Annual Report
2008/09
Operating and
Financial Review

Your Hospital, Your Choice

excellence in
orthopaedics, rheumatology
and rehabilitation
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What’s new at the Nuffield Orthopaedic Centre  
- New therapy garden  
- Day surgery unit  
- Patient experience tracker  
- Heritage project
Uncertain times. Even though we have been saying this for several years now, the credit crunch and economic prospects have added another dimension to the question marks round our own organisational future here at the NOC. The news that the bid by the Oxfordshire partnership to become an Academic Health Science Centre (AHSC) was not successful, is disappointing, for although we were the junior partner, we were, and still are, enthusiastic about the concept of AHSCs.

Our own research work in our Biomedical Research Unit, as well as that with Oxford University at the Botnar Research Centre, underlines our own existing translational and international research record. We very much hope that a new bid will be developed taking into consideration the desirability of widening the partnership and including more of the work of colleagues in the Oxfordshire health community.

Certain times. What is quite certain in the midst of the more macro uncertainties, is that the NOC is in better shape than it has been for very many years. The achievements Jan Fowler, Chief Executive, with her team and colleagues from throughout the Trust, have made are remarkable – they reflect innovation and enterprise.

You will read in this Annual Report how we have successfully ‘leaned’ down, both cutting costs and working in different ways to achieve better outcomes. Our patients continue to tell us that they are very satisfied and, after the disruption of last year’s restructuring, our staff are feeding back to us that they are well motivated and intent on providing the best possible services for our patients and their carers. The message we are getting is that the NOC is a good place in which to be cared for and a good place in which to work. We need to go on focusing, with energy and enthusiasm, to maintaining and to translating this good to excellent.

Over the year many, many other organisations and individuals have helped and supported us. They include voluntary organisations, our many volunteers, many benefactors and, of course, our non-executive directors who give way above the time specified in their job descriptions. Their varied backgrounds, competencies and experience are precious and along with my other colleagues, I would like to pay tribute to them and say thank you on behalf of the NOC for their generosity of spirit and time.

Joanna Foster
CBE, Chair
The future strategic direction of the NOC, has again consumed a great deal of energy and time. Although our work with the other NHS and University partners across Oxfordshire to develop a bid for Oxford to become one of the first Academic Health Science Centres in the UK, was unsuccessful, other collaboration with Oxford University to develop a Biomedical Research Unit, one of only three in the country for musculoskeletal research, has been successful and has helped to enhance the potential for translational research in musculoskeletal disease.

We have also been very much focusing on improving the patient experience and safety of services. We have long had a very good record in patient satisfaction and high quality of services, however we can never rest on our laurels and last year we designated 2008/9 the ‘Year of Patient and Staff Safety’. This has meant a number of initiatives have been launched to continuously improve safety and raise awareness of its importance. A launch event was held early in the year with a number of external speakers and the keynote speech coming from Jim Easton, as Chief Executive of the South Central Strategic Health Authority and an international speaker himself on patient safety. Mr Easton has since taken up a national post at the Department of Health.

Together with our focus on safety, we have sought to identify ways to encourage patients to provide feedback on their experience of treatment at the hospital. We have introduced a ‘Patient Experience Tracker’ system, which is essentially a small hand-held, electronic device programmed with a number of questions to which the patient can key in their answers. This can then be downloaded and the information reported back to staff in ‘real time’, avoiding the usual delays in transcribing written questionnaires or surveys and collating results before improvements can be made.

You will read much more in the following pages of the work that has been achieved in the past year and I highlight these areas as they symbolise what the Nuffield Orthopaedic Centre is about. A forward thinking organisation which has the potential to make significant contribution to the health and treatment of our patients. But also one which is clear about its core purpose – to provide a safe environment for every patient and to continuously learn from what our patients tell us, to improve their experience and ensure services are reflective of their needs.

The NHS as a whole faces challenging times in the next few years and for the NOC, holding fast to our ‘core purpose’ is what will sustain us and ensure that we make the right decisions for our patients and staff.

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.

The Audit Committee, chaired by John Adsetts, comprises all the Non-executive Directors with the Chair attending by invitation. The committee met four times in 2008/09. The main priority was to take a wide overview for the scrutiny of risks and controls covering all aspects of the organisation’s business. For the first time, the committee participated in a detailed assessment of its effectiveness. The findings were mostly satisfactory and were accepted by the Audit Commission.

Further details about the background of the Non-executive Directors and Board members 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.

Joanna Foster CBE, Chair
Jan Fowler, Chief Executive

Executive Directors
Dr Tony Berendt, Medical Director
Beverley Edgar, Director of Workforce and Organisational Development
Jennifer Howells, Director of Finance and Commercial Development
Sara Randall, Director of Operations and Performance

Non-executive Directors
John Adsetts, Non-executive Director, Chair Audit Committee
Professor Andy Carr, Non-executive Director
Derek Day, Non-executive Director
Penny Gardner, Non-executive Director (resigned October 2008)
Michael Rogerson, Non-executive Director
Chris Goard, Non-executive Director (appointed October 2008)

Sue Dopson was appointed adviser to the Board in November 2008. Sue is a faculty member of the Oxford Said Business School and is involved in a number of research projects including assessing how developments in genetic science will influence clinical practice and healthcare policy.
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.

- Our new £42 million hospital building houses many specialist 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 hydrotherapy pool; and new facilities for the NOC’s Bone Infection Unit – the only dedicated unit of its kind in UK.

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 provided for patients from across the UK and abroad.

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

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;
- limb reconstruction and bone infection;
- specialist rehabilitation following stroke, brain injury or limb amputation.

- 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.
The Trust achieved an income and expenditure surplus of £59,000 for the year ending 31st March 2009 following another very financially challenging year.

This was an excellent performance as the Trust had to manage both a significant increase in NHS referrals and a savings plan of £4.1m. Underlying NHS commissioned income for patient activity grew by 14.2% compared to its initial plan, reflecting the increased level of referrals to the Trust, whilst the national 18 week access target continued to be maintained.

The Trust continues to plan its long term financial viability through growth and cost efficiencies. A cost reduction and income generation program was developed to achieve a financial benefit of £4.1m in 2008/09. The Trust delivered and surpassed this financial improvement program by £0.1m, achieving £4.2m. The good financial management these results demonstrate is a tribute to the hard work and commitment of all staff throughout the whole Trust working together as a team.

Financial probity is assured in a number of ways, chiefly through the work of internal and external audit and the Trust’s Audit Committee. 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.

Challenges around our specialist role

As a specialist orthopaedic centre the NOC has developed a high degree of competence and clinical effectiveness for highly specialised procedures which other hospitals are unable to undertake. As such, we undertake a significant amount of specialist procedures for patients from across the UK. However, many are complex and expensive to deliver and, under the national Payment by Results (PbR) system, there are cases where treatment is undertaken at a loss to the Trust. The top-up funding was initially provided in recognition of this problem.

We are continuing to work as part of the Specialist Orthopaedic Alliance, a national group of orthopaedic Trusts seeking to heighten national awareness of specialist orthopaedics, in order to find a fair solution to the under-funding of specialist orthopaedics under the national Payment by Results (PbR) system.

This shortfall in funding has affected our ability to achieve Foundation Status under current Department of Health rules.
Our future direction

The NOC has been a key partner in an Oxford bid to establish an Academic Health Science Centre, working with other local NHS Trusts and the University of Oxford to develop proposals which will bring together world-class patient services, teaching and research.

We were unfortunately unsuccessful in the first round of applications for AHSC status, but the Oxford partnership has been encouraged to re-apply in due course.

The vision of the AHSC is to harness the research expertise of the University bringing scientific breakthroughs out of the laboratory and into hospital wards and clinics more quickly.

The NOC has a long tradition of working very closely with the University. It is one of only three hospitals in the UK to be selected as a Biomedical Research Unit (BRU) in Musculoskeletal Disease, developing treatments for chronic bone conditions such as osteoporosis and osteoarthritis and advances in joint replacement surgery. Further integration as part of an Academic Health Science Centre would support the continued development of our specialist musculoskeletal and rehabilitation services. It will bring greater innovation and collaboration between clinicians and academics to translate research into new treatments and the best possible healthcare for our patients.

