

University Hospitals
of North Midlands
NHS Trust



Annual Report 2014-2015

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Foreword

Two years ago we completed the move into a new hospital in Stoke-on-Trent. In October 2014 we published our 2025Vision, which aims to ensure patients receive the highest standards of care and where the best people want to come to learn, work and research. And in November 2014 University Hospitals of North Midlands came into being, with County Hospital in Stafford and Royal Stoke University Hospital coming together in one organisation.

The staff at County Hospital have been through a very difficult few years. We would like to warmly welcome them to the Trust. County Hospital is a vital part of the future of hospital services in Staffordshire. Together with Royal Stoke University Hospital, and our partnership with Mid Cheshire NHS Foundation Trust, we want to build a network of hospitals providing safe, responsive and effective local services. In addition, treating people from as far as North Wales means that the people of Staffordshire and south Cheshire can access specialist treatment close to where they live.

Our aim is to provide safe services in a welcoming environment where people get effective treatment and care. The last year has seen us treating more patients. Our major trauma service was rated one of the top centres in the country and the outcomes for patients who have had a stroke are amongst the best. We have continued to perform well on keeping people safe, as demonstrated by low mortality rates and high levels of harm free care.

But there have also been setbacks. The Trust was unable to deliver on its commitment to the four hour standard in the Emergency Department, something which is a profound disappointment to all of us. These pressures have also had an impact on treating people who need planned care. On behalf of the Board I would like to apologise to those who have had a long wait in A&E.

The four hour wait is a measure of how health and social care are working together. We are committed to improving the efficiency of our services as well as working with our partners to create a system that will ensure that people who need urgent and emergency care get treatment quickly.

Our partnership with Keele University Faculty of Health and Staffordshire University is critical to our role as a university hospital. The Medical School is ranked second in the National Student Survey. We continue to recruit large numbers of nurses from the two universities, as well as elsewhere, with more than 800 being recruited over the year.

At the start of this year we launched our five year research strategy. This first year of the strategy has seen a period of rapid progress and development. Nearly £1m in grant income has been generated and this is having a real impact on our patients as there are now more than 200 trials open across the Trust, meaning that patients can benefit from the latest advances in medicine.

UHNM Charity has made an important contribution to patient treatments and experience. We were delighted to open the doors of the new Fresh Hair Wigs and Wellbeing Salon following fundraising over the last two years to raise £250,000. This generosity will help women who are dealing with hair loss through cancer treatment or other medical conditions. A £1m surgical robot is being used by our urology surgeons in the treatment of prostate cancer and is helping to revolutionise surgery for our gynaecology and colorectal patients.

Finally, we would like to thank our staff at both the Stoke and Stafford sites. They have continued to show commitment and compassion during a period of unprecedented change and huge pressures. We know from the 2014 NHS Annual Staff Survey that our staff feel able to contribute to improvements at work, that they make a difference to patients and are proud of the care they deliver. But to provide services we and our families would be proud of we need to do more. In 2015 we will be launching a major initiative to enable staff, together with patients, to develop compassionate, caring and safe care, to take forward their ideas for improving services and to feel supported.

John MacDonald
Chairman

Mark Hackett
Chief Executive

2025Vision

Being a place our families would choose

2025 Vision

Our goal is to become one of the top university teaching hospitals in the UK by 2025 and establish a world-class reputation by 2030. We will constantly improve patient care and foster innovation in the organisation, which exceeds the expectations of patients and meets the needs of commissioners and providers who work with us.

At the same time we will offer a more attractive place to work, learn and research because we will focus on world-class excellence and help to spread this to our patients. We need to be rated by our customers as consistently excellent in everything we do. Achieving this ambition will challenge us to grow our income and reduce costs by 5-7% of turnover so we can re-invest in the organisation each year to meet our organisational and clinical aspirations.

We will be changing our traditional district general hospital services and become more externally focused throughout the organisation in order to grow our inter-specialised and regional services to the population of the North Midlands, Cheshire, Derbyshire and Wales.

We will provide the services our customers need instead of simply delivering services we have always provided. This will mean we will see significant changes to the way our care will be delivered to local patients. We will be relying less on inpatient care and more on working across the whole care pathway for patients who have urgent and emergency care needs.

To do this we will continue to deliver outstanding inpatient care for local people. But we will need to move towards outpatient clinics at home or through rapid diagnosis, treatment and observation to meet the needs of patients and commissioners, which will be more integrated with other providers. We will see the development of day case and

inpatient elective work being delivered through a series of elective centres in key sites around the Trust, which we will partner with other providers or manage the outcomes.

The hospital in Stoke-on-Trent will become a truly specialised hospital offering emergency care for our local population, in a defined local and regional emergency network, in its role as a major emergency and trauma centre. In addition, it will become a hub for complex medical and surgical interventions for routine and emergency work for adults and children alike.

Our new integrated trust will enable us to develop a wider set of opportunities for local people and we will develop County Hospital as a campus facility. This will define it as a modern, local hospital offering world-class local emergency care, networked with Stoke-on-Trent. It will do this along with outstanding local elective and long-term condition care, integrated with community and primary care, to improve clinical and patient outcomes. We will work closely with Keele University and other academic institutions to build world-class research in key areas relevant to:

- the needs of our patients
- a research led culture
- developing our reputation to become an outstanding teaching and training centre for the future generation of health professionals
- fostering innovation and creativity by changing the way our organisation works.

We will have to become faster at delivery, more flexible, agile and less bureaucratic while ensuring excellence for our patients, commissioners and providers. We will achieve this by being true to our values and beliefs, focusing on the patient and becoming a clinically led and accountable trust. We will become a hospital that we would always choose for the care of our families. We believe that by working together and embracing change we can achieve our stated goals and the Trust will deliver its duties to the public and taxpayer.

We consulted on our vision in 2014. Going forward we will continue to work with staff and wider external stakeholders to ensure it is developed into sound plans and fully understood. We are nothing without our values.



Our Values

Our values are:

Respect and Dignity – Our patients are our first priority and we aim to provide consistent, high quality treatment. We treat our patients as individuals, listening to their particular stories and supporting them in their individual circumstances.

Safety is a Priority – We strive to keep our patients safe from harm and we create an environment to keep our staff safe in their work.

Working Together and Everyone Counts – Our staff are valued, listened to and supported. Everyone is part of the University Hospitals team and we treat everyone as an individual. We put our patients first in everything we do, by reaching out to staff, patients, carers, families, communities and health and social care partners. We need to put the needs of the patient before NHS and other organisational boundaries.

Learn from Experience – We reflect when things go right and when they go wrong. This way we can improve where necessary and build on the things we do well.



Overview of our services

University Hospitals of North Midlands NHS Trust (the Trust) is a statutory body which came into existence on 4 November 1992 under The North Staffordshire Hospital NHS Trust (Establishment) Order 1992 No 2559 (the Establishment Order). On the 1 April 2003, via order No 792, the name of the hospital was changed to University Hospital of North Staffordshire NHS Trust. On 1 November 2014, the name of the hospital was changed to University Hospitals of North Midlands NHS Trust.

NHS trusts are governed by statute, mainly the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 (the 2006 Act) and the National Health Service Act 1977 (the 1977 Act) and together with the 2006 Act, the NHS Acts). The functions of the Trust are conferred by this legislation.

The Trust also has statutory powers to fund projects jointly planned with local authorities, voluntary organisations and other bodies. The Code of Accountability requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities of individuals.

The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

The Trust provides a full range of general acute hospital services for approximately 860,000 people locally in Staffordshire, South Cheshire and Shropshire. The Trust also provides specialised services for three million people in a wider area, including neighbouring counties and North Wales.

Our specialised services include cancer diagnosis and treatment, cardiothoracic surgery,

neurosurgery, renal and dialysis services, neonatal intensive care, paediatric intensive care, trauma, respiratory conditions, spinal surgery, upper gastrointestinal surgery, complex orthopaedic surgery, laparoscopic surgery and the management of liver conditions.

More than 160,000 patients attended our A&E departments last year. Many emergency patients are brought to us from a wide area by both helicopter and land ambulance because of our Major Trauma Centre status. We continue to work towards foundation trust status, in particular building on our links with the public and developing our strategy with a view to becoming a Foundation Trust in the next three-five years. Our volume of patients are in the top 10 to 15 for most services.



Our geography

Royal Stoke University Hospital, one of our two sites, is a large acute teaching hospital on the border of Stoke-on-Trent and Newcastle-under-Lyme in Staffordshire. Our other site is County Hospital in Stafford. We are one of the largest hospitals in the West Midlands and have one of the busiest emergency departments in the country. We have good transport links, being close to the M6 and A50, and lie centrally between Manchester to the North and Birmingham to the South. The Trust's hospitals have more than 1,500 inpatient beds.

Overview of our estate

Royal Stoke University Hospital was rebuilt between 2009 and 2015 following a £370m private finance initiative (PFI) and the refurbishment of existing buildings and it has 1,300 beds. The County Hospital is set to undergo a £52m



refurbishment, starting in 2015, as part of the integration of the two hospitals and it has 300 beds. It is anticipated that this work will last for three years. The Trust is currently opening a further 150 beds this year across its two hospitals, by creating new capacity in modular buildings or refurbishing clinical areas. The final landscaping of Royal Stoke University Hospital will also take place in 2015.

How we are organised

Our services are organised into four clinical divisions, each of which is made up of a number of individual directorates or departments. Our clinical divisions are specialised, surgery, medicine and Children's, Women's and Diagnostics supported by the operations division, corporate services division and County Hospital division.

Each division is led by an associate director, divisional chair, clinical directors of each directorate and an associate chief nurse. They are supported by a human resources manager and a finance manager.

The Trust is becoming a clinically led organisation where we are an organisation which sees involvement of clinicians as a fundamental prerequisite in everything we do. The Trust appointed its first four Divisional Chairs in 2014, who will lead the four new Clinical Divisions. They will be supported by the associate director and an associate chief nurse. County Hospital has a Hospital Director who is accountable to the Chief Executive, who operates on-site medical and A&E services and coordinates the hospital services, which are managed by three divisions across the Royal Stoke and County Hospital sites.

Our non-clinical staff support the work of the Trust's clinical teams. Some work within the clinical departments and others are organised into departments of central functions. These include our executive directors, human resources, operations and performance. The corporate services division includes estates, facilities and supplies and procurement.

Who do we work with

The Trust is the regional specialist hospital within the North Midlands. It works in partnership with other acute hospitals in the region, such as Burton

Hospitals NHS Foundation Trust, Shrewsbury and Telford Hospital NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust. The Trust is also part of a health sector in Staffordshire and the surrounding areas, and works with the community provider Staffordshire and Stoke-on-Trent Partnership Trust and mental health provider Combined Healthcare NHS Trust. The Trust also works closely with West Midlands Ambulance Service and Midlands Air Ambulance.

Given the Trust's wide geographical reach, it works with a large number of clinical commissioning groups, but most notable Stoke-on-Trent CCG, North Staffordshire CCG and Stafford and Surrounds CCG. The Trust, as a specialist hospital, works closely with the commissioners of specialised services, NHS England. The Trust is also scrutinised by a number of local government bodies, namely Stoke-on-Trent City Council, Newcastle Borough Council, Staffordshire Moorlands District Council, Staffordshire County Council and Stafford Borough Council

As a university hospital, UHNM works with Keele University and Staffordshire University, and has strong links with local colleges and schools.

Regional and local monitoring

Clinical commissioning groups across the region commission services from the Trust. UHNM is also monitored by the National Trust Development Authority, part of the NHS, and the Care Quality Commission.



County Hospital

On Wednesday 29 February 2014 the Secretary of State for Health announced his approval of the dissolution of Mid Staffordshire NHS Foundation Trust (MSFT) and paved the way for the transfer of the management and running of Stafford Hospital, now renamed County Hospital, to what would be a newly created Trust, University Hospitals of North Midlands NHS Trust. To create this new Trust the NHS in Staffordshire received an additional investment of well over £250m to bring together clinical services.

The new Trust came into being on 2 November 2014. To mark the change in services, the hospitals in Stafford and Stoke-on-Trent were renamed County Hospital (in Stafford) and Royal Stoke University Hospital (in Stoke-on-Trent).

This was a moment of major, positive change for the people of Staffordshire and their local NHS. The substantial investment of over a quarter of a billion pounds into NHS services in Staffordshire is enabling the Trust to expand and develop our hospitals to the very real benefit of local people.

Safety is our number one priority with safer care in better facilities, more follow up care in local settings and better access to specialist care. The investment of over £250m is helping to fund:

At Stafford...

- Expanded outpatient facilities especially for emergency access clinics.
- Opening and refurbishing more wards and operating theatres.
- Quadrupling the number of single rooms and increasing en-suite facilities on each ward.
- A new MRI scanner.
- A refurbished freestanding midwife-led maternity unit.
- The development of new services such as eye surgery, orthopaedic surgery and plastic surgery.
- A new frail elderly assessment service.
- A new renal unit doubled in size.
- A new chemotherapy unit doubled in size.

At Stoke...

- The re-commissioning of several wards to create an additional 64 beds.
- 12 additional beds in the new critical care unit.
- The creation of a new Orthopaedic Centre with 56 new beds.
- Two new operating theatres in a new state-of-the-art unit.
- The opening of 12 new maternity beds and the expansion of the neonatal unit.
- The completion of new car parks with over 300 additional spaces.
- The opening of a new 28-bed children's ward.

The creation of the new Trust and the additional investment in NHS services is also helping us to recruit and retain permanent staff as the reputation of the Trust grows and staff positively want to work here. We are able to use our most senior staff more flexibly on both sites and invest properly in better diagnostic facilities at Stafford - including, for the first time, a new MRI scanner. This will mean better care in A&E, better care for acute medical patients and more day case surgery at Stafford.



In order to make maximum use of both the Stafford and Stoke-on-Trent sites some services have been moving from Stafford to Stoke and some new services will be developed on the Stafford site in 2015/16. However, nine out of ten patients who currently use County Hospital will continue to be treated locally, including women who need antenatal or postnatal care.

Women across the region now have the choice of a range of services available at Royal Stoke University Hospital, County Hospital and surrounding hospitals. The Trust has completely refurbished the Free-standing Midwife Led Unit, which is able to offer every single option of choice to women across the Trust, from a midwife-led unit at County Hospital and home birth, alongside midwifery-led units and consultant-led units at Stoke, Wolverhampton and other surrounding hospitals. The Trust is absolutely committed to making this a vibrant, thriving midwifery led unit for local mothers.

Those births that required high levels of intervention already happen at the Level 3 Neo Natal Unit at the Royal Stoke, which can take any level of gestation and have done so for some time. The free standing unit at the County Hospital will see around 20 per cent of the 1,000 pregnancies we are now planning for once the unit has been fully established, keeping the option available for births to happen locally at the County Hospital.



The Trust Board also approved the transfer of acute inpatient paediatric services from County Hospital in 2014/15, and the move took place in May 2015. It is important that the move of Children's services to Royal Stoke University Hospital went ahead to concentrate inpatient services on one site. In line with national good practice, this will build a wider clinical network and provide more specialist support to bring about a range of positive health benefits for patients. The paediatric service move will lead to a number of patient improvements, including:

- Children will receive their care in a dedicated Children's Centre, in one of the world's most modern hospitals.
- Additional resources are being invested in community services, with an enhanced Hospital@Home service being launched to ensure children can be treated at home for illnesses and treatment that they once had to be admitted to hospital for (this is already live in Stoke-on-Trent).
- County Hospital paediatric services will continue to be led by paediatricians, alongside paediatric advanced nurse practitioners, paediatric trained nurses and emergency department staff with paediatric training.

A new children's emergency centre has been created within the County Hospital Emergency Department. Paediatrician led rapid access clinics will be held within the Paediatric Assessment Unit, providing a next day assessment by a consultant seven days per week.

The Trust firmly believes the changes will give the people of Stafford Children's services that are more vibrant than they have ever been before. We're also planning to expand outpatient services to include nurse-led clinics for specialist tests, as well as introducing specialised consultant-led tertiary care for neurology/epilepsy and respiratory conditions. This will mean children in Stafford would no longer have to travel to Birmingham for this care.

All of this means County Hospital is set to become a vibrant modern local hospital over the next three years, with increased number of patients and access to a wider range of consultants.

2014/15 at University Hospitals

How we performed

To enable a fair comparison of the Trust's performance from this year to previous years, the figures reported in this section will primarily be for Royal Stoke University Hospital, which was the primary site of clinical services of the former University Hospital of North Staffordshire NHS Trust. Where possible, this document contains the performance of County Hospital between 1 November 2014 and 1 April 2015.

A copy of the Mid Staffordshire NHS Foundation Trust Annual Report 2014/15 is available at <http://www.uhnm.nhs.uk/aboutus/MSFT-PubsAndReports/Pages/default.aspx>.

	2014/15	2013/14	Change
Number of inpatients and day cases treated (in spells)			(decrease)
Elective inpatients	13,426	* 13,247	1.3%
Elective day cases	59,966	* 54,784	8.6%
Emergency inpatients	86,377	* 85,352	1.2%
Number of outpatients seen			
New appointments	217,207	* 196,583	9.5%
Follow up appointments	411,338	* 386,501	6%
Waiting lists			
Total number on inpatient waiting list	7,563	5,411	28.4%
Total number on outpatient waiting list	24,653	20,763	15.7%
Operations			
Operations cancelled at short notice	1,227	799	
Not re-arranged within the target time of 28 days	49	1	
(* denotes a small statistical change from the figure reported in the 2013/14 Annual Report)			

The overwhelming theme across the Trust was the demand for services at University Hospitals of North Midlands NHS Trust increased. The number of patients choosing the Trust for their treatment and care remained high, and the Trust in turn expanded services where possible to meet this demand. A clear indicator of this was the 46,000 increase in outpatient appointments and an additional 3,500 day case procedures performed. The Trust has plans to increase the size and scale of its services further and it is anticipated that these figures will continue to grow in 2015/16 as more patients continue to choose the services in the Trust.

