: children find the scanning process easier to tolerate as they can have sight of a friend or loved one – who can be in the room at the same time as their treatment; it is highly beneficial to those who are claustrophobic and find the traditional ‘tunnel’ MRIs constricting and unnerving; and, as clinicians can have 360° access to patients, it will facilitate surgical interventions under MRI guidance (cutting edge technique that is being pioneered at the NOC).

Multi-faith room opening
At the heart of the hospital, just off the main atrium, is ‘The Sanctuary’: a peaceful room that is dedicated to meeting the emotional and spiritual needs of everyone, regardless of faith or for those with no faith at all. Staff and visitors to the Trust have needs that are not always physical in nature – emotional and spiritual needs are so very important and the Trust’s chaplain, Tess Ward is able to help in a variety of ways. Some of the provisions that can be arranged include prayer, communion, arranging visits from other faith leaders or just someone to talk to.

The room is set up in a way that does not favour any specific religion. Architecturally it is an extraordinary space and is a sea of calming blue. The furniture included in the room was commissioned specifically for the Sanctuary and includes a number of cupboards that houses a variety of religious artefacts which can be accessed by anyone who has use for them. It was officially opened in May 2007.
Our priorities for the future
The NOC is dedicated to providing orthopaedic, rheumatological and rehabilitation services, ranging from the straightforward to the highly specialised, to patients across the UK. The move into our new purpose-built facilities has given us the opportunity to review working practices and maximise possible efficiencies.

Cost reduction programme
The Trust aims to save around £5m through a cost reduction programme and income generation schemes which will help offset the current inability of the national specialist tariff to adequately cover the costs of caring for complex orthopaedic patients.

Our specialist role
At the close of the 2006/07 financial year, the Trust reported a £2m surplus. However, to secure our long-term economic viability we are seeking adjustment to the national tariff for specialist work as part of an orthopaedic national group, the Specialist Orthopaedic Alliance. We are also working closely with the SHA and Oxfordshire PCT to assess our specialist role in the region and consider the options of working more closely with partner organisations.

Reducing waiting times
We have already made great progress in cutting the time patients wait for diagnosis and treatment and today patients can expect to wait no more than 13 weeks for their first outpatient appointment and no more than 26 weeks for an operation.

Now we are focusing on reducing waiting times even further to a maximum wait of 18 weeks from referral to treatment, including all the stages that lead up to treatment.

Workshops have been held with clinical teams to look at how we work and these have generated a wide range of ideas for service development and making the patient’s journey through the system as smooth as possible. We are confident that the NOC will achieve an 18-week patient pathway by December 2008.

Review of financial performance
The Trust reported an income and expenditure surplus of £2m at 31 March 2007 at the end of another very challenging year both financially and logistically with the move into phase 2 of the new PFI built hospital. This excellent performance is against an initial planned deficit of £1.2m, this improvement is due to increased activity whilst managing costs plus some technical benefits of using additional capital allocations to capitalise equipping costs of the new building originally planned from revenue.

We achieved our operational savings plan of £1.9m. The good financial management these results demonstrate is a tribute to the hard work and commitment of staff throughout the whole Trust working as a team with Finance, Procurement and Information staff. Financial probity is assured in a number of ways, chiefly through the work of internal and external audit and the Trust’s Audit Committee. In addition, the Trust has a Finance Committee made up of Executive, Non-executive and Clinical Directors that reports formally through to the full Trust Board. The Committee is responsible for the oversight and scrutiny of Trust financial plans and performance. The above excludes a planned non-operational saving of £0.89m in relation to asset sales which have been deferred.

Key financial performance indicators
• Breakeven Duty: The Trust for 2006/07, had a surplus of £2m and a cumulative position over the last three years of £2.3m surplus.
• External Financing Limit (EFL): The Trust had a small £26k overspend against its EFL target of £8,468k.
• Capital Resource Limit (CRL): The Trust under spent its CRL target of £10,311k by £1,821k, due to the delay in the PFI and therefore delayed clinical equipment purchases including the new 3T MRI.
• Better Payment Practice Code: The Trust achieved its 95% target of paying its revenue creditors within 30 days.
• Management Costs: The Trust management costs were 3.7% of total income, and 4.3% excluding impairment income, compared to 5.0% target.

www.noc.nhs.uk
Visit our website for the full Annual Accounts, Annual Report and latest news.

