Annual Report 2007/08

Operating and Financial Review

excellence in orthopaedics, rheumatology and rehabilitation
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The Nuffield Orthopaedic Centre, known locally as the NOC, is your hospital of choice
We have now been in our sparkling new hospital for over a year. The last of the bulldozers have left and the gardens are beginning to bloom and give great pleasure to patients, visitors and all of us who work at the NOC.

The new buildings and surrounding gardens, make a huge difference to all of us. Clinician colleagues appreciate the modern facilities and patients and their visitors appreciate the bright, clean outpatient and inpatient spaces with their changing art displays, and the ward areas with their balconies overlooking the magnificent old trees and individual rooms above the garden courtyard.

Yes, the environment is therapeutic and important, but it is of course the quality of care that counts most of all.

Having myself been a recent patient, I know that it is the doctor, nurse, care assistant, porter, cleaner or catering assistant that can make all the difference to one’s experience in hospital as they find the time to linger a moment longer than necessary and to enquire with a smile about how you are doing. I completely agree with the most recent patient survey that fed back to us that the majority of patients rated our quality of care as ‘excellent’ (see page 10).

It continues to be a great privilege to be chairing the NOC and I would like to wholeheartedly pay tribute to all my colleagues, both my Board colleagues, executive and non-executive, who have invested so much of their time and skills, but also to all our staff colleagues. Everyone has had to endure another year of great uncertainty and a year when the cost cutting and restructuring has been very hard. Of course people understand that we continuously need to find better ways of working. We have been extremely effective at doing this. What is much more difficult to accept is why our hugely important, highly specialised, and often unique work, is still not appropriately recognised in the national Payment by Results tariff, and, despite our huge efforts in achieving a year of excellent performance, working leaner, making savings and successfully finding new income streams, why we have again been refused permission to put ourselves forward to become a Foundation Trust.

We are now embarking on a path of developing some different long-term strategies which will enable us to continue providing the services for you, our stakeholders, in the way in which we feel will best ensure their quality. We will be consulting you and remain very grateful to you for your on-going support and considered and constructive views.

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

The past year at the Nuffield Orthopaedic Centre has been one of challenge and achievement, both in equal measure. Challenge, primarily due to the continued uncertainty about the NOC’s long-term future. The current under reimbursement of our specialist services means that the NOC has difficulties in becoming a Foundation Trust, which is the model of organisation all NHS hospitals are expected to move towards. Although we have therefore, been looking at other options that might be open to us, the future is still far from certain and we will continue these discussions with the Strategic Health Authority, the Department of Health and our commissioners, to ensure that we can achieve our jointly stated objective of protecting our important, and often ‘last resort’ services.

Despite all the uncertainty our staff, once again, have a number of significant achievements to be proud of. Not only have they dealt with the upheaval of the final moves into the new hospital buildings in the early part of 2007 but also coped with the final phase of our building works, which, in some regards has been the most difficult phase in terms of access for patients and staff alike. In addition, against a background of disruption we have continued to reduce waiting times, ending the year by becoming one of only a handful of orthopaedic services in the country to be able to achieve a maximum waiting time of 18 weeks from referral to treatment. To achieve this, patient pathways have been reviewed, outpatient clinics are run at weekends and evenings, and diagnostic waiting times have been significantly reduced.

In tandem with this work to improve access to services for patients, fantastic progress has been made in reducing costs and improving efficiencies in all areas of the hospital. Whilst some of this has been a challenge to achieve, the results are overall cost efficiencies of around £5m. For much of this we have used a methodology called ‘Lean’, which is not just about reducing cost but about driving out waste and improving quality. An approach which will stand us in good stead for the future.

What you will read in the following pages is an indication of what the NOC is about – an organisation driven by the pursuit of excellence, whether that is excellence in the safe and effective care provided for patients, the translational research for the benefit of future generations or the training and education of trainees in all healthcare professions. The commitment the NOC gives to its patients, staff and the public is that this pursuit of excellence will continue long into the future and it is this commitment that we will hold fast to within the discussions about the future of the NOC as an organisation.

Jan Fowler,
Chief Executive
Trust Board

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

Non-executive Directors are appointed by the NHS Appointments Commission and bring a wealth of experience from both within and outside the NHS. The Non-executive team attends all Board meetings; they participate, and in some cases chair, a range of Board Committees including Audit, Governance, and Research and Development. They, also, alone, make up the Trust’s Remuneration Committee.

Further details about the background of the Non-executive Directors and Board Committees are available from the Trust’s website www.noc.nhs.uk.

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.

Executive Directors
Dr Tony Berendt, Medical Director
Beverley Edgar, Director Workforce & Organisational Development
(Appointed April 2008. During 2007-2008 Paul Beal and Claudette Asgill held the post)
Jennifer Howells, Director of Finance and Commercial Development
Sara Randall, Director of Operations and Performance

Non-executive Directors
John Adsetts, Chair Audit Committee
Professor Andy Carr
Gayle Curry (resigned October 2007)
Derek Day
Penny Gardner (appointed November 2007)
Michael Rogerson (appointed November 2007)
Hector Sants (resigned September 2007)
Who we are, what we do

Introduction

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 beyond.

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 complex neurological disabilities, are also provided for patients from across the UK and abroad.

A new £42 million hospital building houses many new facilities including major investment in our diagnostic imaging department to provide a 360° ‘open’ MRI scanner and a state-of-the art high resolution 3.0T scanner; a specialist 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 UK.

Our modern, purpose-built hospital enables us to deliver exceptional patient safety and infection control standards and maintain our reputation for having among the lowest hospital acquired infection rates in the country.

Also on site is the renowned Oxford Centre for Enablement which 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.

As a teaching hospital NHS Trust, 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. As an organisation hosting research into musculoskeletal disorders, the Trust has an international reputation. The Botnar Research Centre, based on the hospital site, houses many of the country’s leading academics and researchers in this field.

Our specialist role and the challenges we face

As a specialist orthopaedic centre we have developed a high degree of competence and clinical effectiveness for routine orthopaedic treatments and highly specialised complex procedures which other hospitals are unable to undertake.

We are responsible for training many of the UK’s orthopaedic surgeons and other specialist staff including, for example, physiotherapists. Our reputation means we take referrals from across the UK and also receive private referrals from across the world.

Specialist services not routinely provided elsewhere include:
- specialist paediatric rheumatology services;
- the treatment of primary malignant bone tumours and chronic bone infections for which the only other option would be amputation;
- complex disorders such as spinal deformity and developmental dysplasia of the hip;
- Specialist rehabilitation following stroke, brain injury or limb amputation.
The Nuffield Orthopaedic Centre is a leading member of the **Specialist Orthopaedic Alliance**, a national group of orthopaedic trusts seeking a solution to the problem of under reimbursement of specialist treatment and operations.

The NOC undertakes a significant amount of specialist and expensive procedures for patients from across the UK that, due to the complex nature of these procedures, cost more than the payment rate it receives under the national Payments by Results (PbR) system. Consequently, there are cases where treatment is undertaken at a loss to the Trust.

As part of the Specialist Orthopaedic Alliance, we are working with the Department of Health to address the challenges we face around PbR and seek modification of the tariff for specialist procedures and treatments.

**Our future direction**

Unfortunately, the shortfall in funding for the complex specialist work that the NOC undertakes has affected our future financial stability and we are not able to achieve Foundation Status under current Department of Health rules. The NOC undertakes a significant amount of specialist and expensive procedures for patients from across the UK that it is not always able to deliver within the national tariff rate. The funding gap has been bridged by £6.5m top-up support from the Department of Health, but this was removed at the end of 2007/08.

We have worked hard to reduce costs and to be more efficient and have achieved a cost efficiency plan of £5.1m and plan to save a further £4m in 2008/09.

There is no suggestion that the NOC is a poor performing trust – the NOC has consistently achieved a financial break-even position – and, in terms of quality and performance, during the past year the NOC’s achievements have been considerable. It is one of the best performing trusts in the South Central region with exceptional patient safety and infection control standards and reductions in waiting times.