However, with an increase in patients, this reflected a real term increase in the number of people on waiting lists and those who have had operations cancelled. These figures will have been further increased during the previous winter when the hospital had to use much of its capacity for emergency patients that required our care. This is most notable in the 49 instances where a patient had to wait more than 28 days for their operation to be re-arranged. The majority of these occurred during January 2015 or in the subsequent weeks, when the Trust called a capacity major incident. This is explained later in the document.

Cancer

	2014/15	2013/14	Change
Cancer waiting targets (percentage of patients within target time)			
2 week wait referral to first outpatient appointment – 93% all cancers	97.6%	96.9%	0.7%
31 day wait diagnosis to treatment – 96% overall	96.2%	97.8%	(1.6%)
62 day wait referral to treatment – 85% overall	80.1%	85.3%	(5.2%)

The Trust worked hard to try to continue to meet its obligation to its cancer patients during 2014/15, despite the huge challenges it has faced. The Trust was unable to meet the 62 day wait from GP referral to treatment after April 2014, with the exception of two months, due to high emergency care demand, and the Trust apologised for this. The main reason for this failure was a significant drop in performance towards the beginning and at the end of the year. However, it is anticipated performance will improve and see the Trust achieve the 85% target in 2015/16. The Trust was pleased that it was able to treat patients within the target time for referral to first outpatient appointment and diagnosis to treatment wait.

Emergency Centre

	2014/15	2013/14	Change
Number of emergency attendances	124,913	119,690	4.2%
A&E four-hour wait (target 95%)	82.7%	91.1%	(8.4%)

This year was an incredibly challenging year for the Emergency Centre team, which can be seen in the four-hour wait performance, which was significantly below the 95% target. The two most powerful indicators of this was the capacity major incident, which was called on 6 January 2015, and the number of greater than 12 hour trolley waits, of which more than 700 were recorded during the year.

Although the indicator is named the 'A&E four-hour wait' it is a guide of how well the hospital and the local health economy of primary care, acute care and social care are working. In previous years the Trust has seen large increases in the number of patients attending the Emergency Centre, and these numbers coming through the door have explained the previous challenge of meeting the 95% target.

This year has been a little different in that the number of attendances has risen at a much slower rate, but the number of these patients who require admission has continued to increase, by 12% above what was commissioned. This is largely as

a result of an ageing population of patients, many with multiple co-morbidities where we show a 20-30% rise in patients admitted over 75 years of age compared to the previous year.

Against this backdrop, the Trust is taking a number of actions and working more closely with its primary care and social care partners to increase bed capacity and improve discharges back into the community. The Trust is anticipating achieving the 95% target during 2015/16. This will further improve patient experience and satisfaction with the service, which has remained despite longer waiting times, and is explained later in this document.

18 Weeks

	2014/15	2013/14	Change
Progress towards 18 week referral-treatment target			
Referral to Treatment (RTT):			
95% for non-admitted	95.4%	95.7%	(0.3%)
90% for admitted patients	91.1%	91.0%	0.1%
92% for incomplete pathways	94.4%	92.8%	1.6%

The Trust made huge strides in improving access to its services for patients. Across all of the referral to treatment targets, improvements were made, despite increases in demand for services. Importantly, for the first time the Trust achieved the 18 week standard at specialty level. This means that 90% of people who need specialist care are referred and treated for outpatients and inpatients within national guidelines.

The Trust has invested heavily in specialist and local services and it is a credit to our staff that they have been able to deliver this. We are expanding our consultant clinic capacity with new consultants at a time when the NHS is seeing a nationwide increase in the demand for its services.

Complaints

	2014/15	2013/14
Total number of formal complaints received	824	809
Percentage resolved within target time	71%	68%
Total number of complaints received by PALS at Royal Stoke	2,405	1,686

Despite a rise in demand for services, the number of formal complaints has remained static. However, following feedback from patients, the Trust made a number of improvements in the way it manages complaints. The complaints process was centralised in June 2014 with a dedicated team of eleven staff to investigate complaints, liaise with complainants and the directorate teams and produce the final written responses. As a result of these changes complainants can expect:

- An improved standard of communication and support throughout their complaint
- A fair, thorough and timely investigation into their concerns
- A rigorous checking process and final approval from the CEO
- Clearly identified lessons learned
- An opportunity to feedback on the complaints process through a complaints satisfaction survey

In addition to the Non-Executive Director reviews introduced in 2013/14, the Trust now has a system for lay representatives to review closed complaint files through the Complaints Focus Group. The reviews are reported in the Quarterly Complaints reports and fed back to the lead complaints investigator for their information and as learning points. All individual reviews are filed within the complaint file for future reference.

County Hospital

County Hospital (from November 2014 - March 2015)	
Number of inpatients and day cases treated (in spells)	
Elective inpatients	561
Elective day cases	7,506
Emergency inpatients	6,964
Number of outpatients seen	
New appointments	22,575
Follow up appointments	43,942
Number of emergency attendances	
A&E Department	16,932
A&E four-hour wait (target 95%)	90.4%
Waiting lists	
Total number on inpatient waiting list	969
Total number on outpatient waiting list	5,894
Progress towards 18 week referral-treatment target	
Referral to Treatment (RTT):	
95% for non-admitted	96.5%
90% for admitted patients	86.2%
92% for incomplete pathways	94.7%
Cancer waiting targets (percentage of patients within target time)	
2 week wait referral to first outpatient appointment – all cancers	95.8%
31 day wait diagnosis to treatment – overall	100.0%
62 day wait referral to treatment – overall	87.3%
Infection Control	
MRSA total bacteraemia (limit 0)	0
C Difficile - County from November 2014 (limit 8)	8
Operations cancelled at short notice	62
Not re-arranged within the target time of 28 days	0

County Hospital has become an important part of the Trust since the integration on 1 November 2014. This has included meeting all of the cancer targets and two of the three 18 Week targets. At a time when Royal Stoke University Hospital has struggled with waiting times in A&E, the County Hospital unit has been improving month on month, and finished the year above 90%. Again, it is anticipated that this will reach 95% in 2015/16.

The process of integration, which began in 2014 and will continue over the next three years, will mean there will be one clinical service across both hospital sites. County Hospital is vital to making the Trust one of top acute Trust's in the country by 2025 and providing the people of Stafford and surrounds with a hospital they can be proud of.

County Hospital achieved targets for both MRSA and C Diff between November 2014 and March 2015. There were no MRSA Bacteraemia against a target of zero and eight C Diff, against a target of eight. Following the establishment of the integrated Trust the Infection Prevention team has been strengthened by the merger of the two previous Infection Prevention teams into one. A root-and-branch review of all Infection Prevention policies and practices is being undertaken so that good practice can be optimised.



Safety is our priority

Keeping people safe

Positively promotes safety for staff and patients. Develops and implements safer practices, reduces risk and encourages others to make safety a priority – taking the initiative to put things right outside of their remit if they see others fearing to act.

	2014/15	2013/14
MRSA total bacteraemia (limit 0)	6	5
C Difficile (limit 50)	74	58

The prevention and control of infections, together with the safety of our patients, remains a top priority at University Hospitals of North Midlands. The Trust reported 6 cases of trust-apportioned Meticillin resistant *staphylococcus aureus* (MRSA) bacteraemia; and 74 *Clostridium difficile* cases, the majority being deemed as unavoidable by the external review process.

It is important to note that a major teaching Trust such as UHNM will have a significant number of vulnerable, frail and immunocompromised patients who are susceptible to infections, particularly in clinical services such as nephrology, oncology, haematology, critical care, major surgery and elderly care.

MRSA bacteraemia

During 2014/15 the Trust reported six cases of MRSA bacteraemia. Each case undergoes an immediate investigation and a multi-disciplinary meeting is held with external colleagues to identify what lessons can be implemented to prevent further cases. These lessons are disseminated widely throughout the organisation. However, a number of these were deemed unavoidable by the external panel that reviews such cases. Wards that

have had a case present their root cause analysis to the Chief Executive.

When understanding the numbers of MRSA bacteraemia, it is important to remember the great strides made in the last decade. Where once more than 100 patients a year were affected, the Trust has consistently recorded just a handful of cases.

The Infection Prevention team continue to work closely with clinical colleagues to help and support front line colleagues prevent, reduce and control avoidable hospital-acquired infections. We have continued to screen all our in-patients for MRSA. Using lessons learned from root cause analysis investigations performed previously, there have been a number of initiatives put in place to help prevent patients acquire MRSA.

The Clinical Information System continues to be developed, enabling all wards/departments at Royal Stoke University Hospital to have real time alerts of all patients with a resistant organism resulting in all wards/departments being aware of their infection burden. This prompt identification of patients who are known to have a resistant organism, including MRSA, enables staff to isolate or cohort cases early to help prevent further transmission.

Alcohol hand gel dispensers at bedsides and entrances to all wards and departments help encourage both staff and patients to use them on entry and exit from clinical areas. Matrons have responsibility for regular hand hygiene audits in their areas.



Clostridium difficile

The Trust recorded 74 cases of *Clostridium difficile*, which was above the target set for the Trust. Cases of trust apportioned *Clostridium difficile* infections are subject to a root cause analysis, which are reviewed externally by commissioners. Learning outcomes from the meeting and investigations carried out are then shared throughout the organisation. All cases are reviewed at least three times per week by a *Clostridium difficile* nurse, and at weekly multi-disciplinary meetings.

UHNM is participating in a multi-centre research project to look at the feasibility of a vaccine that protects against *Clostridium difficile*. There are plans to introduce a new 'Probiotic Infusion service' for patients with recurrent *Clostridium difficile*. This has been shown to have a high success rate in the few centres that has already introduced it.

Norovirus

Norovirus, commonly known as the 'winter vomiting virus', is the most common cause of gastroenteritis in the UK and generally occurs between October and April. The illness, found in the community, is self-limiting and the symptoms will last for 12 to 60 hours and most people make a full recovery within one-two days. However, some people may become very dehydrated and require hospital treatment. Patients that present with suspected gastroenteritis in the emergency portals are isolated as soon as possible to try to prevent the introduction of norovirus in our in-patient areas. This helps reduce the spread of norovirus, which can be disruptive and result in ward closure and loss of activity.

The predominant strain during 2014/15 was particularly virulent. In line with other hospitals, UHNM has had a number of wards closed or restricted. If patients present with norovirus in hospital it results in disruption for the organisation due to the quick transmissibility of the organism.

Surgical Site Surveillance

The Trust continues to participate in Surgical Site Surveillance working closely with clinical teams and reporting when an infection is identified. The Infection Prevention team work closely with clinical teams to look at root cause to put in place actions to reduce the risk of infection.

Seasonal Influenza

The seasonal campaign to vaccinate staff against influenza ran from October 2014 to January 2015. There was an overwhelming response from staff for the vaccination, we ultimately vaccinated 78.5% of our front line staff. This was a significant achievement and built on improvements from previous years.

Case study – Flu jab success



Royal Stoke University Hospital staff celebrated reaching three quarters of frontline staff receiving the flu vaccine. By volunteering to receive the flu jab NHS staff are protecting themselves, their friends and families and their patients. This was an outstanding achievement, which saw 5,000 staff participate. This year more staff than ever have volunteered to receive the jab, and in a faster time than last year's record-breaking campaign.

Emyr Phillips, Associate Chief Nurse and Deputy Director Infection Prevention, said: "This is a truly exceptional response from all of our staff. We know that by immunising ourselves against the flu we are reducing the chances that we can pass it on to our patients, who are very often the most vulnerable in society. Although the flu jab is voluntary our staff are fully committed to protecting their patients."

The efforts of Royal Stoke staff ensures the hospital is in the top 10 nationwide. It is vital as the Trust is the centre of excellence for the North West Midlands and North Wales that we provide high quality, safe and sustainable clinical services for our population of three million people.

Harm free care

Harm free care has been one of Chief Nurse Liz Rix's top priorities since she joined the Trust in 2009. During 2014/15 the Trust had an average rate of 29.02 patient safety incidents per 1,000 bed days at Royal Stoke University Hospital. The rate of incidents per 1,000 bed days is similar to the

Institute for Healthcare Improvement indicator rate of 30 patient safety incidents per 1,000 bed days.

Pressure ulcers continue to be a key indicator of the quality of nursing care and are closely linked to good hydration and nutrition. The Trust analyses the reasons for pressure ulcers developing and undertakes root cause analysis (RCAs) for all hospital acquired pressure ulcers.

Proactive assessment, prevention and management of blood clots is also vital in avoiding harm to patients. The Trust is consistently exceeding the national and more challenging local target for completing assessments for this potential harm.

The falls rate, per 1000 bed days, for 2014/15 at Royal Stoke is 5.83 compared to national benchmark rate of 5.8. There is continued excellent performance for falls risk assessments with 99% completion rate year to date against a national target of 95%. The Falls Bundle compliance has also seen recent increases with 89% compliance. For further information on harm free care please see the Trust's Quality Report 2014/15.

Taking personal responsibility

Is a role model in acting with appropriate empathy and compassion, managing their own behaviours and emotions and helping others to manage theirs – taking positive action to ensure others are taking responsibility for the emotional wellbeing of all.

Emergency Care

Patients attending University Hospitals of North Midlands' Accident & Emergency departments have given them a good overall score. The Trust maintained the scores it achieved in 2012, despite a large increase in attendances from 2012 to 2014. The report, compiled by the Care Quality Commission (CQC), looks at all aspects of care, from the treatment by clinicians through to the cleanliness of the department.

The Trust opened the new Emergency Centre at the Royal Stoke in March 2012 and achieved Major Trauma Centre status shortly afterwards. The report did outline that staff need to work with patients to help control pain and the Trust has reviewed its acute pain service as part of its patient care improvement programme.

It showed that there is more to do around the education and training of professionals in pain relief, ensuring prompt administration of pain medications and strengthening the specialist acute pain service to cover all areas of the hospital. This is now being implemented to help in the Emergency Department and in other parts of the Trust.

The high level of care was also demonstrated in as the Emergency Department became the first in the country to be awarded an Excellence in Practice Accreditation Scheme (EPAS) award for the care provided to patients. The Trust's A&E earned the award, from Teesside University, after demonstrating high quality patient care and was given 'Platinum' status – the highest award available.

The department has worked towards achieving the award for two years, providing evidence of high quality care, which was scrutinised by experts during a recent visit to the Trust. Focus groups containing patients, visitors and staff were also interviewed as part of the scheme and asked to provide their feedback on the care provided in A&E.



Leading with care

Sees themselves as leaders in care, contributing to the conditions that provide mutual care and support paying close attention to what motivates one another so that energy can be pooled to deliver better care.

18 Week standard for specialist care

The Trust achieved the 18 week standard for the first time ever at specialty level in June 2014. This means that 90% of people who need specialist care are referred and treated for outpatients and inpatients within national guidelines. As the centre of excellence for the North Midlands and North Wales, the Trust now employs 380 consultants providing high quality, safe and sustainable clinical services for a population of three million people.

The Trust has invested heavily in specialist services for people in the local areas and beyond and it is a credit to our staff that they have been able to deliver this. We are expanding our consultant clinic capacity with over 30 new consultants having been appointed in 12 months.

The NHS has seen a nationwide increase in the demand for its services and we are responding to this with vigour. Last year we treated 46,000 more outpatients than we expected to. This is because we are responding to concerns raised with us about long waiting times for new outpatients. We are not complacent about the rise in follow-up backlog for outpatient review appointments. We will continue to address this and reduce it through the expansions of the clinical teams.



Delivering the best outcomes

Inspires confidence in others to follow best practice. Safely finds better ways to deliver services and has the resilience and courage to persist in the face of opposition or if they have suffered a setback.

Urology surgery

The Trust invested over £1m in a surgical robot that will radically improve the treatment of our urology patients. 'Da Vinci Robotic assisted surgery' is a technique of utilising a surgeon controlled device to offer state-of-the-art minimally invasive surgery. Patients with prostate cancer and bladder cancer were the first beneficiaries after the robot was installed. Gynaecology and Colorectal patients, along with research and teaching, will also benefit in the longer term as part of the Trust's 2025Vision.

Mr Lyndon Gommersall, Consultant Urologist, said: "Many of my patients often ask where they are able to have their procedure performed using a robot and I'm delighted we can offer this treatment locally. Although I'm extremely proud of our current service, this really is a clinically superior service to that which we can currently provide.

"Robotic surgery is particularly well developed for the treatment of prostate cancer and robotic prostatectomy is now the most common method of delivering this service in the UK. The robot itself means that we make smaller incisions and this leads to a reduced chance of infection and reduced pain and discomfort for the patient. We hope that we will be able to increase the number of patients currently treated from 60 a year to nearly 200 a year over a three year period.

UHNM is one of the few NHS organisations in the UK capable of delivering a comprehensive pelvic surgical service on a single geographical site. Da Vinci Robotic assisted surgery (Intuitive Surgical) is an advanced form of laparoscopic/thoracoscopic surgery and is the next key advancement in surgical techniques locally.

The system consists of a four-arm robot connected to a remote console, which the surgeon operates while seated. Foot pedals are used for control, and 3-D displays provide a unique depiction of the surgical field not previously incorporated in other systems.



Organ Donation

During the past year 25 families consented to their loved ones donating organs. From these 25 donors, 59 people received lifesaving or life-changing organ transplants. This was the highest number of organs for transplant from any hospital in the Midlands region.

This year we also held our second Order of St John Staffordshire ceremony, where the families of the previous year's donors received the Order of St John on behalf of their loved one. This was held at County Buildings, Stafford with the Lord Lieutenant Ian Dudson in attendance to present the awards. The event was done in conjunction with Queens Hospital Burton.

During transplant week in July 2014, the family of Jack Boast, a young man who tragically died in 2012, but who saved the lives of five people through organ donation, gave local radio interviews to raise awareness of donation. Jack's family have also allowed images of Jack to be used on the television screens around the hospital and on pull-up banners to encourage more people to sign up to the organ donor register and tell their families their wishes.