Contact us on:
01865 741155

Call on your PALS!
PALS provides confidential advice and assistance in resolving any problems about the hospital’s services.
Call: 01865 738126
E-mail: admin.pals@noc.anglox.nhs.uk
Clinical governance @ the NOC

This year, work has focused on risk management and the Risk Management Strategy has been updated and improved and risk management training has been prioritised for all clinical and non-clinical areas. With major construction works underway during the building of the new hospital, the team has worked in partnership with the Site Development Team to ensure fire policies and procedures are implemented and there are robust evacuation plans and assessments especially in the new buildings.

The Clinical Audit and Effectiveness Team has continued to support and monitor activity in relation to National Clinical Guidelines, local and national audit projects and policies and patient information. Two new information management databases have been developed, one for the recording of evidence for ‘Standards for Better Health’ and one for recording and monitoring Trust policies.

The Clinical Audit Seminar in November 2006 was well attended and focused on patient safety with presentations from the National Patient Safety Agency (NPSA), and staff across the Trust. The key aim was about sharing lessons and learning around drug safety and medicines management, blood transfusion safety and infection control, as well as how to implement solutions to improving the future in prevention of harm.

Infection control @ the NOC

The Trust’s infection control service is run by a team of experts committed to creating a culture of effective hygiene practice throughout the organisation. The team is led by Dr Tony Berendt, the Trust’s Medical Director and the nominated executive Board level Director of Infection Prevention and Control. Within the team structure are two infection control nurse specialists, a consultant microbiologist/infection control doctor and a training and administration coordinator.

The team’s philosophy is that infection control is “everyone’s business” and is an essential aspect of the management of all patients. The service provides 24-hour cover and has an exemplary record of infection control, achieving consistently low rates of infection year on year. The Health Protection Agency website shows the NOC to have had among the lowest rates of Clostridium difficile and MRSA bacteraemia comparable to other specialist hospitals over the past year.
People @ the NOC

The commitment and skill of our staff is at the heart of our outstanding reputation for care and innovative advances in research, teaching and technology. The NOC employs over 1,000 people. Below by broad staff groups is the composition of our workforce.

Headcount by Staff Group

<table>
<thead>
<tr>
<th>Main Staff Group</th>
<th>Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative &amp; clerical</td>
<td>254.0</td>
</tr>
<tr>
<td>General payments</td>
<td>5.0</td>
</tr>
<tr>
<td>Medical</td>
<td>84.0</td>
</tr>
<tr>
<td>Nursing</td>
<td>419.0</td>
</tr>
<tr>
<td>Professions allied to medicine</td>
<td>177.0</td>
</tr>
<tr>
<td>Scientific &amp; professional</td>
<td>15.0</td>
</tr>
<tr>
<td>Technicians</td>
<td>81.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1035.0</strong></td>
</tr>
</tbody>
</table>

- **Staff Stability 13.5%**
- **Trust Rolling 12 month average turnover = 12.9 %**
- **Trust Rolling 12 Month average sickness absence = 3.9%**

The last year’s achievements:

- Restructure of the HR service to implement a Business Partner model; essentially this means HR Managers working with managers on HR matters and being part of their business planning and management teams.
- Introduction of an absence management scheme.
- Organisational Development initiatives including Executive and Board development sessions.
- Review of Education, Learning and Development.
- Implementation of a new suite of HR policies and procedures with a focus on resolution and mediation, rather than taking formal action.
- Staff Attitude Survey return rate of 54%

The Staff Attitude Survey

An above average response rate of 54% was achieved with the Staff Attitude Survey completed between October 2006 and January 2007.

The results are very positive with the majority of scores being both above the national average score and also above that of the NOC the previous year.

The key positives identified are:

- Most staff said they could approach their manager about flexible working
- Most felt Personal Development Reviews (PDRs) were useful in improving their work.
- Most worked in teams, with clear objectives, and are encouraged to do so.
- Most staff had clear planned goals and objectives for their work.
- Substantial levels of training ongoing.
- High levels of health and safety training in place.
- Most staff were satisfied with support from work colleagues and immediate manager.
- Most staff were satisfied with responsibility and use of their abilities.
- Good frontline management scores on helping with difficult tasks at work, being supportive in a personal crisis.
- Most staff knew how to report errors, negligence, incidents of violence etc.
Equality and Diversity @ the NOC

In 2006/07 the equality and diversity agenda was taken forward with members from across the Trust including the Chair of the Trust, clinicians, staff representatives and managers.