Our developing healthcare market

The Nuffield Orthopaedic Centre effectively supports a population of 2.9 million drawn from Oxfordshire and the surrounding counties of Buckinghamshire, Berkshire, Wiltshire and Gloucestershire. The high proportion of specialist work that is carried out at the NOC means that a comparatively high number of patients come from these surrounding counties with an equal measure from the broader south and centre of England, followed by a significant proportion from across the remainder of the UK and overseas.

Strategically, the Trust aims to broaden its patient referral base for specialist services which includes contracts with the Ministry of Defence and overseas commercial work.

Over the next five years, the number of Oxfordshire residents aged between 65 to 75 years old is projected to grow by 12%, while the number of residents aged 75 years and above is projected to grow by 25%. This larger potential patient population, coupled with growing expectations of health in older age, is expected to contribute to an increase demand for the services of the Trust.

The healthcare market in Oxfordshire includes the district general services of the Oxford Radcliffe Hospitals NHS Trust and two major national independent hospital providers competing with our orthopaedic services.

Oxfordshire Primary Care Trust is the main commissioner of healthcare services for the local population in partnership with the Health and Social Care directorate at Oxfordshire County Council. In addition, the county has around 100 GP practices which are divided into six practice-based commissioning groups to decide on local health priorities and deliver services accordingly.

The Trust works closely with its NHS partners to ensure that patient referral flows are managed in the best interests of the entire health community.
Sustainability and measures to reduce our carbon footprint

Between 2002 and 2008, the hospital site has been substantially redeveloped resulting in new facilities for almost two thirds of the site. The older properties are planned to be replaced over the next two to three years.

Our Sustainability & Carbon Reduction Strategy is at an early stage. Our focus to date has been on saving energy, reducing and more effectively managing waste and reducing the use of cars (especially for staff commuting to work). We are committed to developing a plan during 2009/10 to reduce our carbon footprint further. In line with the NHS Carbon Reduction Strategy for England our target is to reduce our 2007 carbon footprint by 10% by 2015.

While we are a relatively “high tech” site, with for example three MRIs and five X-Ray suites and, compared to the average for all acute Trusts, we use more electricity. But we use less gas; consume an average amount of water; and produce less waste.

As a result of moving into our new hospital buildings in 2007 and demolishing the old buildings, we achieved a 23% reduction in energy related carbon, and a 10% reduction in water consumption.

The hospital has a transport and travel plan designed to reduce traffic congestion and pollution associated with vehicle movements around its sites. The local planning authority places limits on car parking spaces associated with developments at the hospital. The Trust provides secure facilities for its staff who use bicycle to work.

We will have Board approved Sustainability Strategy including a new Travel Plan by the end of 2009, and we also intend to appoint a specialist sustainable business adviser to assist us in focusing our efforts.

We anticipate that the trends of ever increasing technology in healthcare, especially in our specialist areas, and growth in the use of our existing facilities will all be likely to increase our carbon footprint. But improving building standards, our ‘invest to save’ strategy, transport policy and moving care closer to home, will all tend to reduce our carbon footprint.
Our priorities in 2009/10

Over the coming year... We will focus on a number of key areas to ensure we achieve our objectives of delivering safe, quality, patient-centred care

**Patient safety**
To ensure patient safety is enhanced by robust use of processes and working practices that prevents harm and reduces risk of harm to patients.

We will:
- Ask patients to tell us how they have benefited from treatment through a questionnaire called Patient Reported Outcome Measures (PROMs).
- Ensure that when things go wrong we report them and act quickly.
- Continue to maintain our high standards of infection control and very low rates of infection.

**Patient-centred care**
To ensure that patients receive services promptly, have choice in access to services and that patients share in decisions about their treatment.

We will:
- Ensure all patients receive timely access to care and wait no longer than 18 weeks for treatment.
- Work with Oxfordshire Primary Care Trust (PCT) to deliver services in the community where appropriate.
- Enhance the patient experience by seeking feedback from patients on their quality of care and improve customer care practices.
- Increase the direct time nursing staff spend caring for their patients through the Releasing Time to Care initiative.

**Value for money and efficiency**
To achieve value for money and the efficient use of resources through clear clinical and managerial leadership and accountability.

We will:
- Manage financial risk and deliver cost reduction plans of £6m in 2009/10.
- Achieve statutory financial targets.

**Staff experience**
To have a transparent and open organisational culture and ensure the NOC has a competent and capable workforce.

We will:
- Improve staff engagement and develop a talent management programme.
- Develop tools to improve customer care.
- Deliver a 3-year single Equality and Human Rights Scheme

**Strategic Service Development**
To ensure that care is provided in an environment that promotes patient and staff well being, and meets both local and individual health needs and preferences.

We will:
- Play a key and influential role within the development of new models of care within Oxfordshire.
- Develop a vision of the NOC’s future service priorities that is shaped and influenced by our patients and stakeholders.
How we measure up

This section looks at how we have performed across a range of measures, including quality of care, efficiency, and access to our services.

Our performance rating

In October 2008 the Healthcare Commission published ratings for NHS trusts’ performance during 2007/08. The annual health check measures a trust’s performance across a broad 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 health and patient surveys. Each trust can receive a score of weak, fair, good or excellent for each element.

The Healthcare Commission performance ratings for the Nuffield Orthopaedic Centre have highlighted the hospital’s excellent progress in financial management, achieving shorter waiting times, successfully maintaining its low MRSA infection rate, and delivering high standards in the patient experience.

The performance rating is made up of two elements and the Trust received the following ratings:

- **GOOD** for use of resources – based on how the Trust manages its finances and ensures services represent good value for money.
- **FAIR** for quality of services – covering a wide range of areas, including access, safety and standards for better health and the annual patient survey.

In addition, the Trust received an ‘excellent’ score in meeting new national targets which measure the experience of patients, waiting times and MRSA levels. The Trust also ‘fully met’ existing national targets which include maintaining low numbers of cancelled operations.

The Trust received a score of ‘partly met’ for the Core Standards for Better Health which considers a number of indicators including safety and cleanliness; the environment and amenities; and on providing accessible and responsive care. While the Trust scored highly for the majority of these indicators it didn’t perform as well as expected on areas relating to mandatory staff training due to a period of re-organisation at the Trust.

Chief Executive Jan Fowler said: “These results are a tribute to our staff and demonstrate our efforts to continually strive for excellence across the board. We have made significant improvements over the last year and have achieved maximum scores in many areas. We are especially pleased with those areas where it has been recognized that we provide high quality care to patients.”
Our Regularity Framework

From April 2009, the Trust is governed by a regularity framework set by a new body called the Care Quality Commission (CQC), which took over from the Healthcare Commission. It has a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others.

The annual health check is an important element of the Care Quality Commission’s activities to drive improvements in healthcare for patients. It involves assessing and rating the performance of each NHS trust in England during the financial year from 1 April to 31 March. When doing so, they look at a wide range of areas, from the overall quality of care – including safety of patients, cleanliness and waiting times – to how well trusts manage their finances.

In carrying out the annual health check, first, they look at whether the Trust is getting the basics of healthcare right. Then they look at whether it has been taking steps to make and sustain ongoing improvements in the healthcare it provides. The essential, basic elements of a trust’s performance are:

- The quality of the healthcare the Trust provides to patients. The CQC assess this by looking at how well the Trust has met Department of Health (DH) core standards and existing national targets for NHS healthcare providers. As well as looking to see if the Trust is getting the basics right, they check that the Trust is making and sustaining ongoing improvements in its services. They judge this by looking at the Trust’s performance against the Government’s new national targets for the NHS.

- How effectively the Trust manages its financial resources. The CQC assessment of this draws on work carried out by the Audit Commission and by Monitor, the regulator of NHS foundation trusts.

They then publish the results on their website in October, so that as many people as possible have access to the information.

You can see how the NOC performed in the annual health check by visiting our website www.noc.nhs.uk/healthcarestandards
Key Access Targets

We are committed . . .
to ensuring that people have prompt and fair access to our services and during 2008/09 we met and exceeded the key targets that measure maximum waiting times for patients.

Reducing waiting times even further

We are continuously working to reduce unnecessary delays and streamline the patient’s journey from their initial referral by their GP to their treatment or hospital operation. Our patients are now benefiting from faster treatment with 95% of patients on a non-admitted pathway and 90% of patients admitted for an operation receiving their treatment within 18 weeks.