The main reason families declined donation (and there were 19 families who declined over the past year) is because families were not sure what their loved ones wishes were so they chose not to donate. Therefore, it is vitally important for families to discuss donation and ensure wishes regarding organ donation are known.

Mortality

The Trust continues to report mortality within expected Hospital Standardised Mortality Ratios (HSMR). The Trust's HSMR (January 2014 – December 2014) shows an HSMR figure of 101.29. This has shown an increase from the previous rolling 12 months (December 2013 – November 2014) figure of 97.28. The Trust is continuing to review its mortality indicators and working with clinicians and external stakeholders to identify any themes or issues from mortality reviews. The Trust has not received any CQC Mortality Outlier alerts.

Sepsis

The Trust has worked hard to reduce mortality from sepsis. The reduction has been achieved through the introduction of a sepsis care bundle and project nurses in both medicine and surgery. The Trust also launched a Survive Sepsis campaign as a response to a lack of understanding and poor management of septic patients.

Carol Lloyd-Bennett, Advanced Nurse Practitioner, said: "Sepsis is the body's abnormal response to infection. Normally when infection is present in the body, the immune system tries to produce antibodies to combat the bacteria or virus. In sepsis, the immune system begins to attack itself, causing widespread inflammation, and can lead to organ failure and ultimately death if left untreated. What we did at UHNM was to ensure our staff recognised sepsis early and started treatment, as early diagnosis means a far greater outcome for the patient."

The Survive Sepsis Campaign is now an internationally recognised pathway for the identification and treatment of the patient with sepsis. This has been adapted by clinicians at the Trust specifically for University Hospitals of North Midlands. The Trust's Research and Development Department funded a project nurse to implement and audit the results.

Deanna Latham, Consultant Colorectal Nurse, said: "Our group has worked with the ward sisters and their dedicated teams to identify and manage patients with sepsis more quickly and more effectively. This has reduced critical care admissions by 75% and the length of stay of the septic patient from 15 to nine on average. We are now utilising Sepsis Champions within ward teams to cascade vital information across the Trust."



2025Vision

Being a place our families would choose

Respect and Dignity

Compassion and Kindness

Remains sensitive and calm at all times. Is a role model in creating an environment of mutual care, support and empathy.

Elderly Care

It is not unusual to find 80 or 90 year olds living independent healthy lives who don't need care of elderly input. But because our population is ageing the NHS finds that over 75s are not always getting the compassion and kindness they require. The gold standard for the frail elderly is early access to care of elderly services. If a frail older person breaks their hip, or suffers a stroke, they would still go to A&E. But where they're medically assessed as frail and acutely ill and need the care of a geriatrician quickly, they will go straight into a Frail Elderly Assessment Unit (FEAU).

During 2014/15 plans have been drawn up to create this groundbreaking new service at County Hospital. The original FEAU was set up at the Royal Stoke University Hospital in 2010 – the first hospital to do so in this country. Here the frail elderly can be seen by geriatricians and nursing staff trained and educated about working with this population and providing for their unique needs. Through this the FEAU can provide significantly better experiences, where people don't have to stay in hospital as long and are given the care appropriate.

The service at Royal Stoke was the first Trust in the country to attain the Excellence in Practice (EPAS) accreditation award for its Elderly Care in 2012. The service at Stafford would be replicated on a smaller scale with potentially up to ten beds. These types of unit pride themselves on the compassion and kindness that they give to the frailest members of our society.

Compassion - Ward 223 / Ward 233

The team from Ward 223 were praised by patient Michael Mountford, of Newcastle, following a cancer diagnosis. He and his family were full of praise for the team that are treating him throughout his care.

Michael's wife Linda said: "Mr Ghosh, Joanne Evans and the whole team have gone above and beyond the call of duty. The team on Ward 223 have been brilliant at the simple things. I've always been very positive about Michael's care. We know that the staff do their jobs well, but it's when you see them going beyond the normal job to really support the patient and the family, as they have with Michael, that they need to be given special praise."

Ward 233 have also been praised for their compassion by a number of families and patients.



Going the extra mile

Puts themselves out for the benefit of others. Is willing to go above and beyond to make others feel special and intervenes when others do not do this.

Recruitment



The Trust's recruitment team have gone the extra mile, both in distance and in welcoming, in recruiting 150 nurses from Southern Europe. A team of senior nurses from University Hospitals visited Spain, Italy, Greece and Portugal to increase the number of qualified nurses at the Trust. International recruitment is one part of the Trust's overall nursing recruitment plan.

We were delighted that we had such a great response from nurses in Southern Europe. We have been fortunate over the past few years that we have been able to recruit nurses in large numbers despite strong competition elsewhere in the country. Now that we are expanding the hospital it is important that we maintain our excellent nurse to patient ratios and maintain high quality care for all our patients.

About 10 years ago the Trust was part of an international recruitment drive to the Philippines. Many of the nurses recruited at that time still work for the Trust, with over 200 still employed at the hospital. We have designed a full induction and preceptorship programme, including the appointment of a senior nurse, to ensure our newly recruited overseas are fully supported and quickly settle into their new lives in Staffordshire.

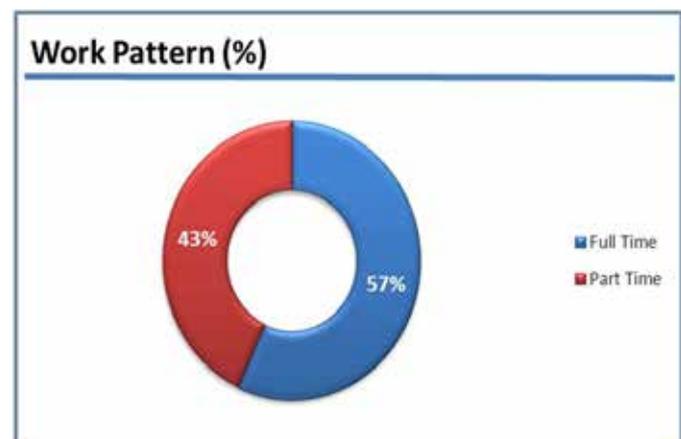
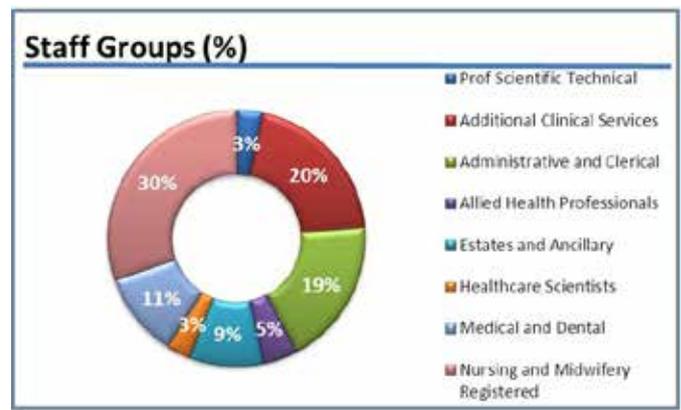
Nurse vacancy levels have dropped by 50% on inpatient wards at County Hospital in Stafford following the integration. This is as a result of successful recruitment and re-organisation of services across the site, making more effective use of our valuable resources and integration of the nursing teams across both sites. The Trust has

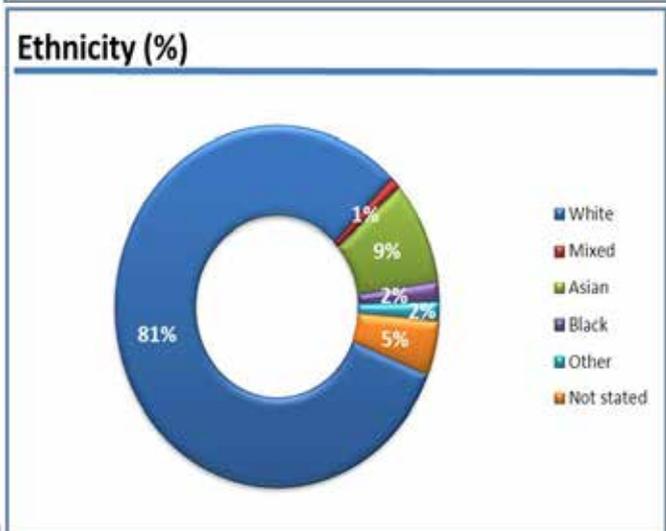
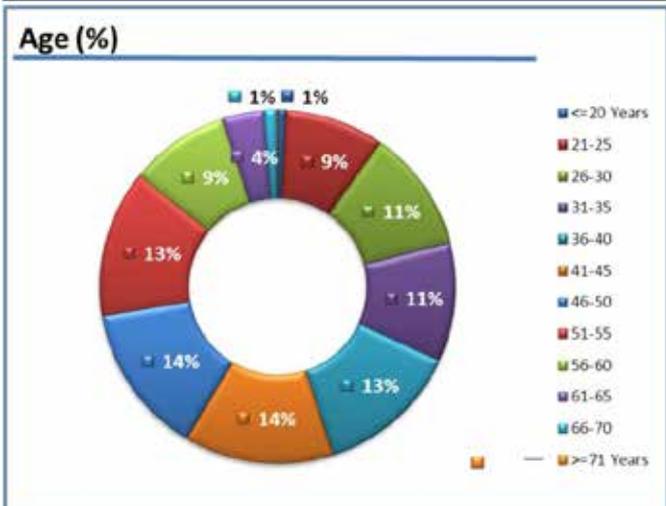
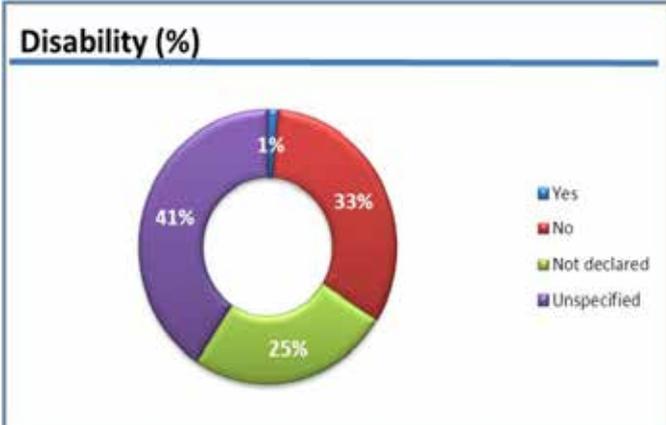
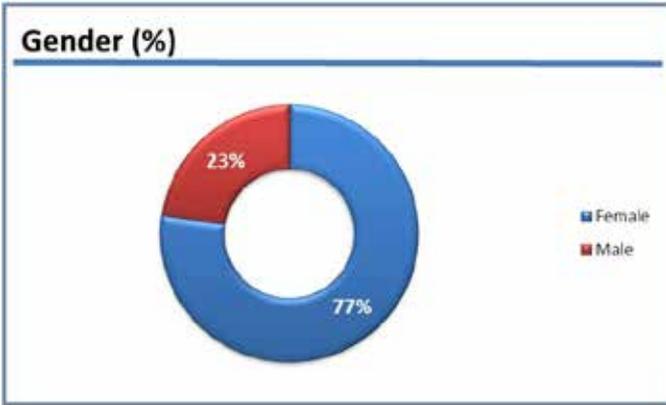
recruited more than 750 nurses across the County and Royal Stoke sites in the past 12 months to support the expansion of clinical services, as well as open beds to cope with patient demand.

Valuing diversity

Devotes effort and is flexible in communication and approach to overcome obstacles and constraints to engaging effectively with people who have different views and opinions.

At the end of 2014/15 the Trust's workforce was 10,384 (9,153 posts). This compares to 7,766 staff (6,868 posts) in March 2014 and has increased as a result of the integration of 2,232 staff from the previous Mid Staffordshire NHS Foundation Trust on 1 November 2014. The sickness rate for 2014/15 was 4.08%, slightly higher than the 3.87% in 2013/14. The Trust Board comprises 13 voting members, of which 10 are men and three are female. The make-up of the workforce was:





There is a statement in all Trust policies stating the Trust's commitment to the principles contained in the Human Rights Act and that the policies protect the rights and interests of our staff and ensure they are treated in a fair, dignified and equitable way.

On the Trust's Equality and Diversity training course participants are told that it is essential that human rights are taken into account when delivering services 'Putting human rights at the heart of the way healthcare services are designed and delivered will make for better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy.'

On clinical courses human rights are discussed when relevant e.g. when talking about mental capacity.

The Trust complies with equal opportunities law through its Equality and Diversity Policy (Encompassing Employment and Service Provision).

The Trust is committed to ensure that equality and diversity is an integral part of the way we work and that we continue to be responsive to the needs of our staff, patients, visitors and stakeholders. Equality impact assessments continue to be completed for all Trust policies when they are reviewed or developed.



National Equality Delivery System (EDS)

EDS2, an improved and streamlined version of the previous EDS system, was recently launched. The Trust will be looking to be assessed against this new standard during the coming year following the same format as used at County Hospital site. The Equality and Diversity Operational Group agreed the RAG rating score through a self-assessment process. Engagement was sought with local stakeholders who considered the self-assessment scoring of the EDS2 outcomes 1 and 2 to date and proactively supported the development of these within the integration of services moving forward into 2015 and beyond.

Equality and Diversity training has continued to be available either online or face to face. The Trust is in the top 20% of acute trusts for the response to the question in the 2014 Staff Survey 'percentage of staff having equality and diversity training in the last 12 months'.

A breakdown of the workforce is in the annual Equality & Diversity Workforce Report by ethnicity (compared to the ethnicity of the local community) plus a breakdown by gender and disability. The report also includes information on recruitment, training, and employee relations cases by a number of the protected characteristics. The issue of some protected characteristics not currently available through ESR is to be raised at the Special Interest Group, a regional group which feeds into the national ESR development group.

Work has commenced to produce the data required for the Workforce Race Equality Standard on the ethnic breakdown by pay band. This will be published in July 2015. An equal pay audit was completed during the year and published in the Equality and Diversity Workforce report.

The Equality and Diversity Employment group held regular meetings with speakers from local organisations representing diverse groups. Job evaluations panels – including staff side representatives - have continued to meet on a regular basis to evaluate and grade posts. One of the objectives is to avoid discrimination.

The Trust has worked with local expert groups to improve services for those patients with learning disability and/or sensory impairments. This has

included staff training, provision of communication books and the Trust is part of a pilot to introduce the revised learning disability toolkit in key areas. To ensure the Trust does not discriminate against disabled people, staff and service users, in 2014 the County site engaged an independent organisation, Direct Enquiries, to carry out and maintain a review of all Trust premises in relation to their accessibility for service users, carers and the general public. This service ensures that regular reviews of the facilities managed by the Trust are carried out by an external assessor in a timely and transparent manner.

The Trust continues to be committed to supporting job applicants and existing staff who have health conditions and/or disabilities to enable them to access and continue their employment. Actions will be implemented in response to the Freedom to Speak Up recommendations. This will include appointing guardians, training for managers, working with staff representatives and holding awareness raising events.



Protecting dignity

Sets clear standards for behaviour that creates an environment of privacy and dignity. Is an advocate for the vulnerable (patients and staff).

Care in the right environment

The Trust has long been able to put patient privacy and dignity at the top of its achievements. However, with the increase in demand for services, it is important that new clinical areas of the Trust maintain these standards. During the year the Trust renovated the old Children's Centre in the Lyme Building. This had comprised four old wards that were redundant when the children's services moved to the new hospital.

These four wards were converted into two new wards that fully meet the requirements of 21st Century care, especially access to single rooms and four bedded bays. The two wards (the second of which opens in 2015/16) each contain 28 beds. These new facilities will enable us to expand and develop our hospitals to the very real benefit of local people. Safety is our number one priority with safer care in better facilities, more follow up care in local settings and better access to specialist care.

All of the additional clinical areas that will open in 2015/16 across both hospitals will continue to meet these high standards.

New State-of-the-Art Endoscopy Unit opened at County Hospital

A state-of-the-art endoscopy unit at County Hospital officially opened its doors to patients in October 2014. The new £6m unit, which brings together the Endoscopy and Bronchoscopy services, has cleaning and decontamination facilities for all flexible endoscopes.

Endoscopy Unit Manager, Judith McConville, said: "I am sure that patients who came to our old unit will be astounded at the difference. It is so much better for patients and staff and by working closely with the Joint Advisory Group on GI Endoscopy in the design phase this unit will more than meet all the standards needed to gain formal accreditation. The unit has the capacity to cope with demand for the foreseeable future."

Consultant Gastroenterologist, Dr Ray Mathew, said: "The need for a larger, modern unit was recognised several years ago so we are delighted to be able to open these marvellous new facilities for patients living in Stafford and surrounds."

His fellow Consultant, Dr Nick Bosanko, said: "We already had fabulous staff, and now we have the facilities to match. I couldn't be more proud of my colleagues who have worked tirelessly to bring us this new unit and we are all looking forward to offering an excellent service to our patients"



Learn from experience

Giving and receiving feedback

Proactively seeks and acts on feedback from others to improve services and themselves. Is skilled in giving balanced feedback and support. Champions a mind-set of high ambition.

Patient engagement

In October 2014 the Trust introduced three surveys based on the annual National Inpatient survey carried out on behalf of the CQC. The three surveys are divided into care and comfort, communication, and discharge and medication. By asking one survey per month we are able to monitor progress, by ward, on these key themes and introduce ward level action plans to target improvements. We did so to ensure that the Trust is able to act quickly to the feedback we are given.

In 2014/15 Healthwatch carried out an engagement programme for the Trust through the facilitation of public focus groups about the integration with County Hospital. Healthwatch coordinated a series of engagement events with local communities so they could understand the changes and voice their concerns. In addition, Healthwatch were commissioned to carry out patient experience studies in A&E and the discharge process for our frail elderly patients.

The Patient Council (Royal Stoke), the Patient Carer Council and the Complaints Focus Group (County) have continued to meet throughout 2014/15 and all three forums provide lay representatives the opportunity to be informed, involved and challenge the Trust.