The Trust’s Diversity and Equality Scheme has continued to be developed and implemented in consultation with staff and users of our services. The Board has discussed and agreed the comprehensive action plan and is regularly kept in touch with progress. The Diversity and Equality Group will continue to monitor it.

The Trust again organised a Diversity Week during which it hosted a well-attended Diversity Conference for colleagues from Trusts elsewhere in the South Central health economy. Its focus was on diversity and the changing nature of our patients and their needs.

For 2007/08, the challenges are to agree the gender equality scheme with a view to working towards a single equality scheme covering:

- Race
- Gender
- Age
- Disability
- Religion
- Sexual Orientation

The challenge will be to integrate this and embed in business planning, service development and workforce issues.

Paul Beal, Director of Workforce and Organisational Development, is the executive lead for equality and diversity at the NOC. His intention is to mainstream this work into the OD programme for the Trust over the coming year.

The Patient Experience @ the NOC

Ensuring the quality of the patient experience has long been a core objective for the NOC and all decisions regarding clinical quality and service efficiency are made with this objective firmly in mind. The Trust’s arts programme, multi-faith chaplaincy and work with the NOC Network and Patient and Public Involvement Forum are key to creating a culture and environment that respects and supports patients.

The quality of patients’ experience at the NOC is monitored through patient feedback, which is captured in a variety of ways, including surveys and comments from patients and staff. We have introduced a scheme of ‘comment cards’ for patients, visitors and staff and the anonymous comments and views are published on notice boards and in Trust newsletters, together with what the Trust has done to respond to the comments.

The National Patient Survey provides valuable information on the experience of inpatients, and, once again, the 2006/07 survey was predominantly positive. For example the majority of patients felt that they received enough notice of admission, that their rooms were clean and that hospital food was acceptable. The survey also showed that delays to patients on the day of discharge have reduced significantly in the past year.

During February and March 2007 the Oxfordshire Patient and Public Involvement Forum (PPIF) surveyed patients throughout Oxfordshire, including the NOC. Of those surveyed 100% of patients felt that they were treated with dignity and respect whilst in hospital.
Clinicians have long recognised the importance of attractive, tranquil surroundings to help patients recover more quickly – all part of ‘a Healing Environment’. This is something that staff at the NOC take very seriously and the Trust has a well established, and charitably funded, arts programme that includes both performances and visual art. The programme is chaired by Joanna Foster who chairs the Board and who, with the Arts & Identity Group, has been working hard with Tom Cox our Arts Co-ordinator, to develop an original arts programme, to enhance the experience for patients and their visitors, for our staff and for the community within which the NOC works.

One element of the Trust’s arts programme is the introduction of an Artist in Residence jointly funded by the Arts Council and Oxford City Council’s Arts Development Fund. Artist Miranda Cresswell has focused on the theme of ‘People at Work’. Her work has included a series of oil paintings on stretched hospital sheets portraying staff and patients as they go about their daily work. The finished works, which represent movement or the gesture rather than being portraits, formed an exhibition as part the opening of the new hospital in 2007.

Other activity has included Streets Ahead, a commission by Etain O’Carroll, who interviewed and photographed staff and patients before creating images that illustrate stories about the hospital. The finished pieces are on display in the hospital corridors.

The NOC has secured funding from the National Lottery for music and art workshops across the hospital that will allow us to continue our collaboration with the Oxford Philomusica and build new partnerships with local art organisations.

The Arts @ the NOC

For more information about Art at the NOC or to make a donation to the NOC Arts Appeal Fund please contact Tom Cox on 01865 737 686 or Email: Tom.cox@noc.anglox.nhs.uk
A partnership approach @ the NOC

The NOC is supported and monitored by a number of different organisations. These include:

The Nuffield Orthopaedic Centre General Charity

The NOC’s own general charity continues to be a vital resource for donors, often grateful patients or family members, who wish to make donations to the Trust. The funds are a valuable resource for staff needing to improve patient or staff facilities in a way that goes beyond what the Trust’s own budgets can justify or afford. Donations play a vital role in funding small improvements that really improve quality of life and the charity would be delighted to hear from anyone who wishes to fundraise or make a donation.