In addition, no patient waited more than 6 weeks for their diagnostic test which included MRI, CT, ultrasound and DEXA scans.

We achieved this milestone at the end of March 2008, well ahead of the national target date of December 2008.

To deliver equity across all our services, we have worked really hard to try and ensure that the 18 weeks standard is achieved in all of our services. The result is that all but one of our non-consultant led services, such as physiotherapy, orthotics, and prosthetics, have achieved the 18 weeks standard.

Cancer waiting times

We have continued to ensure that patients with suspected cancer wait no more than two weeks for an appointment. We have continued to achieve the new extended targets that have been set out in the Cancer Reform Strategy of December 2007.

Transforming services to meet your needs

In order to ensure that patients receive their treatment within 18 weeks or less, we are taking a holistic approach to the transformation of services so that there is a seamless pathway from one service to another. We are reviewing our outpatient, diagnostic and pre-admission pathways, looking at shorter diagnostic waiting times and earlier pre-operative assessments.

We are also reviewing general ward practices. In particular, our Releasing Time to Care project is enabling our nurses to increase the amount of time they spend with patients. We are improving the hand-over process between nursing shifts and making sure that staff have the relevant information they need. We are working to reduce the time nurses spend on administrative tasks empowering them to make positive changes to their working practices.
Choose and Book

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, over the telephone or over the internet. GPs are able to offer patients a choice of hospitals either locally or nationally where appropriate.

Care Records Service

The NHS is investing in new information technology systems to improve the way information is stored and shared. Following the installation of the NHS Care Records Service (CRS) our staff have quicker access to reliable information about their patients and past treatment, including care provided by other NHS organisations and GPs.

For example, since digital x-rays and scans began to be used at the NOC, patients have waited less time to receive their results compared to the old film-based system. Clinicians are able to share images that are now held on computers and can be more easily transferred and assessed.

The NOC was one of the very first Trusts in the country to install and implement the new NHS Care Records Service and after some early teething problems it is now extending the use of CRS to store clinical notes and correspondence as we move towards an electronic medical record for our patients.

Same Day admissions

We recognise that coming into hospital is extremely stressful and that patients want to spend as little time as possible in hospital. Therefore, we have worked hard to increase the number of patients coming in for surgery on the same day rather than the day before. Over the last two years the numbers have doubled from 40% to 85%.

Patient activity

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<td>Inpatient and daycases</td>
<td>8,678</td>
<td>9,406</td>
<td>9,721</td>
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<tr>
<td>First outpatient attendances</td>
<td>21,201</td>
<td>17,592</td>
<td>21,130</td>
</tr>
<tr>
<td>Follow-up outpatient attendances</td>
<td>34,362</td>
<td>35,037</td>
<td>39,877</td>
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<tr>
<td>Referrals</td>
<td>17,464</td>
<td>18,711</td>
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Delivering excellent standards
– in patient safety, incident reporting, and infection control

Safety, Quality and Standards

The role of the Safety, Quality and Standards (SQS) Team is to help the Trust meet key objectives around patient and staff safety, clinical governance in general and work with directorates to help ensure compliance with the Standards for Better Health, the NHS Litigation Authority Risk Management and other standards.

The team deals with policies and procedures and clinical standards and also handles complaints and the Patient Advice and Liaison Service (PALS). It also undertakes risk and incident management and analysis.

During 2008/09, designated the NOC’s Year of Patient Safety, a number of initiatives have included the setting up of Patient and Staff Safety boards to update staff, patients and visitors on our achievements in areas such as hand hygiene, infection control and cleanliness. Patients have been encouraged to feedback their comments on any aspects of safety within the NOC.

A new online incident reporting system, Datix, went live in September 2008, with the result that incidents can now being electronically recorded more quickly allowing the early identification of problems. The number of incidents reported has doubled since implementation which is an excellent quality indicator ensuring that early action can be taken to prevent more serious incidents occurring.

Serious Untoward Incidents

All NHS organisations must include in their annual reports details of incidents involving loss of patient 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 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.
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.

During the past year a huge amount of work has been undertaken to reduce and prevent healthcare associated infections, such as MRSA bacteraemia (bloodstream infection) and Clostridium difficile associated diarrhoea, through a revised antibiotic policy, tighter measures on management of patients with unexplained diarrhoea, and implementation of a ‘bare below the elbows’ policy and dress code.

The NOC has an exemplary record of infection control with consistently low MRSA infection rates. Since October 2007, the Trust has had only one case of MRSA bacteraemia.

<table>
<thead>
<tr>
<th>2008/09</th>
<th>MRSA bacteraemia</th>
<th>Clostridium difficile</th>
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Hand hygiene awareness

The Trust has introduced high-profile infection control campaigns for staff, patients and visitors including a focus on hand hygiene to reinforce the message of using alcohol gel on entry to patient areas. As part of this, weekly hand hygiene audits have been undertaken and the results have been displayed publicly on the wards.

In October 2008, infection control nurses staged a hand hygiene awareness week inviting patients, visitors and staff to test how good they are at cleaning their hands with a special ‘glow-box’. This was one of the events to mark the NOC’s Year of Patient and Staff Safety which promoted at every opportunity the importance of good hand hygiene practice and its role in minimising the spread of infection.

Cleanliness and the patient environment

The Trust was inspected by the Healthcare Commission as part of a programme of visits throughout the NHS to assess acute Trusts against the Hygiene Code. The inspection was carried out to assess cleaning, training, equipment decontamination, hand hygiene and the evidence to indicate all these procedures are done properly.

Overall the inspection showed that the Trust was compliant in hygiene duties including isolation facilities and infection control management systems and processes.

However, areas identified for improvement included:

- better monitoring of the cleaning of patient equipment;
- clearer lines of responsibility for implementation, training and compliance;
- improved liaison between the infection control team and facilities management staff.

In December 2008, the Director of Infection Prevention & Control invited the South Central Strategic Health Authority to undertake an independent review on the Trust’s progress in addressing the issues raised by the Healthcare Commission. It reported that the Trust had made significant improvements and had many areas of good practice on healthcare associated infection management.
Research at the NOC

The NOC has a long-standing 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 and to take research out of the laboratory and into hospital clinics. 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.

In February, 2009, Professor Cyrus Cooper, Director of the Botnar Research Centre, was presented with the inaugural Duchess of Cornwall Award by the National Osteoporosis Society for his outstanding contribution to the field of osteoporosis. The award was presented to Professor Cooper by HRH Duchess of Cornwall at the charity’s headquarters.

In May 2008 the public were invited to find out more about hospital’s research programme at a special presentation where experts across a range of fields talked about their work at the hospital including developments in joint replacement, cartilage transplant, arthritis and osteoporosis.

A major new clinical trial was also launched in February. Rheumatoid arthritis patients at the NOC are being invited to take part in a trial to find out if taking statins reduces the risk of heart attack and stroke among RA sufferers. The NOC patients will join almost 4,000 people involved in a UK-wide five-year £1.1m trial, funded jointly by two leading medical research charities, the Arthritis Research Campaign and the British Heart Foundation.
Biomedical Research Unit

Following a successful joint bid to become a Biomedical Research Unit in Musculoskeletal Disease, the NOC and the University’s Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences have received funding to support a number of projects. Over the next four years the Biomedical Research Unit will undertake research into themes including: progression of osteoarthritis; shoulder pain, soft tissue regeneration and repair; vitamin D supplementation in pregnancy for osteoporosis study; understanding and treating cartilage damage and early osteoarthritis of the hip; and development of surgical technology and surgical skills.

The partnership, under the umbrella of the National Institute for Health Research, has also received funding for equipment to support these research projects, including a body scanner and ultrasound machines which will be housed in a temporary extension to the Botnar Research Centre on the hospital site.

Director of the Biomedical Research Unit Professor Andrew Carr (pictured above) was elected as a Fellow of the Academy of Medical Sciences for outstanding contribution to the advancement of medical science.

Musculoskeletal Thames Valley Comprehensive Local Research Network

The Thames Valley Comprehensive Local Research Network has provided funding to support UK Clinical Research Network (UKCRN) portfolio studies.

This includes £912,000 funding obtained for three years by NOC Consultants Dr Raashid Luqmani (Rheumatology) and Mr Jonathan Rees (Orthopaedics) to set up a musculoskeletal research nurse programme for the NOC and other Thames Valley hospital trusts.