Principles for Remedy

The Trust follows the principles, set out by the Parliamentary and Health Service Ombudsman, which guides how public bodies provide remedies

for injustice or hardship resulting from their maladministration or poor service. The six principles for remedy are:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

The Trust does offer financial redress for reimbursement of costs incurred and the Chief Executive can authorise these payments. However, there is no national structure or guidance to support a system of payments.

Shadow Governors

The Shadow Council of Governors was established in October 2012. The Council was set up to enhance governance and accountability, as far as possible mirroring the arrangements within a Foundation Trust.

During 2014/15 an annual review of the effectiveness of the Shadow Council was undertaken, with a number of recommendations made regarding:

- Membership of the Council
- Elections to take place for public and staff Shadow Governors
- Appointed Shadow Governors to be identified
- Governance of Future Meetings
- Creation of additional 'sub-council' groups once the 'new' Council takes effect
- Future Development of the Council
- A development programme to be prepared to establish the training needs of the new Shadow Governors, once elected.

The Shadow Council met formally four times, and an additional four development workshops took place. During this time the Shadow Governors have been involved with setting priorities for the Quality Account and have also been involved in numerous activities, such as:

- Attending Quality and Safety Forum Meetings
- Attending Patient Council Meetings
- Attending Board Meetings
- Patient Focus Groups

- Elderly Care Patient User Group
- Providing feedback on new website design
- Attending Annual General Meeting
- Clinical Assurance Framework Inspections
- Attending Surgery Governor Sub-group meetings
- Food tasting sessions
- Review of Imaging leaflets
- Speech and Language Therapy Team Review
- PLACE Inspection

In addition, Shadow Governors took part in 19 quality walkabouts throughout the Trust, as well as four patient pathway visits to Oncology, Fracture Clinic, Elderly Care and Outpatients.

In 2014 Engaging Communities (ECS) completed a Public Engagement Support Project for UHNM with support from both Healthwatch Staffordshire and Healthwatch Stoke-on-Trent. The three recommendations were improving communication and engagement with service users, specific support groups and the public; addressing transport and accessibility issues faced by service users and visitors to both hospital sites; and seeking to improve the relationship between community services and hospitals to alleviate capacity issues and readmission rates.

Following these recommendations the Trust improved communication with both with the public and community services providers to ensure more 'seamless' service delivery and improved experience for patients.

Always improving

Leads change by spotting opportunities for improvements, seeks out information to generate new ideas and helps and influences others to make it happen.

Awards

The Cardiac Rehabilitation team won a prestigious national honour at the Patient Safety and Care Awards. The pioneering team took top prize in the Cardiac Care category. The award was a timely reward for the 12-strong team, led by senior practitioner Paul Stern, who accept on average 120 new referrals into the programme each month. The team works with a number of departments across the Trust to provide patients with a programme of exercise, lifestyle modification and education,

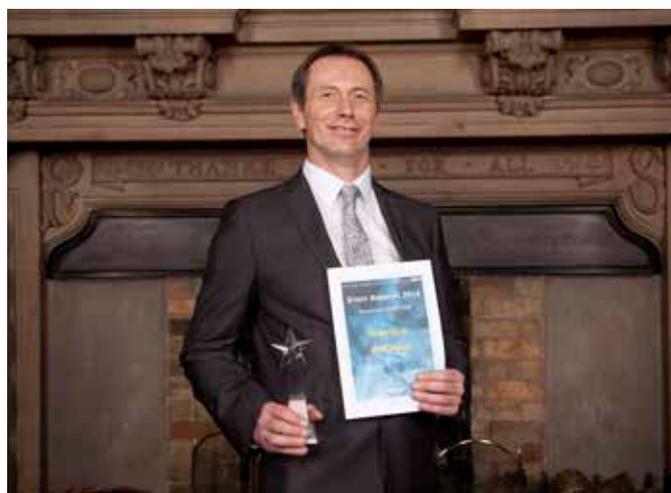
which assists them to get back to everyday life and reduces the risk of further events.

Patients seen by the team will have suffered from a heart attack, heart surgery, angina, heart failure, recent cardiac procedure or implantation of a cardiac device. Elsewhere, the Imaging Department reached the final of the renowned Health Service Journal (HSJ) Awards. The ground-breaking work undertaken brought improvements to both inpatient and outpatient services at the Trust.

The Imaging Team developed Early Bird CT Scanning, which sees patients having scans at the hospital from as early as six o'clock in the morning. An early scan means that patients also get an early scan report, an early decision on intervention, treatment and discharge home. The project has not only had a significant impact on efficiency in the department but has also helped with patient flow across hospital. Inpatient scanning at the Trust, at the earlier time, has extended the service by three hours per day.

The Trust held its annual Staff Awards event in November 2014. More than 100 teams and individuals were nominated and 30 were shortlisted to attend the ceremony. The winners were:

- Chief Executive's Special Award: Pharmacy integration champions (Jonathan Snape and Peter Smith), Pathology integration champions (Chris Bromley and Gill Garner) and Critical Care integration champions (Dawn Moss and Jake Botfield).
- Team of the Year: Maternity Quality & Risk
- Employee of the Year: Mark Beswick, Staff Nurse (below)



- Research Award: Cancer Clinical Trials team – PRESENT trial
- UHNS Charity Award: Amanda Burston, Emergency Centre (below)



- Patient Experience Award: Cardiac Rehabilitation Service team – comprehensive cardiac rehabilitation service for North Staffordshire
- Volunteer of the Year: James Salt, Ward 218
- Best Support Service Award: Supplies and Procurement Department
- Clinical Apprentice of the Year: Emily Martin, General Surgery
- Non-clinical Apprentice of the Year: Louisa Khan, Healthcare Careers and Skills Academy Education Team (below)



- Continuing Education and Training Award: Orthodontics Department – Dome Continuing Education and Training Initiative
- Innovation Award: Reveal LinQ – nurse and CHA-led Reveal LinQ implantation service

County Hospital's Acute Medical Unit (AMU) win CEO Award

County Hospital's Acute Medical Unit (AMU) won a Chief Executive's Award. The award is given to teams who excel in their commitment to achieving outstanding patient care and clinical excellence. AMU won for the exceptional care they gave to a patient who suffered a particularly upsetting experience recently.

Kate McCandless, Lead Nurse for Operations at County Hospital, said: "The team treated a patient who needed to be informed of life-changing bad news. The patient was extremely young and could not speak any English. Their parents were not in this country and they had no passports. Staff pulled together and showed real commitment by helping the patient not only deal with their emotions, but also organise their personal circumstances."

Healthcare support worker Bhuiness Bhugaloo, who spoke the patient's native language, even took the enormous responsibility of breaking the bad news to the patient. The patient was eventually discharged, returned to their home country and reunited with their parents.

Kate said: "I think we should be extremely proud of Bhuiness, as this is far beyond what is expected of a healthcare support worker. We should be very proud of all the AMU team for their efforts."

Mark Hackett, Chief Executive of University Hospitals of North Midlands, said: "This team have clearly demonstrated how highly they value the '6 C's' of care: compassion, care, competence, communication, commitment and courage. The team, and in particular Bhuiness, went over and above what is expected of them to ensure that this patient, who was clearly going through a very difficult and frightening time, was given the best care possible, both physically and emotionally."

Wellbeing – Developing the People's Strategy

As a large acute Trust we face many challenges. In order to meet those challenges and seize opportunities for the future it is essential that we have the right people in the right jobs with the right skill mix at the right time. The purpose of our Five Year People Strategy is to support all that we do to attract, recruit, develop, retain, support and

reward our staff and teams to meet our future goals and aspirations. Our people strategy has been developed through consultation with our staff and builds on and refreshes the previous HR Strategy 2011 – 2014. The Human Resource Department has a major role in driving the people agenda but it requires each and every one of us to play our part in making UHNM a great and successful place to work.

The Trust won a Healthy Workplace Award after improving the wellbeing of staff. Public Health Staffordshire presented the Trust with the Silver level Workplace Health and Wellbeing Award. The Trust has been working in partnership with Staffordshire County Council, who developed the Workplace Health Programme. This programme helps small and large employers in Staffordshire to look after the health and wellbeing of their workforce and minimise the impacts of poor health on their organisations.

The Award follows a unique programme of Health and Wellbeing initiatives for staff, which has been put together by the Trust's Health and Wellbeing team. Over the last three years the team have provided a host of health and wellbeing events, services and opportunities to staff, as well as looking at the overall organisational approach to wellbeing and managing sickness absence in a positive manner.



Leadership and Team Development

The Trust has continued to place significant energy on developing leadership capability with over 300 members of staff, from both clinical and non-clinical areas, taking part in local and national leadership development programmes. These programmes include Mary Seacole, Elizabeth Garrett Anderson, Nye Bevan and Aspiring Senior Leaders, as well as the National Fast Track Programme. Many of our nurses and midwives have also taken part in the ground breaking Frontline programme, designed to increase leadership capacity. As part of the Trust's commitment to being a clinically-led organisation, a series of development sessions for Divisional Boards took place.

This year has also seen the Trust substantially increase our one to one coaching, through in-house coaches who have undertaken Institute of Leadership & Management level 5 and 7 coaching programmes. We are now using the NHS Leadership model to develop our leaders, through 360 feedback processes, and have plans in place to link this into our Trust-wide leadership programme. The Trust has extended the use of the Aston Team Performance Inventory to support the development of teams, as part of the formation of the new integrated Trust.

Staff Survey

Staff at Royal Stoke University Hospital are amongst the top 20% of acute trusts nationally who feel secure raising concerns about unsafe clinical practice. The 2014 NHS Annual Staff Survey also showed that staff are able to contribute to improvements at work, feel they make a difference to patients and are satisfied with the quality of patient care they are able to deliver.

Eighteen of the 29 national key indicators place the hospital as average or better, with five scoring in the top 20% compared to other acute hospitals nationally. Improvements in the 2014 results include staff indicating that they have received more equality and diversity training in the last 12 months.

As the Trust is undergoing a period of significant change, staff are engaging with what is going on in the hospital and the Trust is working towards a culture where staff feel they can express any



concerns and where staff can highlight any improvements they feel will ultimately benefit patients. Currently 77% of staff say they feel safe raising concerns and 74% say they can contribute toward improvements.

The Staff Survey results show staff are committed to providing the best possible care to patients and the percentage of staff willing to recommend this Trust as a place to receive care improved from 68% to 69%. The main areas of improvement from the previous survey results were:

- More staff said they were able to contribute to improvements at work (74%, up from 70%)
- Staff said they received more Health and Safety training and Equality and Diversity training

The Trust Health and Safety Committee consider the number of adverse incidents. The incidents relate to staff and are classified into six categories, then into divisions. There has been a decrease in staff slips, trips and falls from 110 in 2013/14 to 93 in 2014/15. There is also been a decrease in sharps injuries with 2013/14 totalling 262 compared to 223 in 2014/15. The sharps injuries should see a further reduction as the introduction of more safety sharps and targeted training has been introduced into the Trust.

Action plans are being developed to address other areas and improve staff experience, including:

- Staff perception of bullying and harassment, which is an area of concern in the NHS nationally
- Staff reporting an increase in work-related stress.

Plans will focus on leadership development to:

- Improve appraisals
- Raise awareness of, and responding to, concerns
- Work with Occupational Health and Staff Counselling to address attendance levels proactively.

The Trust was ranked in the top 25% of university hospitals for half of the rankings in a survey of all teaching hospitals.

UHNM Charity

UHNM Charity has supported the excellent work of the Trust this year by enhancing facilities and providing added value. The Charity supports patients, their relatives and friends, staff, local businesses and organisations to raise money for the hospital.

The charity also works closely with the Trust to make sure that all specialities are supported to spend every penny of the money raised on items that will directly improve patient care. Over the last year we have funded a wide range of innovative, state-of-the-art equipment and cutting edge research, all of which improved the treatment and experience of people using services.

In October 2014 we were delighted to open the doors of the new Fresh Hair Wigs and Wellbeing Salon. This inspiring project has only been made possible due to the enormous support of local people, groups and companies who have fundraised tirelessly over the last two years to raise £250,000. This generosity has created a bespoke salon within the Cancer Centre at Royal Stoke University Hospital. The new salon has made a huge difference to the services the team are able to offer to women who are dealing with hair loss through cancer treatment or other medical conditions.

A major purchase for the Charity was the £1m surgical robot, which is now being used by our urology surgeons in the treatment of prostate cancer. This ultramodern kit is making a real difference to the way surgery is performed on our patients. Over the next few months and years it will also help to revolutionise the way surgery for our gynaecology and colorectal patients is carried out.

The Trust would like to thank the many hundreds of patients, their relatives and friends, fundraising groups, local businesses and our own staff who have donated, arranged events and received sponsorship to raise funds over the last year. UHNM Charity are now looking forward to the exciting challenges of working with new fundraisers, staff and patients at County Hospital and to supporting the Trust in achieving its vision for the year ahead.

UHNM Charity Arts



One of our more unusual projects last year was our involvement in the development of arts across the Trust. Working in partnership with Arts Council funded 'Appetite' group of artists and the Trust's arts steering group, the Charity helped to design and deliver an arts programme packed with a wide range of art projects. These projects had a huge, positive impact on the many patients and visitors who experienced them. They ranged from a dance project in the haemodialysis unit to ceramic flower making on an orthopaedic ward. The team ensured that art was made available to patients who wouldn't otherwise be able to access it at the hospital.

Championing learning & education

Seeks out creative and challenging opportunities for themselves and others to learn. Provides mentoring and coaching spotting high potential colleagues or capability gaps and capitalising on or mitigating the situation.

Nurses of the future

The 2025 Vision to be a world-class centre of clinical and academic achievement has never been a more exciting time for the nursing and midwifery profession, especially for innovative developments and partnership working. The teams have continued to develop since integration and it remains a priority that we support the next generation of nurses, midwives and nursing assistants.

Our nursing assistants represent 40% of the total

nursing workforce and the level of support they receive has continued to grow. The care coach for development of nursing assistants has ensured the implementation of the "care certificate". The care coach has played an integral role in the most recent exciting development of partnership, working with the Open University, to deliver a part time pre-registration adult nursing programme. This will run over four years for 10 nursing assistants. This has been made possible with the support of Health Education West Midlands and the Local Education and Training Council.

The Trust continues to provide clinical placements for pre-registration students, midwives and operating department practitioners. The majority of the placements relate to students from Keele University, but we are receiving increasing numbers from Staffordshire University. The number of students requesting elective placements has continued to increase, demonstrating that the Trust is being recognised for its excellence. Our pre-registration programs continue to see year on year growth in clinical placements, with 42,469 days completed in practice.



This year the Trust has welcomed newly qualified registered nurses and registered nurses from our international recruitment. There is a new initiative to employ a small cohort of registered mental health nurses. The registered mental health nurses work in designated clinical areas and this initiative has been supported by the Nursing and Midwifery Council, Lead Nurse for Health Education England and the local Director of Nursing for Mental Health. To support the registered mental health nurses in an acute setting, the Trust has commissioned Staffordshire University to provide specific degree modules.

The Trust has supported over 100 registered nurses and midwives to undertake the Mentorship module at local higher education institutions, enabling an enhanced student experience at the Trust. This will ensure we continue to support nurses and midwives to undertake PhD/MSc and degree level study, Non-medical Prescribing and health assessment. The senior nursing team is working collaboratively with Health Education West Midlands and regional colleagues to consider innovative programs for nurse training, part-time courses and shortened MSc pre-registration nursing route.

Newborn & Infant Physical Examination (NIPE)

The Newborn & Infant Physical Examination (NIPE) is one of the national screening programmes delivered to babies before 72 hours of age and at 6-8 weeks. The responsibility for providing the initial <72hour NIPE lies with the maternity services where the baby was born. UHNM has worked with Keele University to provide this course and is now integrated into their training.

Advanced Critical Care Practitioner course (ACCP- intensive care)

UHNM is working in partnership with Keele University to integrate a complex training programme that has been accredited and recognised by the Faculty of Intensive Care Medicine and has attained wider recognition and interest with our neighbouring networking trusts and nationally. Staff who have successfully undertaken this are in a position to shape the workforce within intensive care, addressing patient safety, leadership and teaching.

Theatres Advanced University Diploma in Anaesthetic Care – level 6

This programme offers an exciting opportunity for theatre and critical care nurses to develop skills and knowledge in anaesthetic care. The award is supported by a substantive period of practice-based development and assessment. An essential part of the award is the ability to meet clinical competencies to comply with the Association of Anaesthetists of Great Britain and Ireland's guidelines on the anaesthesia team.

Doctors of the future



In 2014 Keele University Medical School was ranked second of 32 Medical Schools in the National Student Survey, reflecting very high levels of satisfaction from our students. The Medical School has trained around 130 students in each of its five years of the Keele MBChB course. The first graduates from this course started work at University Hospitals in August 2012. Before then doctors training at Keele had been awarded a Manchester University degree.

The Keele curriculum is an innovative, modern medical curriculum that includes problem-based learning whilst still using traditional methods of teaching. The distinctiveness of the course is that it has been designed to allow diversity and integration. It allows students with different personalities, aspirations, preferences, learning styles and strengths and weaknesses to be successful, to enjoy their undergraduate time and to be able to build on these experiences.

Career options for doctors have never been greater and, although our primary aim is to deliver competent Foundation Year Trainees, the course helps students to experience more specialised activity by recognising and developing natural aptitudes. This is achieved through flexibility in the student-selected components, innovative 15-week student assistantship in both primary and secondary care, and final year electives that allow for maximum variety of choice in terms of activity and learning environment.

Our students can start to devise a 'pathway' that concentrates on research, community practice, a particular specialty, or on breadth and general experience. The School has recently obtained an award from INSPIRE, a scheme devised by the

Academy of Medical Sciences, with the aim of fostering a research culture in all clinicians entering the NHS. Together with our Skills Academy, we developed Med-Path, a medical student volunteer programme. Medical students are trained by our staff to deliver enrichment activities as part of the widening participation programme.

In total 121 students graduated from Keele University in July 2014, and a third of these came to work at the Trust as Foundation Doctors in August 2014. Clinical teaching is a high priority within the Trust. During the 2013/14 academic year 56% of the Trust's consultants were involved in teaching and developing the curriculum.

