Annual Report
2009/10
Your Hospital
Your Choice

Care with respect and compassion
www.noc.nhs.uk
Foreword – A Year of Progress

As we look back on the past year’s achievements, we have much to be proud of here at the Nuffield Orthopaedic Centre.

This has been a year of progress while delivering a challenging cost efficiency programme. The result of our efforts is that we achieved a financial surplus, maintained national performance standards particularly in relation to the 18-week waiting time standard, and pushed our low infection rates even lower.

Every effort is put into *infection prevention* and control to provide a safe environment for all patients. Our congratulations go to our specialist infection control nurse Lydia Rylance Knight whose efforts have been acknowledged with a regional award (see p10) and our Medical Director and Director of Infection Prevention and Control, Dr Tony Berendt, who has been awarded a Visiting Professorship to the University of Washington where he will tour a number of hospitals to discuss the management of MRSA.

We hope our patients’ overall experience when visiting our hospital is an excellent one. Certainly, our staff are committed to delivering *patient-centred care* and we now start our bi-monthly public Board meetings with a patient story to highlight individual experiences of treatment at our hospital – many positive, but others which act as a strong reminder that there are always lessons to learn. Our staff strive to deliver care with respect and compassion and many nurses, healthcare assistants, domestic staff and porters took part in a workshop where they spent a day experiencing what it’s like to be an orthopaedic patient as part of our privacy and dignity campaign.

Other developments this year include improvements in our facilities, which we hope will go a long way to improve patient and visitor experience at the hospital. In early 2010 we completed car park improvements which included additional visitor car parking spaces and a direct park and ride bus service to the hospital site. The Trust is developing a *carbon reduction* and sustainability plan to ensure we maximise all opportunities to reduce car usage and contribute to protecting the environment.

Our success is down to the commitment of all our staff from our front-line clinical staff, managers and administrators to our many volunteers who continue to give their time and energy to support our hospital. We were delighted to be able to host the Oxfordshire League of Friends ‘diamond’ celebrations for 60 years of *volunteering in the NHS* and to mark the long service of 35 of our NOC volunteers.

Going forward, there are many challenges for the NHS but our joint vision is to deliver services in increasingly efficient ways and, where possible, in community locations, closer to where people live. We believe that we have a key role to play in supporting patients, particularly those with long term musculoskeletal and disabling conditions, ensuring they remain at the centre of decisions around service developments and that they continue to receive a high quality of care.

Joanna Foster, CBE – Chair Jan Fowler, Chief Executive
Who we are, what we do

Introduction

The Nuffield Orthopaedic Centre is an internationally recognised centre of excellence, providing care for patients with disabling or long-term musculoskeletal conditions and those suffering neurological disability. We serve the people of Oxfordshire and beyond and, as a specialist centre, patients are also referred for treatment from across the UK and abroad.

Each year, more than 20,000 people are referred to the hospital with a range of conditions affecting bones and joints, including rheumatoid arthritis, osteoporosis, bone infection and bone cancer. Patients needing a new hip, shoulder or knee, or those with severe back pain or sports injuries are just some of the conditions treated on a regular basis. Specialist services include children's rheumatology services, limb reconstruction, spinal surgery and the treatment of primary malignant bone tumours and sarcomas.

The NOC also undertakes innovative rehabilitation work to assist those who have lost limbs, suffered a deformity, or who have neurological and neuromuscular problems through, for example, stroke or head injury at its renowned Oxford Centre for Enablement (OCE).

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.

Between April 2008 and April 2010 we had only one case of MRSA bacteraemia. Over the same period, cases of Clostridium difficile were halved to six.

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 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.
Our healthcare market

The Nuffield Orthopaedic Centre supports a population of 2.9 million drawn from Oxfordshire and the surrounding counties of Buckinghamshire, Berkshire, Wiltshire, Gloucestershire and Northamptonshire. 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 and 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 central government ministries and overseas commercial work.

NHS 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, there are 82 GP practices in the county divided into six practice based commissioning groups to decide on local health priorities and deliver services accordingly.

Working with our NHS partners

In its “NHS Oxfordshire Strategic Plan 2009-2013”, NHS Oxfordshire primary care trust (PCT) recognises the need to transform healthcare delivery with primary, secondary, community and social care partners to meet funding challenges and achieve its five year strategic initiatives to:

• Transform health services
• Improve health
• Improve the quality of outcomes for specific priority care groups

In July 2009, as part of this transformation, NHS Oxfordshire engaged local partners including the NOC in launching the Creating a Healthy Oxfordshire programme (CaHO). The key aims of this programme are to:

• Create a shared understanding of the challenges facing the NHS in Oxfordshire
• Develop the programme of work required to meet both the fiscal and health issues in the area and enable the successful delivery of the strategy
• Understand what needs to change in the system to drive the radical transformation required and to make that change happen

This initiative aims to achieve £240m savings over the next three years which presents local commissioners and providers an affordability and deliverability challenge not seen for over a decade. The Trust works closely with its NHS and social care partners to ensure that patient needs are managed in the best interests of the entire health community.

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 each year following stroke, head injury or limb amputation.
Our vision for success

**Our mission:** To relieve pain and suffering caused by long-term or disabling bone, joint or neurological conditions.

**Our vision:** To be the leading provider in the country of expertise in musculoskeletal diseases and neuro-rehabilitation. We aspire to deliver exceptional clinical outcomes, exceptional levels of patient satisfaction, and innovative world-ranking research, teaching and training.

Our future direction and Foundation Trust status

The Department of Health has recently restated that all provider organisations are expected to become Foundation Trusts. Therefore, the NOC Trust Board has determined that we will progress towards preparing ourselves to ultimately gain Foundation Trust (FT) status.

Our intention remains what it has always been, to secure the future development of our specialist orthopaedic services, neuro-rehabilitation, and the treatment of musculoskeletal disease in a centre of excellence.

The issue is not just one of preserving existing services but also enabling services to be developed in the future for the benefit of our patients and the wider health system.

Our future direction and Foundation Trust status

The Trust has been in recurrent surplus for the past two years. It is recognised as a strongly performing organisation and achieved the highest performance against the range of key performance indicators in finance, performance and quality in the South Central SHA region during 2009/10.

However, we face tough financial challenges with funding constraints from our NHS commissioners, the Primary Care Trusts (PCTs) who purchase health services for their local populations, and a cap or reduction on the national price (tariff) paid for our services. Many of our specialised procedures are complex and expensive to deliver and the national payment tariff does not always fully cover the costs.

We are working with the other organisations in Oxfordshire to configure services which will address the challenges facing the local health system. Final decisions about the preferred organisational form will be made once this work is complete. In the meantime the NOC is undertaking the work required to ensure it is fit for Foundation status.
As always, our focus is on the patient experience and we encourage patients to give us their feedback and views to enable us to deliver the best possible treatment while providing ‘Care with Respect and Compassion’. Our values also reflect the Trust’s commitment to valuing and investing in our staff, and their commitment to one another.

We adhere to the principles and values of the new NHS Constitution that enshrines the following patient and public rights:

- Access to health services
- Quality of care and the environment
- Nationally approved treatments and programmes
- Respect, consent and confidentiality
- Informed choice
- Involvement in healthcare
- Complaint and redress

Throughout this annual report we hope to demonstrate how we are taking account of the NHS Constitution in our actions and decisions to deliver the highest quality of care.

Our guiding principles for success

INNOVATION – RESPECT – CARE – COMPASSION

In consultation with our staff, we have over the past year reviewed and clarified the principles and values that guide us and define our mission. The well-being of every patient and member of staff is central to our work.

As always, our focus is on the patient experience and we encourage patients to give us their feedback and views to enable us to deliver the best possible treatment while providing ‘Care with Respect and Compassion’.

The NOC Values

Respect & Compassion
- We respond with humanity and kindness to one another, caring for patients as individuals.
- We value openness and integrity in all aspects of our work.
- We value cultural diversity and respect everyone’s aspirations and commitments in life.

Quality of Care
- We value the trust that people place in us to provide safe care.
- We value high quality and professional healthcare service that makes best use of our resources and skills for the benefit of our patients.

Innovation and Learning
- We value teaching and training, and developing the professional skills of our staff.
- We value our tradition of excellence through innovation, supporting research into new developments and techniques to benefit clinical practice.
- We continuously strive to improve our services.

Engagement and Participation
- We value the views of patients and staff and seek to involve them in decisions that affect them.
- We strive to meet the diverse needs of our staff, patients and public and provide equal access to our services.
- We value the commitment of our staff in running our everyday services and participating in longer term developments.
How we measure up

• Improvements in performance ratings
• Strong financial management with all financial targets achieved over the last three years
• High achievements in quality standards and service delivery
• Faster treatment for our patients
• High levels of hygiene and cleanliness

Our performance ratings

The Trust is governed by a regularity framework set by the Care Quality Commission (CQC) which has a statutory duty to assess the performance of healthcare organisations.

In October 2009 the Care Quality Commission published ratings for NHS trusts’ performance during 2008/09. The annual health check measures a trust’s performance across a broad range of issues. The performance rating is made up of two elements:

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

The Trust was publicly congratulated for excellent achievements in how it uses NHS resources, with all financial targets achieved over the last three years, and for ongoing improvements in maintaining high quality care. Only 38% of all NHS hospital trusts performed as strongly and the Care Quality Commission acknowledged the Nuffield Orthopaedic Centre as being among the 13 most improved on the country.
The Trust received the following overall performance ratings:

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<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</th>
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<tbody>
<tr>
<td>Quality of Services</td>
<td>WEAK</td>
<td>FAIR</td>
</tr>
<tr>
<td></td>
<td>GOOD</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This score covers a range of areas, including the safety of patients, cleanliness, access to services and ensuring people’s individual needs are met.</td>
<td></td>
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</tbody>
</table>

| Financial management                 | WEAK    | FAIR    | GOOD | EXCELLENT |
|                                      |         |         |      |          |
|                                      |         |         |      |          |
| This score is based on how well a trust manages its finances and ensures services represent good value for money. |

In addition, the Trust received an ‘excellent’ score in meeting new national priorities which measure the experience of patients, waiting times and MRSA levels. The Trust also ‘fully met’ long standing national targets which include maintaining low numbers of cancelled operations, and ‘almost met’ the 24 core standards set by the Government which include key areas of safety, patient focus and clinical effectiveness.

The Trust received the following ratings for the components of Quality of Services:

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2007/08</th>
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<tbody>
<tr>
<td>Meeting core standards</td>
<td>NOT MET</td>
<td>PARTLY MET</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing commitments</td>
<td>NOT MET</td>
<td>PARTLY MET</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National priorities</td>
<td>WEAK</td>
<td>FAIR</td>
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CQC Registration

From 2010 a new registration system means that health and adult social care providers must be registered with the Care Quality Commission to deliver services and demonstrate they meet a wide range of essential, common quality standards. These standards make the system fairer and more transparent. They indicate to the Care Quality Commission that we are protecting people from the risk of acquiring infections such as MRSA and they make it easier for providers to be compared with one another.

The Nuffield Orthopaedic Centre is registered with no conditions by the Care Quality Commission to provide health services. The Trust was registered in the Care Quality Commission’s first wave of licences in March 2010 as part of a new system for regulating standards in the NHS.

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.”
Faster treatment for our patients – Achieving the 18 week standard

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 or receiving their treatment within 18 weeks.

From April 2009 all our service specialities such as General Medicine, Rehabilitation, Rheumatology and Orthopaedics as well as Interventional Radiology have achieved 18 week waiting times as standard. The 18 week rule does not apply to patients who choose to be treated outside 18 weeks or if there is an appropriate clinical decision made with the patient.

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

The result is that all our patients can expect to be treated within 18 weeks following referral to our services.

Cancer waiting times
In July 2009 new operational standards were released, that applied to all existing commitments by the Cancer Reform Strategy. We have continued to maintain performance against the two week wait target, which requires urgent referrals to be seen by a consultant within two weeks, and treated within 62 days from initial GP referral.

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.

Patient activity

<table>
<thead>
<tr>
<th>Patient activity numbers</th>
<th>2006/07</th>
<th>2007/08</th>
<th>2008/9</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and daycases</td>
<td>8,678</td>
<td>9,406</td>
<td>9,525</td>
<td>9,779</td>
</tr>
<tr>
<td>First outpatient attendances</td>
<td>21,201</td>
<td>17,592</td>
<td>19,364</td>
<td>19,479</td>
</tr>
<tr>
<td>Follow-up outpatient attendances</td>
<td>34,362</td>
<td>35,037</td>
<td>36,099</td>
<td>39,973</td>
</tr>
<tr>
<td>Referrals</td>
<td>17,464</td>
<td>18,711</td>
<td>21,489</td>
<td>20,796</td>
</tr>
</tbody>
</table>
Delivering excellent standards

Award winning infection prevention and control

Throughout 2009/10 the Infection Control Team has driven forward safer practices in order to achieve reductions in ‘preventable infections’ these include a strategy for MRSA screening and decontamination.