Dr Luqmani and Mr Rees have set up an extensive musculoskeletal training programme for nurses, to encourage patient recruitment into important UK clinical trials from the NOC and all other Thames Valley Hospitals. A key component of their successful bid was the sharing of this resource across musculoskeletal specialties.

The bid has enabled seven Research Nurses, a Research physiotherapist, a Tissue/DNA Biotechnician and a Training and Trials co-ordinator to be recruited to the TVCLRN Musculoskeletal Research Nurse Unit.

Dr Luqmani and Mr Rees have also developed and run a successful core training programme in musculoskeletal studies (currently lacking in the National CLRN training curriculum) ensuring that all study personnel have an understanding of the relevant diseases and treatments, details of current and future studies, as well as training on all aspects of research governance and the use of clinical assessments to ensure high quality data collection.

This has helped to boost patient recruitment to important clinical studies. Before this funding in 2007, ten patients per month were recruited. When funding came on line in 2008 this increased to 69 patients per month and is currently running in 2009 at 75 patients per month.

In the future, it is hoped that further funding will be secured to open and run a TVCLRN Clinical Trials Unit at the NOC where many of the clinical trials patients will receive their treatments and undergo their evaluations.
Better access to our services

We 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 90% of our patients are able to come to hospital on the day of their surgery rather than the night before.

New Therapy Garden

A new garden area, which was designed by Clinical Director Karen Barker and former Head of Occupational Therapy Claire Ireson, combines a therapy area for patients where they can practice the every day challenges of walking outside in a safe environment.

The garden has been designed with graduated slopes and various steps of different sizes to help patients’ recovery and get them used to different terrains before being discharged home. It provides the perfect outdoor area for physiotherapy.

Colourful flowers have also been planted to create the perfect ambience for rehabilitation. The garden is also perfectly situated between the physiotherapy gym and the hydro-pool and is not only sheltered but maintains privacy for the patient.

Day Surgery Unit opens

A new day surgery unit at the Nuffield Orthopaedic Centre is helping maintain the hospital’s excellent record on MRSA infection rates.

The hospital has not had a case of MRSA bacteraemia since October 2007 and only two in the previous year. It ranks among the top ten specialist hospitals in the country for the lowest MRSA infection rates.

The day surgery unit, which opened in October 2008, provides routine surgery such as minor hand, foot and ankle surgery, arthroscopies and epidurals for back pain. It is located directly adjacent to the hospital’s theatres with a dedicated entrance and car parking. This prevents unnecessary contact between longer-stay patients on the general orthopaedic wards which reduces the risk of infection. The new unit will treat up to 20 patients a day. Its opening marks the finishing touches to the £42m redevelopment of the Nuffield Orthopaedic Centre.

What’s new at the Nuffield Orthopaedic Centre
**Patient experience tracker**

Patients can now say what they think about their local hospital at the touch of a button!

The hospital has introduced the ‘Patient Experience Tracker’ system where both patients and visitors can comment on their experiences at the hospital via an electronic keypad. Twenty terminals have been set up around the hospital, each one presenting five questions with a scale of five possible answers from ‘poor’ to ‘excellent’.

Some of the terminals have been placed in public areas such as the hospital restaurant and League of Friends shop, while others are available on the wards for patients to record their views prior to discharge.

The data is collated daily and reports are produced and fed back to the ward managers who can see at-a-glance areas of satisfaction or where there is a need for improvement. Staff are able to monitor more closely standards of service to ensure departments can take action in a timely manner.

**NHS 60 and heritage project**

The hospital celebrated 60 years of the NHS in September 2008 with a heritage afternoon of displays of archived photographs, surgical instruments through the ages and old uniform exhibits.

Pupils from Cheney School in Headington used the heritage afternoon to launch a project to trace the history of the NOC and its influence on surgery throughout the world. This will support their studies on the history of medicine at GCSE level.

The Cheney School pupils are involved in workshops to research the history of the hospital which has been home to pioneering development in orthopaedic surgery, neuro-rehabilitation, metabolic medicine and rheumatology. They are helping to create a centre-piece mural to chart the NOC’s history from its beginnings as a convalescent home in 1871. The project is being funded by the Heritage Lottery Fund (HLF) with donations from the Trust’s General Charity, League of Friends and the NOC Appeal Art Fund. On completion the mural will be displayed in the main atrium.

**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. In turn, this has led to fewer delays and quicker appointment times for all patients.

**Each year around 20,000 people are referred to the hospital from across the UK.**

We perform:
- 750 knee replacements
- 670 hip replacements
- 1,400 arthroscopies

More than 3,500 patients attend our specialist rehabilitation unit following stroke, head injury or limb amputation.
Our Clinical Services
The NOC offers a full range of clinical services

Musculoskeletal Services

Overview
There have been a number of notable achievements within the Musculoskeletal Directorate including successfully delivering 18 week waiting times for orthopaedic surgery and treatment - one of the very few areas in the country to do so. This is despite an increase in the number of patient referrals from Oxfordshire GPs.

The directorate has also been successful in securing and delivering new contracts for patients to receive rapid access to orthopaedic care.

We have placed large emphasis on the safe delivery of clinical services, having made significant progress on hand hygiene, on safe surgical procedures and on evaluation of our outcomes.

In individual clinical areas we have continued to develop services including:

- autologous cartilage transplant for early arthritis of the knee;
- one stop shop services for shoulder treatment and for sports injuries.

We have increased the use of ward discharge clinics so that the patients can have a single appointment reviewing the outcome of their surgery and also progressing their rehabilitation. We are also re-designing pre-operative assessment to deliver a new service where patients are given a bespoke slot and do not spend as long at the assessment clinic.

Disability services and rehabilitation

The Oxford Centre for Enablement (OCE)
The Oxford Centre for Enablement (OCE) specialises in treating people with long-term disabling neuromuscular conditions.

It provides rehabilitation for people with conditions ranging from cerebral palsy, multiple sclerosis and Huntington’s disease to stroke and head injury and works closely with the patient and their family, GPs, neurology teams and community-based rehabilitation services.

The centre also provides a prosthetics service for loss of limbs, orthotics, specialised seating, and a wheelchair service.

The OCE is a 35-bed unit. An out-reach service continues to see patients with very complex problems in their homes or at peripheral clinics. The centre’s reputation and expertise attracts patients from outside the UK and over the past year the centre has increased its commercial (non-NHS) income through treating patients from overseas.

In addition, a partnership has been set up with PhysioFunction, to provide consultancy support and specialist neurological physiotherapy for patients who have suffered a neurological trauma, such as stroke.

Over the coming year, OCE is expanding its educational programme to provide clinical courses and seminars for a wide range of healthcare professionals.
Orthopaedics
This clinical division, headed by Mr Martin McNally as Director 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:

- Gait Laboratory
- Bone Infection Unit – the only specialist unit of its kind in the UK
- Deformity correction and limb lengthening
- Complex joint replacement surgery
- Spinal service
- 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.

Rheumatology
The rheumatology division offers a range of specialist clinics for disorders that affect the musculoskeletal system including inflammatory disease such as autoimmune diseases like SLE, 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 which can be treated at the hospital’s sports medicine clinic, OxSport.

The Oxford Paediatric and Adolescent Rheumatology Centre (OxPARC) is a one-stop clinic which provides a service to children and adolescents with rheumatic disease from across the Thames Valley area. 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 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.

Metabolic Medicine
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. 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 Diagnostic Imaging Department
The NOC’s diagnostic imaging department provides a specialised musculoskeletal imaging service.

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 one-stop shop services

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 that images can be viewed prior to the patient leaving the imaging department.

Following the earlier installation of the Fonar ‘Open’ and Philips 3.0T magnets, radiology has grown its revolutionary MRI service to offer the best MRI diagnostics for our patients. 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.