The General Medical Council (GMC) sets and monitors standards in medical education. The standards are set out in the publication, "Tomorrow's Doctors". The GMC have assessed all five years of the Keele programme by Quality Assurance of Basic Medical Education (QABME) and in 2014 a GMC team visited UHNM, observing some teaching and speaking to recent graduates as well as clinical students. They were pleased with our course and the quality of our graduates.

Innovation and research

The personal strength and vision to understand research disciplines, identify opportunities to improve services through research and innovates. Widely share good practice and success stories that foster pride and achievement and enhance the reputation of the Trust.



Research

Building strong foundations to establish a leading centre of excellence for research and development for the people of Staffordshire has been the key priority for the Research & Development Department over the last 12 months. The five year strategy, approved in March 2014, has now moved into its implementation phase to support the overall objective of improving patient care by giving local people access to the latest treatments and innovative new medical techniques and equipment.

This first year of the strategy has seen a period of rapid progress and development. On top of the commercial and academic workstreams from the strategy, a priority has been the successful integration of separate research operations across the Trust's two sites into one unified service. This has led to a rapid transformation of the R&D Department as it develops new teams, key appointments and innovative ways of working to produce a series of impressive results.

Pharma Times Award

UHNM's Research and Development team has been honoured in a national award scheme. The R&D team made the final of The Pharma Times International Clinical Research of the Year 2015 Competition. They were one of only two trusts outside London to make the shortlist for the competition open to clinical researchers working in pharmaceutical, academic, and clinical research organisations all over the world.

Judges were impressed with the complete project management service the R&D team offered to companies and organisations looking to run a trial with the Trust's patients. The R&D team looks at the feasibility of a clinical trial to see if the logistics can be done and how a trial can be carried out. Unlike many other NHS trusts, UHNM now has a dedicated Commercial Development team and judges were impressed with its flexible approach, which could be tailored to meet the needs of partners to ensure a trial met all its targets.



Income Generation and Grants

A new record of £961,480 in grant income has been generated by the Department, more than doubling its original annual target of £400,000. Future long-term growth is also predicted as the total value of grants submitted this financial year has hit a new high of £7.2m - a 73% over performance on the Department's annual target.

This success is illustrated by the months of work by the Academic and Commercial teams in the R&D Department in supporting one of our key clinical academics. Professor Monica Spiteri, Professor of Respiratory Medicine, was helped to secure a research grant of more than £1.2m from the National Institute for Health Research (NIHR) to develop new ways to detect early signs of deterioration in patients with Chronic Obstructive Pulmonary Disease (COPD).

Overall, our partnership with the NIHR, as the national NHS body overseeing clinical research, has generated £1.9m of funding to support the delivery of studies. Further engagement with other NHS bodies has also offered new opportunities. An example of this is the new links we now have with the Academic Health Science Network, which puts research into practice for improved patient care.



Research moves from the Lab Bench to Bedside



Partnership working between scientist and clinician is leading to the latest discoveries in medicine now being available to patients. In an idea called 'bench to bedside', innovative discoveries by Keele scientists are now being put into practice by UHNM's doctors in trials offering patients the opportunity to be amongst the first to try potentially ground-breaking treatments.

Internationally renowned research is currently being trialled for patients in the field of Stem Cell Research using innovative techniques. This work was initially kick started with research funded by donations from UHNM Charity. It has now developed into the latest trial using stem cell research to help the recovery of Stroke patients.

This trial also represented a new direction for stem cell research, which has traditionally focussed on long term chronic diseases. Keele scientists, working with UHNM medical staff, now have an innovative approach to work with acute conditions, which require immediate, emergency treatment. In a unique project, research nurses have now been trained to use their clinical training from the ward setting and use it in a laboratory to help prepare the cells ready for Stem Cell treatment.

This innovation means that emergency patients taking part in a trial could receive treatment within hours of first being diagnosed.

Scientist Map out Patient Care of the Future



Using genetics to create cures and treatments for a whole range of conditions is just one area of innovative research at UHNM. At the Trust's Guy Hilton Medical Centre, where Keele University's Institute for Science and Technology in Medicine is based, world class research is underway that could help shape patient care of the future.

A major programme of research focuses on 'Epigenetics', an approach which uses genetic information to deliver bespoke cures and treatments to individual people with a range of conditions.

Bladder cancer: Currently research scientists are now examining genetic markers to identify a signature, which will help predict the outcome for patients with bladder cancer by using a simple urine test.

Diabetes in pregnancy: A child in the womb could potentially be saved by the pioneering work currently underway at the Trust. Research using epigenetics is looking to identify if a mum-to-be is at risk of developing diabetes during pregnancy, so doctors can take preventative steps to stop this deadly condition developing.

Rheumatoid arthritis: Epigenetics could also offer a lifeline to sufferers of rheumatoid arthritis, which can be difficult to treat. The study of epigenetics will offer doctors the chance to map how a patient's condition is likely to respond to specific treatments so they can successfully tailor the treatment to the individual.

Clinical Trials

Most significant is the number of new studies undertaken by the Department, which have shown consistent growth, month-by-month. In just 12 months the number of studies has risen by 34%, from 143 to 217. This takes the total number of studies currently open or in follow-up at the Trust to 374. Research is also being embraced by staff across the Trust and there has been a rise of 68% in the number of Principal Investigators, comprising predominantly consultants who take the lead in running studies here at the Trust.

In the wider pharma community, the Trust is also attracting support from global pharmaceutical companies who want to work with the R&D Department to host trials on their behalf. Of the top 20 pharmaceutical companies in the world identified by The Times, the Trust's R&D team is actively working with 16, well ahead of its original end of year target of 13.

Governance

The success of the Department may also be attributed to the speed and efficiency with which the team deals with the governance for running studies. It consistently tops its division of a national league table, which compares trusts who have taken part in a similar numbers of trials. There are strict protocols set in a timetable of targets that research trusts must achieve and UHNM consistently comes out top. While the national average to sign off a trial and recruiting the first patient is 23 days, here it is just over four days.

Innovation through Partnership

The demand for the expertise of the R&D Department has led to the expansion of the Commercial team. It is one of the first in the country to have dedicated roles to look at the feasibility and the value of commercial studies, which is key to securing new opportunities for patients to take part in research. It has achieved an income of £671k to date, though many of its projects can take a year to develop.

Future growth indications are encouraging with new commercial studies opened having exceeded the 2014/15 target by 33%, and initial expressions of interest for new studies are up by 12%.

Partnership working is a key factor to this success and the Commercial team has forged new networks as founder members of the West Midlands Innovation Hub and the Medical Devices Alliance to foster and development potential new innovations.

Attracting Leading Academics

This exciting period of successful growth and development is also attracting leading researchers and academics to the Trust through our strong academic links with Keele University and Staffordshire University. As part of our commitment to grow our academic teams we have made a number of key appointments across a diverse range of clinical areas with Keele University. These include Professor Jim Nolan, Professor of Interventional Cardiologists, who is one of the UK's leading experts.

This dedicated focus on cardiovascular research and partnerships is further illustrated by the appointment of Professor Mamas Mamas, the new joint Keele/UHNM Professor of Cardiology and Consultant Cardiologist, who joined us in June 2015. He specialises in researching coronary artery disease and heart failure and will be setting up a new clinical research team with further new appointments.

To enhance research opportunities we are also recruiting a Keele/UHNM Professor of Obstetrics as well as developing a series of an Honorary Senior Lecturers in Gynaecology, Gastroenterology and Neurology. Academic partners also include Staffordshire University, where new forthcoming major appointments include a Professor of Nursing and a Professor of Metabolic Medicine.

The success of strengthening the links between academic and research communities, through the work of the Department, is evident with the successful bid for the recent research grant of more than £1.2m. This will allow us to further develop our academic strength by creating a new senior lecturer role to work alongside Professor Spiteri.

Raising Awareness of Research

As the Department continues to build on firm and established foundations there is continuing

evidence of its innovation, combined with new ways of working, to deliver enhanced patient care. The Department finished the year on two notable highs. The Commercial team won international recognition in The Pharma Times Clinical Research Site of the Year 2015 Awards, providing it with an exclusive networking opportunity with major pharmaceutical companies, with a view to securing more commercial clinical trials.

Rolling forward into next year, after a very successful launch, is a new 24 hour Stroke Research Service, which gives all eligible patients the opportunity to take part in research, no matter what time of day or night they present. This enthusiasm for research from the team, and the Trust as a whole, has also caught the attention of our local community and the patients we serve.

First Time Mum Thanks Research Team

A first time mum has paid tribute to the Research team after taking part in pioneering research to help save the lives of pregnant woman and their unborn children.

Jess Stockley, who gave birth to a daughter, Lucia, in January 2015, said: "I am really proud to have taken part in research that in some little way, through simple blood tests and hair samples, could be helping to save the lives of pregnant women around the world. I was very sceptical at first about taking part in any research and I thought it would be stressful, but when I met the research midwives they were absolutely lovely and completely put my mind at rest."

Jess was asked by research midwives Tracey Harrison and Louise Wood if she was interested in taking part in a study looking at finding a new treatment for Pre-eclampsia (high blood pressure during pregnancy).

She said: "I would strongly recommend and encourage any mother to take part in any of these research studies as it is not just about aiding vital research to improve medical knowledge. I built a fantastic relationship with two wonderful and thoughtful ladies who made my pregnancy journey a great deal more comfortable and enjoyable by exceeding their job role and responsibilities."

UK's First 24-hour specialist stroke service to help life-saving research

A 24-hour service, which is the first of its kind in the country, has now been set up by the R&D team to allow more patients to take part in research for Acute Stroke. Now all local patients who are admitted to A&E at the Trust with Acute Stroke, may have the chance to take part in crucial, potentially life-saving research trials that may help them and others.

The Trust's team of specialist stroke research nurses are now on call 24/7 so that they can respond to calls to see patients any time of day or night. Holly Maguire, Research Sister for the Stroke Research team, said: "It's vital that we see a Stroke patient as quickly as possible to offer them the choice and opportunity to take part in a trial that could actually reduce the impact of Stroke, the damage it causes, and help them to a quicker recovery."

The Trust has trials looking at new treatments and novel procedures for patients with acute ischaemic stroke (caused by blocked or narrow blood vessels stopping the blood flow). Recruitment is also ongoing to allow the investigation of medications to reduce the impact of a cerebral haemorrhage (bleeding into the brain tissue) in patients who have suffered a head injury or bled from an abnormal or weakened blood vessel in the brain.

The team is one of only eight hyper-acute stroke centres in the UK which offer specialist treatment and it is the first one in the country to offer a 24/7 on call service for patients from its team of research nurses. This trial project has been funded by the Clinical Research Network, which supports clinical research in the NHS in England.

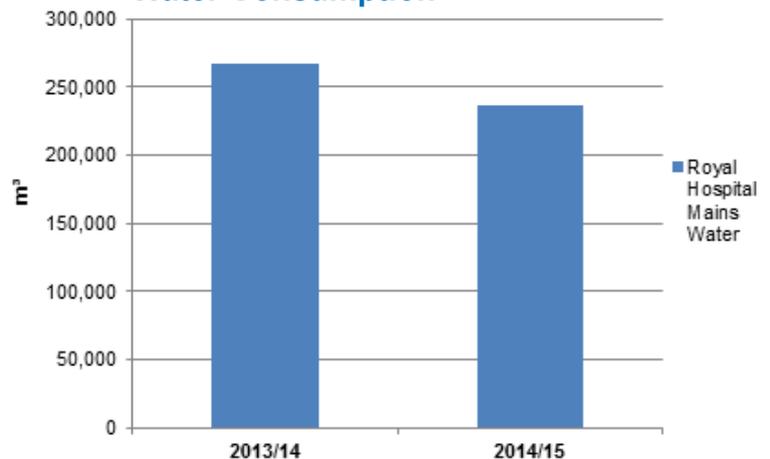
Holly said: "The Hyper-Acute Stroke Research team is currently the highest performing centre nationally. However, the ability to offer 24/7 cover will not only set us apart from other trusts, it will allow all local patients with an acute stroke the choice and opportunity to participate in an acute clinical trial regardless of the time of day they attend hospital."

Sustainability - Our Transition into a Sustainable, Low Carbon Trust

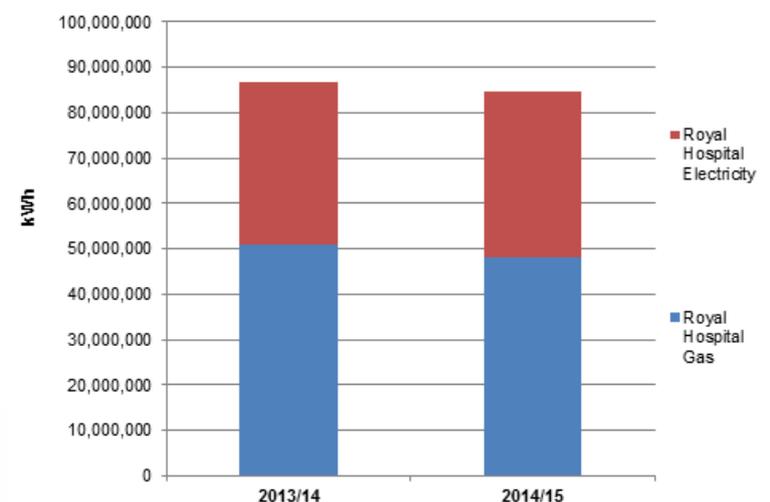
The Trust is committed to delivering the best quality of care within the resources available. This is becoming increasingly important as costs escalate, scarce resources diminish and weather patterns become more unpredictable. With this in mind, the Trust is working hard to demonstrate leadership in sustainability and increase the scope and opportunities to demonstrate best practise.

When comparing Royal Stoke University Hospital 2014/15 energy consumption figures against those during 2013/14, there has been a 1.8% rise in electricity, whilst gas has fallen by 4.5%. This can be attributed to the increase in service activity. Water usage has fallen by 3% at Royal Stoke. The Trust's participation in the European Union Emissions Trading Scheme (EU ETS) is a key driver to reduce emissions due to the assigned market value placed upon emitted carbon. Over the year, technical issues have unfortunately

Water Consumption



Energy Consumption



delayed the operation of the new Combined Heat and Power (CHP) engine until April 2015. When fully functional, the CHP engine is forecast to reduce CO₂ emissions by 2,792 tonnes per annum (8%). In 2014/15 we also recycled 150.3 tonnes of cardboard, 145.3 tonnes of shredded paper and 7.9 tonnes of scrap metal.

Trust wins Green Apple Award

UHNM was praised for its green credentials after being honoured with a Gold Award at the Green Apple Awards. The Trust was presented with the prestigious award for showing excellence and innovation in environmental best practice. The Trust was also commended for its work in reducing water consumption at Royal Stoke.

John Simpson, Director of Corporate Services, said: "This award is testament to the hard work our team have put in to improving our contribution to the environment and becoming 'green'. We implemented a programme to reduce the water use across the Trust and this has resulted in a significant reduction in consumption. As part of this, we engaged with our workforce to implement a behavioural change programme, which provided staff involvement on sustainability issues."

The Trust made an overall reduction of 6% water use, which represented an annual cost saving of £210,000 per year. As well as the cost implications, the project has saved around 140 tonnes of carbon emissions per year and reduced water consumption to the equivalent of 810 homes.

The Trust recognises that a significant proportion of local congestion is attributable to hospital activity. As such, the Trust is committed to encouraging access by active, low carbon and healthy travel modes. Initiatives for staff include:

- A free, hourly link-bus service for travel between hospital sites
- The opportunity to purchase a discounted 'SMART Bus Pass' and a tax-free bicycle through 'Cyclescheme'
- Free 'Dr Bike' health checks

The Trust was proud to support the 2015 National NHS Sustainability Day by hosting a variety of local organisations that are actively involved in the sustainability and health agenda, including:

- Stoke-on-Trent City Council

- Staffordshire Housing
- Revival Home Improvement Agency
- Beat the Cold

The event was a success in strengthening external partnerships in support of the Trust delivering a sustainable, low carbon, world-class healthcare system. Looking ahead to next year, achieving this will involve a redesign of the system to ensure that it considers the financial, environmental and social impact of how services are delivered.

Supplies/Procurement

The Trust's Supplies and Procurement team is now recognised as one of the leading and one of the largest procurement departments in the NHS. The Department operates the largest shared services procurement model in the NHS, providing a service to three provider trusts, a commissioning support unit and 24 clinical commissioning groups.

The Department has achieved £17.5m cost savings across the local health economy in the past three years and has already identified £5m for 2015/16 at UHNM alone. This demonstrates that the team is delivering real value for money, whilst mitigating risk, ensuring compliance with local/national governance and ensuring continuity of supply.

The Department has been recognised at seven national awards in the last four years. The latest national recognition was at the annual 'GO Excellence in Public Procurement Awards 2015/16', having being shortlisted as a finalist for the 'Leadership of the Year Award'. The Trust was placed within the top three for the category for the whole of the UK public sector.

Fraud awareness

The Trust has an accredited local counter-fraud specialist as part of the Internal Audit Provision. The Trust operates an anti-fraud policy, which sets out information for dealing with detected or suspected fraud or corruption, and the avoidance of fraud, as incorporated in the Directions to NHS bodies on Counter Fraud Measures 2004 amended by the Directions to NHS bodies on Counter Fraud Measures (amendments) 2005, 2006 and 2007. The Trust complies with the requirements of the NHS Anti-Fraud Manual 2014.

Working together and everyone counts

Promoting teamwork

Is a role model in promoting team work, creating a sense of pride in the team, recognising success and behaving in a way that reflects our values; inspiring others to believe and live by our values, challenging those when they don't.

The Endoscopy team at Royal Stoke University Hospital underlined its position as one of the best in the country by being awarded accreditation status by the Joint Advisory Group (JAG). The unit was assessed by JAG in November 2014 and has now been awarded the prestigious accreditation for 2015 after demonstrating clinical excellence.