The team has engaged all Trust employees through a series of awareness events including hand hygiene, sharps (needles and sharp instruments) injury prevention and infections following surgery.

The Trust has achieved reductions in both Clostridium difficile infections and has reported zero MRSA bloodstream infections during 2009-10, which is an outstanding achievement and reflects staff commitment to infection prevention and control.

Our specialist infection control nurse Lydia Rylance-Knight has received national recognition for her efforts in helping the Trust maintain its low infection rates. At a ceremony in London, Lydia was presented with a prize which rewards excellence and innovation in infection prevention and control. Below are just a few of the projects the Infection Control Team has steered and supported, working with staff teams across the Trust.

<table>
<thead>
<tr>
<th>Year</th>
<th>MRSA bacteraemia</th>
<th>Clostridium difficile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>2009/10</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Sharps Injury Prevention

Strategies to improve staff safety for the prevention of sharps injury from clinical instruments such as needles included running a sharps awareness week. During 2009 staff took part in a competition to learn about sharps injury prevention procedures. In the same week a new safety cannula was launched to further reduce the risk to staff when placing these devices in patients. Training was undertaken and certificates issued to introduce staff to the new safety cannula.

Cleanliness and the hygiene code

In July 2009 the hospital received a clean bill of health for its infection control practices following a rigorous inspection by the Care Quality Commission who commended it for achieving high levels of hygiene and cleanliness throughout the site.

The Care Quality Commission assesses how well the Trust is meeting the Department of Health standards and national targets including carrying out annual inspections on hygiene and cleanliness.

MRSA screening for all patients

As part of a national drive to reduce cases of MRSA bacteraemia, from 1 April 2009 all patients admitted at the Nuffield Orthopaedic Centre are swabbed for MRSA to identify potential MRSA carriers and to reduce the risk of transmission while in hospital.

The hospital has not had any cases of MRSA bacteraemia since December 2008 and ranks among the top specialist hospitals in the country for the lowest MRSA infection rates.

Patients being admitted to the NOC will be asked to have a swab taken from their nose, abnormal skin area or any wounds. To reduce infection risk all patients are issued with a special body wash prior to their surgery or treatment.

Hand hygiene compliance, audits, training

It is recognised that good hand hygiene reduces infection rates. Hand hygiene audits are carried out on a weekly basis to check healthcare workers clean their hands in accordance with Trust policy. A consistently good level of compliance has been achieved through regular feedback to clinical staff and validation of results by staff visiting other areas in order to complete audits. High levels of compliance with hand hygiene training have been achieved through a combination of clinically based and structured training sessions. The Trust also ran a hand hygiene awareness week in 2009 where staff were invited to assess their hand hygiene practice using an ultraviolet light box.
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 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.

During 2009 we worked with the local health economy in managing an outbreak of the H1N1 virus (Influenza pandemic also known as swine ‘flu) which was deemed to be at pandemic level by the World Health Organisation in June 2009.

This tested our preparedness and operational effectiveness in dealing with a flu pandemic and required a joint response from all local hospitals and primary care and other partner organisations such as the police and local authorities.

Information governance

Person identifiable data

All NHS organisations must include in their annual reports details of Serious Untoward Incidents involving loss of patient data or breaches of data confidentiality. The Trust takes its responsibilities in this area very seriously and is committed to observing the Caldicott Principles for Patient Confidentiality. The Trust’s Medical Director is the Caldicott Guardian on behalf of patients. The Nuffield Orthopaedic Centre maps its data flows to ensure that they are secure and the Trust had no incidents of unauthorised disclosures during 2009/10.

Freedom of Information

The NOC operates a transparent and open system of access to information about public service, whilst recognising and adhering to best practice on confidentiality of information.

During 2009/10 the Trust received 159 Freedom of Information requests. Of these, 28 were from politicians/political parties and 39 were from journalists. Generally requests are submitted by journalists, politicians, marketing firms and students.

The majority of requests usually ask more than five related questions and in some instances as many as ten as part of a single request. Most requests resulted in full disclosure and all were responded to within 20 working days.
Improving Patient Care

Becoming a digital hospital

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 their past treatment. 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 is set to become a truly digital hospital by 2012. All the NOC’s surgical operations and procedures and all diagnostic scans are stored electronically and work is now focusing on storing patients’ clinical notes and correspondence electronically.

Already, staff on some hospital wards are able to input patient notes directly on to a computer wheeled to a patient’s bedside. This has reduced the time clinical staff spend writing up individual notes for each patient and reduces the risk of paper-based errors such as misfiling or loss of notes.

“The vision is that we have single patient health records, held electronically, which identify our patients’ medical history and ongoing treatment and care requirements that can be easily shared between health professionals.”

Sara Randall, Director of Operations and Performance.

What does this mean for patients and staff?

• Clinics run more efficiently because there are no waits for availability of paper records.
• Patient clinical information is the most recent and is available for the clinician whenever required.
• Patient records are available out of normal working hours and consultants on call can see x-rays from home, and access the patient record for a speedier decision.
• All healthcare professionals have access to the same patient information.

Leading the way in patient safety

In 2009 the NOC spearheaded a national drive to improve patient safety in operating theatres. The hospital is an early adopter of the World Health Organisation (WHO) surgical checklist, which the National Patient Safety Agency (NPSA) is rolling out to all Trusts.

The checklist promotes a three stage process to ensure that important safety checks are carried out in theatre prior to every operation.

Consultant Orthopaedic Surgeon Sion Glyn-Jones, who led the NOC implementation project said: “The NOC already has perioperative checklists in place and a safe system of work, but we are always looking into how to improve upon this and have fully implemented this guidance.”
Patients score hip and knee operations

The Oxford Hip and Knee scores were developed by Oxford University researchers in collaboration with orthopaedic surgeons at the NOC and have been used for a number of years to measure surgical success by collecting patient feedback on the outcomes of hip and knee joint replacements.

Now, this scoring system, called Patient Reported Outcome Measures (PROMs) has been adopted as part of a national NHS programme to improve outcomes of surgery. Since April 2009, all patients undergoing hip or knee joint replacement at the hospitals across the country have been asked to complete a questionnaire before their operation which asks them to identify current problems such as mobility and how much pain they are experiencing, and to score how good or bad they consider their state of health to be. This is followed by a questionnaire a few months after their surgery to assess the success of the operation from the patient’s viewpoint.

Thanks to our surgeons and researchers, this system of scoring the success of hip and knee operations is helping to drive forward improvements in clinical practice across the country.

New assessment service

Over the past year, health organisations in Oxfordshire have been focusing on developing new service models with better integration between those services delivered in the community and those in hospital.

Since January 2010, the NOC’s specialist clinicians have been providing an assessment service for patients with musculoskeletal conditions including arthritis, back and joint pain and damage to joints, muscles and tendons. The assessment service, known as the ‘Musculoskeletal hub’, has been commissioned by Oxfordshire Primary Care Trust to support GPs and hospitals in managing patients with musculoskeletal problems.

The role of the Clinical Assessment Team at the hub, which includes NOC consultants, physiotherapists and podiatrists, is to determine where a patient’s needs can be best managed. The process aims to reduce the number of unnecessary hospital appointments for patients and ensure patients are referred to where they can receive the most appropriate care.

It is hoped that around 30% of patients who don’t need surgery will be managed closer to home without the need for hospital or consultant appointments.

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 70% of our patients are able to come to hospital that day for their operation.
Acupuncture relieves chronic back pain

One in three adults in the UK suffers from lower back pain every year, and there are an estimated 2.5 million sufferers seeking aid from GPs. Specialists at the NOC have long since recognised the benefits of acupuncture and this ancient Chinese art is used by around half of the specialist physiotherapists at the hospital to tackle problems such as low back pain.

The hospital's consultant physiotherapist Elaine Buchanan was one of the clinical experts helping the Government's National Institute for Health and Clinical Excellence (NICE) develop new NHS guidelines to include the use of acupuncture to treat back pain.

Acupuncture isn’t suitable for everyone, and those requiring it must be referred through their GP or a consultant in line with the guidance from NICE which recommends that acupuncture can be provided for people who have suffered low back pain for at least six weeks. This includes providing acupuncture as part of a package of therapies incorporating manual therapy, structured exercise programmes and combined intensive exercise and psychological treatment programme, for those who the pain causes particular distress.

“Acupuncture needles are nothing like those used for an injection or a blood test. They are about the same thickness as a human hair and flexible, rather than hard. Even people with needle phobias have gone on to have acupuncture with us.”

Marie Clare Wadley, senior physiotherapist.

OCE patient gets a helping hand from rehab glove

Stoke patient Gavin Hageman had nothing but praise for the care and support he received in his long road to recovery following a stroke that left him paralysed down his left side.

As Gavin began to regain some sensation in his arm he was able to use the Saeboflex glove to help with his rehabilitation at the Oxford Centre for Enablement.

Gavin was determined to gain control of his hand back and with hard work with the physiotherapists he improved immensely.

Thanks to an anonymous donor a Saeboflex glove was paid for to use at home as part of his ongoing recovery.
Macmillan cancer nursing support

Any patient referred to the Oxford Bone and Soft Tissue Tumour Service at the NOC will have access to a specialist nursing service partly funded by Macmillan Cancer Support.

In April 2009 our Macmillan Cancer Support nurse Pippa Large joined our Macmillan Musculoskeletal Cancer Nurse Specialist Helen Stradling and together they work with patients and their families providing a highly integrated care and support service. They work closely with the hospital’s nursing teams, doctors and other healthcare professionals to maximise the independence, dignity and quality of life for people with a cancer diagnosis.

This service covers Thames Valley and the South West region with a population of approximately 8 million. The NOC is one of only five nationally commissioned specialist centres for the treatment of patients with malignant primary bone tumours.

Thanks to funding from the hospital’s League of Friends, new video conferencing facilities are providing specialist orthopaedic surgeons, oncologists, pathologists, radiologists and nursing and therapy support staff with the ability to forge close links with other specialist cancer hospitals and their teams on the treatment of sarcoma patients.
Our Clinical Services

The Nuffield Orthopaedic Centre is an internationally recognised centre of excellence, providing

- routine and specialist orthopaedic services
- rheumatology services
- neuro-rehabilitation and disability services

to the people of Oxfordshire and beyond.

The NOC’s clinical services are divided into two directorates:

<table>
<thead>
<tr>
<th>Musculoskeletal – bone and joint conditions</th>
<th>Enablement – services for people with disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Orthopaedic treatment and surgery.</td>
<td>• Early to late phase neurological rehabilitation and disability management</td>
</tr>
<tr>
<td>• Rheumatology including children’s</td>
<td>• A full range of equipment and adaptations</td>
</tr>
<tr>
<td>rheumatology and sports medicine service.</td>
<td>including aids to communication and</td>
</tr>
<tr>
<td>• Metabolic medicine for bone conditions</td>
<td>specialist postural management.</td>
</tr>
<tr>
<td>such as osteoporosis.</td>
<td>• Wheelchair, orthotics and prosthetic services.</td>
</tr>
<tr>
<td>• Chronic pain management with a back pain</td>
<td>• Speech and language therapy</td>
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<tr>
<td>triage and a functional restoration service.</td>
<td></td>
</tr>
<tr>
<td>• Bone infection</td>
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<td>• Children’s unit providing routine and</td>
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<td>specialist orthopaedic ambulatory services</td>
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<td>to patients under 16.</td>
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Services supporting both directorates:

- Therapy services including physiotherapy, occupational therapy, and clinical psychology
- Diagnostic and interventional radiology
Disability Services and Neuro-Rehabilitation

The Oxford Centre for Enablement (OCE)

As a national centre of excellence, the Oxford Centre for Enablement (OCE) specialises in treating people with severe neuromuscular conditions and provides rehabilitation of those with limb amputation or complex neurological disabilities.

The OCE has a 33-bed unit for inpatient care and treatment but also runs an out-reach service enabling patients to be seen in their homes or at peripheral clinics.

The centre treats 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.

In addition, specialist neurological physiotherapy is provided for patients who have suffered a neurological trauma, such as stroke, along with speech and language therapy.

The centre’s reputation has spread widely, and patients come from across the UK and abroad for the expertise offered by our clinicians. Such a reputation has enabled the centre to increase its commercial (non-NHS) income through treating patients from overseas and this has been re-invested to support our NHS services.