The next steps are about exploring alternative business or management models for the NOC. This work is being carried out with our host commissioner the Oxfordshire Primary Care Trust, and with the South Central Strategic Health Authority.

Our over-riding priority is to ensure that any decisions secure the future delivery of our specialist musculoskeletal and rehabilitation services, some of which are not routinely provided anywhere else in the country, and to preserve the clinical excellence in our research and training provision of our clinicians and staff.

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- Around 10 million people are affected by orthopaedic problems in the UK.
- More than 400,000 adults have rheumatoid arthritis.
- 40% of people over 70 have osteoarthritis of the knee.
- Nationally, it is expected there will be almost 51,000 hip and 54,000 knee replacements annually by 2010.
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 to our services.

Key Access Targets
We are committed to ensuring that people have prompt and fair access to our services and during 2007/08 we met and 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, and MRI – by the end of March 2008 waits were no more than six weeks;
• We continue to ensure that patients with suspected cancer wait no more than two weeks for an appointment (where the referral was received within 24 hours);
• No cancer patients have waited more than 31 days from diagnosis to treatment;
• No cancer patients have waited more than 62 days from GP referral to treatment.

Reducing waiting times even further
We have been working with our commissioners, GPs, patients and partner NHS trusts to streamline the patient journey and reduce unnecessary delays in the system. Patients are now benefiting from faster treatment after we achieved a key milestone in driving down waiting times.

We are redesigning and creating a shorter patient journey to include all tests, x-rays, scans or other investigations that may be needed. As a result, the majority of our orthopaedic patients are waiting no more than 18 weeks for their treatment and even less for some of the earlier stages of their treatment such as diagnostic MRI scans which are now offered within six weeks of being referred.

By the end of March 2008, we were among the first hospitals in the country to deliver our services within the national 18 week referral-to-treatment target whereby at least 95% of our outpatients and at least 90% of patients requiring an operation or a stay in hospital have their treatment within 18 weeks of their referral to the Nuffield Orthopaedic Centre.

Our performance rating for 2006/07
In October 2007 the Healthcare Commission published ratings for NHS trusts’ performance during 2006/07. The annual health check measures 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 received a ‘fair’ rating for the use of resources element. It was acknowledged that the NOC met all of
its financial targets for the past two years and its financial management and the consideration of value for money were assessed as good. However, a delay in completing the financial reporting to the auditors resulted in the overall ‘fair’ rating.

We received a ‘weak’ rating for the quality of services element due to early problems with the installation of a new patient record computer system, which resulted in delays for a small minority of patients waiting for treatment. We believe these were extenuating circumstances.

We are pleased that there are areas where it has been recognised that we provide high quality services and care to patients. In particular, the Trust received an ‘excellent’ score in meeting new national targets aimed at improving the health of the population, including achieving year on year reductions in MRSA levels; and better than average improvements in the patient experience. We also ‘fully met’ the Core Standards for Better Healthcare, the key Healthcare Commission quality indicators.

Reducing Length of Stay
We are aware that coming into hospital for an inpatient stay whether for treatment or for surgery is very distressing, our patients tell us that they wish to be in hospital for the shortest possible time. Therefore we have increased the number of patients coming into hospital on the same day of their surgery from 48% to over 70%.

<table>
<thead>
<tr>
<th>Patient activity</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and daycases</td>
<td>9,338</td>
</tr>
<tr>
<td>First outpatient attendances</td>
<td>88,762</td>
</tr>
<tr>
<td>Follow-up outpatient attendances</td>
<td>54,211</td>
</tr>
<tr>
<td>Referrals</td>
<td>18,695</td>
</tr>
</tbody>
</table>

A personal service
A new system of telephone reminder calls to patients to clarify details of their appointments and to answer queries or concerns has led to the reduction in the number of patients failing to attend first outpatient appointments from 10% to 3%. In turn, this has led to fewer delays and quicker appointment times for all patients.

Cancelled operations
We recognise that cancellation of operations can cause distress for patients and we have worked hard to prevent this from happening. The total number of cancelled operations at the NOC amount to 0.77% of the total number of elective operations completed – a reduction of 0.24% on last year. Although over the last two years we have seen a total reduction of 0.89% we are continually trying to reduce cancellations by improving the pre-operative assessment process.
What our patients say

The Healthcare Commission Inpatient Survey 2007 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 achieved a 74% response rate with more than 600 responses – the second highest response rate in the country.

The Trust performed well across a range of issues and, in particular, we scored higher than the national average on the hospital and ward environment which reflects the opening of our brand new, purpose-built hospital buildings. We also scored higher than the national average on issues relating to care and treatment.

In summary, patients told us that:

• They have confidence and trust in the doctors (91%) and that there are always or nearly always enough nurses on duty to care for patients.
• Use of single sex accommodation and single sex bathroom and shower areas has significantly improved following the move into our new hospital buildings.
• Cleanliness and ward environment issues have also improved significantly since last year and patients said that generally their overall stay had improved.
• 87% rated their care as excellent or very good. Of those, 55% rated the care that they received as excellent, compared to a national average of 42%.

Recommended action points resulting from the survey include reviewing procedures to ensure that changes of admission date are kept to a minimum; ensuring that patients where possible are always involved in decisions about their proposed care and treatment plan; and ensuring that patients are provided with more information about post-operative outcomes and how they might expect to feel after an operation or procedure.

The results place the NOC in the top 20% of hospitals in many key areas and the best in the South Central region.
Our clinical services – delivering excellence across the Trust

The Nuffield Orthopaedic Centre offers a full range of clinical services including:

**Musculoskeletal services – (Clinical Director, Karen Barker)**
- Orthopaedic treatment including hip and knee, foot and ankle, upper limb, bone cancer, bone infection and adult and children's spinal surgery.
- Rheumatology including children's rheumatology and a sports medicine service.
- Children’s unit providing routine and specialist orthopaedic services to children under 16.
- Metabolic Medicine for bone conditions such as osteoporosis.
- Chronic pain management.
- Diagnostic and interventional radiology.
- Musculoskeletal pathology.

**Orthopaedics**
These services are headed by Martin McNally as Chief of Surgery, covers a wide range of orthopaedic services and also feeds into many multi-disciplinary 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, the spinal service and the Oxford Bone and Soft Tissue Tumour Service.

Referrals for bone and joint surgery continue to rise, not only from our local GPs but also from all over the UK and beyond. Our specialist Bone and Soft Tissue Tumour Service is expanding as we take on more patients from Bristol and the south west of the country requiring surgery for bone sarcomas. The NOC is one of only five nationally designated centres for the treatment of primary malignant bone tumours and sarcomas.

Our other specialist services in bone infection, deformity correction and limb lengthening, complex joint replacement and upper limb surgery maintain a national and international profile.

**Services for people with disability – (Clinical Director, Professor Derick Wade)**
- Early and late phase neurological rehabilitation and disability management.
- A full range of equipment and adaptations including aids to communication and specialist postural management.
- Wheelchair, orthotics and prosthetic services.

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

**Critical care without walls**
Thanks to the support of our critical care outreach team, post-operative patients are able to be transferred on to general wards much more quickly – in some cases up to two hours after surgery – which is improving recovery times.

**Orthopaedic Consultants**
- Paediatric orthopaedics
  - Mrs Rachel Buckingham
  - Mr Tim Theologis
  - Mr Andy Wainwright
- 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 Gundle
  - Mr Peter McLardy-Smith
  - Prof David Murray
  - Mr Andrew Price (Hon)
  - Mr Adrian Taylor
  - Mr Duncan Whitwell (Oncology)
- 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 Chris Little
  - Mr Ian McNab
- Shoulder and elbow
  - Prof Andy Carr (Hon)
  - Mr Chris Little
  - Mr Jonathan Rees (Hon)
- Spinal team
  - Mr Gavin Bowden
  - Prof Jeremy Fairbank
  - Mr James Wilson-Macdonald (locum)
- Osteoarticular Histopathology
  - Prof Nick Athanasou (Hon)
Rheumatology

The rheumatology team offers a range of specialist clinics for disorders that affect the musculoskeletal system including inflammatory disease such as autoimmune diseases like 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.