The Unit was highly praised for its welcoming environment, strong and effective leadership, quality of care and for providing a high level of patient experience. Patients with oesophageal, stomach, liver, biliary and bowel problems and bariatric conditions all benefit from the Unit.

The service received excellent patient feedback as well as acclaim for introducing and implementing an on-call endoscopy nurse rota recently, to ensure an out-of-hours service for patients. A new state-of-the-art Endoscopy Unit at County Hospital was opened in October 2014, ensuring the Trust can also provide a high quality service to Stafford and the surrounding areas.

Elsewhere, the vascular team were praised after reducing the mortality rate for lower limb amputations by more than half over the last three years. Between the start of 2011 and the end of 2014, the Trust performed more than 75 major limb amputations above and below the knee each year. The Trust's mortality rate for these operations was previously in line with the national average of around 15%, but after implementing a range of improvements within the service, that figure was reduced to just 7.3% last year.

The team have achieved this reduction through various significant changes to their practice, with better theatre utilisation and implementation of the 'Vascular Surgeon of the Week', an initiative which ensures a designated consultant provides uninterrupted emergency vascular cover.

Working in partnership

Connects with people outside of the team as well as in the team – this includes outside of the Trust so that they can work collaboratively fostering open and frank relationships.

Working with neighbouring hospitals

The Trust has been building a strong working relationship with Mid Cheshire Hospitals NHS Foundation Trust. By developing closer working relationships across our clinical and non-clinical services, we can make our services better for patients, our organisations individually stronger, provide specialist services closer to where our patients live, develop innovative new services and deliver value. There has been an excellent level of clinical and managerial engagement between the two trusts. The Trust has also been working with Burton Hospitals NHS Foundation Trust to understand if the two trusts can work together to provide some specialist services.

This year the Trust has stepped up its partnership working with community providers and NHS commissioners, especially around the management of emergency admissions and discharges. UHNM, Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP), North Staffordshire Combined Healthcare NHS Trust, North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups have put in place measures to ensure that people who need hospital and emergency care can get treatment quickly. These links will continue to grow during 2015/16.

Emergency Preparedness, Resilience and Response (EPRR)

As a Category 1 responder with key emergency response duties under the Civil Contingencies Act (2004), the Trust is required to ensure it has robust plans for Emergency Preparedness, Resilience and Response (EPRR). In addition, the Trust has key requirements to meet against the Care Quality Commission standards as well as meeting NHS

England guidance for EPRR standards and NHS Standard Contract 2015/16 Service Conditions.

National arrangements set out in for Emergency Preparedness, Resilience and Response have been embedded during the year. These new arrangements, led by the NHS Commissioning Board in line with the Health & Social Care Act (2012), ensure that Local Area Teams become responsible organisations for the co-ordination of Local Health Resilience Partnerships. Under the new guidance provider organisations are required to ensure representation to the Local Health Resilience Partnerships and to identify an Accountable Emergency Officer to take executive responsibility in Emergency Preparedness. For UHNM the Accountable Emergency Officer is the Chief Operating Officer.

Blood Bikes



Shropshire and Staffordshire Blood Bikes (SSBB) is supporting the Trust with urgent transport around the West Midlands. SSBB is a registered charity who are working with UHNM to support emergency transport needs. The service will support our existing transport requirements and deliver to a number of key facilities.

There are around 60 volunteer motorcycle riders who are supporting this service on behalf of UHNM. Chris Powdrill, the chairman of the SSBB charity, approached UHNM earlier this year to enquire whether we would be interested in liaising with the SSBB charity service. Chris said: "This marks a significant step in our development as we continue to expand our urgent delivery services for the NHS. SSBB now has volunteer riders, controllers and members across Staffordshire and Shropshire. The latest blood bike brings the number of marked blood bikes operated by SSBB to eight, all provided by voluntary donations."

The Trust is an active member of the Local Health Resilience Partnership led by the Local Area Team and the Staffordshire Resilience Forum, chaired by Staffordshire Police. In addition, the Trust has a Service Level Agreement with the Civil Contingences Unit to support multi-agency response, and the development of the resilience of Staffordshire.

During 2014 four members UHNM staff completed a one day multi-agency tactical event, Exercise Raven, hosted by Staffordshire Civil Contingences Unit. The event provided an opportunity for staff to experience a multi-agency working environment during the response to a simulated large scale incident.

Involving and engaging

Creates a strong sense of loyalty & commitment to the Trust & inspires others by helping them to see how their contribution makes a difference. Adapts communication to the needs & concerns of different groups & uses stories & other memorable approaches to increase their impact.

Supporting local community

The Trust has built on its excellent reputation within the community this year with a number of initiatives that widen participation. Apprenticeships are important in ensuring the next generation are able to enter the workforce and 43 new apprentices were employed within business administration, therapies and pharmacy this year.

Very often students need to decide quite early in their education whether they wish to have a career in health. To support this, the Trust provides real opportunities to get involved in understanding exactly what is involved. More than 1,250 students were supported with information regarding NHS careers, work experience and apprenticeships at school and college careers events, parents evenings and industry days.

A further 1,000 students aged 14-19 years, an 80% increase on the previous year, were supported through the Health Society Programme, which provides enrichment activities both within schools and colleges and at the Skills Academy. These are designed to support the health and science curriculum, inform future career aspirations and promote positive health messages.

Other support includes:

- 732 work experience placements in a wide range of clinical and non-clinical areas across hospitals, a 25% increase on the previous year.
- 237 existing staff studied under the apprentice framework across health, business administration and pharmacy.
- 169 students aged 14-19 years took part in five summer schools focusing on medicine, nursing, midwifery, pharmacy and physiotherapy, delivered in partnership with Keele University.
- 94 representatives from schools and colleges across Staffordshire attended two careers advisor events, delivered in partnership with Keele University.
- 33 young people aged 18-24 who were not in employment, education or training (NEET) took part in the 'Get into Health and Social Care' programme and 'Opportunities in Healthcare' in partnership with the Prince's Trust, SSOTP and Talent Match. (see following case study)

Active listening engaging

Actively promotes 'no decision about me without me' and motivates others by making people feel their views are welcomed and valued.

CQC

The CQC inspected Royal Stoke and reported in April 2014. This survey looked at the experiences of over 62,000 people nationwide who were admitted to an NHS hospital, and 375 of those were received from patients at Royal Stoke. The report showed that the level of care at the hospital had remained constant, with the vast majority of indicators remaining the same.

However, there were a small number of areas where the Trust could make improvements. The three main areas included patients being asked to give their views about the quality of the care they received in hospital, patients being given written or printed information about what they should or should not do after leaving hospital and patients having been offered a choice of food.

Shekila Caurser

A 24-year-old who was unemployed for more than six years has landed her dream career in nursing after taking part in a four-week placement. Shekila Caurser, of Longton, struggled to find work after leaving school with few qualifications and no experience. Now the nursing assistant has a full-time job and is set to train as a nurse after taking part in the 'Get into Hospital Services' placement programme.

Shekila, who had been unable to get a job due to her lack of experience, found out about the programme after visiting the job centre. "I know that without that experience I probably wouldn't have found a job, and especially not one that I love," she said. "I left school and just stayed at home as my family supported me. I was caring for relatives and helping out at home but I knew that I needed to do something with my life. I had always wanted to do something within care so when I got the placement at Royal Stoke I was so happy."

For the first two weeks Shekila carried out food catering, emergency first aid and comfort resolution in the Endoscopy Department. Within nine days she was offered a full-time job as a nursing assistant, working alongside nurses and doctors, carrying out decontamination, biopsies and general patient care.

She said: "I became more confident and happy. A lot of places ask for experience or qualifications so to get that opportunity has changed my life." The Trust is working in partnership with Health Education West Midlands to support disadvantaged young people aged 16-25 into education, employment or training in the West Midlands.

The Trust has put plans in place to improve patient literature and is working with its catering provider to offer patients more choice. The Trust has also approved major plans to change pain management, which was also highlighted in the CQC report as an area for improvement. The plans include the introduction of a seven day service across the organisation and a pain management helpline.



Our Headline Finances

2014/15 is the second year of the Trust's challenging five year financial recovery trajectory. 2014/15 financial plans set out the on-going growth and performance improvement expectations and a second year of significant efficiency plan requirements (£30m).

The Trust has been able to deliver the financial integration of County Hospital in November 2014 and the figures shown below include five months of income and expenditure for the integrated Trust. At the end of the financial year the Trust has a surplus of £3.872m against a planned deficit of £16.944m. The improvement is a result of the Trust receiving £17m of income in the form of non-recurrent provider deficit funding, which enabled the Trust to plan for financial break even position by the year end. The Trust has been able to further improve its financial performance by securing delivery of the financial targets by increasing the financial controls in relation to County Hospital budgets along with ensuring that actions were put in place to manage the financial risks identified in prior month projections.

2014/15 was also a challenging year for our commissioners and the Trust contract management agenda was challenging for both provider and commissioning organisations across the Local Health Economy. The significant unscheduled care and winter pressures, which materialised in year saw the Trust incur significant levels (£3.3m) of contract penalties and marginal rate emergency tariff deductions of £3.8m, which placed a considerable income pressure on the Trust, although this was partially offset by access to Winter Resilience funds of £6.5m, which were used to support extra capacity and additional service provision throughout this period.

2015/16 savings plans are well developed to meet the efficiency targets set out in the national tariff

and to achieve the further improvement as set out in the Trust's five year financial plans. The savings target for 2015/16 is set at £36m, which is equal to a 5% reduction of the planned expenditure. Although we expect delivery of the financial plan and associated efficiency programme and operational performance targets to be challenging, we will continue to invest in our services, our workforce and our facilities to ensure we are able to meet these challenges and continue to improve services for patients.

UHNM is the Trustee for the UHNM Charity and income received for the year from donations, legacies and investments amounted to £2.6m. During the year £2.3m was spent on advanced medical equipment, staff development, high quality research and enhancing the hospital environment. To enable the clinical teams to take advantage of developments in medical science and technology, substantial purchases have been made in many areas, including £1m on the Surgical Robot. In November 2014 the UHNM Charity took over the management of the Charitable funds relating to the County site as part of the overall integration of services. This resulted in a transfer of £0.9m to UHNM Charity. These funds will remain for the benefit of patients, staff and services at County Hospital.

A summary of the principal financial statements is included in the Annual Report. A full copy of the Trust's annual financial statements can be found on the Trust's website (www.uhnm.nhs.uk) or you may request a copy from the Communications Department via telephone 01782 676647 or email universityhospital@uhns.nhs.uk or by writing to the Communications Department at University Hospitals of North Midlands NHS Trust, Royal Stoke Hospital, Newcastle Road, ST4 6QG.

Statement of Comprehensive Income Account for the year ended 31st March 2015 (unaudited)

	2014/15		2013/14	
	£'000	%	£'000	%
Revenue from patient care activities	511,881	82.1%	419,065	88.2%
Other operating revenue	111,954	17.9%	56,265	11.8%
Total revenue	623,835	100.0%	475,330	100.0%
Operating expenses	(611,584)	(128.6%)	(480,233)	(101.4%)
Operating surplus/(deficit)	12,251	2.6%	(4,903)	(1.0%)
Other gains and losses	12	0.0%	(354)	(0.1%)
Surplus/(deficit) before interest	12,263	2.6%	(5,257)	(1.1%)
Investment revenue	69	0.0%	65	0.0%
Finance costs	(13,416)	(2.8%)	(14,907)	(3.1%)
Surplus/(deficit) for the financial year	(1,084)	(0.2%)	(20,099)	(4.2%)
Public dividend capital dividends payable	(2,478)	(0.5%)	0	0.0%
Transfers by absorption - net gains/(losses)	80,452	16.9%	0	0.0%
Retained surplus/(deficit) for the year	76,890	16.2%	(20,099)	-4.2%

Performance against breakeven duty

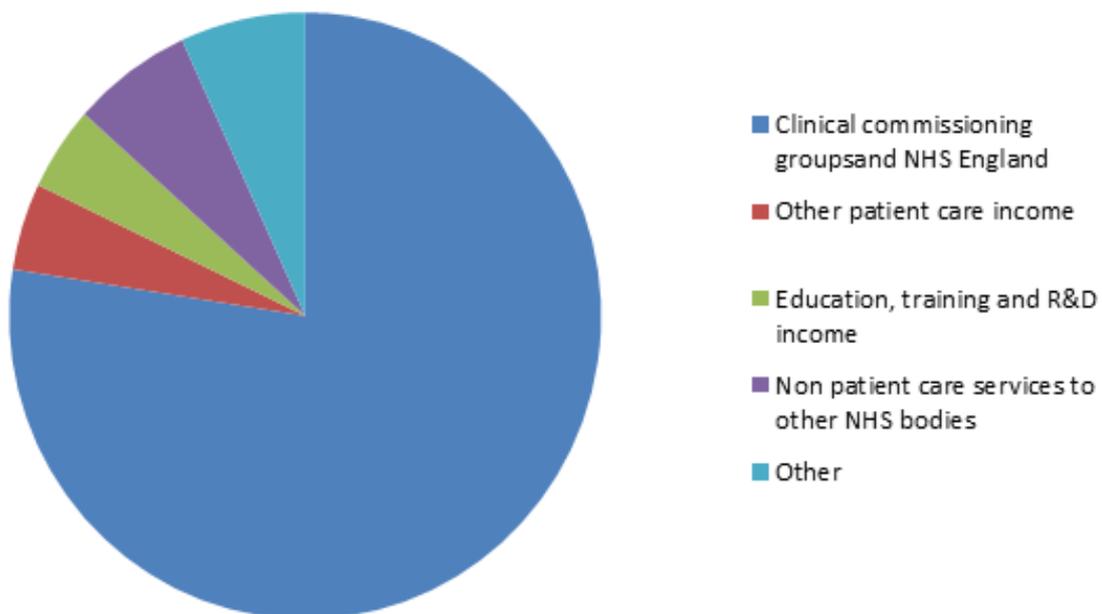
Retained surplus/(deficit) under IFRS	76,890		(20,099)	
Impairments	8,231		1,113	
Adjustments for donated asset/gov't grant reserve elimination	(887)		(315)	
Adjustment re absorption accounting	(80,452)		0	
Actual surplus under UK GAAP	3,782	0.8%	(19,301)	(4.1%)

Revenue

Income in 2014/15 totalled £623m. The majority of the Trust's income (£483m, 77%) was delivered from Clinical Commissioning Groups and NHS England in relation to healthcare services provided to patients during the year. Other operating revenue relates to services provided to other trusts, training and education and miscellaneous fees and charges.

Summary of total income

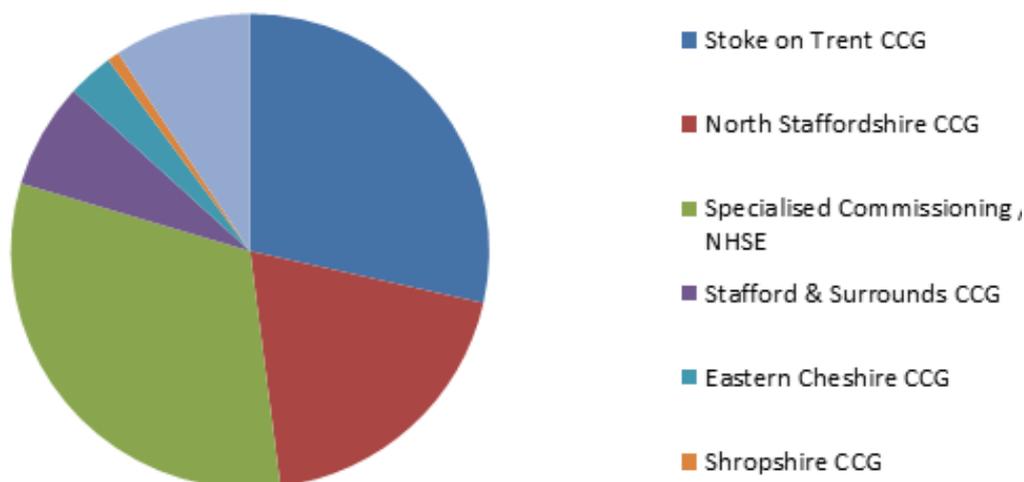
2014/15 - Summary of Total Income



	2014/15 £m	2013/14 £m
Clinical commissioning groups and NHS England	482.8	410.7
Other patient care income	29.0	8.3
Education, training and R&D income	27.8	26.0
Non patient care services to other NHS bodies	41.3	25.5
Other	42.9	4.8
Total revenue	623.8	475.3

Summary of income from CCGs

2014/15 - Summary of Income from CCGs & NHSE



	2014/15 £m	2014/15 %	2013/14 £m	2013/14 %
Stoke on Trent CCG	138	29%	142	35%
North Staffordshire CCG	94	19%	93	23%
Specialised Commissioning / NHSE	153	32%	145	35%
Stafford & Surrounds CCG	35	7%	16	4%
Eastern Cheshire CCG	15	3%	2	0%
Shropshire CCG	4	1%	3	1%
Other	45	9%	7	2%
Total CCG income	483	100%	409	100%

	2014/15 £m	2013/14 £m	% change
Revenue from clinical activities	511.9	419.5	22.02%
Other revenue:			
Medical school (SIFT)	8.9	9.3	(4.56%)
Junior doctor training (MADEL)	12.5	11.5	9.12%
WDD funding	1.7	1.4	20.27%
Research and development	4.7	3.7	26.95%
Non patient care services to other NHS bodies	41.3	24.7	67.20%
PFI transitional relief	0.0	0.9	(100.00%)
Support from DH for mergers	36.7	0	0
Other income	6.1	4.3	41.86%
Total other revenue	111.9	55.8	100.53%
Total revenue	623.8	475.3	31.24%

Operating expenditure

Operating expenditure has increased year on year by 26.5% before impairments with 60% of the increase as a result of the integration of County Hospital, some costs of which are transitional. The remaining increase has been driven by annual incremental pay rises for staff and increased staffing (many of which are bank or agency) and clinical supplies to meet increasing demand due to planned developments and unprecedented emergency demand. The unitary payment has also increased by £1.8m in the year.