Over the past year, developments have included:

• Establishing a new Education and Conference Centre to expand the centre’s educational programme which provides clinical courses and seminars to a wide range of healthcare professionals.

• Provision of additional clinics to reduce the waiting times for those patients requiring wheelchair and special disability services.

• A joint project with community services and social care to streamline the patient’s pathway from admission to discharge and ensure that all the elements of care, such as home help, are in place to support the patient as they journey through the system.

• Investment in new technology by the Orthotics Department with a footwear scanner that provides a more accurate measurement for the fitting of foot orthoses.

The OCE has an extensive programme of patient and service user involvement with regular workshops to engage patients in service developments, so that services continue to be fully patient-centred.

The patient experience is also supported through research studies. The Prosthetics Department is looking at the experiences of amputees and their use of prostheses through a questionnaire designed to investigate different aspects of having an artificial limb. In addition, the department is working with the Trust’s specialist gait laboratory to analyse the walking gait of long-term amputees. This study aims to improve the gait training associated with a patient’s rehabilitation programme.
Light at the end of the tunnel

In March 2008 Paul Heron was involved in a road accident which resulted in a three month stay in hospital.

“Surgeons saved my right leg from amputation even though I was informed that it would not be functional. But after nearly two years of trying to make the leg work for me I decided to have an above the knee amputation after meeting with staff of the Oxford Centre for Enablement. I found them all to be very knowledgeable and supportive to both myself and my wife.

“In November 2009 I underwent surgery and just three weeks to the day after I was wearing a training prosthetic leg and walking in the gymnasium.

“Now fitted with my permanent prosthesis I am finally mobile, pain free and can see light at the end of the tunnel which has been missing for nearly two years.

“Without the help and support of the staff at the NOC I am sure none of this would have been possible.”

Paul Heron
Buckingham

Musculoskeletal Services

Orthopaedic services
The Trust has a wide range of adult and children’s orthopaedic services including orthopaedic surgery, for example hip and knee replacements, and specialist services such as:

- Limb reconstruction and deformity correction.
- Spinal surgery.
- Treatment of primary malignant bone and soft tissue tumours for which the only other option would be amputation.
- Treatment of bone infections in the only dedicated unit of its kind in the UK.

The Musculoskeletal (MSK) directorate and the unique Bone Infection Unit regularly receive private UK and overseas patients in conjunction with the orthopaedic surgery specialties particularly limb reconstruction and complex hip revision. Recent patients have come from Africa, Asia and Europe.

In 2009, the Trust received Welsh, Northern Irish and Scottish NHS patients for specialist procedures because of the NOC’s expertise and ability to deliver high-quality, technologically advanced surgery and accommodation.
**Rheumatology**

The rheumatology division offers a range of specialist clinics for disorders that affect the musculoskeletal system including inflammatory disease such as rheumatoid arthritis and Ankylosing Spondylitis and rarer diseases such as vasculitis. There are also the non-inflammatory diseases such as soft-tissue rheumatism, fibromyalgia, shoulder and back problems as well as sports injuries which can be treated at the hospital’s sport and exercise 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. There is also outreach support at Swindon, Reading, Stoke Mandeville, Harold Wood Hospital, Essex, Frimley Park, Kettering General and Wexham Park Hospital.

Key developments this year include:

- Paediatric Rheumatology and Orthopaedic meeting – regular multi-specialty meetings to tackle complex joint cases.
- Development of a paediatric chronic pain service.
- Expansion of sports and exercise medicine (OxSPORT) and with research into the role of exercise for well-being especially in the chronic rheumatic diseases.
- Emergency Rheumatology Service – runs weekly clinics for patients needing to be seen within one week.
- Helpline service – allows the department to have a more patient-centred and responsive focus.

**Limb lengthening surgery for African teenager**

Seventeen year old Michael Eshun came to the hospital from Africa after a charity worker heard about the limb reconstruction expertise at the NOC. Mrs Sue Footner met Michael whilst working as a volunteer nurse on a charity hospital ship in Ghana. Michael had slipped and broken his arm when he was eight and lack of treatment at the time meant that his arm remained withered with limited use of his hand.

Mrs Footner set about fundraising and discovered that the NOC was of the few hospitals in the world that could perform the limb operation he needed to lengthen the arm and regain some ability to use his hand.

The operation was performed by NOC consultant orthopaedic surgeon Martin McNally and Michael is now back in Ghana, well on the way to recovery.
Radiology Services – The Diagnostic Imaging Department

The NOC’s diagnostic imaging department provides a specialised musculoskeletal imaging service.

Services include:

- Magnetic Resonance Imaging (MRI) – Fonar ‘OPEN’ scanner, 1.5T and 3.0T MRI scanners
- Interventional and Special Procedures
- Bone Densitometry Scanning (DEXA)
- 3 Ultrasound Scanners providing 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. Preparations to achieve a ‘paperless’ department are at an advanced stage and 2010 will see all requests and reports being transmitted electronically, further improving the efficiency of the department.

With the Fonar ‘Open’ and Philips 3.0T magnets, radiology is able 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 orthopaedic ultrasound service is one of the busiest in the country. We offer an instant access service for some of the outpatient clinics so that patients have only one journey to the hospital.

Although radiology is primarily a diagnostic service, minimally invasive treatments are also performed within the department. Guided injections around nerves, tendons and joints can relieve pain. More novel treatments include injecting cement for painful osteoporotic fractures, hip, wrist and back, get suitable treatment.

In February 2010, the service hosted an education event for GPs, physiotherapists, care home managers, fitness trainers and the public to raise awareness of prevention measures and treatment for osteoporosis. More than 100 people attended.

Metabolic medicine

The Oxfordshire Osteoporosis Service based at the NOC serves as a countywide hub for care across the community. It 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; training and education opportunities across primary and secondary care; and a telephone help-line for both health professionals and patients. The service has also developed a fracture liaison service to ensure that patients who have osteoporotic fractures, hip, wrist and back, get suitable treatment.

Supporting Services

Radiology Services

The NOC radiology department is a recognised provider for MRI services to two of the largest UK private medical insurers.
Therapy services

We provide routine and specialist therapy services both within the Musculoskeletal and Enablement Directorates. Our physiotherapists and occupational therapists work with consultants in orthopaedic, rheumatology and rehabilitation clinics. There is also a rolling programme offering four different types of pain rehabilitation programmes.

Physiotherapy

The physiotherapy outpatient department has recently set up an outreach service two days a week at a GP practice in Yarnton, Oxford, while the inpatient physiotherapy service has been extended to run until 6pm to provide earlier mobilisation and discharge for patients from hospital.

A drop-in session for joint replacement patients was also set up in 2009 following responses received about physiotherapy from an audit, patient survey and telephone enquiries. Patients are able to get advice from and see a physiotherapist regarding progression of exercises and general rehabilitation. The open sessions are held weekly in the physiotherapy gym and feedback from patients who have attended has been very positive.

Occupational Therapy

Within the musculoskeletal team, Occupational Therapists (OT) have developed an equipment sub-store to increase access of equipment for patients. Information is also provided to help patients to source their own equipment in the community.

Throughout 2009 Occupational Therapists working with patients in the Oxford Centre for Enablement have been involved in a number of service developments and improvements.

These include:

- Increasing the number of OTs trained in the use of the Saeboflex treatment kit to support upper limb rehabilitation.
- Supporting the development of a national handbook giving advice on working with children with limb deficiencies. In December 2009, the OTs were invited by the All Parliamentary Limb Loss Group to present a paper on the needs of the growing child with limb deficiency.
- Training for OTs in the SMART assessment to meet the needs of patients who are minimally aware. This is a standardised assessment designed to objectively establish a patient’s level of awareness.
- Working flexibly with a mixed caseload to ensure patients are seen for occupational therapy treatment within 18 weeks.
The Patient Experience
What our patients say

Your thoughts, opinions and observations about all aspects of our hospital are very important to us. Our aim is that every patient’s experience is an excellent one and understanding what matters most for our patients and their families is a key factor in achieving this.

Outpatient Survey

Between July and October 2009 more than 500 NOC patients completed the NHS Outpatient Survey published by the Care Quality Commission after their attendance as an outpatient at the hospital.

Overall the outpatient survey results presented a positive picture with the NOC among the top 20% of best performing Trusts in the following:

- Treating patients with dignity and respect.
- Hospital environment and facilities.
- Having confidence and trust in the hospital’s healthcare professionals.
- Explanations and communication around the patient’s condition, treatment and medication.

The survey highlighted that the hospital did not perform as well in the ‘before the appointment’ stage. It was noted that patients were not always given a choice of appointment times and a lack of knowledge around what would happen during that appointment. A patient information leaflet is currently in production as a result of this.

Inpatient Survey

The National Inpatient Survey was undertaken by Quality Health which sampled patients who had been discharged from the hospital during June, July or August 2009 and who had a stay of at least one night in hospital.

The NOC had a 70% response rate. Overall, 98% of patients surveyed felt they were treated with respect and dignity during their stay in hospital with 88% rating the care they received as either excellent or very good.

The survey response showed that 86% of doctors and nurses were viewed as having an either excellent or very good working relationship and 94% felt they did not want to complain about the care they received whilst at the NOC.

The survey did highlight that 59% of patients did not or did not recall seeing posters or information about how to compare the care they received. This matter has been addressed and with the Patient Advice and Liaison Service office relocated in a more prominent position in the Outpatients Department there is more availability for leaflet displays.
Your Privacy and Dignity

The hospital is committed to delivering patient centred care by our clinical teams who understand the principles of privacy, dignity and respect for everybody. Issues around privacy and dignity are taken very seriously and the NOC wants to ensure that patients feel confident and comfortable when in hospital.

Our modern hospital allows for patients to be cared for in same-sex bays with separate men’s and women’s toilet and washing facilities or single rooms with en-suite facilities.

Over the course of the year the hospital has refocused its efforts to ensure staff work together with patients around privacy and dignity. For example in July 2009 hospital staff took part in a Privacy and Dignity workshop to find out what it is like to be cared for as a patient at the hospital. They experienced being dressed in gowns, assisted with feeding, having their teeth brushed and wheeled along corridors.

During the workshop staff also experienced what it is like for patients who have limited mobility by being placed in a hospital hoist and being lifted out of a wheelchair into a hospital bed.

Staff were helped to fully understand patients’ needs around privacy and dignity by placing themselves in their shoes.

Privacy and Dignity clip

A privacy and dignity clip is now being used across all wards in the hospital which fastens the curtain securely around a patient’s bed. This has been introduced as a further drive to protecting patient’s privacy and dignity at all times whilst in the hospital.

What you said...

‘Exceptional treatment’

Following a knee operation and treatment in the Bone Infection Unit at the NOC, I am walking and bending the knee with an ever-decreasing amount of pain, and can pursue my hobby of gardening.

The treatment I received at the NOC was exceptional. I owe a big debt of gratitude to my bone infection consultant, Dr Woodhouse, to my surgeon, Mr Adrian Taylor and his team, to the plastic surgeon that was involved, to the sisters, nurses and all other staff on the wards.

The entire hospital is spotlessly clean and everyone, without exception has a smile, is friendly, kind and helpful. The treatment I have been given is absolutely first class.

Mrs Daylinda Coe
Hants

‘Without the NOC I wouldn’t be half the person I am today’

After being referred from another hospital I was told I needed an operation at the Nuffield Orthopaedic Centre following an accident where I injured my back. Having never had an operation before I was extremely worried but when I met consultant Jeremy Reynolds he told me exactly what had happened to me and exactly how he was going to deal with the problem. I was still scared but at least I knew what was going to happen.

Without the staff at the NOC, my experience would’ve been a lot worse and I do not believe that I would’ve recovered as quickly as I did. I only had a short stay at the NOC. No-one could believe I was ready to go home as quickly as I was.

Now it’s been five months and I feel the same as I did before my accident. Obviously I am more aware of what I do but my life has not changed. For this I have all the staff at the NOC to thank as without all of them, I would not be half the person I am today.

Daniel Holmes
Buckingham
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. The majority of PALS contacts relate to individual issues which can be dealt with immediately, such as straightforward information requests or explaining how a system works or putting people in touch with the correct department or individual.

Patients also contact PALS to compliment particular departments and individuals and we are always happy to pass these on to the relevant people.

All of these requests for information, compliments and concerns are recorded on the PALS enquiry system so that we can look at trends and follow these up if required.

During 2009/10, PALS logged 1,440 requests, compliments and concerns. The main categories logged were related to communication and appointment waiting times, general information requests and compliments to various staff and department.