There are four dedicated rheumatology practitioners in the department, two in general adult rheumatology, one in paediatric rheumatology and one dedicated to the biologics service. These professionals run a 24-hour help-line service which has been shown to be very useful to patients and health professionals alike.

The Oxford Paediatric and Adolescent Rheumatology Centre (OxPARC) is a one-stop clinic for children and adolescents with support from physiotherapy, occupational therapy, psychology and ophthalmology. It provides a service to children and young people with rheumatic disease from across the 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 Hospital.

The rheumatology team has also led the development of oxsport@noc, a sports medicine clinic for the diagnosis and management of sports injuries and related problems. A Performance Laboratory supports athletes in training and performance techniques. From August 2008, there will be two dedicated junior doctors training in this field, collaborating with primary care, public health, emergency medicine and cardiology.

The rheumatology department is active in rheumatology research and audit. Biological therapies such as the anti-TNF antibody treatments and anti-B-cell therapy 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.

Metabolic Medicine

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 £7.2 million 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)
Dr. Kassim Javaid.
Disability services and rehabilitation at the NOC

The Oxford Centre for Enablement (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, covering a range of potential problems from purely motor loss/paralysis through to complex cognitive losses such as memory loss and emotional and behavioural difficulties.

The OCE works closely with all interested parties; the patient and their family, GPs and the whole primary care team, especially the Continuing Health Care managers, social services, community-based rehabilitation services.

The OCE works as a whole, but has clinical staff specialising in different diseases – Huntington’s disease, multiple sclerosis, motor neurone disease, and stroke; and different problems – prosthetics and loss of limbs, orthotics, specialised seating, spasticity management, challenging behaviour, people who are disabled but have no disease.

During 2007/8 the service has continued to adapt and change. The community neurological rehabilitation service offers a more flexible assessment and rehabilitation service responding as far as possible to patient needs. It provides an outreach service, seeing patients with very complex problems in their homes and elsewhere. The inpatient neurological rehabilitation service continues to see patients soon after onset of disability.

Other changes have just started. We offer more commercially-funded services (e.g. medico-legal assessments, inpatient rehabilitation for people from Europe). We are developing a network of disability services and, in the longer-term, we are planning with others a service for people with marked neuro-behavioural disturbance based around an inpatient unit with outreach and outpatient services as well.

The ultimate goal is that the OCE and all other local services should offer people with neuromuscular conditions a high-class service focused on their activity limitations. We are still striving to achieve this, but hope to fulfil the ambitions of the National Service Framework for Long-Term Conditions sooner than most other parts of the UK.

Consultants:
Professor Derick Wade
Dr David Henderson Slater
Dr Udo Kischka
Radiology – The Diagnostic Imaging Department

The diagnostic imaging department provides a specialised musculoskeletal imaging service to the population of Oxfordshire and the surrounding counties. Patients also travel from across the UK and abroad to receive the specialist services on offer.

Services include:

- 3 Magnetic Resonance Scanners – OPEN, 1.5T and 3.0T
- Digital Imaging including DR Image Pasting and Tomosynthesis
- Interventional and Special Procedures
- Bone Densitometry Scanning (DEXA)
- 3 Ultrasound Scanners providing revolutionary 1 stop shop services

During 2007/08 radiology undertook over 50,000 examinations. All images are immediately viewable to clinicians via PACS (Picture Archive and Communication System) across the computer network within the NOC and other Oxford hospitals. The process is so quick the images can be viewed prior to the patient leaving the imaging department.

Following the installation of the Fonar ‘Open’ and Philips 3.0T magnets, radiology has grown its revolutionary MRI service to offer the best MRI diagnostics appropriate to every referral. The open magnet hugely benefits claustrophobic patients reducing the need for sedated MRI scanning. The 3.0T magnet is the first clinical scanner of its strength in Oxfordshire, improving image quality and also the range of procedures that the Trust can offer its patients.

As we settle into our new hospital, several new projects are underway including replacement of the Interventional Fluoroscopy Suite to the latest digital system providing image quality; and replacing the final analogue radiology room in early 2009.

Consultant Radiologists
Dr Catherine McCarthy
Dr Eugene McNally
Dr Simon Ostlere
Dr James Teh
Dr David Wilson

Dr Lady Ann Redgrave (far left) officially opened the hospital’s new whole body scanner. She is pictured with (left to right) Dr David Wilson, Superintendent Radiographer Marion Watson, Chief Executive Jan Fowler and Trust Chair Joanna Foster.
Research at the NOC

Research and Development is a key part of our core purpose and important in the recruitment and retention of high calibre clinical staff. The NOC has a longstanding reputation in research and development, and teaching and training with excellent facilities on site.

The Botnar Research Centre based in the grounds of the NOC provides a unique opportunity for researchers to work 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.

Working with the University of Oxford, 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 cerebral palsy, back pain, osteoporosis, osteoarthritis, rheumatoid arthritis, osteogenesis imperfecta and ankylosing spondylitis.

The NOC has recently been successful in becoming a Biomedical Research Unit in Musculoskeletal Disease and was awarded funding of £1m per annum over four years to take advances in research out of the laboratory and into hospital clinics, with a further £2m in capital funding.

The NOC’s new status reinforces its international reputation at the forefront of research in its specialist field. The investment will fund cutting-edge work alongside the University of Oxford such as using spider silk to repair and regenerate tissue, and support research into developing treatments for chronic bone conditions such as osteoporosis and advances in joint replacement surgery.

It was one of only three hospitals in the UK to be selected by a distinguished international panel of health experts to be a Biomedical Research Unit (BMU) in Musculoskeletal Disease.

Meanwhile, other significant research programmes are underway. NOC orthopaedic specialists and Oxford University academics Professor Andy Carr and Mr Jonathan Rees along with Jane Moser, a clinical physiotherapy specialist, are leading a national study into the treatment of shoulder tendon tears of the rotator cuff muscles – one of the most common causes of shoulder pain.

Research Fellow Dr Stephen Gwilym has won an Arthritis Research Campaign grant to use brain imaging to understand why some arthritis patients get more pain than others.
Therapy services at the NOC

Physiotherapy and Occupational Therapy Departments

The physiotherapy department has had a busy year with a 17% increase in out-patient referrals in the last year. Over 40,000 out-patient treatment sessions were given last year, in a combination of individual treatments and classes in knee pain, back fitness, lower limb rehabilitation and pain management. Waiting times have fallen to an average of four weeks, with an improvement in the average number of treatments that each patient receives to 4.5. Good progress has been made at reducing the percentage of patients who do not attend appointments without prior cancellation to 4.5%.

We have successfully tendered to provide specialist physiotherapy service for the haemophilia service in Oxfordshire and are now able to offer rapid access physiotherapy for patients with this condition.

A number of new initiatives have been completed to improve access to pain rehabilitation classes and we now have a rolling programme offering four different types of pain rehabilitation programmes.

An increased number of physiotherapists are working with consultants in orthopaedic and rheumatology clinics to allow patients to be seen in one visit and avoid the need for further visits back to the hospital for further physiotherapy management.

Our physiotherapists and occupational therapists now also work closely with nursing staff on wards to treat patients after surgery and facilitate their discharge home.

Physiotherapy and occupational therapy teams provide seamless care to children with orthopaedic and rheumatological conditions by working in out-patient clinics or in rehabilitation at the Nuffield Orthopaedic Centre, as well as at the Oxford Children’s Hospital where children now have their orthopaedic surgery. The therapy teams are also working with orthopaedic surgeon Rachel Buckingham to develop an integrated service for children with complex upper limb problems including video assessment, surgery, splintage and rehabilitation.

The occupational therapists have continued to be instrumental in assessing patients prior to their admission to hospital via the pre-op assessment clinics, organising equipment and preparations at home to enable them to be discharged home with all the necessary support.
We’ve been treating patients with bone and joint problems for more than 80 years.