In accordance with the requirement to annually revalue the estate and the new hospital the Trust commissioned an independent valuer to carry out a valuation exercise in March 2015 on the existing residual estate and the new PFI. This resulted in an overall upward revaluation of £22.4m.

Summary of operating expenditure

	2014/15 £m	2013/14 £m	% change
Staff costs	365.8	299.9	21.97%
Other costs	74.9	51.8	44.59%
Clinical supplies and services	113.8	88.9	28.01%
Depreciation	20.0	17.2	16.28%
Premises costs	20.0	13.4	49.25%
Clinical negligence	8.4	7.9	6.33%
Total operating expenditure before impairments	602.9	479.1	25.84%
Impairments	8.2	1.1	645.45%
Total operating expenditure	611.1	480.2	27.26%

Performance indicators

The measure of the overall financial performance of the Trust can be expressed using Monitor's Financial Risk Rating (FRR) and Continuity of Service Rating (CoSR). The Trust achieved a FRR score of 2 in 2014/15, where 1 is poor and 5 is good and a CoSR score of 3, where 1 is poor and 4 is good.

Capital

In recent years the Trust has invested heavily in capital to complete the Fit for the Future changes to healthcare provision in North Staffordshire. Spend to continue with these works and the development of the retained estate in 2014/15. The Trust invested a further £42.2m (£15.2m in 2013/14) in capital. The main areas of investments were:

Capital spend	£'000	2014/15 £'000
Medical Assets:		
- Replacement of interventional angiography equipment	1,295	
- Replacement of fluoroscopy room	527	
- Other Medical assets	3,370	
Total Medical Assets:		5,192
ICT schemes		
- Electronic Data Management System (EDMS)	899	
- E-prescribing (part funded by Technology Fund)	1,777	
- Other ICT schemes	1,872	
Total ICT schemes		4,548
PFI variations		3,629
Non clinical assets e.g. beds/operating tables		1,220
Estates and general works		1,955
County Hospital		3,629
IHSS Funded spend		
- Medical Assets		1,238
- ICT		1,018
- Estates		19,754
		42,183

The capital spend has been funded by a combination of internally generated funds, donations, grants and PDC funding for ICT projects (Safer Wards, Safer Hospital Technology Fund and Nurse Technology Fund) and PDC funding to support the IHSS related spend.

HM Treasury guide 'Managing Public Money'

The Trust complies with the requirements of HM Treasury guide 'Managing Public Money'. Where it sets charges for services it delivers, they are based upon the full cost of providing that service so that healthcare income is not supporting non-healthcare activities.

Summary financial statements

A commentary on our financial position is included earlier in this report in Our Headline Finances.

The following pages are our Summary Financial Statements. The Statement of Comprehensive Income shows how much money we earned and how we spent it. The main source of our income is Clinical Commissioning Groups, with which we have agreements to provide services for their patients.

Our biggest expense is on the salaries and wages of our staff. On average during this year we employed the equivalent of 6,856 full-time staff (compared with 6,813 last year). The actual number of people working for the Trust is more because a number work part-time (therefore, the full-time equivalent is less). We also spend money buying services from other parts of the NHS, mainly ambulance transport for our patients.

We buy clinical and general supplies, maintain our premises, some of the costs of which are payable to our PFI partner, and pay for gas and electricity, rent and rates. We also allow for depreciation, the wearing out of buildings and equipment, which need to be replaced.

Our Statement of Financial Position summarises our assets and liabilities. It tells us the value of the land, buildings and equipment we own and of supplies we hold in stock for the day to day running of the hospital. It also shows money owed to us and the money we owe to others, mainly for goods and services received but not yet paid for. Under International Financial Reporting Standards it also shows buildings and equipment that are legally owned by our PFI partner and related borrowings which will be settled through the unitary payments we make over the term of the PFI contracts.

The Better Payment Practice Code shows how quickly we pay our bills.

Statement of Comprehensive Income for the year ended 31st March 2015

	2014/15 £000	2013/14 £000
Employee benefits	(365,758)	(299,863)
Other costs	(245,826)	(180,370)
Revenue from patient care activities	511,881	419,065
Other Operating revenue	111,954	56,265
Operating surplus/(deficit)	12,251	(4,903)
Investment revenue	69	65
Other gains and (losses)	12	(354)
Finance costs	(13,416)	(14,907)
Surplus/(deficit) for the financial year	(1,084)	(20,099)
Public dividend capital dividends payable	(2,478)	0
Transfer by absorption - net gains/losses	80,452	
Retained surplus/(deficit) for the year	76,890	(20,099)
Other Comprehensive Income		
Impairments and reversals	(6,861)	(3,804)
Net gain/(loss) on revaluation of property, plant & equipment	40,431	7,027
Total comprehensive income for the year	110,460	(16,876)
Retained surplus/(deficit) under IFRS	76,890	(20,099)
Impairments	8,231	1,113
Adjustments for donated asset/gov't grant reserve elimination	(887)	(315)
Adjustment re absorption accounting	(80,452)	
Reported NHS financial performance position	3,782	(19,301)

Statement of Financial Position as at 31 March 2015

	31-Mar-15 £000	31-Mar-14 £000
Non-current assets:		
Property, plant and equipment	497,497	367,880
Intangible assets	13,301	3,370
Other non-current assets	286	215
Trade and other receivables	1,127	2,390
Total non-current assets	512,211	373,855
Current assets:		
Inventories	10,840	8,301
Trade and other receivables	64,086	41,688
Other current assets	17	21
Cash and cash equivalents	9,758	1,450
Total current assets	84,701	51,460
Total assets	596,912	425,315
Current liabilities		
Trade and other payables	(66,251)	(35,540)
Provisions	(11,645)	(9,250)
Borrowings	(10,267)	(8,973)
Total current liabilities	(88,163)	(53,763)
Non-current assets plus/less net current assets/liabilities	508,749	371,552
Non-current liabilities		
Provisions	(1,372)	(894)
Borrowings	(319,190)	(329,731)
Total non-current liabilities	(320,562)	(330,625)
Total Assets Employed:	188,187	40,927
FINANCED BY:		
TAXPAYERS' EQUITY		
Public Dividend Capital	328,683	211,431
Retained earnings	(245,636)	(221,504)
Revaluation reserve	105,140	51,000
Total Taxpayers' Equity:	188,187	40,927

**Statement of cash flows for the year ended 31
March 2015**

	2014/15 £000	2013/14 £000
Cash Flows from Operating Activities		
Operating Surplus/Deficit	12,251	(4,903)
Depreciation and Amortisation	19,987	17,225
Impairments and Reversals	8,231	1,113
Donated Assets received credited to revenue but non-cash	(1,486)	(488)
Government Granted Assets received credited to revenue but non-cash	0	(379)
Interest Paid	(13,416)	(14,907)
Dividend paid	(2,903)	558
(Increase)/Decrease in Inventories	(367)	(1,340)
(Increase)/Decrease in Trade and Other Receivables	(13,236)	(17,501)
(Increase)/Decrease in Other Current Assets	(67)	5
Increase/(Decrease) in Trade and Other Payables	5,686	(4,819)
Provisions Utilised	(113)	(133)
Increase/(Decrease) in Provisions	2,086	6,538
Net Cash Inflow/(Outflow) from Operating Activities	16,653	(19,031)
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	69	65
(Payments) for Property, Plant and Equipment	(31,007)	(7,228)
(Payments) for Intangible Assets	(4,222)	(2,084)
Proceeds of disposal of assets held for sale (PPE)	12	7
Net Cash Inflow/(Outflow) from Investing Activities	(35,148)	(9,240)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(18,495)	(28,271)
CASH FLOWS FROM FINANCING ACTIVITIES		
Public Dividend Capital Received	36,800	50,738
Public Dividend Capital Repaid	0	(11,700)
Cash transferred to NHS Foundation Trusts or on dissolution	717	
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(10,714)	(9,351)
Net Cash Inflow/(Outflow) from Financing Activities	26,803	29,687
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	8,308	1,416
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	1,450	34
Cash and Cash Equivalents (and Bank Overdraft) at year end	9,758	1,450

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2015

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers equity for 2014/15				
Balance at 1 April 2014	211,431	(221,504)	51,000	40,927
New PDC received - cash support	36,800	0	0	36,800
New PDC received - capital	0	0	0	0
Retained surplus/(deficit) for the year	0	76,890	0	76,890
Transfers between reserves	0	2,946	(2,946)	0
Impairments and reversals	0	0	(6,861)	(6,861)
Net gain on revaluation of property, plant and equipment	0	0	40,431	(40,431)
Reclassification Adjustments				0
Transfers between revaluation reserve & retained earnings	0	(23,516)	23,516	0
Other movements	80,452	(80,452)	0	0
Balance at 31 March 2015	328,683	(245,636)	105,140	188,187

Better Payment Practice Code

Measure of compliance	2014/15		2013/14	
	Number	£000	Number	£000
Total non NHS trade invoices paid in the year	140,585	228,945	99,804	174,158
Total non NHS trade invoices paid within target	127,794	200,461	89,504	149,119
Percentage of non NHS trade invoices paid within target	91%	88%	90%	86%
Total NHS trade invoices paid in the year	5,175	38,623	2,326	24,217
Total NHS trade invoices paid within target	3,285	21,622	1,575	18,156
Percentage of NHS trade invoices paid within target	63%	56%	68%	75%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust has not signed up to the prompt payment code.

Cumulative Breakeven Position

Year	Turnover	Surplus/ (deficit)
1997/98	152,393	(1,199)
1998/99	165,535	(1,246)
1999/00	182,744	1,279
2000/01	193,823	1,225
2001/02	212,576	18
2002/03	235,801	4
2003/04	257,641	3
2004/05	295,327	41
2005/06	299,619	(15,059)
2006/07	333,855	311
2007/08	393,915	3,990
2008/09	371,299	3,008
2009/10	408,938	5,312
2010/11	418,078	4,141
2011/12	426,319	1,050
2012/13	473,558	235
2013/14	475,330	(19,301)
2014/15	623,835	3,782
Cumulative breakeven position		(12,406)

Staff sickness absence

	2014/15 Number	2013/14 Number
Total days lost	61,760	56,745
Total staff years	6,959	6,390
Average working days lost	8.87	8.88

Carrying amount vs. market value of land.

The Trust's land was valued as at 31 March 2015 at £37m, these values are reflected in the Trust's Statement of Financial Position.

Our external auditor

To demonstrate that we are running our Trust properly we are required to publish a number of statements which are signed by our Chief Executive on behalf of our Trust Board. These statements cover our financial affairs as well as a number of other aspects of managing our Trust.

Our external auditor also checks our accounts and other aspects of our work and we are required to publish statements from them confirming that they are satisfied with what we have done. These formal statements are reproduced on these pages.

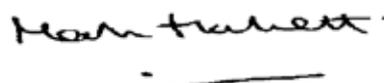
Our accounts are externally audited by Grant Thornton to meet the statutory requirements of the Department of Health. They received audit fees of £144,000 and other remuneration of £73,000.

Pension costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. 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. As a consequence it is not possible for our Trust to identify our share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Full accounts

A full set of audited accounts for University Hospitals of North Midlands NHS Trust is available on request or can be viewed and downloaded on our website www.uhnm.nhs.uk



Mark Hackett, Chief Executive



Chris Adcock, Director of Finance

Directors Report

Names of directors forming the Audit Committee

- John Marlor, Vice Chair / Non-Executive Director
- Andrew Smith, Senior Independent Director / Non-Executive Director
- Kevin Fox, Non-Executive Director (to September 2014)
- Robert Collins, Non-Executive Director

Details of directors

Names of persons who, at any time during the financial year were directors of the company

- Mark Hackett, Chief Executive
- Mr Robert Courteney-Harris, Medical Director
- Liz Rix, Chief Nurse
- Chris Adcock, Director of Finance
- Helen Lingham, Chief Operating Officer (from 1st October 2014)
- Vivien Hall, Interim Chief Operating Officer (from 12th May 2014 to 30th September 2014)
- Vanessa Gardener, Chief Operating Officer (from 14th September 2009 to 4th May 2014)
- Ro Vaughan, Director of Human Resources (acting from 1st May 2013, substantive from December 2014)

Composition of the management Board including advisory and non-executive members

- John MacDonald, Chair
- John Marlor, Vice Chair / Non-Executive Director
- Andrew Smith, Senior Independent Director / Non-Executive Director
- Prof Andy Garner, Non-Executive Director
- Stephen Burgin, Non-Executive Director (from September 2014)
- Nicholas Young, Non-Executive Director (from September 2014)
- Kevin Fox, Non-Executive Director (to September 2014)
- Robert Collins, Non-Executive Director
- David Simons, Associate Non-Executive Director
- Steven Allen, Director of Strategy
- Andrew Butters, Project Director
- Mark Bostock, Director of ICT
- John Simpson, Director of Corporate Services



Committee Membership

	Audit Committee	Quality Assurance Committee	Finance & Efficiency Committee	Professional Standards Committee	Nomination & Remuneration Committee	Charity Committee
John MacDonald					Chair	
John Marlor			Chair			Chair
Andrew Smith		Chair				
Prof Andy Garner						
Steve Burgin						
Nick Young				Chair		
Bob Collins	Chair					
Kevin Fox		Chair				
Mark Hackett						
Mr Rob Courteney-Harris						
Liz Rix						
Helen Lingham						
Chris Adcock						
Vivien Hall						
Ro Vaughan						

Senior Managers Service Contracts

Name & Job Title	Voting/Non-Voting Trust Board Member	Date of Contract/ Length of Term
Mark Hackett, Chief Executive	Voting	July 2013
Robert Courteney-Harris, Medical Director (Deputy Chief Executive)	Voting	October 2007
Chris Adcock, Director of Finance	Voting	August 2013
Elizabeth Rix, Chief Nurse	Voting	August 2009
Helen Lingham, Chief Operating Officer	Voting	October 2014
Ro Vaughan, Director of Human Resources	Voting	December 2014 (acting since May 2013)
Andrew Butters, Project Director	Non-Voting	April 2014
John Simpson, Director of Corporate Services	Non-Voting	September 2013
Mark Bostock, Director of IT	Non-Voting	August 2013
Steve Allen, Director of Strategy	Non-Voting	August 2012
John MacDonald, Chairman	Voting	August 2011 to 2015
Andrew Garner, Non-Executive Director	Voting	April 2015 to 2016 (third term)
John Marlor (Vice Chair), Non-Executive Director	Voting	September 2011 to 2015 (first term)
Robert Collins, Non-Executive Director	Voting	July 2014 to 2016 (second term)
Andrew Smith (Senior Independent Director), Non-Executive Director	Voting	March 2012 to 2016 (first term)
Stephen Burgin, Non-Executive Director	Voting	September 2014 to 2016 (first term)
Nicholas Young, Non-Executive Director	Voting	September 2014 to 2016 (first term)
David Simons, Associate Non-Executive Director	Non-Voting	October 2013

Declarations of Interest of Board Members

First Name	Surname	Job Title	Details of Activities / interests or employment to be declared	Do you receive pay or other benefits from this work
Christopher	Adcock	Director of Finance	Nothing to declare.	
Steven	Allen	Director of Strategy	Nothing to declare.	
Mark	Bostock	ICT Director	Nothing to declare.	
Stephen	Burgin	Non Executive Director	Director of Alstom Limited, Also Director of Alstom Pension Scheme, other Alstom Affiliated Companies (in UK, Sweden, Finland, Hungary)	Yes
			Chair of Board of Governors - Staffordshire University	No
			Director of French Chamber of Commerce in UK	No

Andrew	Butters	Projects Director	Nothing to declare.	
Robert	Collins	Non Executive Director	Director - Bob Collins Management Ltd	Yes
Robert	Courteney-Harris	Executive Medical Director / Consultant ENT Surgeon	Private Practice at Nuffield Hospital	Yes
Andrew	Garner	Non Executive Director	Principal Vice Chancellor and Dean - Keele University	Yes
Mark	Hackett	Chief Executive	Married to the Chief Executive of Worcestershire Acute NHS Trust	No
Helen	Lingham	Chief Operating Officer	Nothing to declare.	
John	MacDonald	Chair	Consulting through MacDConsult Ltd and IMD Consultants Ltd	Yes
John	Marlor	Non Executive Director	Trustee (Treasurer) Catch 22 - Childrens Charity - Registered Charity Number: 1124127	No
Elizabeth	Rix	Chief Nurse	Nothing to declare.	
David	Simons	Non Executive Director	Nothing to declare.	
John	Simpson	Director of Corporate Services	Sister-in-Law - Chief Executive of Greater Manchester West Mental Health Trust Son - Communications Manager for Laing O'Rourke Niece - Married to Communications Manager at Sodexo	No No No
Andrew	Smith	Senior Independent Director (SID) - Non Executive Director	Owner and director of Sund Sammen Limited, consultancy business in healthcare management and health, education and charity governance	Yes
Rosemary	Vaughan	Director of Human Resources	Governor at Stoke-On-Trent College	No
Nicholas	Young	Non Executive Director	Chair - General Dental Council, including Chairing Fitness to Practice Hearings	Yes, Fitness to Practice Hearings on a sessional basis only

Statement of disclosure to auditors

The directors are aware that there is no relevant audit information that the Trust's auditor is unaware of. The directors have taken all steps to make the Trust's auditor aware of any relevant audit information and established that the auditor is aware of that information.

Remuneration Report

Remuneration Committee Report

Remuneration and terms of service for Executive Directors (i.e. Board voting and non-voting members) and the Chief Executive is agreed, and kept under review by the Trust Nominations and Remuneration Committee. The remuneration and Terms of Service for those senior posts reporting directly to the Chief Executive remains with the Chief Executive/Medical Director or Executive Director lead.

The Nominations and Remuneration Committee monitors and evaluates the annual performance of the individual Directors (with the advice of the Chief Executive).

The annual work programme for the Committee includes a review and benchmarking of Executive Director salaries, in order to maintain awareness of arrangements in other organisations which may be of relevance.