The Patient and Public Involvement Forum

The NOC’s Patient and Public Involvement (PPI) Forum is one of 572 forums that monitor the work of trusts across the country. Their role is to be the voice of the local community on all aspects of the Trust’s activities. The NOC is very supportive of the activities of its PPI Forum and works in close partnership with Eva Blacklock and her team to help improve the experience of the NOC’s users. The forum recently conducted the ‘Carewatch’ Survey, on behalf of the Healthcare Commission and found that all patients who were surveyed felt that they were treated with dignity and respect whilst in the Nuffield Orthopaedic Centre.

NOC Network

The NOC Network is a group of former patients and carers and members of the public set up by the Trust with the aim of embedding patient and public involvement within the culture of the hospital. Under the leadership of Sue Woollacott who chairs the group, the NOC Network has enabled patient representation in many areas of the hospital’s work ensuring that the patient’s voice is heard and that feedback is used towards continuous improvement of services. For example, the Network’s Children & Young People’s Group, led by Ruth Reavley, a parent, organised a consultation of 670 parents and carers and provided a great deal of valuable input to the Paediatric Unit and the Trust Board.

Enquiries about membership of the NOC Network:

NOC.network@noc.anglox.nhs.uk

League of Friends

The Trust is supported by a very active League of Friends and continues to be very grateful for their input and support. At the last Annual General Meeting of the League, it was announced that the NOC League has raised over £1m since establishing a presence at the NOC in 1959. These funds have gone towards a variety of initiatives which have benefited staff and patients alike.
Customer Care @ the NOC
Patient Advice and Liaison Service (PALS)

“"It is our very great pleasure to help patients and staff”"'

PALS is a confidential service that offers advice and information to patients, carers and their relatives, and assists them in raising any concerns they have regarding their treatment or the way the Trust functions. PALS investigates, reports on problems and facilitates improvements to services.

The aim of the service is to give advice and to help sort out problems quickly and to use this opportunity to improve our services.

During 2006/07 PALS handled 1,415 concerns and requests. Problems were mainly around communications and we have made great strides to improve the quality of the letters and correspondence we send to patients.

We encourage everyone – patients, carers, and staff – to contact PALS, by telephone, in writing, dropping in, or completing forms for our Comment Boxes. It’s important we know what patients, their families and carers think of our services so that we can continue to improve.

Call our Patient Advice and Liaison Service on:
01865 738126
email:
admin.pals@noc.anglo.nhs.uk

PALS managers (seated) with colleagues including Trust Chair Joanna Foster (right), at the Celebrating Success awards.

Are we winning?
PALS was short-listed for an award in the Behind the Scenes Category in NHS South Central Celebrating Success: PALS Visible and Invisible. We had an excellent day with our stand at Newbury Race Course, and a Highly Commended Certificate to prove it.

So, yes, we are winning, and we are very proud of it.
Emerging themes and lessons learned

The majority of complaints received in 2006/07 related to patients’ waits for outpatient or inpatient treatment. The Trust however has managed to reduce waiting times further this year, and since March 2007 no patients have waited more than 11 weeks for an outpatient appointment; no patients have waited more than 20 weeks for inpatient treatment; and no patients have waited more than 13 weeks for diagnostic tests, including CT, MRI and endoscopy.

Other areas of improvements have been noted this year as a result of complaints, including:

- Review of clinical procedures for handing out medications for weekend leave or discharge to minimise the likelihood of medication errors.
- A new Complaints Procedure and PALS guidance and amendments to the Interpreting Policy which now covers the booking of sign-language interpreters for out-of-area patients.
- New Administrative Standards were developed and implemented in the clinical administration teams to improve communications and the likelihood of administrative errors.
- The PALS and Complaints Team developed and implemented a Customer Care training programme for front-line staff to encourage better communications with patients on wards.

Complaints Handling

In the financial year 2006/07 the Trust received 148 complaints, including four complaints from private patients. There has been a notable decline in the number of complaints received in comparison with the previous two years, despite a national annual increase in trend of about 5%.