Nuffield Orthopaedic Centre

Specialists in:
- Hip replacements
- Knee surgery
- Sports injuries
- Children’s musculoskeletal conditions
- Neuro-rehabilitation
- Rheumatic disease
- Bone infections and bone cancers

It’s your choice!

At the Nuffield Orthopaedic Centre in Oxford we take pride in our excellent services, falling waiting times, skilled and dedicated staff, purpose-built new buildings and much more.

excellence in orthopaedics, rheumatology and rehabilitation
Shorter waiting times

Our waiting times are coming down and you can expect to wait no more than **18 weeks** before the start of your orthopaedic treatment. Some earlier stages of your treatment such as MRI scans are offered within **six weeks** of being referred by your GP. No patient with suspected cancer waits more than **two weeks** for an appointment.

**Ask your GP about how to make your choice**

Faster access to treatment and care is being supported by the new Choose and Book system. This national electronic referral service gives patients, in discussion with their GP, a choice of place, date and time for their first outpatient appointment should they need to see a hospital consultant or other healthcare professional. Patients have the option of booking their appointment in the GP surgery, or over the telephone for one of our clinics or with one of our consultants.

We now offer:

- Same day MRI – where appropriate, patients are able to have MRI scans when attending outpatient appointments.
- Operating theatres running six days a week with MRI facilities running seven days a week and in the evenings.
- Additional outpatient clinics on Saturdays and in the evenings.
- Same day admission for your operation – on average, more than 80% of our patients are able to come into hospital on the same day of their surgery.

Quality of treatment and care

We are a specialist hospital employing specialist staff with high skill levels. We have:

- Consultants who are recognised as world leaders in their field
- One of the lowest infection rates in the country, including MRSA bacteraemia and Clostridium difficile.
- Results of our annual patient survey place us in the top 20% of hospitals providing high patient satisfaction in many key areas.

We have been rated as ‘excellent’ for meeting new national targets aimed at improving the health of the population, including achieving year-on-year reductions in infection rates and improvements in the NHS patient experience.

Your experience

Our £42 million new hospital has modern wards, clinics and other patient areas, alongside the purpose-built Oxford Centre for Enablement. The result is that although there have been health services on this site for more than 80 years, we are now delivering our high-quality, world-renowned services from brand new buildings.

Her Royal Highness the Duchess of Cornwall officially opened the new hospital buildings in July 2007. Patients can expect to enjoy the very best in healthcare in top-class facilities and impressive surroundings with patients and visitors welcomed by the triple-height glazed entrance atrium at the heart of the hospital.

As a small specialist hospital, the NOC has a unique, friendly atmosphere – one that is enjoyed by patients and staff alike.
Providing the best in paediatric care

We are providing a comprehensive children’s service in conjunction with the Oxford Children’s Hospital at the Oxford Radcliffe Hospitals NHS Trust. The children’s orthopaedic in-patient ward has transferred from the Nuffield Orthopaedic Centre to the Oxford Children’s Hospital, following the introduction of the National Service Framework for Children. All children’s orthopaedic surgery is now being carried out at the Oxford Children’s Hospital in dedicated facilities with 24-hour access to specialists such as paediatric anaesthetists and paediatricians.

The children’s unit at the Nuffield Orthopaedic Centre continues to provide specialist and routine musculoskeletal services to patients under the age of 16 as part of its extensive out-patient and rehabilitation services for children with congenital and developmental musculoskeletal conditions.

Patients benefit from high performance scanner

Dr Lady Ann Redgrave, Olympic rower and wife to five times British Olympian Sir Steve Redgrave, officially opened our new £1.5m whole body MRI scanner. The Philips ‘Achieva’ 3.0T MRI scanner dramatically enhances the specialist diagnostic imaging service provided at the hospital with improved image quality and quicker scanning times, enabling us to see more patients in less time and bring down our waiting times.

Computer game technology helps amputee patients

Patients who have lost limbs are taking part in a pioneering trial which uses computer game technology to ease their pain. Neuro-rehabilitationist Dr David Henderson Slater has been running trials with patient volunteers who suffer from phantom limb pain by using special software similar to that used on a Nintendo Wii to recreate the missing limb and its movements on a computer screen. The virtual reality system is already proving to alleviate pain for some patients and the system is due to feature in a TV documentary later in 2008.

Stroke sufferers get a helping hand

Stroke patients currently under rehabilitation programmes at the Oxford Centre for Enablement, are benefiting from a unique spring-loaded ‘glove’ that helps them gain the reuse of a partially paralysed hand. The SaeboFlex arm training programme enables patients who have suffered a neurological trauma, such as stroke, to begin to regain some of the muscle tone and co-ordination to the affected arm.
Our priorities in 2008/09

- **Patient safety**
  We have designated 2008/09 as the Year of Patient Safety and will continue to improve our processes and working practices to prevent harm or reduce risk of harm to patients.

- **Accessible and responsive care**
  A key priority is to provide choice in access to services and treatment, and ensure that care is delivered in partnership with patients, carers and relatives, respecting their needs and preferences.

- **Patient environment and amenities**
  We will ensure that the patient environment meets high privacy and dignity standards; achieves exceptional cleanliness standards as part of our infection control strategy; and delivers improved energy efficiency and reduction in waste across all services.

- **Clinical and cost effectiveness and public health**
  Patient care and services we deliver are underpinned by evidence of effective clinical outcomes and we will work with organizations and communities to promote the health and well-being of the patient and reduce health inequalities particularly around key public health targets in obesity, stroke and conditions affecting an aging population.

- **Integrated Governance**
  We aim to achieve value for money and efficient use of resources through clear clinical and managerial leadership and accountability that will ensure probity, quality and ongoing improvement of patient safety.

Review of Financial performance

The Trust achieved an income and expenditure surplus of £56,000 for the year ending March 31, 2008, following another very challenging year both financially and logistically with the completion of the final phase of the PFI building project.

This was an excellent performance as the Trust lost £2,300,000 from the Department of Health in respect of minimum income guarantee funding which supported specialist activities income. The underlying income for patient activity grew by 8.7% reflecting the increased level of activity to achieve the national 18 week target.

Because of the longer term financial viability of the Trust, the Trust with South Central Strategic Health Authority engaged management consultants to review costs and saving opportunities. A cost reduction and income generation programme was developed to achieve a financial benefit of £3.5m in year with a full year effect of £5.1m. The Trust delivered this financial improvement programme in full. 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. Historically the Trust had a Finance Committee made up of Executive, Non-executive and Clinical Directors that reported formally through to the full Trust Board. However given the critical nature of the Trust’s financial position, it was determined that oversight and scrutiny of the Trust financial plans and performance should be embedded within the function of the main board. The Trust now ensures time is given at each Trust Board seminar to address financial matters.

Financial performance indicators

- Breakeven Duty: The Trust for 2007/8, had a surplus of £56,000 and a cumulative position over the last three years of £2,286,000 surplus.
- External Financing Limit: The Trust had a small undershoot of £37,000 against its target of £12,414,000.
- Capital Resource Limit: The Trust utilised £3,196,000 of its limit of £3,336,000.
- Better Payment Practice Code: The Trust was marginally short of its 95% target of paying its revenue creditors within 30 days, achieving a 94.3% rate.
- Management Costs: The Trust management costs were 4.65% of relevant income, compared to its target of 5.0%.

Full sets of accounts are available on request from the Director of Finance. Alternatively, they can be downloaded from our website at www.noc.nhs.uk.
The clinical governance arrangements at the NOC have undergone some revision and development and a new Safety, Quality and Standards team is now in place to deal with clinical governance issues for the Trust.

The role of the Safety, Quality and Standards Team is to help the Trust meet key objectives and achieve the Healthcare Commission’s Standards for Better Health. The team has built on work done in previous years and collated an evidence matrix to provide the Governance Committee and Trust Board with assurance around the Trust’s and Clinical Directorates’ compliance with the Standards for Better Health.