PALS moved to a new office in the main Outpatients Department in April 2010. This provides greater visibility and prominence to the service.

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.

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. These include:

• Getting it right
• Being customer focused
• Being open and accountable
• Acting fairly and proportionately
• Putting things right
• Seeking continuous improvement

In April 2009 new regulations for dealing with Formal Complaints in the NHS came into place. The overall aim of these is to allow greater freedom to deal with concerns, so that issues can be dealt with in a way that is satisfactory to the complainant. Instead of complaints always requiring a formal written response, there is now the option to arrange a meeting to discuss the concerns with relevant staff in order to agree on a positive way forward. This more flexible approach has been well received over the last year with a number of patients welcoming the opportunity of a meeting.

In the financial year 2009/10 the Trust received 88 formal complaints. None of these escalated to the second stage of the complaints process. Two complaints were referred to the Healthcare Ombudsman, however the Ombudsman was satisfied that the Trust had done all it could to resolve the issues and choose not to undertake reviews of them.

All complaints are dealt with individually with the complainant and in a manner best suited to resolve the particular concerns raised.

We keep a record of all complaints to help identify areas for improvement. Complaints reports (containing anonymised information) are reviewed on a monthly, quarterly and annual basis at a number of meetings including those at team or service level so that lessons learned and actions taken can be shared.
Our hospital environment

The main building of Nuffield Orthopaedic Centre has been provided under the Private Finance Initiative (completed in May 2008). The Trust has as its PFI partners; Albion Healthcare (Oxford) Limited who manage the project and G4S who provide the Maintenance and Hotel services on site. The successful partnership continues to deliver excellent facilities and services for the benefit of staff and patients.

Environment scores highly in annual inspection

Through the (PEAT) initiative the Trust is required to comply with national guidelines on cleanliness, patient privacy and dignity and patient food.

The Trust is assessed annually by the Department of Health under the Patient Environment Action Team (PEAT) process which involves nursing staff, managers and patient representatives inspecting the hospital environment. The inspection covers cleanliness, hygiene, privacy and dignity, patient food and includes on-the-spot feedback from patients. The results of the PEAT assessment are fed into the Trust's annual Performance Rating and are used as a key performance indicator. In addition, the Trust carries out its own monthly inspections to maintain standards and embed a culture of continual improvement.

In 2009 and 2010 the hospital achieved maximum PEAT scores in all areas and an overall rating of excellent.

Reducing our carbon footprint

The NHS Carbon Reduction Strategy requires NHS organisations to seek to achieve a minimum target of 10% reduction in carbon emissions by April 2015.

The NHS is taking this issue seriously – it produces more CO₂ than any other public sector organisation in Europe. The NHS is responsible for more than 3% of the total carbon emissions in the country. The NHS Carbon Reduction Strategy for England sets an ambition for the NHS to help drive change towards a low carbon society.

The scale of the Trust’s carbon reduction programme is significant and involves setting targets to reduce emissions associated with the use and production of energy, waste, water, transport and the procurement of goods and services. A sustainability policy has been developed along with a Sustainable Development Management Plan and action plan to steer the Trust’s activities in meeting its objectives.

Car parking review

Part of our sustainability and carbon reduction plan is to reduce the use of cars, and to encourage use of more sustainable travel options such as public transport and car sharing.

There is increasing pressure on the limited car parking at our hospital site. Limits are placed by the local planning authority on the number of car parking spaces allowed. In order to ease some of the congestion in our car park at peak times, the Trust launched a review in July 2009. This involved a consultation with staff around the Transport and Car Parking policy with a view to increase accessibility of car parking facilities to patients and members of the public.

An extension of the park and ride scheme and public transport services to the hospitals means that staff who live within a certain distance of the county’s park and ride bus system are no longer able to apply for a permit to use the hospital car park.

The Trust expects to increase parking to patients and visitors by a further 15% following this change to the staff parking criteria.
Art at the NOC

The arts programme at the NOC has grown throughout 2009 and aims to improve the patient environment. The Outpatient Gallery continues to show the best local talent with highlights including Tim Richardson’s bright landscapes and Sparksartists craft exhibition.

The Oxford Centre for Enablement received a grant from Grassroots for art and music activities in the day room. The clients and staff have enjoyed mosaic making with artist Emily Cooling and learnt to take pictures with Suzy Prior. The grant also funded a performance by Crossover Intergenerational Dance Group – a unique dance group whose members cover a 60 year age span. Their show called 'Box' was inspired by their vision of what it might be like to be confined to a hospital. The piece came together with Crossover working with patients at the Oxford Centre for Enablement where they explored and researched how patients feel they are held, supported and restricted emotionally within in their surroundings in hospital.

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 events for staff, visitors and patients. The sanctuary has been used to celebrate Christian festivals eg Maundy Thursday and Christmas with the traditional carol singing taking place with St Gregory the Great school choir. A Buddhist meditation group also meets monthly in the sanctuary.

2009 saw the coming together of a singing group led voluntarily by a professional singer and teacher, Sue Whorton. The choir has sung in public twice – at the Trust’s annual Celebrating Success awards and at Christmas.

“It has been a pleasure to be part of the singing group and return to the afternoon’s work feeling energised and joyful and sharing this as a group.

Members of staff have initiated both the meditation group and the singing group.

The more the sanctuary is used and owned in this way, the deeper the sense of belonging, as we build on its continual use as a place of quiet and prayer right in the middle of the hospital.”

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

The Nuffield Orthopaedic Centre is committed to ensuring that it delivers excellence for its patients, its staff, the NHS and its partners in the community. This can best be achieved by the full participation of patients, carers, the public and its staff in the way that it shapes and delivers its services.

The Trust’s Patient and Public Involvement Strategy includes the key principles and standards on which patient and public involvement at the NOC is based. A Patient and Public Involvement Steering Group meets quarterly and includes both staff and members of patient groups including the NOC Network group and the Patient Liaison Group and a representative from the Local Involvement Network (LINks).

LINks are independent networks with individuals representing the local people. They allow everyone to have a say in how health and social care services are planned, developed, implemented and delivered.

**Improvements based on patient feedback**

- As a result of feedback from patients we have introduced appointment times for Pre-Operative Assessment. This has significantly reduced the length of time that patients spend in the clinic.
- Patients told us that foot operated bins in toilets were not wheelchair friendly, so we are trialling a new type which combines the requirement for strict infection control measures with a more appropriate method of opening.
- Concerns were raised by a number of patients about the lack of seating at the on-site bus stop. As a direct result of this feedback, seating has now been installed.
Working with our patient groups

We have a very enthusiastic group of people (patients, carers and others) involved at the NOC and are very grateful for the input they provide, both in their time and in providing the patient and public perception of how services work and how they might be improved.

These volunteers, who give their time free to support the Trust, have been involved in the following during 2009/10:

- Ward visits at weekends to look at cleanliness and nursing care – this gets fed back to the hospital so any action can be taken.
- Patient Environment Action Team – taking part in the annual inspection of the hospital which covers assessing the cleanliness, hygiene, privacy and patient feedback alongside representatives of the Trust. The results of the assessment are sent to the Department of Health.
- Food and nutrition surveys.
- Patient safety walkabouts to highlight safety issues from the patient’s point of view.
- Attendance at the Patient, Public Involvement Steering Group, Trust Board meetings and the Patient Information Group.

The NOC Network, formed in 2004, is made up of current and former patients, carers and members of the public who work to reflect patient and public interests in hospital plans and developments. Its members provide valuable patient representation on a number of projects and steering groups such as the hospital’s research and development programme and its involvement in the Thames Valley Health Innovation and Education Cluster.

The Patient Liaison Group ensures that the voice of patients, their families and visitors is considered in all aspects of the Trust’s activities. In particular, the group is involved in independent patient experience surveys and has worked with staff on the quality and availability of leaflets, factsheets and other written information. As a result of the responses received, the Trust is reviewing some of its leaflets and the way clinical information is provided to patients.

Heritage mural project
The heritage mural project, funded by the Heritage Lottery Fund, is entering its final stages and will be installed in the atrium during the autumn of 2010. Staff old and new have been submitting material throughout 2009 to be included in the mural and three local schools have carried out research for this project at Oxfordshire Health Archive. From their research, drawings and letters were displayed in the hospital’s atrium.
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.

Over the past year, the League of Friends has taken on the responsibility for all the volunteering services at the hospital and the Oxford Centre for Enablement. Volunteers are 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.

The League of Friends has granted financial support to the hospital to the tune of £120,000 and received legacies totalling £100,000.

This year has seen the celebration of 60 years of volunteering in the NHS and the NOC’s League of Friends celebrated their 45th anniversary. More than fifty volunteers from Oxfordshire were awarded the League of Friends ‘Diamond Award’ during a ceremony at the hospital in March 2010 to celebrate their long service to volunteering.

Of the 35 NOC volunteers who received awards, five were picked to attend a special event hosted by the Duke of York at St James Palace. Jeannie Stephens is the NOC’s longest serving volunteer who first started supporting the hospital in 1967.

“The colossal contribution from the League of Friends in supporting NHS hospitals has been exemplary. The NOC League of Friends has raised more than £1m for the hospital during the past 45 years.”

Trust Chair, Joana Foster, CBE.
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. Events have included an open air opera, while Grace Manning and her family raised over £1,000 for a treadmill for the children’s unit.

Legacies continue to be of vital importance for the Appeal to help the hospital and its research.

The Appeal wishes to raise further much needed funds for the hospital and a major £1 million fund raising appeal is to be launched in 2010.

The Nuffield Orthopaedic Centre General Charity

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

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

The NOC has a long-standing reputation in research and development, and teaching and training with excellent facilities on site. We work closely with our university partners, and the University of Oxford has its Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences located within our hospital – it is the largest academic clinical department in orthopaedics in the UK.

Botnar Research Centre

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

The NOC Appeal, led by its director Jeanette Franklin, raised £5.2 million towards the cost of the Botnar building and a further appeal has been launched by the Trustees to raise £7 million to build phase two 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. With the help of the Botnar family the Trustees have already raised £5 million towards this target.
Biomedical Research Unit

Following a successful joint bid to become a Biomedical Research Unit (BRU) in Musculoskeletal Disease, the NOC and the University’s Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences have received funding from the National Institute of Health Research to support a number of projects.

The Unit is undertaking 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.

A new clinical trials unit is planned for development during 2010 and 2011. This will support the BRU’s clinical research with patient studies to inform further developments in:

- Evaluating therapies in arthritis and osteoporosis
- Developing and evaluating new devices in orthopaedics

Director of the Biomedical Research Unit Professor Andrew Carr, and a Fellow of the Academy of Medical Sciences, said: “The research could ultimately transform people’s lives – extraordinary numbers of people get pain because of musculoskeletal diseases such as osteoarthritis which accounts for over half of the reasons for people not being able to go to work.”

Joint Ventures lecture series

As part of a programme to engage and inform the public of current and future musculoskeletal research plans in Oxford a series of talks and presentations called Joint Ventures was launched in May 2009. These public information events were hosted at the NOC in the form of a pair of short lectures, culminating with discussion and questions from the floor.

The aim of Joint Ventures is to reach as wide an audience as possible in terms of age and subject. The main target audience being:

- Local residents
- Charities and patient support groups
- Oxford University medical students
- Oxford Brookes University – health sciences students
- Local schools – 6th form students with an interest in medicine
- Patients and public

The lecture series has provided an informal and relaxed environment for the public to learn more about the research being undertaken by clinicians and researchers and how this relates to and benefits patient treatment.
Oxford surgeons share expertise

Studies by consultant orthopaedic surgeons at the NOC are focusing on therapies to prevent arthritis developing or to slow its progress. In November 2009 top surgeons from across the country joined Oxford experts at the hospital to discuss partial knee replacement techniques and developments in the treatment of arthritis of the knee.

The symposium was hosted at the NOC in partnership with the University of Oxford where important research programmes to understand the impact of knee replacement or surgical repair on the disease are underway as part of the studies underway at the Musculoskeletal Biomedical Research Unit.

Photo courtesy of the Oxford Mail.

Recruiting patients to research studies

The Musculoskeletal Thames Valley Comprehensive Local Research Network

NOC consultants and clinicians also support and benefit from the Thames Valley Comprehensive Local Research Network (TVCLRN).

Since 2007 the TVCLRN has successfully increased its funding to support musculoskeletal clinical studies and trials across Thames Valley. The team has 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 diseases and treatments, as well as training on all aspects of research governance and the use of clinical assessments to ensure high quality data collection.