Local resolution was achieved for 99% of the complaints handled, and none of these complaints escalated into the Independent Review stage via the Healthcare Commission. The Trust has been proactive in dealing with patient concerns. There has been upward trend in PALS activity over the past three years, which has contributed to a reduction in the number of formal complaints received.

All the complaints received in 2006/07 were investigated and responded to within 20 working days, which is within the timescale set by the NHS Complaints Regulations.

For comments, compliments and complaints please write to:

Chief Executive
Nuffield Orthopaedic Centre NHS Trust
Windmill Road
Headington
Oxford, OX3 7LD

or call PALS on:
01865 738126

Satisfaction Survey

Fifty questionnaires were sent to complainants who made a formal complaint during the financial year 2006/07. A total of 22 replies were received giving a response rate of 44%.

Summary of results:

- 77% stated that they felt we understood their complaint.
- 77% stated that they felt their complaint was taken seriously.
- 68% stated that they felt they understood what steps we would be taking to deal with their complaint.
- 77% stated that we did provide a clear response to their concerns.
- 64% stated that their complaint was resolved to their satisfaction.
- 86% were satisfied with the time we took to handle their complaint.
- 95% stated that if someone else had cause to complain they would recommend they do so.
- 35% knew about the PALS prior to making a formal complaint.
- 71% had used the PALS service (5 / 7 respondents who knew about PALS prior to making a formal complaint).
- 65% stated that overall the way their complaint was dealt with was either good, very good or excellent.
Operating and financial review

The financial information provided below is a summary of the Trust’s 2006/07 Annual Accounts.

A. INCOME and EXPENDITURE ANALYSIS

Income increased by 25.8% of which £9.5m was due to impairment funding. Excluding impairments, the underlying income rose by 11.1%. Education, Training and Research income fell with the reduction in centrally funded levies. Private patient income fell due to the transfer of this service to the Oxford Clinic.

Operating Expenses excluding impairment costs increased overall by circa 1.6%. Staff costs reduced by 4.9%. Inter Trust service costs increased by 13.1% and costs of supplies and services increased by 2.5% these largely reflects our increased levels of NHS activity.

B. Summarised Accounting Statements

1. Income and Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>DoH, Health Authorities &amp; Primary Care Groups</td>
<td>67,478</td>
<td>52,666</td>
</tr>
<tr>
<td>Private Patients and non NHS patient care</td>
<td>1,565</td>
<td>4,519</td>
</tr>
<tr>
<td>Education, training and research</td>
<td>2,926</td>
<td>3,167</td>
</tr>
<tr>
<td>Other</td>
<td>9,153</td>
<td>4,135</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>81,122</strong></td>
<td><strong>64,487</strong></td>
</tr>
</tbody>
</table>

Operating Costs

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Costs</td>
<td>31,065</td>
<td>32,649</td>
</tr>
<tr>
<td>Supplies and services</td>
<td>14,197</td>
<td>13,848</td>
</tr>
<tr>
<td>Services from other NHS bodies</td>
<td>5,038</td>
<td>4,454</td>
</tr>
<tr>
<td>Healthcare Services from Non NHS bodies</td>
<td>926</td>
<td>467</td>
</tr>
<tr>
<td>Establishment, transport, premises &amp; provision for bad debts</td>
<td>3,111</td>
<td>2,870</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>2,096</td>
<td>1,863</td>
</tr>
<tr>
<td>Fixed asset Impairments</td>
<td>14,279</td>
<td>4,881</td>
</tr>
<tr>
<td>Other</td>
<td>6,604</td>
<td>5,881</td>
</tr>
<tr>
<td><strong>Total Operating Costs</strong></td>
<td><strong>77,316</strong></td>
<td><strong>62,032</strong></td>
</tr>
</tbody>
</table>

(Deficit)/Surplus for the year

2006/07        2005/06
(1)             (2,377)
2,001           229

2. Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets: Intangible assets: Patents</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Tangible Assets: Land</td>
<td>34,613</td>
<td>28,358</td>
</tr>
<tr>
<td>Buildings excluding dwellings</td>
<td>25,800</td>
<td>32,792</td>
</tr>
<tr>
<td>Dwellings</td>
<td>933</td>
<td>662</td>
</tr>
<tr>
<td>Assets under construction</td>
<td>2,405</td>
<td>375</td>
</tr>
<tr>
<td>Plant &amp; machinery</td>
<td>3,889</td>
<td>3,771</td>
</tr>
<tr>
<td>Transport equipment</td>
<td>45</td>
<td>52</td>
</tr>
<tr>
<td>Information technology</td>
<td>2,300</td>
<td>1,983</td>
</tr>
<tr>
<td>Furniture &amp; fittings</td>
<td>571</td>
<td>295</td>
</tr>
<tr>
<td><strong>70,556</strong></td>
<td><strong>68,288</strong></td>
<td></td>
</tr>
</tbody>
</table>