In 2007/08 the Trust was successfully assessed as being complaint with Level 1 of the NHS Litigation Authority (NHSLA) Risk Management Standards. These standards consist of 50 individual criteria covering areas such as infection control, complaints, incident reporting and follow up, records management. This assessment followed a detailed review and updating of a number of policies and procedures.

The Risk Management Strategy has been reviewed and the Risk Management Committee has reviewed complaints and incidents in order to share learning from these around the Trust.

The Trust has designated 2008/09 as the Year of Patient Safety. This is designed to build upon work already done and in progress to increase learning from other organisations and respond more proactively to patient safety issues at the Trust. As part of this, key areas will focus on:

- A comprehensive programme of audit and surveillance, including hand hygiene, HCAIs, active participation in Patient Environment Action Teams (PEAT) inspections across the Trust. This will include liaison with clinical teams on the development of local standards and audits that meet their needs.
- A comprehensive review of Trust policies and procedures to ensure clarity of links between them.

Personal Data Related Incidents

All NHS organisations must now include in their annual reports details of Serious Untoward Incidents involving loss of data or breaches of data confidentiality. The Nuffield Orthopaedic Centre maps its data flows to ensure that they are secure and the Trust had no incidents of unauthorised disclosures during 2007/08.
Infection control

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 a number of years.

The service’s key achievements over the past year include the CleanYourHands Campaign that encourages patients and visitors to challenge staff about hand washing and also acts as a reminder to patients and visitors themselves to use the alcohol gel dispensers at the entrance to every ward and patient area. There has been increased training generally for staff in infection control and more is planned for the coming year as part of the Trust’s ‘Year of Patient and Staff Safety’ work for 2008/09.

Preparing for an emergency

The Nuffield Orthopaedic Centre has a Major Incident Plan that details how the Trust will respond to an emergency or internal incident. The plan aims to bring co-ordination and professionalism to the often unpredictable and complicated events of a major incident such as an incident involving multiple casualties requiring extraordinary mobilisation of the emergency services.

The purpose of planning for emergencies is to ensure that we can provide an effective response to any major incident or emergency and to ensure that the Trust returns to normal services as quickly as possible.

The plan has been put together in collaboration with partner organisations across Oxfordshire including other NHS Trusts, the emergency services, local councils and emergency planning experts.

Influenza Pandemic Plan

Part of emergency planning involves pulling together robust contingency plans to enable local health services to deal with a ‘flu pandemic should it arise.

The NOC’s ‘Flu Pandemic Plan covers preparedness, readiness and actions at the various stages of a developing ‘flu pandemic and operates within a countywide ‘flu pandemic plan. This considers local co-ordination, surveillance, and communications during a pandemic; how to limit spread; the joint response required from local hospitals and primary care, and links with other partner organisations such as the police and local authorities. The plan is also supported by detailed service operational plans.
People at the NOC

Once again our staff here demonstrated their commitment to the service and to our patients in a climate of considerable change. New Directorate Boards with more clinical involvement are now in place following a major restructure to ensure we are ‘fit for purpose’ to meet the challenges ahead.

Beverley Edgar has been appointed as Director of Workforce and Organisational Development and will take forward a programme on management development and leadership to support new ways of working in the Trust.

Some key achievements:

- Successful implementation of a new national HR system (Electronic Staff Record)
- Development of Single Equality and Human Rights Scheme
- Reduction in sickness absence rates

The Nuffield Orthopaedic Centre employs just under 1,000 people. Below by broad staff groups is the composition of the Trust’s workforce.

Headcount by Staff Group as of the end of March 08

<table>
<thead>
<tr>
<th>Main Staff Group</th>
<th>Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative &amp; clerical</td>
<td>210</td>
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<tr>
<td>Additional Clinical Support</td>
<td>116</td>
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<tr>
<td>Medical</td>
<td>80</td>
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<tr>
<td>Nursing</td>
<td>274</td>
</tr>
<tr>
<td>Professions allied to medicine</td>
<td>156</td>
</tr>
<tr>
<td>Scientific &amp; professional</td>
<td>38</td>
</tr>
<tr>
<td>Technicians</td>
<td>66</td>
</tr>
<tr>
<td>Non-executive Directors</td>
<td>5</td>
</tr>
<tr>
<td>Total number of staff directly employed by the Trust</td>
<td>945</td>
</tr>
</tbody>
</table>

- Trust Rolling 12 Month average sickness absence = 2.8%
- Trust Rolling 12 month average turnover = 18.39% (full time equivalent)
Equality and Diversity at the NOC

Our aspiration is to continue to develop our services to provide the best possible care for patients and broaden opportunities for all our staff. In moving forward to meet these challenges, the NOC will ensure effective partnership working to fulfil our equalities aspirations. Our approach is detailed in our Single Equality and Human Rights Scheme (SEHRS).

The SEHRS replaces the Trust’s current Equality and Diversity strategy and three-year Race Equality Scheme (both published in 2005/6) and aims to:

- Bring together a coherent approach towards meeting the public sector duties for race, disability and gender. Additionally, the SEHRS includes our approach to religion or belief, sexual orientation, age and caring status.
- Ensure that the Trust acts in a way that is compatible with the Human Rights Act (1998) when devising policies or procedures or delivering services directly to the public.

The SEHRS is intended to be a ‘living document’, which is used on a daily basis, supporting policy making, and design and delivery of services within the NOC. It is a gateway into the many different aspects of promoting equality, valuing diversity and protecting human rights which contribute to our overall vision and purpose.

Diversity Day

In May 2007, the NOC held a Diversity Day with key speaker Surinda Sharma, Director for Equality and Human Rights at the Department of Health, addressing an audience from local NHS and community organisations. The day provided a number of opportunities for staff to learn and celebrate our diversity. Workshops were held to explore a range of issues from equality of opportunity for the huge NHS workforce to supporting the diverse needs of patients.

Staff Attitude Survey

An above average response rate of 48% was achieved with the Staff Attitude Survey completed between October 2007 and January 2008.

Among the areas where there was significant improvement on the 2006 scores were:

- Teamwork and support, encouragement and feedback from managers to help with a positive work/life balance;
- e-learning and equality and diversity training;
- infection control and major incident training.

The Trust scored well (above the national average) for the number of staff stating they had had an appraisal in the last year and staff stating that they had clear and planned goals for their work.

A total of 268 staff took part in the survey. Of these, more than a quarter had worked for the Trust for over 11 years and a further half for three to ten years.
The Patient Experience

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 2007/08 PALS logged 1,320 requests and concerns; this is slightly less than the previous year. The main categories logged were waits for appointments and admission, communication delays or problems and general information requests.

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.
How we handle your complaints

We adhere to the ‘Principles of Remedy’ to produce reasonable, fair and proportionate resolutions as part of our complaints handling procedures.

In handling complaints and concerns, we aim to:
• Be customer focused
• Be open and accountable
• Act fairly and proportionately
• Put things right
• Seek continuous improvement

In the financial year 2007/08 the Trust received 148 complaints, which is the same as the number received the previous year.

Local resolution was achieved for 144 of the complaints handled. Four complainants contacted the Healthcare Commission for review of the complaint process but none of these complaints escalated into the full Independent Review stage. However, we have taken on board recommendations from the Healthcare Commission in respect of one case resulting in an information booklet for patients about consent. Another case did not require any further action by the Trust and two others are still pending.

All but six of the complaints received in 2007/08 were investigated and responded to within 25 working days, which is within the timescale set by the NHS Complaints Regulations. Those that missed this deadline were delayed mainly due to the complexity of the cases and investigation.

The largest category of complaints (58) were related to access to appointments, admission and discharge issues. Of these the majority were related to waits for outpatient and admission appointments. However, the Trust has successfully reduced waiting times this year and it is expected that this will bring greater satisfaction with services in future.

The next largest group (45) were related to poor communications. The Trust is working to improve this through recruitment drives to lessen the use of temporary staff and improvement in systems of communication within the Trust.

Patient environment scores highly in annual inspection

A comprehensive inspection of the hospital’s wards and patient areas resulted in a top rating.

Hospital meals scored particularly highly in the annual Patient Environment Action Team assessment in February. There was a good choice of tasty, well-presented food served at a good temperature.