TVCLRN funding has allowed the development of a musculoskeletal research infrastructure for Thames Valley which has increased the recruitment of patients to musculoskeletal studies, moving Thames Valley from the 10th to 3rd highest recruitment centre nationally, with recruitment set to exceed 3,000 patients in 2010/11.
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. Our dedicated staff have established an outstanding reputation for care and innovative advances in research, teaching and technology.

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 11.8%.
- The ‘time to hire’ new staff has reduced to an average of 10 weeks.
- Reducing sickness levels to well below the average for the NHS.

In July 2009, the HR team’s efforts were rewarded by winning the Human Resources Management Award for ‘HR Team of the Year’ at a national ceremony in London. The team was commended for its outstanding work to improve processes, listen to staff and provide strong leadership in good people management practice.

The Nuffield Orthopaedic Centre employs just over 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 2010**

<table>
<thead>
<tr>
<th>Main Staff Group</th>
<th>Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative &amp; Clerical</td>
<td>239</td>
</tr>
<tr>
<td>Additional Clinical Support</td>
<td>189</td>
</tr>
<tr>
<td>Medical</td>
<td>124</td>
</tr>
<tr>
<td>Nursing</td>
<td>266</td>
</tr>
<tr>
<td>Allied health professionals</td>
<td>165</td>
</tr>
<tr>
<td>Scientific &amp; Professional</td>
<td>22</td>
</tr>
<tr>
<td>Technicians</td>
<td>46</td>
</tr>
<tr>
<td>Non Executive Directors</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total number of staff directly employed by the Trust</strong></td>
<td><strong>1057</strong></td>
</tr>
</tbody>
</table>

**Staff sickness absence 2009/10 Number**

<table>
<thead>
<tr>
<th></th>
<th>2009/10 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days lost</td>
<td>5157</td>
</tr>
<tr>
<td>Total Staff Years</td>
<td>748</td>
</tr>
<tr>
<td>Average Working days lost</td>
<td>6.9</td>
</tr>
</tbody>
</table>

These figures are based on a calendar year.
Trust rolling 12 month average staff turnover = 11.8% (headcount)
Learning and Development

Over the past 12 months learning and development in the Trust has prioritised:

• The delivery of a robust mandatory and statutory training programme
• The delivery of Continuing Professional Development for our workforce
• The launch of apprenticeships at the Trust for both healthcare and administration posts within the organisation.

New programmes and procedures have been developed to deliver mandatory and statutory training including the launch of blended learning. This has ensured that the Trust is now fully compliant with this training.

In addition apprenticeships have been launched to support staff in Bands 1-4 with over 30 staff being supported to achieve both level 2 and 3 Apprenticeships in Healthcare, Business Administration and Customer Services.

These investments have contributed to the positive changes in our culture monitored through our staff and patient surveys.

Staff attitude Survey

The Staff attitude survey was completed between September and December 2009. Real progress has been made with the Trust benchmarking favourably against the wider NHS. Key strengths include:

• 95% of staff agreed that the Trust effectively promoted the importance of hand washing, (up 7% from the previous year)
• 92% of staff felt that their role makes a real difference to patients
• 92% of staff felt proud to work for the Trust
• 88% of staff would recommend the NOC to a friend or relative that needed treatment
• 89% of staff are satisfied with the quality of care they give
• 75% of staff said that they had taken part in taught courses
• 77% of staff said that their team met regularly to discuss how improvements could be made (up 7% from last year)

Nurses retire from Ward D

Sadie Meynell and Pat Redman retired in August 2009 after clocking up over fifty years service between them. Throughout their time at the NOC both nurses have been able to pass on support and knowledge to junior nurses starting out their career at the hospital.
Equality and Diversity at the NOC

Our Equality and Diversity Steering Group ensures our ongoing commitment is translated to action using the Single Equality Human Rights Scheme (SEHRS). This means providing greater ease of access to our services for patients and the community. We will attract and retain the most creative and committed staff, harnessing productivity to deliver excellent patient care through a diverse workforce that is representative of both our community and patients.

This year we successfully launched the Black and Minority Ethnicity (BME) Great Leaders programme to develop talented BME staff in bands 5-6 with 9 BME staff gaining an ILM level 3 award in Leadership. For the Trust this enhances the size of our talent pool to ensure that we have high potential BME staff capable of progressing to senior management roles in the organisation.

NOC nurses return 50 years on

A group on nurses reunited in September 2009 to celebrate 50 years since gaining their orthopaedic nursing certificate at the NOC. The ladies who were members of the 1959 August set travelled from as far as South Africa to meet up, have a tour of the hospital buildings, swap old pictures and have lunch and a gossip.

NOC Wellbeing Programme

During 2009 the NOC developed a health and wellbeing strategy built around the hospital’s belief that there is a direct relationship between the satisfaction of staff and patients. In November 2009, the NOC Wellbeing Programme was introduced to provide advice and support to staff on all aspects of their health and wellbeing, enabling them to achieve balance in their home and working lives. The programme integrates with the public health strategy for Oxfordshire, and by enhancing the health and wellbeing of staff the hospital is able to increase the quality of care given to the hospital’s patients and positively influence their experience at the NOC.

Early measurements show success with the key indicators including a reduction on total sickness absence and in particular, work related absence, enabling the Trust to maintain safe staffing levels, as well as positive responses relating to wellbeing in the National Staff Survey. Further initiatives are planned for 2010 to improve the programme available to staff and its positive outcomes.

Celebrating Success awards

The hospital’s annual Celebrating Success awards, now in their ninth year, were held in November 2009 to highlight and award achievements of staff in a number of areas. These include Long Service, Scholarships, Academic Achievements, Team of the year and Nurse of the Year.

The NOC’s newly formed singing group made their debut performance at this event with long-standing nurse Sue Hunt receiving top honour as Nurse of the Year.
Our priorities in 2010/11

We have consulted with our key staff and clinical teams around service plans for 2010/11.

These annual corporate objectives have been shaped by our overarching strategic goals and set out our aims and intentions for service and organisational development over the coming year.

Trust Strategic Aims and our Objectives for 2010/11

1. To be a customer-focused organisation, improving patient experience

Involving patients is integral to how we design and deliver services, research projects and educate staff.

We will:
- Listen to feedback from our patients and ensure that everyone has a voice by developing additional ways to capture patient views and measure patient satisfaction.
- Ensure that all our patients, in all specialties and pathways, receive their treatment within 18 weeks of their referral.
- Further develop the Patient Reported Outcome Measures (PROMs) scoring system to measure surgical success from the patient’s viewpoint.

2. To be a high reliability organisation

To ensure that we deliver care in a safe environment with high quality clinical outcomes.

We will:
- Continue to deliver reductions in hospital acquired infections and surgical site infections.
- Ensure high ratings in the Patient Environment Action Team (PEAT) assessment of the hospital’s cleanliness, hygiene, privacy and dignity, and patient food.
- Ensure care is delivered in a safe environment, achieving full compliance with Care Quality Commission standards.
- Implement ‘Productive Theatre’ project to increase theatre utilisation to 85%, with 95% of operation lists to start within ten minutes of their planned start time.
- Demonstrate quality assurance by achieving external accreditation in national standards.

3. To develop a fully engaged workforce

Our aim is to nurture our talent and create the conditions for people to succeed

We will:
- Develop leadership proposals for all levels of staff and 360 degree feedback for managers.
- Develop our health and well-being programmes and aim to reduce our overall sickness rates to 3%.
- Enhance clinical leadership and ensure staff engage with and live the values of the Trust.
4. To become a digital hospital by 2012

To use existing and emerging technology to transform our models of care.

We will:

• Standardise our procedures ensuring patients understand their care and treatment pathway at every step, improving safety and effectiveness.
• Seek an electronic solution for the reporting of clinical indicators from hospital ward to Trust Board.
• Ensure electronic processes are fully integrated to enable speedier and more effective management of care pathways by connecting clinicians across the health system.
• Progress technical upgrades to the Trust’s Care Records System (CRS) and develop plans to digitise patient medical records.

5. To achieve a financially sustainable position to enable appropriate investment in services

To continue to deliver high quality care that offers good value for money.

We will:

• Maintain and improve our ‘good’ evaluation by the Care Quality Commission for ‘Financial Management’.
• Deliver our sustainable development plan and achieve carbon reduction proposals.
• Review all contracts for opportunity to enhance value for money.
• Develop readiness for Foundation Trust status including managing financial risk and delivering cost efficiency plans of £6m in 2010/11.

6. To be able to identify, adapt and adopt clinical innovation

Use clinical innovation to drive improvements in strategic service development

We will:

• Focus on developing Tier 2 service models that will provide treatment and care in community locations for Oxfordshire patients.
• Develop services at the Oxford Centre for Enablement.
• Work to develop an integrated clinical pathway with our NHS partner organisations for patients requiring spinal surgery.
Our Trust Board

The Nuffield Orthopaedic Centre (NOC) is managed by a Trust Board comprising a team of Executive and Non-executive Directors.

**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**
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 our General Charity Committee. They, also, alone, make up the Trust’s Remuneration Committee.

<table>
<thead>
<tr>
<th>Non-executive Directors and their committee membership</th>
<th>Remuneration Committee</th>
<th>Audit Committee</th>
<th>General Charity</th>
<th>Integrated Governance committee</th>
<th>Projects Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Rogerson</td>
<td>√</td>
<td>Chair</td>
<td>Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor Andy Carr</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chris Goard</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Angela Coulter</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dale Haddon</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Derek Day, Non-executive Director (stepped down 31 July 2009)</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Adsetts, Non-executive Director (stepped down 31 October 2009)</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sue Dopson** is advisor to the Board. 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.

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

The Audit Committee, chaired by Michael Rogerson, comprises all the Non-executive Directors with the Chair attending by invitation. The committee met four times in 2009/10. The main priority was to take a wide overview for the scrutiny of risks and controls covering all aspects of the organisation’s business. The committee again considered its effectiveness during the year and has submitted an Annual Report to the Trust Board.

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 are available either by downloading them from the Trust’s website or by contacting the Board Secretary on 01865 737562.
Financial review

Financial Performance

Summary
The Trust has faced another challenging year in 2009-10 but it has successfully achieved its financial objectives. The Trust finished with a surplus of £311,000 at the end of the financial year (March 31), before the technical adjustments due to the adoption of the International Financial Reporting Standards (IFRS), against an original plan to break even. This figure was then adjusted under IFRS for impairments of £854,000 and a technical accounting adjustment due to the application of IFRS to IFRIC 12 of £633,000, resulting in a deficit under IFRS of £1,176,000. This is an excellent achievement and a credit to staff who have worked hard to achieve this position through containing costs and delivering improved productivity.

A glossary of technical financial terms used in this report is shown later in this section.

Full sets of accounts are available on request from the Director of Finance. Alternatively they can be downloaded from our website at www.noc.nhs.uk

Review of 2009/10 and outlook for future years
The Trust commenced the year with a requirement to deliver planned efficiencies of over £6m., resulting from the potential loss of commissioned activity. However, during the year, demand for services increased over the level anticipated, a number of anticipated cost pressures did not arise and a number of efficiencies were introduced. The overall result was that the Trust was able to achieve a surplus of just over £0.3M at the year end. The outturn is a significant achievement for the Trust and means that once again the Trust met its statutory duty to breakeven both in year and cumulatively over a three year period.

This is a continuation of a successful trend to deliver ‘savings’ which the Trust has demonstrated over a number of years as illustrated by the graph below.

For 2010/11 the Trust is again planning on substantial cost improvement and has plans to find some £6M. Looking further forward the financial constraints that are facing the whole public sector will have a significant impact on the local health economy. It has been estimated that, in total over the 3 years from 1st April 2011 the health economy needs to introduce cost avoidance schemes totalling in the region of £200M over the three years. The Trust is working with the PCT, GPs and our partners in Social Services to come up with a plan for Oxfordshire that does not simply move the financial problems from one organisation to another but seeks to find the best solution for the whole health economy. This initiative, called “Creating a Healthy Oxfordshire” (CAHO) means that the Trust will need to continue to reduce its costs and seek alternative ways to deliver services if it is to remain in financial good health.

Key to the continued success of the Trust is the management of risks which could affect service delivery. The Integrated Governance Committee is key to the timely and robust identification of risks, the formulation of mitigation plans / action plans and the monitoring of risks. The principal risks to the Trust are managed by two key mechanisms, the Corporate Risk register and the Trust Assurance Framework. The Corporate Risk register is used for identification of risks relating to trust-wide priorities and corporate issues. For example it identifies risks relating to delivery of Trust objectives such as access targets and how these will be managed.

The Trust Assurance Framework builds on the risk register in also assessing the controls in place to ensure delivery of each of the Trust’s objectives. It is used to identify what controls are in place and how assurance can be gained that these controls are effective. Gaps in controls and assurance are identified in the document and where required action plans are put in place to address identified weaknesses.