Current Assets:

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stocks &amp; WIP</td>
<td>1,831</td>
<td>1,433</td>
</tr>
<tr>
<td>Debtors and cash</td>
<td>17,879</td>
<td>5,049</td>
</tr>
<tr>
<td><strong>19,710</strong></td>
<td><strong>6,482</strong></td>
<td></td>
</tr>
</tbody>
</table>

Creditors:

- falling due within 1 year | (5,615) | (7,069) |
- falling due after 1 year   | (500)   | 0       |
Provisions for liabilities & charges | (611)   | (634)   |
| **(6,726)**               | **(7,703)** |
| **83,547**                | **67,067** |

Financed by:

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Dividend Capital</td>
<td>39,078</td>
<td>30,610</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>24,784</td>
<td>26,084</td>
</tr>
<tr>
<td>Donation Reserve</td>
<td>9,713</td>
<td>7,272</td>
</tr>
<tr>
<td>Income &amp; Expenditure Reserve</td>
<td>9,972</td>
<td>3,101</td>
</tr>
<tr>
<td><strong>83,547</strong></td>
<td><strong>67,067</strong></td>
<td></td>
</tr>
</tbody>
</table>
3. Cash Flow Statement

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £'000</th>
<th>2005/06 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net cash inflow from operating activities</td>
<td>4,061</td>
<td>5,773</td>
</tr>
<tr>
<td>Interest received</td>
<td>116</td>
<td>152</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(16)</td>
<td>(1)</td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(11,526)</td>
<td>(762)</td>
</tr>
<tr>
<td>Receipts from sale of tangible fixed assets</td>
<td>853</td>
<td></td>
</tr>
<tr>
<td>Payments to acquire intangible fixed assets</td>
<td>(9)</td>
<td>0</td>
</tr>
<tr>
<td>Dividends paid</td>
<td>(1,973)</td>
<td>(2,376)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before financing</td>
<td>(8,494)</td>
<td>2,786</td>
</tr>
</tbody>
</table>

Financed by

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £'000</th>
<th>2005/06 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public dividend capital received</td>
<td>9,468</td>
<td>870</td>
</tr>
<tr>
<td>Public dividend capital paid</td>
<td>(1,000)</td>
<td>(3,565)</td>
</tr>
<tr>
<td>Loans Received from DoH</td>
<td>1,000</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from financing</td>
<td>9,468</td>
<td>(2,695)</td>
</tr>
</tbody>
</table>

Increase in cash equivalents | 974 | 91 |

External Financing:

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £'000</th>
<th>2005/06 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFL set by NHS Executive</td>
<td>8,468</td>
<td>(2,754)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before financing</td>
<td>8,494</td>
<td>(2,786)</td>
</tr>
</tbody>
</table>

(Overshoot)/undershoot | (26) | 32 |

Capital Resource Limit:

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £'000</th>
<th>2005/06 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Capital Expenditure</td>
<td>15,389</td>
<td>2,689</td>
</tr>
<tr>
<td>Less book value of assets disposed of</td>
<td>(899)</td>
<td>(2)</td>
</tr>
<tr>
<td>Less donations towards the acquisition of fixed assets</td>
<td>(6,000)</td>
<td></td>
</tr>
<tr>
<td>Charge against CRL</td>
<td>8,490</td>
<td>2,687</td>
</tr>
<tr>
<td>Capital Resource Limit</td>
<td>10,311</td>
<td>3,035</td>
</tr>
</tbody>
</table>