The inspection also covered cleanliness, hygiene, privacy and dignity and included on-the-spot feedback from patients in their beds and in outpatients, radiology and the pre-operative assessment clinic. Many areas achieved the maximum rating.

The inspection team included nursing staff, managers, representatives from Global Solutions Limited which runs the site services, and a wheelchair-using patient representative. The self-assessment inspection feeds into the annual performance ratings by the Healthcare Commission. The results could be verified by a spot-check visit from national independent inspectors.

The inspection highlighted a number of areas for improvement and measures are already in place to ensure these take place. They included:
• Better cleaning of clinical equipment and commodes
• More waste bins needed

While this was an annual inspection, standards around cleanliness, nutrition, privacy and dignity are monitored throughout the year.
Art at the NOC

Patients and staff continue to benefit from the ongoing arts programme at the NOC. A new exhibition space has been created in the main outpatients department. It opened with an exhibition of paintings, made by artist Miranda Creswell during her residency at the hospital in 2007. The exhibitions will change regularly ensuring that the artwork stays fresh and the space is already booked 12 months ahead.

Several new pieces of art work have been donated to the NOC during the past year, the most notable being a 12-metre photograph by artists Boyd and Evans. Les Evans underwent treatment at the NOC and thought that one of their photographs would brighten up the bare walls. The picture shows scenes from the southern states of America and was manipulated in the computer to appear as one continuous landscape; it is displayed in two parts in the Oxford Centre for Enablement.

The Oxford Philomusica provided music workshops for clients in the Oxford Centre for Enablement as part of an Awards for All funded programme of music and art workshops. The workshops were a great way for clients with very little movement to express themselves musically. The award also funded art workshops and concerts in the hospital including a performance and workshop by Crossover Intergenerational Dance Group in the new main entrance atrium whose nine dancers are aged from seven to 66. One is a wheelchair user.

All funding for the hospital’s art programme has been donated through the Nuffield Orthopaedic Centre Appeal and general charity.

For more information about Art@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

Multi-faith room

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. The emotional and spiritual needs of patients, visitors and staff are equally important as the physical needs of those coming into hospital for treatment 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 Sanctuary was officially opened in May 2007 by the acting Bishop of Oxford Colin Fletcher.

“The room was blessed in 8 different ways – Christian, Muslim, Bahai, Hindu, Jewish, Sikh, Pagan/Earth and music was played so those with no religious faith could commend the room in their own heart.”

Tess Ward, NOC Chaplain
Patient and Public Involvement –
a partnership approach

We have a proactive PR programme and multi-media approach to our stakeholder and public involvement. We seek to ensure our reputation spreads widely and reinforces positive relationships with all our customers. Our aim is that GPs and patients clearly understand why they should choose and recommend the NOC.

We work to promote the range of services and good clinical outcomes that differentiate the NOC from other hospitals and take every opportunity to listen to the views and opinions of our patients and visitors. It is important that our patients are informed and empowered – we seek their input particularly around service improvements and how we can deliver a better patient experience.

Ongoing work involves:
• developing consistent service information and patient focused information to support the patient journey;
• development of our website to offer improved interactive and feedback mechanisms;
• distribution of a patient/stakeholder magazine to more than 1,000 members of the hospital's patient group the NOC Network.

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

NOC Network
The NOC Network is an independent group of patients, carers and members of the public with the aim of embedding patient and public involvement within the culture of the hospital. 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.

Recently, the NOC Network members have provided valuable advice and input on car parking issues; the transfer of our paediatric in-patient service to the Oxford Children's Hospital; and our work to reduce waiting times to 18 weeks and streamline the patient pathway.

If you have strong views on patient care, parking, information or any other aspects of the Trust, you can become a member of the NOC Network and support its patient-focused work. How involved you get is up to you. For more details e-mail caroline.sykes@noc.anglox.nhs.uk.

League of Friends and our army of volunteers
Volunteers who run the League of Friends shop at the Nuffield Orthopaedic Centre have raised more than £1m for the hospital during 43 years of selling refreshments to staff and patients – and are helping improve patient care into the bargain!

The money raised has enabled the hospital to purchase much needed equipment such as blood pressure, pulse, and oxygen saturation monitors;
epidural infusion pumps and a number of specialist orthopaedic chairs.

Since setting up shop in 1964, the NOC League of Friends has sold sandwiches, drinks, books, magazines in the hospital shop, and run regular fundraising events, to reach the £1m milestone. Today, their efforts bring in approximately £4,000 per month.

“Without the volunteers, some of whom have been involved with the League for over 30 years, none of this could happen. They help to raise money which is then given back to the hospital. I think the longevity of the volunteers speaks volumes about the respect and faith they all have for the NOC.”

League of Friends Chair, Hilary Daffern.

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. Donations can be sent to the Trust’s finance department with any specific instructions. Cheques should be made payable to the Nuffield Orthopaedic Centre General Charity. See our postal address at the back of this report.

The Nuffield Orthopaedic Centre Appeal
The Nuffield Orthopaedic Centre Appeal is an independent charitable trust that has, over the last 15 years, raised £15 million to provide new buildings and facilities for the hospital. This money has been raised with the help and support of thousands of patients and their families, individuals, charitable trusts and companies.

The Appeal has raised £6.6m towards three new wards and a hydrotherapy pool in the new hospital; £1.5 million for the orthotics department; £4.5 million towards Phase 1 of the Botnar Research Centre; £300,000 towards a second MRI scanner building and funding for equipment and for research; and £50,000 towards oxsport@noc, the NOC’s new sports injury and exercise medicine service.

The next major campaign for Director of the Appeal Jeanette Franklin is to raise £5 million to build Phase 2 of the Botnar Research Centre, which will be devoted to clinical research and trials for patients of new treatments for arthritis, rheumatoid arthritis, osteoporosis and orthopaedics, epidemiology, bioengineering and postgraduate teaching.

The Patient and Public Involvement Forum
The NOC’s Patient and Public Involvement (PPI) Forum has been closely involved in the work of the Trust and ensuring the voice of the local community is considered in all aspects of the Trust’s activities. These Forum’s are now being replaced by Local Involvement Networks (LINks) and the NOC hopes to continue its close collaboration to improve the patient experience.
**Financial review**

The format of the accounts is as specified by the NHS Trust Manual for accounts and consists of:

Four primary statements:
- Income and Expenditure Account
- Balance Sheet
- Cash Flow Statement
- Statement of total recognised gains and losses

The annual accounts also include:
- Notes to the accounts
- Statement on Internal Controls
- Directors statement of responsibilities
- The auditors report

A glossary of technical financial terms used in this report is shown at the end of this section.

**Summary Financial Statements**

These accounts for the year ended 31st March 2008 have been prepared by the Nuffield Orthopaedic Centre NHS Trust under section 98 (2) of the National Health Service Act 1977 (as amended by sect 24 (2)), schedule 2 of the National Health Service and Community Care Act 1990 in the form which the Secretary of State has, with the approval of the Treasury, directed.

The financial statements that follow are only a summary of the information contained in the Trust’s annual accounts. Full copies of the accounts are available from the Corporate services section of the Trusts website www.noc.nhs.uk/aboutus/corporateservices or by contacting the Finance Department at the Nuffield Orthopaedic Centre. The Trust is required to include a statement on Internal Control, which is shown at the end of this document.

Signed: …………………………………………..

Jennifer Howells, Director of Finance and Commercial Development

**INCOME and EXPENDITURE ANALYSIS**

*Income* overall reduced by 9% largely due to non recurrent impairment & PFI funding and the loss of the DoH minimum income guarantee funding. Excluding the effect of these non recurrent funding overall activity income increased by 8.7%. This is a significant growth in underlying activity which enabled the achievement of the national 18 week target. Education, training and research income increased by 2.2%: this was broadly in line with inflation.