The South Central Strategic Health Authority have recently concluded their Final Year –End Assessment of the Assurance Framework 2009/10 and awarded it a category ‘A’ assessment.

The Top organisational risks, identified within the Assurance Framework, which may impact on the Trust’s strategies and development, were reported to the Trust Board in March and are recorded in the Statement of Internal Control.
Income from Commissioners and other sources
The Trust’s income increased by £6.5M (8.9%) over the previous year and the main components of the Trust’s income for 2009/10 of £78M are shown in the table below.
As can be seen from the table, over 80% of the Trust’s resources come directly from Primary Care Trusts. One of the main changes between 2008/09 and 2009/10 is that in 2009/10 the market forces factor has been incorporated into the payments from individual PCT’s rather than being paid as a separate allocation from the Department of Health. As a result the income from the Department of Health has decreased by over £5M and a compensatory increase has occurred in the income from PCT’s. The other significant change has been the increase in income from PCT’s due to the Trust being able to meet the demand for more patient care services than was originally envisaged.

<table>
<thead>
<tr>
<th>Our income sources</th>
<th>2009/10</th>
<th>2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Health Authorities</td>
<td>138</td>
<td>290</td>
</tr>
<tr>
<td>NHS Trusts and FT’s</td>
<td>38</td>
<td>29</td>
</tr>
<tr>
<td>Dept of Health</td>
<td>1185</td>
<td>6444</td>
</tr>
<tr>
<td>Primary Care Trusts</td>
<td>66734</td>
<td>55985</td>
</tr>
<tr>
<td>Non NHS including RTA</td>
<td>1797</td>
<td>1275</td>
</tr>
<tr>
<td>Education &amp; Research</td>
<td>4921</td>
<td>3942</td>
</tr>
<tr>
<td>Other non-patient services</td>
<td>2342</td>
<td>2110</td>
</tr>
<tr>
<td>Other</td>
<td>1779</td>
<td>2395</td>
</tr>
<tr>
<td>Total Income</td>
<td>78934</td>
<td>72470</td>
</tr>
</tbody>
</table>

(Our income sources 2009/10 2008/09 £000’s) (source  notes 5 & 6 of Annual accounts)

Operating Expenses
The Trust spends on average just over £200,000 each and every day or £1.4M per week. The largest item of expenditure continues to be staff costs and the next most significant is Clinical supplies and services. Both these increased substantially as the Trust had to put in place the staff and supplies to enable it to treat more patients. The graph below shows an analysis of how much of each pound spent is attributable to staff costs and the other main expenditure headings.

Looking forward to 2010/11, the contracts agreed envisage a decrease in the overall level of Income as commissioners are unable to recurrently fund the level of activity undertaken in 2009/10.
**Capital Resources**

The capital programme is a key resource of funding to enable modernisation and ensure that our services are delivered in a safe and well maintained environment. The Trust has to generate sufficient surplus cash flow to finance capital investment by the retention of cash generated through operations (principally depreciation) for reinvestment, and subject to the demonstration of its ability to service debt, it can borrow to finance further capital investment. Borrowing is subject to a prudential borrowing code. In common with foundation trusts, the Trust has been set a prudential borrowing limit based on the prudential borrowing code, which is £11.7M.

Over £2M was expended in 2009/10 and the chart below provides an indication of the areas of investment the Trust pursued in 2009/10.

![Capital expenditure 2009/10](chart)

The plan for 2010/11 can be summarised as follows; total funding of just under £3.2M is anticipated and it is proposed to utilise this for:-

<table>
<thead>
<tr>
<th>Description</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Equipment replacement</td>
<td>739</td>
</tr>
<tr>
<td>Information Management &amp; Technology (IM &amp; T)</td>
<td>100</td>
</tr>
<tr>
<td>Care Records System</td>
<td>495</td>
</tr>
<tr>
<td>Biomedical Research Unit</td>
<td>772</td>
</tr>
<tr>
<td>Clinical Trials Facility</td>
<td>425</td>
</tr>
<tr>
<td>OCE Mezzanine Floor</td>
<td>228</td>
</tr>
<tr>
<td>Neuro Behavioural Unit</td>
<td>250</td>
</tr>
<tr>
<td>Other Committed (inc Estates Lifecycle)</td>
<td>172</td>
</tr>
<tr>
<td>Total</td>
<td>3181</td>
</tr>
</tbody>
</table>

(source Trust Board Paper – agenda item 17a 29.3.10)

Further details can be found in the Annual Budget report for 2010/11 submitted to the Trust Board on 29.3.10.

**Cash Flow & Interest Rates**

The Trust has a good record in recent years for retaining a healthy level of cash through management of its working capital and capital programme. The forecast annual cash flow position for 2010/11 indicates that, assuming that savings are achieved, financial balance maintained, and debt is managed, then the cash position should remain stable.

The forecast indicates that the Trust will end next year with £1.3m less cash than at the start of the year and if there are no significant changes to debtor and creditor levels, the Trust will still be holding almost £5.1m in cash and cash equivalents at 31 March 2011.

**Summary Financial Statements**

These accounts for the year ended 31st March 2010 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
### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2010

<table>
<thead>
<tr>
<th></th>
<th>2009/10 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from patient care activities</td>
<td>69,892</td>
<td>64,023</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>9,042</td>
<td>8,447</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(75,635)</td>
<td>(68,176)</td>
</tr>
<tr>
<td><strong>Operating surplus (deficit)</strong></td>
<td>3,299</td>
<td>4,294</td>
</tr>
<tr>
<td>Finance costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment revenue</td>
<td>15</td>
<td>195</td>
</tr>
<tr>
<td>Other gains and (losses)</td>
<td>(10)</td>
<td>(60)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(2,614)</td>
<td>(2,609)</td>
</tr>
<tr>
<td><strong>Surplus/(deficit) for the financial year</strong></td>
<td>690</td>
<td>1,820</td>
</tr>
<tr>
<td>Public dividend capital dividends payable</td>
<td>(1,866)</td>
<td>(2,380)</td>
</tr>
<tr>
<td>Retained surplus/(deficit) for the year</td>
<td>(1,176)</td>
<td>(560)</td>
</tr>
</tbody>
</table>

**Other comprehensive income**
- Impairments and reversals: (1,876) (13,625)
- Gains on revaluations: 5061 358
- Receipt of donated/government granted assets: 59 46
- Reclassification adjustments:
  - Transfers from donated asset grant reserves: (235) (263)

**Total comprehensive income for the year** 1,833 (14,044)

The Statement of Comprehensive Income is presented fully in accordance with International Financial Reporting Standards (IFRS). NHS Trusts have a break-even duty and must achieve this over a three year period or exceptionally a five year period. The Department of Health excludes the impact of impairments and the application of IFRS to PFI schemes when it measures the break-even performance of NHS trusts. The Trust’s in-year performance, measured on this basis is a surplus of £311,000 as reported in Note 33.1 on page 43 of the full accounts and shows that the Trust is meeting its breakeven duty.

### STATEMENT OF FINANCIAL POSITION AS AT 31 March 2010

<table>
<thead>
<tr>
<th></th>
<th>31 March 2010 £000</th>
<th>31 March 2009 £000</th>
<th>1 April 2008 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>91,871</td>
<td>90,811</td>
<td>111,964</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>50</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>1,739</td>
<td>1,806</td>
<td>1,873</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>93,660</td>
<td>92,636</td>
<td>113,853</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>1,957</td>
<td>1,901</td>
<td>2,002</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>5,573</td>
<td>5,595</td>
<td>3,553</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3,735</td>
<td>3,402</td>
<td>2,445</td>
</tr>
<tr>
<td><strong>Non-current assets held for sale</strong></td>
<td>11,265</td>
<td>10,898</td>
<td>8,000</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>17,026</td>
<td>16,659</td>
<td>8,000</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>110,686</td>
<td>109,295</td>
<td>121,853</td>
</tr>
</tbody>
</table>

**Current liabilities**
- Trade and other payables: (8,228) (7,513) (4,737)
- DH Working capital loan: 0 0 (500)
- Borrowings: (1,142) (1,132) (1,028)
- Provisions: (60) (200) (205)
- **Net current assets/(liabilities)** 7,596 7,814 1,530
- **Total assets less current liabilities** 101,256 100,450 115,383

**Non-current liabilities**
- Borrowings: (33,475) (34,508) (35,326)
- Trade and other payables: (573) (580) (583)
- Provisions: (518) (565) (565)
- **Total assets employed** 66,688 64,855 78,907

**Financed by taxpayers’ equity:**
- Public dividend capital: 29,365 29,365 29,373
- Retained earnings: 7,356 8,501 7,982
- Revaluation reserve: 21,200 17,486 31,255
- Donated asset reserve: 8,767 9,503 10,297
- **Total Taxpayers’ Equity** 66,688 64,855 78,907
## STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

<table>
<thead>
<tr>
<th></th>
<th>Public dividend capital (PDC)</th>
<th>Retained earnings</th>
<th>Revaluation reserve</th>
<th>Donated asset reserve</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Balance at 31 March 2008</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As previously stated</td>
<td>29,373</td>
<td>7,982</td>
<td>31,255</td>
<td>10,297</td>
<td>78,907</td>
</tr>
<tr>
<td>Prior Period Adjustment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Restated balance</strong></td>
<td>29,373</td>
<td>7,982</td>
<td>31,255</td>
<td>10,297</td>
<td>78,907</td>
</tr>
</tbody>
</table>

### Changes in taxpayers’ equity for 2008/09

#### Total Comprehensive Income for the year:

- Retained surplus/(deficit) for the year: £0 (560) 0 0 (560)
- Transfers between reserves 0 1,079 (1,079) 0 0
- Impairments and reversals 0 0 (13,046) (579) (13,625)
- Net gain on revaluation of property, plant, equipment 0 0 356 2 358
- Receipt of donated/government granted assets 0 0 0 46 46
- Reclassification adjustments:
  - transfers from donated asset/government grant reserve 0 0 0 (263) (263)
- New PDC received 1,992 0 0 0 1,992
- PDC repaid in year (2,000) 0 0 0 (2,000)

**Balance at 31 March 2009** 29,365 8,501 17,486 9,503 64,855

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2010

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating surplus/(deficit)</td>
<td>3,299</td>
<td>4,294</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>3,703</td>
<td>3,349</td>
</tr>
<tr>
<td>Impairments and reversals</td>
<td>854</td>
<td>5</td>
</tr>
<tr>
<td>Transfer from donated asset reserve</td>
<td>(235)</td>
<td>(263)</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(2,614)</td>
<td>(2,463)</td>
</tr>
<tr>
<td>Dividends paid</td>
<td>(1,866)</td>
<td>(2,380)</td>
</tr>
<tr>
<td>Increase/decrease in inventories</td>
<td>(56)</td>
<td>101</td>
</tr>
<tr>
<td>Increase/decrease in trade and other receivables</td>
<td>89</td>
<td>(1,980)</td>
</tr>
<tr>
<td>Increase/decrease in trade and other payables</td>
<td>774</td>
<td>2,771</td>
</tr>
<tr>
<td>Increase/decrease in other current liabilities</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Increase/decrease in provisions</td>
<td>(129)</td>
<td>(63)</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) from operating activities</strong></td>
<td>3,819</td>
<td>3,376</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>15</td>
<td>195</td>
</tr>
<tr>
<td>(Payments) for property, plant and equipment</td>
<td>(2,437)</td>
<td>(917)</td>
</tr>
<tr>
<td>Proceeds from disposal of plant, property and equipment</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>(Payments) for intangible assets</td>
<td>(41)</td>
<td>(16)</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) from investing activities</strong></td>
<td>(2,463)</td>
<td>(737)</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) before financing</strong></td>
<td>1,356</td>
<td>2,639</td>
</tr>
</tbody>
</table>

### Cash flows from financing activities

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>0</td>
<td>1,992</td>
</tr>
<tr>
<td>Public dividend capital repaid</td>
<td>0</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Loans repaid to the DH</td>
<td>0</td>
<td>(500)</td>
</tr>
<tr>
<td>Capital element of finance leases and PFI</td>
<td>(1,023)</td>
<td>(1,174)</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) from financing</strong></td>
<td>(1,023)</td>
<td>(1,682)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents</strong></td>
<td>333</td>
<td>957</td>
</tr>
<tr>
<td><strong>Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year</strong></td>
<td>3,402</td>
<td>2,445</td>
</tr>
<tr>
<td><strong>Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year</strong></td>
<td>3,735</td>
<td>3,402</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>2009/10</th>
<th>2008/9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Costs</td>
<td>4395</td>
<td>3735</td>
</tr>
<tr>
<td>Trust's Relevant Income</td>
<td>78934</td>
<td>72470</td>
</tr>
<tr>
<td>Management Costs as % of relevant Trust income</td>
<td>5.6%</td>
<td>5.2%</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 all creditors within 30 days of receipt of goods or a valid invoice unless other payment terms are agreed. The performance for 2009/10 is set out below:-

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>number</td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>Total Non –NHS trade invoices paid</td>
<td>20964</td>
<td>37839</td>
</tr>
<tr>
<td>Total Non –NHS trade invoices within target</td>
<td>20152</td>
<td>36286</td>
</tr>
<tr>
<td>% Non –NHS trade invoices paid within target</td>
<td>96%</td>
<td>96%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>number</td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>Total NHS trade invoices paid</td>
<td>632</td>
<td>11469</td>
</tr>
<tr>
<td>Total NHS trade invoices within target</td>
<td>555</td>
<td>8702</td>
</tr>
<tr>
<td>% NHS trade invoices paid within target</td>
<td>88%</td>
<td>76%*</td>
</tr>
</tbody>
</table>

* This was due to an issue with one particular organisation which has now been addressed.