(Over)/Under spend against CRL | 1,821 | 348 |

4. Statement of Total Recognised Gains and Losses

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £'000</th>
<th>2005/06 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus (deficit) for the financial year before dividend payments</td>
<td>3,974</td>
<td>2,605</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unrealised surplus (deficit) on fixed asset revaluation/indexation.</td>
<td>4,160</td>
<td>1,780</td>
</tr>
<tr>
<td>Increase in the donation reserve due to receipt of donated assets.</td>
<td>6,000</td>
<td>0</td>
</tr>
<tr>
<td>Prior period adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total gains and losses recognised in the financial year</td>
<td>14,134</td>
<td>4,385</td>
</tr>
</tbody>
</table>

5. Management Costs

Management costs using the Audit commissions definitions are as follows;

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £'000</th>
<th>2005/06 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Costs</td>
<td>2,885</td>
<td>3,169</td>
</tr>
<tr>
<td>Trusts Relevant Income</td>
<td>77,085</td>
<td>64,325</td>
</tr>
<tr>
<td>Management Costs as a % of Trust relevant income</td>
<td>3.7%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

6. Better Payment Practice Code

In accordance with the CBI prompt payment code. The Trusts payment policy is to pay non- NHS trade creditors within 30 days of receipt of goods or a valid invoice, unless other payment terms have been agreed.

<table>
<thead>
<tr>
<th></th>
<th>2006/07 number</th>
<th>2005/06 number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bills paid</td>
<td>19,940</td>
<td>21,873</td>
</tr>
<tr>
<td>Total bills paid within target</td>
<td>18,978</td>
<td>20,654</td>
</tr>
<tr>
<td>% bills paid within target</td>
<td>95%</td>
<td>94%</td>
</tr>
</tbody>
</table>
7. Salary & Pension entitlements to senior managers 2006/07

Salaries and allowances

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>2006-07 Salary (bands of £5,000)</th>
<th>Other Remuneration (bands of £5,000)</th>
<th>Benefits in kind (rounded to nearest £00)</th>
<th>2005-06 Salary (bands of £5,000)</th>
<th>Other Remuneration (bands of £5,000)</th>
<th>Benefits in kind (rounded to nearest £00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ed Macalister-Smith</td>
<td>Chief Executive (Left 30/11/06)</td>
<td>40-45</td>
<td>100-105</td>
<td></td>
<td>30-35</td>
<td>100-105</td>
<td></td>
</tr>
<tr>
<td>Jan Fowler</td>
<td>Acting Chief Executive (Commenced 1/12/06)</td>
<td>45-50</td>
<td>0</td>
<td></td>
<td>45-50</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Jan Fowler</td>
<td>Director of Nursing and Operations (to 30/11/06)</td>
<td>30-35</td>
<td>70-75</td>
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</tr>
<tr>
<td>Sara Randall</td>
<td>Acting Director of Operations (Commenced 1/12/06)</td>
<td>35-40</td>
<td>0</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Steve Balam</td>
<td>Director of Finance (Left 2/7/06)</td>
<td>15-20</td>
<td>75-80</td>
<td></td>
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</tr>
<tr>
<td>Brian Hegarty</td>
<td>Acting Director of Finance (Commenced 3/7/06)</td>
<td>45-50</td>
<td>0</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Dr Tony Berendt</td>
<td>Medical Director</td>
<td>40-45</td>
<td>45-50</td>
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</tr>
<tr>
<td>Joanna Foster</td>
<td>Chair</td>
<td>15-20</td>
<td>15-20</td>
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<td></td>
</tr>
<tr>
<td>John Adsett</td>
<td>Non-Executive Director</td>
<td>0-5-10</td>
<td>0-5-10</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Derek Day</td>
<td>Non-Executive Director</td>
<td>0-5-10</td>
<td>0-5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hector Sants</td>
<td>Non-Executive Director</td>
<td>0-5-10</td>
<td>0-5-10</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Prof Andrew Carr</td>
<td>Non-Executive Director</td>
<td>0-5-10</td>
<td>0-5-10</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Gayle Curry</td>
<td>Non-Executive Director</td>
<td>0-5-10</td>
<td>0-5-10</td>
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</tbody>
</table>