Our Consultants

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

Neuro Rehabilitation Consultants:
Dr David Henderson Slater
Dr Udo Kischka
Prof Derick Wade

Metabolic medicine consultants
Dr Kassim Javaid
Prof John Wass (Hon)

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

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 Grahame Lavis
Mr Bob Sharp

Hand Surgery
Mr Peter Burge
Mr Paul Critchley (Hon)
Mr Henk Giele (Hon)
Mr Ian McNab

Shoulder and elbow
Prof Andy Carr (Hon)
Mr Chris Little

Mr Will Jackson
Mr Jonathan Rees (Hon)

Spinal team
Mr Gavin Bowden
Prof Jeremy Fairbank
Mr Colin Nnadi
Mr Jeremy Reynolds
Mr James Wilson-MacDonald

Osteoarticular Histopathology
Prof Nick Athanasou (Hon)
Therapy services

Physiotherapy
The Physiotherapy Department has redesigned the delivery of a number of its pain rehabilitation services to ensure they are more patient centred with a greater emphasis on patients choosing which sort of programme they would like to attend.

The department now provides a bespoke service for patients with osteoporosis with a physiotherapist attending clinic and a special exercise class designed for patients suffering from this condition. Other service delivery changes have included a designated physiotherapist working closely with the bone tumour service.

Overall, the physiotherapy team has continued to contribute to the evidence base around physiotherapy with over 15 research papers published and with a number of staff working with Oxford Brookes University to contribute to the training of undergraduate and post graduate physiotherapists. A large number of students have been hosted in the department during the last twelve months.

Occupational Therapy
It has been another busy year for Occupational Therapists (OT) across the Trust. Our staff working in the Oxford Centre for Enablement are proud to be developing the use of the Saeboflex spring-loaded ‘glove’ for helping stroke patients gain reuse of a partially paralysed hand through joint OT and physiotherapy sessions.

Within the musculoskeletal team, OT staff have been working hard to achieve earlier release to community services, where patients receive care and support following their surgery, which in turn helps bring down waiting times at the NOC.

A big challenge this year for the Paediatric OT team has been ongoing provision of OT services between the NOC and the Children’s Hospital at the Oxford Radcliffe Hospitals NHS Trust. Staff are collaborating and co-operating across both sites, providing much needed OT intervention to this vulnerable patient group.

The outreach therapists have continued to play a key role in assessing patients prior to their admission to hospital at outpatient clinics and organising equipment and adaptations at home to enable them to be discharged home with all the necessary support.
People at the NOC

We are incredibly proud of our staff at the NOC who deliver outstanding patient care while demonstrating flexibility to meet the challenges of changes in the NHS environment.

The Human Resources and Organisational Development departments have been re-structured to provide better support for managers and staff. This includes developing workforce plans, transforming recruitment processes, promoting staff well being and ensuring that HR support forms a key part in improving patient outcomes at the NOC.

Key achievements include:

• Rolling annual turnover has reduced to 13% (WTE).
• The ‘time to hire’ new staff has reduced to an average of 10 weeks.
• Sickness levels are 3.1% and well below the average for the NHS.
• Leadership development

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 09**

<table>
<thead>
<tr>
<th>Main Staff Group</th>
<th>Headcount</th>
</tr>
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<tbody>
<tr>
<td>Administrative &amp; Clerical</td>
<td>238</td>
</tr>
<tr>
<td>Additional Clinical Support</td>
<td>172</td>
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<tr>
<td>Medical</td>
<td>86</td>
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<tr>
<td>Nursing</td>
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<tr>
<td>Allied health professionals</td>
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<tr>
<td>Scientific &amp; Professional</td>
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<tr>
<td>Technicians</td>
<td>19</td>
</tr>
<tr>
<td>Non Executive Directors</td>
<td>6</td>
</tr>
</tbody>
</table>

**Total number of staff directly employed by the Trust** 988

Trust rolling 12 month average sickness = 3.06%
Trust rolling 12 month average staff turnover = 12.9% (full time equivalent)
Staff think the NOC is a great place to work!

Our staff say that the hospital is a great place to work according to a national survey across the NHS.

Half of hospital’s 940 staff responded to the Healthcare Commission’s sixth annual survey with 61% of responses stating they would recommend the NOC as an employer compared to the national NHS average of 54%.

The survey, which was completed between September and December 2008, aims to gather information that will improve the working lives of NHS staff and help to provide better care for patients. Research, including work carried out by the Healthcare Commission, shows that positive staff experience is associated with positive patient experience. The results show significant improvements within the Trust including:

- More than 60% of staff who responded say that they would recommend working at the hospital.
- More staff feel that they have the respect and freedom to go about their work, up from 63% to 73%, and only 23% said they might look for a job in the next 12 months.
- The continued investment in quality management enables the Trust to benchmark well above the wider NHS, underpinning the priority in delivering excellent patient care.
- The investment in infection control training has led to the highest levels of awareness in Infection control across the Trust.

However, the 2008 survey reported that 55% of staff felt that their immediate manager gave them clear feedback on their work as opposed to 62% in 2007 – a fall of 7%. In response the Trust has put in a number of actions to address those areas where there appears to have been a slight fall in satisfaction.

Investors in People

During February 2009 the organisation was successfully reassessed against the Investors in People Standard which sets out good practice in how an organisation’s staff are managed and developed. The hospital was commended for:

- Strong commitment from HR to support the organisation
- Teamwork was very much observed and recognised
- Staff who were proud to work for the NOC
- In House Training Prospectus
- Knowledge sharing within teams

Equality and Diversity at the NOC

Valuing Equality and Diversity in the Trust is a key part of the Trust’s strategy to enhance how we manage our staff and deliver our services. To support this, the Trust has set up an Equality and Diversity Steering Group to ensure that the Trust’s approach to the single Equality and Human Rights Scheme is integrated into all aspects of the organisation’s activity.

This year, during the Trust’s celebration of the Festival of Light, a new stained glass window in the Multi-Faith Room (The Sanctuary) was unveiled as part of our on-going commitment to providing spiritual care within the Trust.
The Patient Experience

What our patients say

The Healthcare Commission Inpatient Survey 2008 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 75% response rate with 628 responses – the national average response rate was 54%.

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 with cleaning scores well above average and a big improvement in the proportion of patients saying that doctors and nurses cleaned their hands between touching patients. We also scored higher than the national average on issues relating to care and treatment.

In summary, patients told us that:

- The care given at the Trust is of a consistently high standard, with 87% of patients saying the care they received was **Excellent** or **Very Good**.
- 91% said they always had confidence and trust in the hospital’s doctors.
- Nursing care also received positive feedback, with patients saying they have high confidence in the nursing staff treating them and felt able to ask any questions they had.
- Cleanliness and ward environment issues have again improved on the high standard indicated in last year’s survey.
- Patient privacy is respected by Trust staff, with patients saying they were given privacy to discuss their care as well as privacy during their treatment.

The survey has indicated that patients did not see sufficient information on how to make a complaint. In order to address this we have placed information stickers on the lockers next to each patient’s bed, which give details about how patients can make a complaint.

Patient Advice and Liaison Service (PALS)

PALS is a confidential service available to patients, their families and carers. It aims to give advice and help sort out problems quickly.

Where possible, PALS provides on the spot resolutions to concerns or problems encountered when using Trust services and liaises directly with members of staff at all levels throughout the Trust on behalf of the patient. If needed, PALS can guide an enquirer through the Trust complaints procedure, ensuring they understand how to access independent advocacy support.

During 2008/2009, PALS logged **1,240** requests and concerns, continuing a downward trend from the previous year. The main categories logged were poor communication, appointment waiting times and general information requests.

We welcome feedback from everyone – patients, carers and staff – to enable us to continue to improve our services. PALS can be contacted by telephone on **01865 738126**, in writing, through the completion of comment forms, or in person by visiting the PALS office.

“It is our very great pleasure to help patients and staff”
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 2008/09, the Trust received 84 formal complaints, a marked decline from 148 the previous year. To date Local Resolution has been achieved for all complaints raised in 2008/09, as no cases have been referred to the Healthcare Commission. All but one complaint was investigated and responded to within 25 working days, which is within the timescale set by the NHS Complaints Regulations. The complaint that missed this deadline was delayed mainly due to the complexity of the case and investigation.

The largest category of complaints (27) related to access to appointments, admission and discharge issues.

A number of complaints related to referrals to the NOC and referrals between internal departments at the Trust. Where an error had been made, the patient’s appointments were brought forward to the soonest time possible and the correct procedure re-emphasised to the relevant staff. The correct procedure for patients transferring between private and NHS care has also been clarified to clinical and administrative staff.

Other complaints related to the late cancellation of surgery. In these incidents it was determined by clinicians that patients required additional tests before proceeding to surgery, to ensure the patient’s safety.