**Operating Expenses** excluding impairment, costs increased overall by circa 10%. Our major expenditures continue to be on staff costs which increased by 1.9%. Inter-Trust service costs increased significantly by 9.8% and supplies and services reduced by 3.4% which reflects the savings that the Trust has made even given our increased levels of NHS activity. The full effect of the PFI unitary payment is included in establishment and premises costs which increased by 57%
Summarised Financial Statements

Income and Expenditure

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<th>2007/08</th>
<th>2006/07</th>
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<td></td>
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<td>£'000</td>
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<td>Income</td>
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<tr>
<td>NHS Patient Care Activity</td>
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<td>Impairment fund flows</td>
<td>2,000</td>
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<tr>
<td>Private Patients and non NHS patient care</td>
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<td>1,567</td>
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<tr>
<td>Education, training and research</td>
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<td>3,074</td>
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<tr>
<td>Other</td>
<td>6,612</td>
<td>4,675</td>
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<td>Total Income</td>
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Operating Costs

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<td>Staff Costs</td>
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<td>Supplies and services</td>
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<td>Services from other NHS bodies</td>
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<td>Healthcare Services from Non NHS bodies</td>
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<td>Establishment and premises</td>
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<td>Depreciation &amp; amortisation</td>
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<td>Impairment</td>
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<td>Other</td>
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Cash Flow Statement

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<tr>
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<td>£'000</td>
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<tr>
<td>Debtors and cash</td>
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<td>Current Assets: Stocks</td>
<td>2,002</td>
<td>1,831</td>
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<tr>
<td>Creditors: - falling due within 1 year</td>
<td>(5,381)</td>
<td>(5,615)</td>
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<tr>
<td>- falling due after 1 year</td>
<td>0</td>
<td>(500)</td>
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<tr>
<td>Provisions for liabilities &amp; charges</td>
<td>(620)</td>
<td>(611)</td>
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<td>Total current assets</td>
<td>74,192</td>
<td>70,556</td>
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Cash Flow Statement

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<th>2006/07</th>
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<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
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<tr>
<td>Operating activities – net cash inflow</td>
<td>18,030</td>
<td>4,061</td>
</tr>
<tr>
<td>Interest received</td>
<td>403</td>
<td>46</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(49)</td>
<td>(16)</td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(4,077)</td>
<td>(11,526)</td>
</tr>
<tr>
<td>Receipts from sales of tangible fixed assets</td>
<td>55</td>
<td>853</td>
</tr>
<tr>
<td>Payments to acquire intangible fixed assets</td>
<td>(10)</td>
<td>(9)</td>
</tr>
<tr>
<td>Dividends paid</td>
<td>(1,901)</td>
<td>(1,973)</td>
</tr>
<tr>
<td>Net cash inflow/outflow before financing</td>
<td>12,451</td>
<td>-8,494</td>
</tr>
</tbody>
</table>

Financed by

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>0</td>
<td>9,468</td>
</tr>
<tr>
<td>Public dividend capital paid</td>
<td>(9,705)</td>
<td>(1,000)</td>
</tr>
<tr>
<td>DoH Loans Repaid</td>
<td>(500)</td>
<td>1,000</td>
</tr>
<tr>
<td>Net cash inflow/outflow from financing</td>
<td>(10,205)</td>
<td>9,468</td>
</tr>
</tbody>
</table>

Increase in cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>EFL set by NHS Executive</td>
<td>(12,414)</td>
<td>8,468</td>
</tr>
<tr>
<td>Net cash inflow/outflow before financing</td>
<td>(12,451)</td>
<td>8,494</td>
</tr>
<tr>
<td>(Overshoot/U undershoot)</td>
<td>37</td>
<td>(26)</td>
</tr>
</tbody>
</table>

Statement of Total Recognised Gains and Losses

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Surplus (deficit) for the financial year before dividend payments</td>
<td>1,957</td>
<td>3,974</td>
</tr>
<tr>
<td>Unrealised surplus (deficit) on fixed asset revaluation/indexation</td>
<td>4,386</td>
<td>4,684</td>
</tr>
<tr>
<td>Increase in the donation reserve due to receipt of donated assets</td>
<td>60</td>
<td>6,000</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>6,403</td>
<td>14,658</td>
</tr>
</tbody>
</table>

Public Interest and other report

1. Management Costs

Management costs using the Audit Commission definitions are as follows;

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Management Costs</td>
<td>3,437</td>
<td>2,885</td>
</tr>
<tr>
<td>Trusts Relevant Income</td>
<td>73,885</td>
<td>77,085</td>
</tr>
<tr>
<td>Management Costs as a % of Trust relevant income</td>
<td>4.65%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

2. 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.

3. Auditors

The Trusts external auditors are the Audit Commission. The statutory audit fee for the year ended 31st March 2008 was £112,046. No other audit work was undertaken by the audit commission on behalf of the Trust. The Audit Commission auditors report to the audit committee, the Audit Committee members the Trusts non-executive and executive directors and the committee is chaired by a non-executive director. Under the governance arrangements of the Audit Commission, the district auditor and senior audit manager are rotated every 5 years.

4. Declaration of Interests

All directors complete a declaration of interests to identify any other significant interests held where those companies are likely to do business, or are seeking to do business with the NHS where this may conflict with their managerial responsibilities.

No Director of the Trusts has any such significant interest which conflicts with their managerial responsibilities.

5. Tangible fixed asset valuations

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. They are restated to current value each year. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. All land and buildings are restated to current value using professional valuations in accordance with FRS15 every five years and in the intervening years by the use of indices. The buildings index is based on the All in Tender Price Index published by the Building Cost Information Service (BCIS). The land index is based on the residential building land values reported in the Property Market Report published by the Valuation Office.

The directors consider that the carrying value is not significantly different to a market valuation. A full explanation of asset valuation is available in note 1.7 to the accounts.

6. Pension Liabilities

The Nuffield Orthopaedic Centre Staff are members of the National NHS Pension scheme; full details are available in note 1.14 to the accounts.
Explanation of financial terminology

A glossary of the key terms used in the Annual Report is outlined below.

The Income and Expenditure Account records the income and the costs incurred by the Trust during the year in the course of running its operations. It includes cash expenditure on staff and supplies as well as non-cash expenses such as depreciation (a charge that reflects the consumption of the assets used in delivering healthcare). It is the equivalent of the profit and loss account in the private sector. If income exceeds expenditure, the Trust has a surplus. If expenditure exceeds income, a deficit is incurred.

**TERMS USED WITH THE I AND E ACCOUNTS:**

- **Income from activities** includes all income from patient care. The main source of income is from Primary Care Trusts (PCTs). Other sources of income are private patients.
- **Other operating income** includes non-patient related income including education, training and research funding.
- **Profit/(loss) on disposal of fixed assets**. A fixed asset is an asset intended for use on a continuing basis in the business. The profit/(loss) is the difference between the sale proceeds of a fixed asset and its current value.
- **Other finance costs** – unwinding of discount. The unwinding charge reflects the difference between this year’s and last year’s estimates for the current cost of future payments on financing charges relating to provisions.
- **A provision** is a liability where the amount and timing is uncertain. While there has been no cash payment, the Trust anticipates making a payment at a future date and so its net assets are reduced accordingly.
- **Public Dividend Capital Dividend**. At the formation of NHS Trusts, the purchase of Trust assets from the Secretary of State was half-funded by public dividend. It is similar to company share capital, with a dividend being the payable return on the Secretary of State’s investment.
- **Net cash inflow/(outflow) before financing**. This represents the additional cash the Trust needed over and above what it could generate itself to conduct its business. The Department of Health set a limit on the amount of external finance trusts can obtain.
- **Financing**. This provides detail of where additional cash came from to support cash needs.

The statement of total recognised gains and losses provides a summary of all the Trust’s gains and losses. The I and E account will only provide details of gains and losses that have been realised. The statement provides a summary of all gains and losses regardless of whether or not they were shown in the I and E account of the balance sheet. It starts with the Trust’s surplus or deficit before the payment of dividends (taken from the I and E account) and then provides details of unrealised gains and losses (i.e. gains and losses which have not yet had any cash consequences) such as those arising from the revaluation of property.