The Trust has not yet signed up to the Prompt Payment Code which is a payment initiative developed by Government. and which was referenced in a letter from the NHS Chief Executive on 18th May 2009 because it wishes to have the systems in place to be able to deliver against the code before it signs up.

3 Audit Disclosure
The Trust’s external auditors are the Audit Commission. The statutory audit fee for the year ended 31st March 2010 was £128,000. The Audit Commission auditors' report to the Audit Committee, which is a sub committee of the Trust Board chaired by a non-executive director and whose membership is limited to the non-executive directors of the Trust. Under the governance arrangements of the Audit Commission, the district auditor and senior audit manager are rotated every 5 years.

In line with current guidance, each director has given a statement that as far as they are aware, there is no relevant audit information of which the Audit Commission, (the Trust’s Auditors) are unaware. They have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Audit Commission are aware of that information.

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 Land values
Land at Littlemore was revalued to £6,750,000 during the year. As an asset held for sale, this land is held at its previous carrying amount of £5,761,000 in accordance with international accounting standards.

6 Pension Liabilities
Nuffield Orthopaedic Centre staff are members of the National NHS Pension scheme. Further details about the scheme are available in Note 9 to the full accounts and in the remuneration report.

Remuneration Report for 2009-10
The Secretary of State for Health determines the remuneration of the Chairman and Non-executive Directors nationally. Remuneration for Executive Board members is determined in the light of Trust performance by the Trust's Remuneration Committee.

Remuneration Committee
Membership of the committee comprises Non-Executive Directors and the Chairman with the Chief Executive and Director of Human Resources in attendance (unless the agenda items referred to them personally) but only in an advisory capacity. The Remuneration Committee is chaired by the Trust Chairman and meets at least annually to agree the remuneration policy and practice for Executive Directors and other senior staff. The terms of reference for the committee are to ensure that senior managers are fairly remunerated for their individual contribution to the organisation, with consideration to affordability and public accountability. The Trust’s Non-Executive Directors all serve on the committee. Details of the Directors’ remuneration are given in the tables on the following pages.

Membership of the committee during 2009/10

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanna Foster</td>
<td>(Chairman)</td>
</tr>
<tr>
<td>Andy Carr</td>
<td>(until 31.10.09)</td>
</tr>
<tr>
<td>Angela Coulter</td>
<td>(from 1.8.09)</td>
</tr>
<tr>
<td>Derek Day</td>
<td>(until 31.7.09)</td>
</tr>
<tr>
<td>Chris Goard</td>
<td>(from 1.11.09)</td>
</tr>
<tr>
<td>Michael Rogerson</td>
<td></td>
</tr>
</tbody>
</table>

Performance is monitored through appraisal and personal development both annually and through an ongoing appraisal process. Details of the Trust’s policies on contracts, notice periods and termination payments, as well as details of the dates of contracts and notice periods, and compensation for early retirement or awards made to former senior managers are available by writing to the Director of Human Resources at Trust Headquarters.

The remuneration report includes the tables of salaries and allowances of senior managers and the table of pension benefits of senior managers. These tables together with the related narrative notes are required to be audited.
1. Salaries and allowances

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Salary</th>
<th>Other Remuneration</th>
<th>Benefits in Kind</th>
<th>2009 - 10</th>
<th>Other Remuneration</th>
<th>Benefits in Kind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanna Foster</td>
<td>Chair</td>
<td>(bands of £5000) £000</td>
<td>(bands of £5000) £000</td>
<td>15 - 20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dr John Adsetts (1)</td>
<td>Non-Executive Directors</td>
<td>0 - 5</td>
<td>0</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
</tr>
<tr>
<td>Prof Andrew Carr</td>
<td>Non-Executive Directors</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
</tr>
<tr>
<td>Derek Day (2)</td>
<td>Non-Executive Directors</td>
<td>0 - 5</td>
<td>0</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
</tr>
<tr>
<td>Michael Rogerson</td>
<td>Non-Executive Directors</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
</tr>
<tr>
<td>Dale Haddon (3)</td>
<td>Non-Executive Directors</td>
<td>0 - 5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chris Goard</td>
<td>Non-Executive Directors</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Angela Coulter (4)</td>
<td>Non-Executive Directors</td>
<td>0 - 5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jan Fowler</td>
<td>Chief Executive</td>
<td>110 - 115</td>
<td>0</td>
<td>0</td>
<td>105 - 110</td>
<td>0</td>
</tr>
<tr>
<td>Jennifer Howells</td>
<td>Director of Finance &amp; Commercial Development</td>
<td>90 - 95</td>
<td>0</td>
<td>0</td>
<td>85 - 90</td>
<td>0</td>
</tr>
<tr>
<td>Sara Randall</td>
<td>Director of Operations &amp; Performance</td>
<td>80 - 85</td>
<td>0</td>
<td>0</td>
<td>80 - 85</td>
<td>0</td>
</tr>
<tr>
<td>Bev Edgar (5)</td>
<td>Director of Workforce and Organisational Development</td>
<td>75 - 80</td>
<td>0</td>
<td>0</td>
<td>60 - 65</td>
<td>0</td>
</tr>
<tr>
<td>Dr Tony Berendt (6)</td>
<td>Medical Director</td>
<td>80 - 85</td>
<td>65 - 70</td>
<td>0</td>
<td>85 - 90</td>
<td>0</td>
</tr>
</tbody>
</table>

There were no other remunerations or benefits in kind.

1. John Adsetts resigned as a Non-Executive Director in October 2009.
2. Derek Day resigned as a Non-Executive Director in July 2009.
3. Dale Haddon was appointed as a Non-Executive Director in November 2009.
4. Angela Coulter was appointed as a Non-Executive Director in August 2009.
5. Bev Edgar was appointed in April 2008 and hence the 2008/09 figures are not for a full year.
6. Tony Berendt other remuneration relates to his clinical duties.

2. Pension Benefits

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Real increase in pension at age 60</th>
<th>Real increase in lump sum at age 60</th>
<th>Total accrued pension at age 60</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2010</th>
<th>Cash Equivalent Transfer Value at 31 March 2010</th>
<th>Cash Equivalent Transfer Value at 31 March 2009</th>
<th>Real Increase in Cash Equivalent Transfer Value</th>
<th>Employer's Contribution to stakeholder pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Fowler</td>
<td>Chief Executive</td>
<td>0 - 2.5</td>
<td>0 - 2.5</td>
<td>40 - 45</td>
<td>130 - 135</td>
<td>824</td>
<td>754</td>
<td>32</td>
</tr>
<tr>
<td>Jennifer Howells</td>
<td>Director of Finance &amp; Commercial Development</td>
<td>2.5 - 3.0</td>
<td>7.5 - 10</td>
<td>5 - 10</td>
<td>25 - 30</td>
<td>129</td>
<td>83</td>
<td>42</td>
</tr>
<tr>
<td>Sara Randall</td>
<td>Director of Operations and Performance</td>
<td>0 - 2.5</td>
<td>0 - 2.5</td>
<td>30 - 35</td>
<td>95 - 100</td>
<td>594</td>
<td>539</td>
<td>28</td>
</tr>
<tr>
<td>Bev Edgar</td>
<td>Director of Workforce &amp; Organisational Development</td>
<td>0 - 2.5</td>
<td>0 - 2.5</td>
<td>5 - 10</td>
<td>15 - 20</td>
<td>99</td>
<td>76</td>
<td>19</td>
</tr>
<tr>
<td>Dr Tony Berendt</td>
<td>Medical Director</td>
<td>0 - 2.5</td>
<td>0 - 2.5</td>
<td>50 - 55</td>
<td>150 - 155</td>
<td>1014</td>
<td>916</td>
<td>51</td>
</tr>
</tbody>
</table>

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

Notes to Tables

Salary Table
- Other remuneration relates to:-
  - the salary entitlement of the Medical Director for the performance of his clinical duties.

Pension Table
- As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.
- Where a senior manager has either joined or acted up for part of a year, no comparative figures are available. In this case pension figures are for their full entitlement including that for previous service in another role, and do not reflect only the part relating to their senior management post within the Trust.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Accounting Policy

The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting 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;

• 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 2010.
Jan Fowler, Chief Executive Officer (on behalf of the Board)

Independent auditor’s report to the Board of Directors of the Nuffield Orthopaedic Centre NHS Trust
I have examined the summary financial statement for the year ended 31 March 2010 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, and the Statement of Cash Flows.

This report is made solely to the Board of Directors 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 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor
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 statement 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 statement. The other information comprises only those sections outside the Financial Review, and the unaudited part of the Remuneration Report, included in the Annual Report.

I conducted my work in accordance with Bulletin 2008/03 “The auditor’s statement on the summary financial statement in the United Kingdom” issued by the Auditing Practices Board.

My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion
In my opinion the summary financial statement is consistent with the statutory financial statements of the Nuffield Orthopaedic Centre NHS Trust for the year ended 31 March 2010.

I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (9 June 2010) and the date of this statement.

Phil Sharman
Officer of the Audit Commission, Audit Commission,
Unit 5, ISIS Business Centre, Horspath Road, Oxford OX4 2RD
9 July 2010

Explanation of financial terminology
The format of the accounts is specified by the Department of Health and reflects the adoption of the International Financial Reporting Standards (IFRS) by the NHS. This means that this year the accounts are in a different format from previous years. A glossary of the terms used in the Annual Report is outlined below. This covers the terms used in the financial statements and in the Financial Review.

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 four primary statements as specified by the NHS Trust Manual for accounts are

• Statement of Comprehensive Income
• Statement of Financial Position (previously known as the Balance Sheet)
• Statement of Changes in Taxpayers Equity
• Statement of Cash Flows

The annual accounts also include:

• A foreword
• Notes to the accounts
• The directors Statement of Responsibilities
• The Statement on Internal Control
• The auditors report.

The Statement of Comprehensive Income records the Trust’s income and expenditure for the year, together with any other recognised gains and losses in summary form. It includes cash-related items such as expenditure on staff and supplies as well as non-cash items such as a change in value of the Trust’s assets. If income exceeds expenditure, the Trust has a surplus for the year and if expenditure exceeds income, there is a deficit.

Terms used within the Statement of Comprehensive Income:

• Revenue for patient care activities: This includes all income from patient care, the largest element of which is from the Primary Care Trusts (PCTs). Other sources of income include private patient income and overseas patients.

• Other operating revenue: includes non-patient related income including education, training and research funding.

• Operating expenses: this includes the costs of staff, supplies, premises and services received from other organisations.

• Investment revenue: This shows the interest received from bank accounts.

• Other gains & losses: This shows the gain or (loss) on the sale of an asset compared with the asset’s value as recorded in the Statement of Financial position.

• Finance Costs: this includes any bank interest payable and the interest on PFI obligations.

• Public Dividend Capital Dividends payable: this is the dividend payable to the Department of Health to reflect the public equity invested in the Trust.

• Impairments & reversals: This shows reductions (or impairments) compared to asset values previously recorded in the Statement of Financial Position.

• Gains on revaluation: This shows increases compared to asset values previously recorded in the Statement of Financial Position.

• Receipt of donated / government granted assets: is the value of assets donated during the year to the Trust or financed by non-Department of Health government grants.

The Statement of Financial Position which was formally known as the balance sheet, provides a snapshot of the Trust’s financial position at a specific date, which in this case is the end of the financial year. It lists assets (what the trust owns or is owed), liabilities (what the Trust owes) and taxpayers equity (the amount of public funds invested in the Trust). At any given time, the trust’s total assets less its total liabilities must equal the taxpayers equity.