A number of complaints (17) related to concerns over the treatment patients had received at the Trust. For the majority of complaints investigations found no errors in the treatment given. Where errors did take place action has been taken to prevent future recurrence.

The next largest group (15) related to poor communications. This is a marked decline from last year and reflects the Trust’s recruitment drive and decreased reliance on temporary staff.

Patient environment scores highly in annual inspection

The hospital building design and landscaping includes many features to promote a healing environment, reduce stress and create a warm therapeutic atmosphere.

There have been very favourable assessments of the NOC patient environment under the Patient Environment Action Team process which includes nursing staff, managers and patients inspecting the hospital environment. The inspection covers cleanliness, hygiene, privacy and dignity and includes on-the-spot feedback from patients.

We intend to continue to enhance the healing environment aspects of the hospital estate with a focus on the development of arts projects. The next two years will see the creation of a Heritage Mural for the main atrium while arts exhibitions will continue to be held in the patient clinic waiting areas.
Art at the NOC

The arts programme at the NOC has enjoyed another busy year hosting exhibitions, running workshops for patients and commissioning new works of art for the hospital.

The gallery in the main outpatients department has had exhibitions by local artists and former NOC patients throughout the year, with artist Emma Reynard putting on a special exhibition for Artweeks 2008. The NOC art collection has been boosted by generous donations of art work on long term loan by artists Susan Avery, Suzy Prior, Tim Steward and Jane Strother; these are on display in the main atrium and on the wards.

The NOC has been awarded a grant from the Heritage Lottery Fund to create a digital mural charting the history of the hospital from its beginnings as a convalescent home in 1871. The NOC is working in partnership with the Oxfordshire Health Archive and has full access to the historic records. Two local primary schools and a secondary school are involved in the project and will visit the archive to research the history of the hospital. Their research will be included in the finished mural which will be on permanent display in the main atrium.

All funding for the hospital’s art programme has been donated through the Nuffield Orthopaedic Centre Appeal and NOC General Charity.

For more information about art at the NOC or to make a donation to the NOC Arts Appeal Fund please contact Tom Cox on 01865 737686 or Email: tom.cox@noc.nhs.uk

The Sanctuary – multi-faith room

The Sanctuary continues to be used and is much appreciated as a place of peace to meet the emotional and spiritual needs of everyone, regardless of faith or not.

The Trust’s chaplain Tess Ward arranges a variety of events for both patients and visitors. Over the past year, these have included weekly meditation; carol singing with St Gregory the Great school choir and a Festival of Lights where eight different faith representatives shared their celebration of light and three artists exhibited their work.

A new stained glass window has been created for the multi-faith room, The Sanctuary. It was designed by Kay Gibbon and generously donated by Consultant Children’s Orthopaedic Surgeon Mr Michael Benson and his wife Glyn. The window brings colour into The Sanctuary during the day and in the evenings can be seen in the main atrium where it is illuminated to great effect. Five paper lanterns were made for the Sanctuary by patients in the OCE during workshops with artist Emily Cooling, the lanterns incorporate prints from nature and where used as part of the Festival of Light celebration.

“It has been a year of creativity but the most satisfying thing is as always being there for people regardless of their religious belief and accompanying them, along with the rest of the multi-disciplinary team, through the ups and downs of being a patient here at the Nuffield.”

Tess Ward, 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 magazine to more than 1,000 members of the hospital’s patient group, local libraries and GP practices.

The NOC is supported by a number of different groups. These include:
- League of Friends
- NOC Network
- Patient Liaison Group

League of Friends and our army of volunteers

The NOC League of Friends runs a vital service for patients, visitors and hospital staff through their hospital shop which sells a whole range of essentials including sandwiches, snacks, drinks, books, magazines and toiletries.

Volunteers are also on hand to help people find their way around the hospital and run regular fundraising events to support the hospital in purchasing much-needed equipment.

Over the past year, The League of Friends has supported a number of hospital projects and initiatives from donations totalling more than £120,000. In particular, The League was able to help the Orthotics Department with a £50,000 grant to buy a foot orthosis carver machine, while the hospital’s physiotherapy department received £5,000 for a new standing frame.

The League has also set aside 10% of its annual profit each year as a ‘training fund’ which NOC staff can apply for to help with training courses.

“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 NOC Network – a year of action

The NOC Network, formed in 2004, is an independent group of patients, carers and members of the public who work to ensure that the hospital is responsive to local patient and public views.

Its work has evolved in response to areas of public concern and where it hopes to add value to the experience of the patient.

Over the past year its steering group has ensured patient representation in many areas of the hospital’s work including projects to improve public transport and car parking, provide input to the development of the children’s services and the hospital’s research and development programme. Chair of the Network, Sue Woollacott, provided valuable input to the Trust’s application to be granted the status of Biomedical Research Unit (BRU) in Musculoskeletal Disease and now sits on the BRU steering group to reflect patient interests.

More recently, the NOC Network has been active in challenging the South Central Strategic Health Authority over its views around the long-term future of the Trust, which has included consideration of merger with another healthcare organisation. The Network stressed its opposition to such a plan and urged its members to write to local MPs and the media to express their concerns. The Chair of the Network is now contributing to discussions around proposals to establish an Academic Health Science Centre in Oxford of which it is expected that the Nuffield Orthopaedic Centre will be a key partner.

To further represent the interests of the NOC’s patients, the Network steering group members have joined the recently established Oxfordshire Local Involvement Network (LINk) which is a wider forum providing the opportunity for people to have a say in how health and social care services are planned, developed, implemented and delivered across the county (see below).

For more details or to join the NOC Network, please visit www.noc.nhs.uk

Local Involvement Network – your voice on local health and social care

A Local Involvement Network group (LINk) has been set up in Oxfordshire providing new opportunities for people to have a say in how health and social care services are provided in the county.

Oxfordshire County Council has appointed a charitable organisation called ‘Help and Care’ to establish and support the work of the LINk in Oxfordshire with marketing and communications, developing policies and procedures and gathering the views of local people and organising meetings.

The Oxfordshire LINk has a steering group of ten members to enable groups and individuals to carry out a work programme. This will be done through ensuring views of stakeholder groups are considered, allocating resources for the work, communicating with the community and offering various forms of support to groups to take up issues as necessary.

Contact the local LINks office for Oxfordshire on: oxfordshirelink@makesachange.org.uk.
The Patient Liaison Group

The Patient Liaison Group is closely involved in the work of the Trust and ensures that the voice of patients, their families and visitors is considered in all aspects of the Trust’s activities.

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.

In 2008, with the help of the League of Friends, the NOC Appeal funded an £80,000 outside play area for the Camelia Children’s Outpatients Unit. The play area was officially opened by England rugby player Andy Gomarsall MBE with the help of his twin daughters.

In 2008 an appeal has been launched by the Trustees to raise £7 million to build phase 2 of the Botnar Research Centre which will be devoted to clinical research and trials of new treatments for arthritis, rheumatoid arthritis, osteoporosis and orthopaedics, epidemiology, bioengineering and postgraduate teaching. More than £4.5 million has already been raised.

The Nuffield Orthopaedic Centre General Charity

The NOC’s own general charity also receives donations from grateful patients, family members and others 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 Patient Liaison Group

In particular, the group is involved in independent patient experience surveys on aspects such as hospital food and mealtimes.
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 2009 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 Trust’s website www.noc.nhs.uk 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 £1.6m, or 2.2%. Although £6.2m transitional funding received in 2007/08 was withdrawn, the Trust managed to offset most of this loss by increasing its patient activity and earning additional income through over-performance against contract levels so that direct NHS patient care income rose by 12.4%. Furthermore the Trust broadened its sources of income and attracted higher levels of funding from private and overseas patients. The Trust also received £2m one-off funding in 2007/08 to cover the cost of one-off impairment expenditure incurred that year, neither of which recurred in 2008/09.