**TERMS USED WITHIN THE CASH FLOW STATEMENT**

- **Net cash inflow from operating activities**: cash generated from normal operating activities.
- **Returns on investments and servicing of finance**: cash received on short-term deposits and interest paid relating to costs of financing the Trust.
- **Capital expenditure**: payments for new capital assets and receipts from asset sales. Capital expenditure relates to spending on buildings, land and equipment which exceeds £5,000.
- **Public dividend capital dividend**. At the formation of NHS Trusts, the purchase of Trust assets from the Secretary of State was half-funded by public dividend. It is similar to company share capital, with a dividend being the payable return on the Secretary of State’s investment.

The cash flow statement summarises the cash flows of the Trust during the accounting period. These cash flows include those resulting from operating and investment activities, capital transactions, payment of dividends and financing.
Remuneration Report

This report contains information about senior managers remuneration, in compliance with section 234B schedule 7A of the Companies Act, as interpreted for the public sector. Senior managers are defined as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments. For The Nuffield Orthopaedic Centre NHS Trust, this only relates to both executive and non-executive directors.

The Remuneration committee members are the Trust non-executive directors and the committee is chaired by the Trust Chair person. The committee reviews annually senior manager's salaries, taking into account generalised NHS inflation, market forces, achievement of corporate and individual objectives and future requirements. No significant rewards were made to any past senior managers and no severance payments were made during the year ended 31st March 2008. All senior managers are recruited under open competition and employed on substantive contracts, which are subject to three months written termination notice. Non executive directors are appointed by the NHS appointments commission.

Salary & Pension entitlements to senior managers

1. Salaries and allowances

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>2007-08</th>
<th>2008-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Fowler</td>
<td>Chief Executive</td>
<td>105-110</td>
<td>80-85</td>
</tr>
<tr>
<td>Dr Tony Berendt</td>
<td>Medical Director</td>
<td>70-75</td>
<td>70-75</td>
</tr>
<tr>
<td>Sara Randall</td>
<td>Director of Operations</td>
<td>70-75</td>
<td>35-40</td>
</tr>
<tr>
<td>Paul Beal</td>
<td>Director of Human Resources</td>
<td>35-35</td>
<td></td>
</tr>
<tr>
<td>Jennifer Howells</td>
<td>Director of Finance &amp; Commercial Development</td>
<td>30-35</td>
<td></td>
</tr>
<tr>
<td>Brian Hegarty</td>
<td>Acting Director of Finance</td>
<td>40-45</td>
<td>45-50</td>
</tr>
<tr>
<td>JoAnna Foster</td>
<td>Chair</td>
<td>15-20</td>
<td>15-20</td>
</tr>
<tr>
<td>Dr John Adsett</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
</tr>
<tr>
<td>Mr Derek Day</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>5-10</td>
</tr>
<tr>
<td>Mr Hector Sants</td>
<td>Non-Executive Director</td>
<td>0-5</td>
<td>5-10</td>
</tr>
<tr>
<td>Prof Andrew Carr</td>
<td>Non-Executive Director</td>
<td>0-5</td>
<td>5-10</td>
</tr>
<tr>
<td>Gail Curry</td>
<td>Non-Executive Director (9)</td>
<td>0-5</td>
<td>5-10</td>
</tr>
<tr>
<td>Michael Rogerion</td>
<td>Non-Executive Director (7)</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Penny Gardiner</td>
<td>Non-Executive Director (8)</td>
<td>0-5</td>
<td></td>
</tr>
</tbody>
</table>

2. Pension Benefits

| Name                | Title                          | Real increase in pension at aged 60 | Lump sum at aged 60 related to real increase in pension | Total accrued pension at 31 March 2008 | Lump sum at aged 60 related to accrued pension at 31 March 2008 | Cash Equivalent Transfer Value at 31 March 2008 | Real increase in Cash Equivalent Transfer Value | Employer’s contribution to stakeholder pension |
|---------------------|--------------------------------|-------------------------------------|--------------------------------------------------------|----------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Jan Fowler          | Chief Executive                | 10-12.5                             | 30-32.5                                                | 35-40                                  | 115-120                                                       | 559                                           | 190                                           | 169                                           | 0                                             |
| Dr Tony Berendt     | Medical Director               | 10-12.5                             | 30-32.5                                                | 40-45                                  | 130-135                                                      | 620                                           | 453                                           | 167                                           | 0                                             |
| Sara Randall        | Director of Operations         | 0-2.5                               | 5-7.5                                                  | 25-30                                  | 75-80                                                        | 373                                           | 330                                           | 43                                            | 0                                             |
| Paul Beal           | Director of Human Resources    | 0-2.5                               | 0-5                                                   | 0-5                                    | 18                                                            | 9                                             | 9                                             | 0                                             | 0                                             |
| Jennifer Howells    | Director of Finance & Commercial Development | N/a | N/a | 0-5 | 10-15 | 44 | N/a | N/a | 0 |
| Brian Hegarty       | Acting Director of Finance     | 0-2.5                               | 2.5-5                                                  | 15-20                                  | 45-50                                                        | 292                                           | 257                                           | 35                                            | 0                                             |

N/a = Not available as new in post in year

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV: the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.
Statement of Director’s responsibility in respect of internal control
The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation’s policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation’s assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

• identify and prioritise the risks to the achievement of the organisation’s policies, aims and objectives,
• evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Full statement of internal control is included within the Trust’s published and audited annual accounts which can be accessed through the Trust website at www.noc.nhs.uk or by contacting the Director of Finance on (01865) 737573 or the Corporate Offices on (01865) 737563.

Signed ……………………………….…………………………. Date; July 2008.
Jan Fowler Chief Executive Officer (on behalf of the Board)

Independent auditor’s report to the Directors of the Board of the Nuffield Orthopaedic Centre NHS Trust
I have examined the summary financial statements set out in this report.
This report is made solely to the Board of the Nuffield Orthopaedic Centre NHS Trust in accordance with Part ll of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditors
The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. I also read the other information contained in the annual report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion
I conducted my work in accordance with the Bulletin 1999/6 ‘The auditors’ statement on the summary statement’ issued by the Auditing Practices Board.

Opinion
In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2008.

Maria Grindley District auditor
Address: Audit Commission, Unit 5, ISIS Business Centre, Horspath Road, OXFORD OX4 2RD
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 gjyshë tjëtër, ju lutem telefononi Zyrën e Shërbimit Keshillimor dhe Ndërloidhësis për Klientët (PALS) në: 01865 738126.

Bengali

আপনি যদি এই লেখাটি অন্য কোন ভাষায় চান তাহলে অনুবাদ করে আমাদের প্ল্যাটফর্মে 01865 738126 নামায় টেলিফোন করুন।

Chinese

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

Gujarati

હું તમને આ સંદેશને મી ભાષામાં પ્રદાન કરતા કેરી અમુક પાલસ ઓફિસ (PALS Office) 01865 738126માં કલ કરી શકો છું.

Hindi

आपके सहायत के लिए हम दुसरी भाषा में नहीं हैं। यदि आप PALS (PALS) के माध्यम से 01865 738126 पर बनाएंगे कर सकते हैं।

Polish

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

Punjabi

ਨੇ ਉਨੀਂ ਦੀਨ ਸਮਨਵੇਂ ਹੋ ਵਿੱਚ ਕਊਂਟਾਂ ਵਿਚ ਕਲੋਵਰ ਵਿਚਕਾਰ ਵਿੱਚ ਵਿਚਕਾਰ ਵਿਚਕਾਰ ਬਜਾਓ ਵਾਲੇ ਮਾਫ ਪੈਲਸ (PALS)
ਸ਼ੋਟਨ ਖੁੱਲਾ 01865 738126 ਦੌਰ ਟੈਲੀਫੋਨ ਵਾਲੇ

Urdu

آپ کو بھی اپنی پیشہ وار ہدایات اور دوسرے ذخائر کے لئے 01865 738126 ذخیرہ بھی کر سکتے ہیں۔
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.angloxi.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.