Terms used in the statement of Financial Position:

• Non current assets: These are assets which the Trust expects to keep for more than one year.

• Intangible assets: are assets such as computer software licences and patents which, although they have a continuing value to the Trust, do not have a physical existence.
• **Trade & other receivables**: are amounts owed to the NHS Trust and are analysed between those due over 12 months (non-current) and those due within 12 months (current).

• **Current assets**: are assets which the Trust expects to keep for less than one year.

• **Inventories**: are stock such as theatre consumables

• **Non-current assets held for sale**: are long term assets (such as land) which the Trust expects to sell shortly.

• **Current Liabilities**: reflect monies the Trust owes, including invoices it has not yet paid but which it expects to pay within a year.

• **Trade & other payables**: are amounts which the NHS Trust owes and are analysed between those due to be paid within 12 months (current) and those due to be paid after more than 12 months (non-current)

• **Borrowings**: are amounts which the NHS Trust owes and are analysed between those due to be paid within 12 months (current), and those due to be paid after more than 12 months (non-current), they include items such as bank overdrafts, loans and the loan element of PFI schemes.

• **Provisions**: are liabilities where the amount and / or timing are uncertain. Whilst there has been no cash payment, the trust anticipates making a payment at a future date and so its net assets are reduced accordingly.

• **Non-Current Liabilities**: reflect monies the Trust owes that it expects to settle after more than 12 months.

• **Public Dividend Capital**: The taxpayers stake in the Trust, arising from the government's original investment in the Trust when it was first created.

• **Retained earnings**: are the aggregate surplus or deficit the trust has made in former years.

• **Revaluation reserve**: shows the increase in the value of the assets owned by the Trust.

• **Donated asset reserve**: shows the value of assets donated to the Trust.

The Statement of changes in Taxpayers' Equity essentially shows the movement from the previous year on reserves and public dividend capital. It represents the taxpayers investment in the Trust.

• **Prior period adjustment**: reflects adjustments made in an accounting period prior to that to which the statement refers.

• **Impairments & reversals**: reflects reductions in asset values compared to asset values previously recorded in the Statement of Financial Position.

The Statement of Cash Flows summarises the cash flows of the Trust during the year. It analyses the cash flows under the headings of operating, investing and financing cash flows.

**Terms used in the statement of Cash Flows**

• **Depreciation & amortisation**: These are the non-cash items included within the operating surplus and they need to be removed to give the movement in cash during the year. As an example, depreciation is an accounting charge to reflect the use of capital assets and does not involve cash, hence it is added back to the operating surplus / deficit.

• **Impairments & reversals**: reflects reductions in asset values compared to asset values previously recorded in the Statement of Financial Position. These are the non-cash items included within the operating surplus and they need to be removed to give the movement in cash during the year.

• **Increase / (decrease) in provisions**: Provisions are liabilities where the amount and / or timing are uncertain. Whilst there has been no cash payment, a change in the amount set aside for provisions impacts on the operating surplus and hence needs to be adjusted for to calculate the movement in cash during the year.

• **Net cash inflow from operating activities**: reflects the amount of cash received resulting from the Trust's operating activities.

• **Net cash inflow / (outflow) from investing activities**: reflects the amount of cash received / (paid) as a result of cash transactions that are not directly related to operating activities, for example purchasing new assets.

• **Capital element of Finance leases and PFI**: Where an asset is financed through PFI or a finance lease, a liability is shown on the Statement of Financial Position. This is the annual repayment of the capital part of that loan which is part of the unitary payment but not recorded as an expense in the statement of Comprehensive Income.

• **Net cash inflow / (outflow) from financing**: reflects the amount of cash received / (paid) as a result of cash transactions that are related to the financing of the Trust.

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**Glossary of NHS terms and abbreviations**

**Acute Services**
Medical and surgical interventions provided in hospitals.

**Annual Health Check**
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.

**Assurance Framework**
The Assurance Framework provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives. It also provides a structure for the evidence to support the Statement on Internal Control.

**Audit Commission**
They are an independent public body responsible for ensuring that public money is spent economically, efficiently, and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services. They appoint the External Auditors.

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

**Break-even (duty)**
A financial target. In its simplest form it requires the Trust to match income and expenditure.

**Capital**
Expenditure on the acquisition of land and premises, individual works for the provision, adaptation, renewal, replacement and demolition of buildings, items or groups of equipment, vehicles, etc. In the NHS, expenditure on an item is classified as capital if its costs exceed £5000 and it's useful life expectancy is greater than one year.

**Capital Absorption rate**
The Capital Absorption rate is determined by dividing the PDC dividend (from the Statement of Comprehensive Income) by the average net relevant assets (owned assets of the trust at the beginning and end of the year less current liabilities & cash). The trust achieves the target if it achieves a rate of return of 3.5 per cent.

**Capital Resource Limit (CRL)**
NHS Trusts are given a Capital Resource Limit (CRL) each year. They must not make capital expenditure in excess of this limit.

**Care Quality Commission (CQC)**
The Care Quality Commission was set up in April 2009 and it replaced the Healthcare Commission. It is an independent regulator to help improve the quality of healthcare. It does this by providing an independent assessment of the standards of services, whether provided by the NHS, the private sector or voluntary organisations.

**Charitable Funds**
Our charity, registered number 1060660 includes a General Amenity Fund (unrestricted) and several restricted funds. Within these funds are held many individual accounts, and these are used to enhance the services of the relevant departments /services within the hospital.

**Clostridium difficile (C difficile)**
Clostridium difficile is a bacterium that can cause an infection of the gut and is the major infectious cause of diarrhoea that is acquired in hospitals.

**Corporate Trustee**
A corporate trustee is a corporation which has been appointed to act as a trustee of a charity. In the case of the NHS, the NHS Trust Board is the corporate trustee of our charitable funds.

**Creating a Healthy Oxfordshire (CAHO)**
This is an initiative involving all parties within the Oxfordshire Health Economy designed to improve quality and efficiency of health services in Oxfordshire in the context of the current economic climate and the challenges it faces in the next few years.
Current Assets
Debtors, stocks, cash or similar whose value is, or can be converted into, cash within the next twelve months.

Depreciation
The measure of the wearing out, consumption or other loss of value of a fixed asset whether arising from use, passage of time or obsolescence through technology, and market changes. The process of charging the cost of an asset over its useful life as opposed to recording its cost as a single entry in the income & expenditure records.

Elective Inpatient Activity
Elective activity is where the decision to admit to hospital could be separated in time from the actual admission, i.e. planned. This covers waiting list, booked and planned admissions.

Emergency Inpatient Activity
Emergency activity is where admission is unpredictable and at short notice because of clinical need.

External Financing Limit (EFL)
NHS trusts are subject to public expenditure controls on their use of cash. The control is an external financing limit (EFL) issued to each NHS trust by the Department of Health. The EFL represents the difference between the cash resources a trust can generate internally (principally retained surpluses and depreciation) and its approved capital spending. If its internal resources are insufficient to meet approved capital spend then it is able to borrow the difference.

Fixed Assets
Land, buildings, equipment and other long term assets that are expected to have a life of more than one year.

Foundation Trust (FT)
NHS Foundation Trusts are a new type of NHS Trust in England and have been created to devolve decision-making from central Government control to local organizations and communities so they are more responsive to the needs and wishes of their local people. Foundation Trusts have a membership drawn from the community which they serve and an elected Governors’ Council. They also enjoy some financial freedoms not available to NHS Trusts.

International Financial Reporting Interpretations Committee (IFRIC) 12
The International Financial Reporting Interpretations Committee issued an interpretation – IFRIC 12 – on Service Concession Arrangements. These are arrangements whereby a government (or the NHS) grants a contract for the supply of public services to private operators. Hence for the Trust, the PFI is an example of a scheme that is subject to IFRIC 12.

International Financial Reporting Standards (IFRS)
The International Financial Reporting Standards provide a framework of accounting policies which the NHS has adopted since April 2009 and which replace the UK Generally Accepted Accounting Practice (UK GAAP) which was the basis of accounting in the UK before international standards were adopted.

Investors in People
The Investors in People Standard provides a framework that helps organizations to improve performance and realize objectives through the effective management and development of their people.

Market Forces Factor
An index used in resource allocation to adjust for unavoidable variation in input costs. It consists of components to take account of staff costs, regional weighting, land, buildings and equipment.

Methicillin resistant staphylococcus aureus (MRSA)
This is a strain of a common bacterium, which is resistant to an antibiotic called methicillin.

Monitor
Monitor authorises and regulates NHS foundation trusts, making sure they are well-managed and financially strong so that they can deliver excellent healthcare for patients. It was established in 2004.

NHS Trusts
NHS Trusts are hospitals, community health services, mental health services and ambulance services which are managed by their own boards of directors. NHS trusts are part of the NHS and provide services based on the requirements of patients as commissioned by PCTs.

Non Executive Directors
Non-executive directors, including the Chairman, are Trust Board members but they are not full time NHS employees. They are people from other backgrounds who have shown a keen interest in helping to improve the health of local people. They have a majority on the Board and their role is to bring a range of varied perspectives and experiences to strategy development and decision-making, ensure effective management arrangements and an effective management team is in place and hold the executive directors to account for organizational performance.

Outpatient Attendance
An outpatient attendance is when a patient visits a consultant or other medical outpatient clinic. The attendance can be a ‘first’ or ‘follow up’.

Private Finance Initiative (PFI)
The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects.

Primary Care
Family health services provided by family doctors, dentists, pharmacists, optometrists, and ophthalmic medical practitioners.

Primary Care Trust (PCT)
The three main functions of a Primary Care Trust are:
- engaging with its local population to improve health and well-being;
- commissioning a comprehensive and equitable range of high quality, responsive and efficient services, within allocated resources, across all service sectors; and
- directly providing high quality responsive and efficient services where this gives best-value.

Private Care Trusts commission a range of services from Nuffield Orthopaedic Centre NHS Trust, which provides the majority of our income.

Prudential Borrowing Code (PBC)
This is the code provided by Monitor to determine the limit on the total amount of borrowing of an NHST and the same principles are applied by the Department of Health to NHS trusts.

Prudential Borrowing Limit (PBL)
This is the maximum cumulative borrowing a trust may have outstanding at any time and is set based on prudential borrowing code.

Risk Register
A register of all the risks identified by the organization, each of which is assessed to determine the likelihood of the risk occurring and the impact on the organization if it does occur.

Secondary Care
Care provided in hospitals.

Service Level Agreements
A Service Level Agreements (SLA) is the main mechanism for service provision between NHS Trusts and Primary Care Trusts for NHS services. An SLA is an agreement that sets out formally the relationship between service providers and customers for the supply of a service by one or another.

Statement of Internal Control (SIC)
The Chief Executive as the Accounting Officer is required to make an annual statement – the “Statement on Internal Control” (SIC) – alongside the accounts of the Trust. which provides a high-level summary of the ways in which staff are trained to manage risk and of how risk has been identified, evaluated and controlled, together with a confirmation that the effectiveness of the system of internal control has been reviewed and that the results of the effectiveness review have been discussed by the Accounting Officer with the board, the Audit Committee (and the risk committee if one exists in the body). In addition, disclosure is required in relation to any “significant internal control issues”.

Strategic Health Authority (SHA)
The Strategic Health Authority. It is accountable to the Secretary of State for Health via the Chief Executive of the NHS and has a role to perform manage PCTs and local health systems, work to improve public health and reduce inequalities and ensure robust and integrated emergency planning.
Are we speaking your language?

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

**Bengali**
আপনি যদি অন্য ভাষায় ইনফরমেশন চান তবে আমরা বলতে পারি। যেকোনো ভাষায় যে তথ্যকে জানতে চান তাতে বলুন, 01865 738126 নম্বরের মাধ্যমে আমরা সহায়তা করব।

**Hindi**
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**Mandarin**
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**Polish**
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**Portuguese**
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**Punjabi**
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**Urdu**
اگر معلومات کسی اورزبان من مطلوب ہے تو ہمارے کرمار 01865 738126 پر کال کریں।
Contact Details

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

www.noc.nhs.uk

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

You may find the following contacts helpful:

SWITCHBOARD
For all general enquiries or if you are not sure who you need to speak to:
Tel: 01865 741155
Fax: 01865 742348

PATIENT ADVICE & LIAISON SERVICE (PALS)
PALS can provide advice and assistance in resolving any problems or concerns that you may have about the hospital’s service:
Tel: 01865 738126
Email: 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