Operating Expenses were reduced by 3%. The largest item of expenditure continues to be staff costs which increased by 2.1%. Expenditure on clinical supplies & services increased by £2.9m, reflecting the increased levels of NHS activity the Trust carried out during the year. The Trust reduced its expenditure on healthcare services provided by outside organisations, and benefited through not having to meet certain one-off establishment, premises and impairment costs incurred in 2007/08.
### Summarised Financial Statements

#### Income and Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS patient care activity</td>
<td>62,748</td>
<td>55,793</td>
</tr>
<tr>
<td>Transitional funding</td>
<td>0</td>
<td>6,219</td>
</tr>
<tr>
<td>Impairment funding</td>
<td>0</td>
<td>2,000</td>
</tr>
<tr>
<td>Private patients and non-NHS patient care</td>
<td>1,275</td>
<td>438</td>
</tr>
<tr>
<td>Education, training and research</td>
<td>3,942</td>
<td>3,008</td>
</tr>
<tr>
<td>Other</td>
<td>4,500</td>
<td>6,612</td>
</tr>
<tr>
<td>Total Income</td>
<td>72,465</td>
<td>74,070</td>
</tr>
<tr>
<td>Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Costs</td>
<td>32,338</td>
<td>31,658</td>
</tr>
<tr>
<td>Supplies and services</td>
<td>18,250</td>
<td>15,004</td>
</tr>
<tr>
<td>Services from other NHS bodies</td>
<td>5,296</td>
<td>5,529</td>
</tr>
<tr>
<td>Healthcare services from non-NHS bodies</td>
<td>338</td>
<td>1,390</td>
</tr>
<tr>
<td>Establishment and premises</td>
<td>10,501</td>
<td>11,885</td>
</tr>
<tr>
<td>Depreciation &amp; amortisation</td>
<td>2,215</td>
<td>1,997</td>
</tr>
<tr>
<td>Impairment</td>
<td>0</td>
<td>2,000</td>
</tr>
<tr>
<td>Other</td>
<td>1,202</td>
<td>2,815</td>
</tr>
<tr>
<td>Total Operating Costs</td>
<td>70,140</td>
<td>72,728</td>
</tr>
<tr>
<td>Operating Surplus</td>
<td>2,325</td>
<td>1,792</td>
</tr>
<tr>
<td>Gain/(Loss) on disposal of fixed assets</td>
<td>(60)</td>
<td>(189)</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>195</td>
<td>403</td>
</tr>
<tr>
<td>Interest/dividends payable</td>
<td>(2,401)</td>
<td>(1,950)</td>
</tr>
<tr>
<td>(Deficit)/Surplus for the year</td>
<td>59</td>
<td>56</td>
</tr>
</tbody>
</table>

#### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Tangible assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>26,710</td>
<td>36,536</td>
</tr>
<tr>
<td>Buildings excluding dwellings</td>
<td>23,128</td>
<td>27,512</td>
</tr>
<tr>
<td>Dwellings</td>
<td>972</td>
<td>1,043</td>
</tr>
<tr>
<td>Assets under construction</td>
<td>1,837</td>
<td>1,190</td>
</tr>
<tr>
<td>Plant &amp; machinery</td>
<td>7,171</td>
<td>5,287</td>
</tr>
<tr>
<td>Transport equipment</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>Information technology</td>
<td>1,707</td>
<td>2,008</td>
</tr>
<tr>
<td>Furniture &amp; fittings</td>
<td>559</td>
<td>579</td>
</tr>
<tr>
<td>Intangible assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patents &amp; software</td>
<td>62,113</td>
<td>74,192</td>
</tr>
<tr>
<td>Current Assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>1,901</td>
<td>2,002</td>
</tr>
<tr>
<td>Debtors and cash</td>
<td>10,803</td>
<td>7,871</td>
</tr>
<tr>
<td>Total</td>
<td>12,704</td>
<td>9,873</td>
</tr>
<tr>
<td>Creditors:</td>
<td>(7,508)</td>
<td>(5,232)</td>
</tr>
<tr>
<td>– falling due within 1 year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>– falling due after 1 year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provisions for liabilities &amp; charges</td>
<td>(706)</td>
<td>(769)</td>
</tr>
<tr>
<td></td>
<td>(8,214)</td>
<td>(6,001)</td>
</tr>
<tr>
<td>Financed by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Dividend Capital</td>
<td>29,365</td>
<td>29,373</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td>16,517</td>
<td>28,311</td>
</tr>
<tr>
<td>Donation Reserve</td>
<td>9,503</td>
<td>10,297</td>
</tr>
<tr>
<td>BE &amp; Reserve</td>
<td>11,237</td>
<td>10,999</td>
</tr>
<tr>
<td></td>
<td>66,622</td>
<td>78,080</td>
</tr>
</tbody>
</table>

#### Cash Flow Statement

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Operating activities – net cash inflow</td>
<td>5,161</td>
<td>18,030</td>
</tr>
<tr>
<td>Interest received</td>
<td>195</td>
<td>403</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(21)</td>
<td>(49)</td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(1,475)</td>
<td>(4,077)</td>
</tr>
<tr>
<td>Receipts from sales of tangible fixed assets</td>
<td>1</td>
<td>55</td>
</tr>
<tr>
<td>Payments to acquire intangible fixed assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dividends paid</td>
<td>(2,380)</td>
<td>(1,970)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before financing</td>
<td>1,465</td>
<td>12,451</td>
</tr>
</tbody>
</table>

Financed by

- Public dividend capital received | 1,992 | 0 |
- Public dividend capital paid | (2,000) | (9,705) |
- DoH loans received/(repaid) | (500) | (500) |

Net cash inflow/(outflow) from financing | (508) | (10,205) |

Increase in cash equivalents | 957 | 2,246 |

EFL set by NHS Executive | (608) | (12,414) |
Net cash inflow/outflow before financing | (1,465) | (12,451) |

(Overshoot)/undershoot | 857 | 37 |

#### Statement of Total Recognised Gains and Losses

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</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>2,439</td>
<td>1,957</td>
</tr>
<tr>
<td>Unrealised surplus (deficit) on fixed asset revaluation/indexation</td>
<td>(11,292)</td>
<td>4,386</td>
</tr>
<tr>
<td>Increase in the donation reserve due to receipt of donated assets</td>
<td>46</td>
<td>60</td>
</tr>
<tr>
<td>Total gains and losses recognised in the financial year</td>
<td>(8,807)</td>
<td>6,403</td>
</tr>
</tbody>
</table>

### Public Interest and other reports

1. **Management Costs**
   Management costs, using the Audit Commission definitions, were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Management Costs</td>
<td>3,735</td>
<td>3,437</td>
</tr>
<tr>
<td>Trust’s Relevant Income</td>
<td>72,465</td>
<td>74,070</td>
</tr>
<tr>
<td>Management Costs as % of relevant Trust income</td>
<td>5.2%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

2. **Better Payment Practice Code**
   In accordance with the CBI prompt payment code, the Trust’s payment policy is to pay non-NHS trade creditors within 30 days of receipt of goods or a valid invoice unless other payment terms are agreed.

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bills paid</td>
<td>19,580</td>
<td>18,679</td>
</tr>
<tr>
<td>Total bills paid within target</td>
<td>18,617</td>
<td>17,732</td>
</tr>
<tr>
<td>% bills paid within target</td>
<td>95.1%</td>
<td>94.9%</td>
</tr>
</tbody>
</table>

3. **Auditors**
   The Trust’s external auditors are the Audit Commission. The statutory audit fee for the year ended 31st March 2009 was £103,864. The Trust also paid £588 to the Audit Commission for work connected with the National Fraud Initiative. The Audit Commission auditors report to the Audit Committee. The Trust’s Non-Executive Directors are members of the Audit Committee 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 stating whether they hold any significant interests held in companies likely to do business, or seeking to do business, with the NHS and where this might conflict with their managerial responsibilities.
   No director of the Trust has any such 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 when events or changes in circumstances indicate that their carrying value may not be recoverable.
   All land and buildings are restated every five years to current value using professional valuations in accordance with FRS15 and, in the intervening years, by the use of indices. The buildings index used by the Trust 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 1.5 to the accounts.

6. **Pension Liabilities**
   Nuffield Orthopaedic Centre staff are members of the National NHS Pension scheme. Further details about the scheme are available in Note 1.12 to the accounts.
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 the Executive and Non-Executive Directors of the Trust.