Pension Benefits

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Real increase in pension at aged 60 (bands of £2,500)</th>
<th>Lump sum at aged 60 related to real increase in pension (bands of £2,500)</th>
<th>Total accrued pension at aged 60 at 31 March 2007 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2007 (£000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2006 (£000)</th>
<th>Real increase in Cash Equivalent Transfer Value (£000)</th>
<th>Employer's contribution to stakeholder pension (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ed Macalister-Smith</td>
<td>Chief Executive</td>
<td>4.5-5</td>
<td>14.5-15</td>
<td>30-35</td>
<td>100-105</td>
<td>478</td>
<td>700</td>
<td>0</td>
</tr>
<tr>
<td>Jan Fowler</td>
<td>Acting Chief Executive</td>
<td>2.5-3</td>
<td>8.8-5</td>
<td>25-30</td>
<td>85-90</td>
<td>333</td>
<td>49+</td>
<td>0</td>
</tr>
<tr>
<td>Sara Randall</td>
<td>Acting Director of Operations</td>
<td>N/A</td>
<td>N/A</td>
<td>20-25</td>
<td>70-75</td>
<td>330</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Steve Balam</td>
<td>Director of Finance &amp; Performance</td>
<td>2.2-5</td>
<td>7-7.5</td>
<td>10-15</td>
<td>40-45</td>
<td>136</td>
<td>107</td>
<td>26+</td>
</tr>
<tr>
<td>Brian Hegarty</td>
<td>Acting Director of Finance</td>
<td>1-1.5</td>
<td>3-3.5</td>
<td>30-35</td>
<td>95-100</td>
<td>453</td>
<td>421</td>
<td>21+</td>
</tr>
</tbody>
</table>
Are we speaking your language?

If you would like information in another language or format please call 01865 738126.

Albanian
Në se e doni këtë dokument në një gjuhë tjeter, ju lutem telefononi Zyrën e Shërbimit Këshillinor dhe Ndërkombëtar për Klientët (PALS) në: 01865 738126.

Bengali
আপনি যদি এই পেপারটি অন্য কোনও ভাষায় চান তাহলে অনুরূপ হয় আমাদের শাখাসমূহে 01865 738126 নামায় ফোন করুন।

Chinese
如果你需要這文件以別的語言提供，請致電我們的病人諮詢聯絡服務(PALS)電話：01865 738126。

Gujarati
જો તમને આ સમાચારને કોઈ બિનંદુ ભાષામાં લખવામાં આવી હોય તો માફ કરીને આમદની પાસથી અસંબંધિત વિભાગ (PALS Office) 01865 738126 ફોન કરેલું હોય છે.

Hindi
आपको यह पता चाहिए कि आपके ह्यूमान सेवा की है म्यूज़ीम लेक्सियन के लिए पीएलएस (PALS) ऑफिस से संपर्क बनाएं 01865 738126 या फोन से करें।

Polish
W celu uzyskania niniejszego dokumentu w innym języku należy dzwonić do Biura Doradcztwa i Pomocy Pacjentom (The Patient Advice and Liaison Service – PALS) pod numerem 01865 738126.

Punjabi
ਨੇ ਉਪਰੀ ਲਿਖ ਸਮਾਚਾਰ ਦਾ ਹਿੰਸਰ ਦੱਖਣ ਵਿਚ ਸਾਂਹੀਲ ਵਿਚ ਵਧਾਕਾ ਬਣਵੇ ਪਹਿਲਾਣੇ ਪੈਂਟਰ ਦੀ ਪ੍ਰਦਾਨ ਕਰਨੀ 01865 738126 ਨੂੰ ਟੇਲੀਫ਼ਨ ਕਰੋ।

Urdu
اگر کوئی کسی کس کوئی بھی درک نہیں کرتا ہے تو یہ کہا ہے کہ ہمارے پرستوں کے ساتھ 01865 738126 کے نمبر پر پالس (PALS) کے لئے سنا کریں۔
Contact Details

Nuffield Orthopaedic Centre
Windmill Road, Headington,
Oxford OX3 7LD

www.noc.nhs.uk

If you have a question you wish to ask, please get in touch.

You may find the following contacts helpful:

Switchboard
For all general enquiries or if you are not sure who you need to speak to:

Tel: 01865 741155
Fax: 01865 742348

Patient Advice & Liaison Service (PALS)
PALS can provide advice and assistance in resolving any problems or concerns that you may have about the hospital’s service:

Tel: 01865 738126
Email: admin.pals@noc.anglox.nhs.uk

If you would like this information in a different language or format please contact the Trust’s Patient Advice and Liaison Service (PALS) on 01865 738126.

This report can also be provided in large print on request. Please call 01865 738126.