The Trust’s Remuneration Committee comprises of its Non-Executive Directors and is chaired by the Trust Chairperson. Each year the Committee reviews senior managers’ salaries, taking into account general 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 2009. All senior managers are recruited under open competition and employed on permanent, 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>2008/09 Salary (bands of £5,000)</th>
<th>Other Remuneration (bands of £5,000)</th>
<th>Total accrued pension at age 60</th>
<th>Cash Equivalent Transfer Value at 31 March 2009 (bands of £5,000)</th>
<th>Real increase in CETV (£000)</th>
<th>Employer’s contribution to stakeholder pension (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Fowler</td>
<td>Chief Executive</td>
<td>105-110</td>
<td>35-40</td>
<td>125-130</td>
<td>559</td>
<td>181</td>
<td>0</td>
</tr>
<tr>
<td>Dr Tony Berendt</td>
<td>Medical Director</td>
<td>85-90</td>
<td>70-75</td>
<td>250</td>
<td>556</td>
<td>281</td>
<td>0</td>
</tr>
<tr>
<td>Sara Randall</td>
<td>Director of Operations &amp; Performance</td>
<td>80-85</td>
<td>70-75</td>
<td>300</td>
<td>556</td>
<td>281</td>
<td>0</td>
</tr>
<tr>
<td>Bev Edgar</td>
<td>Director of Workforce &amp; Organisational Development</td>
<td>60-65</td>
<td>55-60</td>
<td>225</td>
<td>556</td>
<td>281</td>
<td>0</td>
</tr>
<tr>
<td>Jennifer Howells</td>
<td>Director of Finance &amp; Commercial Development</td>
<td>85-90</td>
<td>70-75</td>
<td>300</td>
<td>556</td>
<td>281</td>
<td>0</td>
</tr>
<tr>
<td>Joanna Foster</td>
<td>Chair</td>
<td>15-20</td>
<td>15-20</td>
<td>45-50</td>
<td>539</td>
<td>373</td>
<td>0</td>
</tr>
<tr>
<td>Dr John Adsetts</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>0-5</td>
<td>10-15</td>
<td>76</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Prof Andrew Carr</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>0-5</td>
<td>10-15</td>
<td>76</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Derek Day</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>0-5</td>
<td>10-15</td>
<td>76</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Michael Rossen</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td>0-5</td>
<td>10-15</td>
<td>76</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Penny Gardiner</td>
<td>Non-Executive Director (2)</td>
<td>0-5</td>
<td>0-5</td>
<td>10-15</td>
<td>76</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Chris Goard</td>
<td>Non-Executive Director (3)</td>
<td>0-5</td>
<td>0-5</td>
<td>10-15</td>
<td>76</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

2. Pension Benefits

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Real increase in pension at aged 60 (bands of £2,500) (£000)</th>
<th>Lump sum at aged 60 related to real increase in pension (bands of £2,500) (£000)</th>
<th>Total accrued pension at age 60 at 31 March 2009 (bands of £5,000) (£000)</th>
<th>Lump sum at aged 60 related to accrued pension at 31 March 2009 (bands of £5,000) (£000)</th>
<th>Cash Equivalent Transfer Value (CETV) at 31 March 2009 (£000)</th>
<th>Real increase in CETV (£000)</th>
<th>Employer’s contribution to stakeholder pension (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Fowler</td>
<td>Chief Executive</td>
<td>0-2.5</td>
<td>5-7.5</td>
<td>40-45</td>
<td>125-130</td>
<td>754</td>
<td>559</td>
<td>181</td>
</tr>
<tr>
<td>Dr Tony Berendt</td>
<td>Medical Director</td>
<td>0-2.5</td>
<td>5-7.5</td>
<td>45-50</td>
<td>140-145</td>
<td>916</td>
<td>620</td>
<td>281</td>
</tr>
<tr>
<td>Sara Randall</td>
<td>Director of Operations &amp; Performance</td>
<td>2.5-5</td>
<td>7.5-10</td>
<td>30-35</td>
<td>90-95</td>
<td>539</td>
<td>373</td>
<td>157</td>
</tr>
<tr>
<td>Bev Edgar</td>
<td>Director of Workforce &amp; Organisational Development</td>
<td>N/A</td>
<td>N/A</td>
<td>0-5</td>
<td>10-15</td>
<td>76</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Jennifer Howells</td>
<td>Director of Finance &amp; Commercial Development</td>
<td>0-2.5</td>
<td>5-7.5</td>
<td>5-10</td>
<td>15-20</td>
<td>83</td>
<td>44</td>
<td>38</td>
</tr>
</tbody>
</table>

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

As Non-Executive members do not receive pensionable remuneration, there are no entries with respect to pensions for Non-Executive members.

Cash Equivalent Transfer Values: the actuarily 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. CETVs are payments made by a pension scheme or arrangement to secure pension benefits in another pension scheme or an 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 other schemes or arrangements 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 into account increases in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from other schemes or arrangements) and uses common market valuation factors for the start and end of the period.
Statement of Directors’ Responsibility with respect to 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 on-going process designed to:

- Identify and prioritise risks to the achievement of the organisation’s policies, aims and objectives; and
- Evaluate the likelihood of those risks being realised, 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 & Commercial Development on (01865) 737569 or the Corporate Offices on (01865) 737563.

Signed ……………………………….…………………………. Date; June 2009.
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 II 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. My report on the statutory financial statements describe the basis of our audit opinion on those financial statements.

Opinion
In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2009.

Phil Sharman, Officer of the Audit Commission
Address: Audit Commission, Unit 5, ISIS Business Centre, Horspath Road, OXFORD OX4 2RD
**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 WITHIN 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.
- **Retained Surplus (Deficit).** This shows whether the Trust has achieved its financial target to break-even for the year. This is different from the statutory duty to break-even ‘taking one year with another’ which is measured over three, or exceptionally, five years.

The Balance Sheet provides a snapshot of the Trust’s financial condition at a specific moment in time – the end of the financial year. It lists assets (everything the Trust owns that has monetary value), liabilities (money owed to external parties) and taxpayers’ equity (public funds invested in the Trust). At any given time, the assets minus the liabilities must equal taxpayers’ equity.

**TERMS USED WITHIN THE BALANCE SHEET**

- **Intangible assets** are assets such as goodwill, patents, licences and development expenditure which although they have a continuing value to the business do not have a physical existence.
- **Tangible fixed assets** include land, buildings, equipment and fixtures and fittings.
- **Debtors** represent money owed to the Trust at the Balance Sheet date.
- **Creditors** represent money owed by the Trust at the Balance Sheet date.
- **A provision** is a liability in which 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.
- **Assets** represent rights or other access to future economic benefits controlled by the Trust as a result of past transactions or events.
- **Liabilities** represent obligations of the Trust to transfer economic benefits as a result of past transactions or events.
- **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.

**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.
- **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. But 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 STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES**

- **Unrealised surplus/(loss) on fixed asset revaluations/indexation.** This represents gains/losses that the Trust has made because of change in the asset values, but where the assets have not been sold so there is no ‘cash’ profit.
Are we speaking your language?

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

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

Bengali
আপনি যদি এই পৃষ্ঠাটি অন্য কোনও ভাষায় চান তাহলে অনুরুপ করে আমাদের প্যালস অফিসে 01865 738126 নাম্বারে চেরিয়েন করবেন।

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
જો તમને આ સંશોધન કોઈ વિષયે ભાષા શું શું અયાત કરી રહ્યું હોય તો માફી માંગીએ અમે પાલ્સ ઓફિસર્સ (PALS Office) 01865 738126 સાથે કોલ કરો.

Hindi
आपको यह संदर्भ हिंदी/अंग्रेज़ी भाषा में नहीं हैं तो आपको पुनर्वास (PALS)
अफिस के नंबर 01865 738126 पर संदर्भ कीजिए।

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

Punjabi
ਉੱਤਰ ਪੰਜਾਬੀ ਦੀ ਭਾਸ਼ਾ ਦੇ ਕੋਲ ਅਬਾਲੀ ਅਨਾਂ ਦੀ ਭਾਸ਼ਾ ਉੱਪਰ ਪੁਲੀਸ਼ ਪ੍ਰਿੰਟਿੰਗ (PALS)
ਦੇਖਭਾਲ ਨੂੰ 01865 738126 ਦੁਵੇ ਦੇਖਭਾਲ ਵਾਲੇ

Urdu
اگر آپ کوئی دوسری زبان میں ترجمہ کی چیز چاہتے ہیں تو 01865 738126 پر پھेलیں.
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:
pals@noc.nhs.uk

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