Where there is a vacancy in a permanently-established post, it is usual practise to make a permanent appointment. All senior managers have a notice period of three months and Executive Directors have a notice period of six months. Non-Executive Directors are appointed in conjunction with the NHS Trust Development Authority on fixed-term contracts which may be renewed.

Compensation for early termination of Executive Directors provides payment in lieu of notice except in cases of summary/immediate dismissal. Any termination payments which fall outside the standard provisions of the Contract of Employment must be approved internally by the Committee.

Severance packages which fall outside the standard provisions of the Contract of Employment must be calculated using standard guidelines

and any proposal to make payments outside of the current guidelines are subject to the approval of HM Treasury, via the NHS Trust Development Agency (NTDA).

Pay Multiples (audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in the Trust in the financial year 2014/15 was £225,000 to £230,000 (2013/14 was £365,000 to £370,000). This was based on a full time equivalent, annualised calculation for an interim Director who left the Trust in 2013/14. The large decrease from last year's highest paid director is due to the staff member last year being on an interim contract, hence the Trust are paying a premium rate. This was 17 times (2013/14: 18 times) than the median remuneration of the workforce, which was £17,000 (2013/14: £21,000). In 2014/15 four employees (2013/14 zero employees) received remuneration in excess of the highest-paid director. Remuneration ranged from £235,000 to £290,000 (2013/14 N/A). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind. It does not include employer pension contributions, the cash equivalent transfer value of pensions or severance payments.



Remuneration report – salaries and allowances (audited)

		2014/15				2013/14			
		Expense payments (taxable) total to nearest £100	All pension-related benefits	TOTAL	Salary	Expense payments (taxable) total to nearest £100	All pension-related benefits	TOTAL	
		Salary Bands of £5,000	Bands of £2,500	Bands of £5,000	Salary Bands of £5,000	Bands of £2,500	Bands of £5,000	Bands of £5,000	
Current Trust Board Members:									
Mark Hackett	Chief Executive	220-225	22	2.5-5	230-235	160-165	32	67.5-70	230-235
Robert Courteney-Harris	Medical Director/ Deputy Chief Executive	35-40	1	45-47.5	80-85	25-30	6	40-42.5	65-70
Vanessa Gardener	Chief Operating Officer	10-15			10-15	110-115	3	17.5-20	130-135
Liz Rix	Chief Nurse	135-140	15	7.5-10	145-150	130-135	5	130-132.5	260-265
Ro Vaughan	Acting Director of Human Resources	110-115		(2.5 - 5)	110-115	100-105		275-277.5	375-380
Chris Adcock	Director of Finance	165-170		40-42.5	210-215	105-110	6	15-17.5	125-130
John MacDonald	Chairman	35-40	24		35-40	35-40	46	-	35-40
Vivian Hall	Chief Operating Officer	90-95			90-95				
Helen Lingham	Chief Operating Officer	75-80	81	47.5-50	180-185				
Kevin Fox	Non-Executive Director	0-5	4		0-5	5-10	5	-	41,917
Andy Garner	Non-Executive Director	5-10	3		5-10	5-10	1	-	5-10
Robert Collins	Non-Executive Director	5-10	3		5-10	5-10	3	-	5-10
John Marlor	Non-Executive Director	5-10	22		5-10	5-10	18	-	5-10
Andrew Smith	Non-Executive Director	5-10	8		5-10	5-10	-	-	5-10
David Simons	Non-Executive Director	5-10	13		5-10	0-5	-	-	0-5
Stephen Burgin	Non-Executive Director	0-5	3		0-5				
Nicholas Young	Non-Executive Director	0-5	9		0-5				
Previous Trust Board Members:									
Jim Birrell	Interim Chief Executive					75-80	16	-	75-80
Gavin Russell	Medical Director					0-5	-	(0-2.5)	0-5
Margot Johnson	Director of Human Resources					5-10	-	7.5-10	15-20
Graham Bennett	Interim Director of Finance					65-70	-	-	65-70
John Scampion	Interim Director of Finance					50-55	-	-	50-55

There has been no performance pay or bonuses paid to any of the Directors or senior managers in either financial year.

Remuneration report – pensions (audited)

		Real increase / (decrease) in pension at age 60	Real increase / (decrease) in pension lump sum at age 60	Total accrued pension at age 60 as at 31 March 2014	Lump sum at age 60 related to accrued pension at 31st March 2014	Cash equivalent transfer value at 31st March 2014	Cash equivalent transfer value at 31st March 2015	Real increase in cash equivalent transfer value	Employers contribution to stakeholder pension
		Bands of £2,500	Bands of £2,500	Bands of £5,000	Bands of £5,000	£000	£000	£000	£000
Mark Hackett	Chief Executive (from 1st July 2013)	0-2.5	2.5-5	80-85	250-255	1,491	1,604	73	-
Robert Courteney-Harris	Medical Director (from 1st June 2013)	2.5-5	7.5-10	50-55	150-155	954	1,067	88	-
Liz Rix	Chief Nurse	0-2.5	2.5-5	45-50	145-150	823	891	46	
Chris Adcock	Director of Finance	2.5-5	7.5-10	30-35	100-105	434	501	55	
Ro Vaughan	Acting Director of Human Resources	0-2.5	0-2.5	40-45	125-130	763	816	33	
Helen Lingham	Chief Operating Officer (from 1/10/14)	0-2.5	5-7.5	40-45	130-135	721	854	57	

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. The pensions information disclosed in the table above has been subject to audit.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other

pension details include the value of any pension benefits in another scheme or arrangement which

the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV reflects the increase in CETV effectively funded by the employer. This calculation usually 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. However, as NHS Pensions have used the most recent set of actuarial factors produced by the government actuary's department, market valuation factors have not been used for the start and end of the period, as new factors have been applied at 31st March 2012. Further details regarding the Trust's accounting policy for pension can be seen within the accounts at notes 1.7 and 9.6

Exit Packages for Staff Leaving in 2014/15

Redundancy and other departure costs have been paid in accordance with standard NHS terms and conditions. This disclosure reports the number and value of exit packages agreed with staff during the year. The remuneration information disclosed in the tables above have been subject to audit.

Exit package cost band (including any special payment element)	2014/15			2013/14		
	Number of compulsary redundancies Number	Number of other departures agreed Number	Total number of exit packages by cost band Number	Number of compulsary redundancies Number	Number of other departures agreed Number	Total number of exit packages by cost band Number
Less than £10,000	0	0	0	2	1	3
£10,001-£25,000	0	0	0	0	0	0
£25,001-£50,000	0	0	0	1	0	1
£50,001-£100,000	1	0	1	0	0	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type	1	0	1	3	1	4
Total resource cost (£'000)	40	8	48	40	8	48

Off-Payroll Engagements (unaudited)

As part of the Treasury's Annual Reporting Guidance 2012-13, Government Departments are required to report information relating to off-payroll engagements. Therefore NHS bodies are required to include information on any such engagements allowing for consolidation.

	No.
Number of existing engagements as of 31 March 2015	10
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	2
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	7

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last longer than six months:

Confirmation that all existing off-payroll engagements have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

There have been no new off-payroll engagements between 1 April 2014 and 31 March 2015, for more than £220 per day and that last longer than six months.

Statement of Accountable Officers Responsibilities

Statement of the CEO's responsibilities as the Accountable Officer of University Hospitals of North Midlands NHS Trust.

The Secretary of State for Health has designated the Chief Executive as Accountable Officer of University Hospitals of North Midlands NHS Trust. The accountable officer memorandum for Chief Executives of NHS Trusts sets out the responsibilities of the accountable officer, as follows:

- ensuring there are effective management systems in place to safeguard public funds and assets and assisting in the implementation of corporate governance
- ensuring value for money is achieved from the resources available to the trust
- ensuring the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- ensuring effective and sound financial management systems are in place
- ensuring annual statutory accounts are prepared in a format directed by the Secretary of State, with the approval of HM Treasury, to give a true and fair view of the state of affairs as at the end of the financial year, including the income and expenditure, recognised gains and losses and cash flows for the year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual 2014-15 and in particular to:

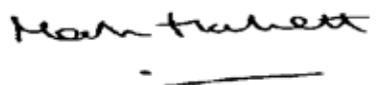
- observe the Accounts Direction issued by the Secretary of State including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual 2014-15 have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- prepare the financial statements on a going concern basis.

The Accountable Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accountable Officer is also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the Accountable Officer Memorandum.



Mr Mark Hackett
Chief Executive 4 June 2015



Annual Governance Statement

Scope of Responsibility

As Accountable Officer, I have responsibilities as set out within the Accountable Officer Memorandum for maintaining a sound system of internal control that supports the achievement of the University Hospitals of North Midlands NHS Trust (the 'Trust') policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring the quality and safety of services provided, that the Trust is administered prudently and economically and that resources are applied efficiently and effectively.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and to manage them efficiently, effectively and economically. The system of internal control has been in place at the Trust for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

Governance Framework of the Organisation

Board Committee Structure, Attendance Records, Coverage of Work and Composition

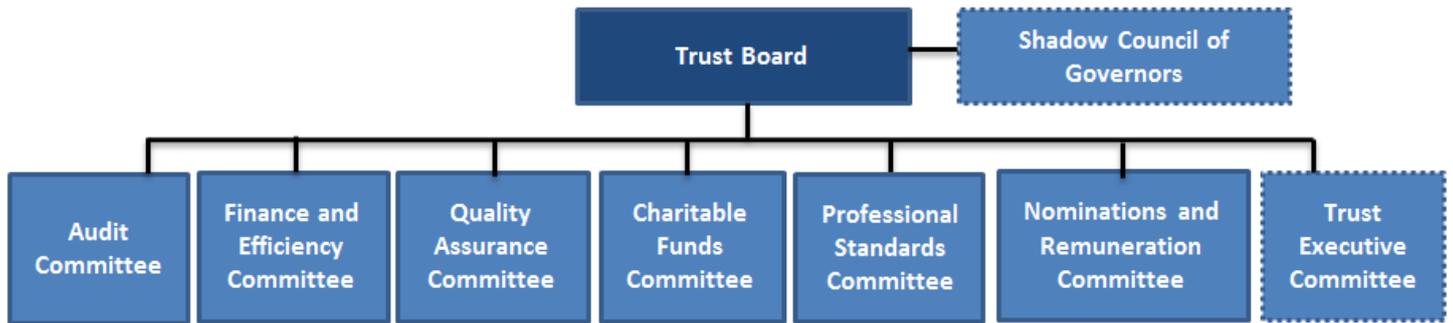
Key responsibilities of the Board are to formulate strategy, ensure accountability and management of operational and strategic performance and to shape culture. Alongside this it has a duty to explain and engage patients and members of the public in partnership, to effectively discharge its duties.

Throughout 2014/15 the Board has held:

- 11 meetings in public (including two extraordinary meeting);
- 16 meetings in private (including four extraordinary meetings);
- One Annual General Meeting and;
- Six developmental seminars plus one 'Trust Board Time Out'.

Committee Structure

There are six key committees, chaired by a Non-Executive, which report directly to the Board. In addition the Trust has a Shadow Council of Governors, the meetings of which are chaired by the Chairman and the Trust Executive Committee which is led by the Chief Executive, both of these also report directly to the Board. The structure is illustrated in the diagram below.



In addition to these key committees, the Trust also had an Integrating Health Services for Staffordshire (IHSS) Project Board which was a short term Committee of the Board overseeing the integration of Mid Staffordshire NHS Foundation Trust integration with University Hospital of North Staffordshire NHS Trust, and this Project Board ceased in March 2015.

Board Attendance Records

Trust Board – Public and Private Meetings (not including developmental seminars, time-out or AGM)			
Member	Notes	Possible No. of Meetings	No. Attended
John MacDonald, Chairman (Chair)		27	27
Stephen Burgin, Non-Executive Director	In post from 1 September 2014	17	9
Bob Collins, Non-Executive Director		27	18
Kevin Fox, Non-Executive Director	In post until September 2014	11	6
Andy Garner, Non-Executive Director		27	26
John Marlor, Non-Executive Director		27	27
Andrew Smith, Non-Executive Director		27	25
Nicholas Young, Non-Executive Director	In post from 1 September 2014	17	15
David Simons, Associate Non-Executive Director	Non-voting member	27	23
Mark Hackett, Chief Executive		27	25
Chris Adcock, Director of Finance		27	25
Robert Courteney-Harris, Medical Director		27	24
Vanessa Gardener, Chief Operating Officer	In post until 4 th May 2014	3	2
Vivien Hall, Interim Chief Operating Officer	In post between 12 th May 2014 to 30 th September 2014	9	7
Helen Lingham, Chief Operating Officer	In post from 1 st October 2014	15	14
Liz Rix, Chief Nurse		27	15
Ro Vaughan, Director of Human Resources	Acting from 1 May 2013 and substantive from December 2014	27	24
Steve Allen, Director of Strategy	Non-voting member	27	21
Mark Bostock, Director of IT	Non-voting member	27	21
Andrew Butters, Project Director	Non-voting member	27	22
John Simpson, Director of Corporate Services	Non-voting member	27	19

Attendance at Board and Committee meetings is formally recorded within the minutes and is captured within an attendance matrix, detailing where apologies have been received and deputies have been nominated. The following table provides an overview of the attendance of Board members at Board meetings throughout 2014/15.

Coverage of Work 2014/15

During 2014/15, key areas of focus for the Board have been:

- Setting the 2025 Vision and strategy
- Reviewing and setting strategic objectives and critical success factors to deliver the Trust's Vision
- Reviewing operational and strategic risks for the organisational links to performance and strategy challenges
- Integrating Health Services in Staffordshire and oversight of the negotiations and planning relating to the dissolution of Mid Staffordshire NHS Foundation Trust (MSFT), the safe transfer of services associated with the delivery of the Trust Special Administrator (TSA) model and development and approval of the revised acquisition business case to support the approval of the transaction as per the Secretary of State Transfer Order
- Strategy development and partnership working, including development of strategic alliances with neighbouring Trusts
- Reviewing the Board Assurance Framework, including oversight and scrutiny of risks and a refresh of the key strategic risks aligned to the organisation wide strategy
- Performance against key NHS Constitutional targets and internal targets including compliance review to deliver the A&E 4 hour target
- Financial planning and performance, management and delivery of the Trust efficiency programme, cash management and oversight of the Trust's activity, contractual management arrangements and relationships
- Approval of service developments, including the approval of the Electronic Patient Record (EPR) business case
- Approval of an organisation wide Patient Care Improvement Programme (PCIP) to deliver improvements in patient safety, experience and outcomes during 2014 to 2017.
- Revising the annual planning process and performance management framework

Following each meeting of the Board, a 'time analysis' report is produced which enables Board members to reflect upon the time spent per agenda item and the appropriateness of this in line with the Strategic Objectives.

Board Composition

During the financial year 2014/2015, the following substantive appointments have been made as voting members of the Board:

- Helen Lingham, Chief Operating Officer
- Ro Vaughan, Director of Human Resources
- Stephen Burgin, Non-Executive Director
- Nicholas Young, Non-Executive Director

Succession plans have been updated during the year to take account of these changes and future changes for Board members.

Board Performance including Assessment of its own Effectiveness

During 2014/15, the Board commissioned an independent external evaluation of the governance structure. During the Trust Board Time Out in December 2014, the Board considered the preliminary findings of this review, specifically in relation to the management of risk and alignment with the organisation's strategic objectives. This took place following the Trust Board Seminar held in June 2014 where agreed risk themes had been identified. The Trust Board Time Out allowed Board members to take the opportunity to evaluate the Board's objectives, priorities, effectiveness and development needs going forward. The session also helped to develop work around the strategic risks for the Trust, and how to address them.

The full findings of this review were considered by the Board at a seminar in February 2015 and are being used to shape and inform the Board Development Programme going forward. The report concluded that *"if the recommendations are enacted, they will provide a sound platform for enhancing the effectiveness of the Board's Committees and that the recommendations on risk management will help develop, implement and embed risk management as an important component of the assurance framework and decision making processes"*

Key areas of ongoing development as a Trust Board will be in relation to:

- Risk management
- Effectiveness of meetings
- Board development
- People and culture

In response to the recommendations made within the governance review, the Trust Board approved the Rules of Procedure in March 2015, which encompassed the review and streamlining of the roles and function of the Board and its Committees. The document also encompassed provisions within the Trust Policies relating to Standing Orders, Standing Financial Instructions and Scheme of Delegation which had been revised and approved by the Trust Board in November 2014.

The revised Board Development Programme was agreed by the Trust Board in April 2015 and encompassed a wide range of development activity including further Board Seminars, education and reflective discussion through case studies.

In addition, the Executive Team refreshed the organisation wide strategic objectives and identified a series of critical success factors and key delivery mechanisms to deliver the 2025Vision alongside refreshing the Trust’s strategic risks. The output of this work will be the focus of the Board for 2015/16 and will form the basis of the Board Assurance Framework. At the same time, the agenda and business cycle for the Trust Board have been refreshed to ensure alignment with the revised strategic objectives, against which progress will be scrutinised and monitored on a cyclical basis.

[Highlights of Board Committee Reports, notably by the Audit Committee](#)

Board Committees produce formal reports to the Board following each meeting, providing a summary of items considered and those which require escalation. This provides the Board with assurance that the Committee is functioning appropriately and highlights any key risks which have been considered during the course of the meeting. An overview of the key areas of focus for each of the ‘core governance’ Committees is set out below:

Quality Assurance Committee	<ul style="list-style-type: none"> • Risk management and assurance • Patient Experience, Patient Safety and Patient Outcomes reports • Performance against key quality indicators • Quality Account • Internal and external assurance • Research and Education
Finance and Efficiency Committee	<ul style="list-style-type: none"> • Risk management and assurance • Financial performance • Contracting performance • Productivity and efficiency • Service developments
Audit Committee	<ul style="list-style-type: none"> • Risk management and assurance • Corporate governance • Financial controls

[Account of Corporate Governance including the Boards assessment of its own Corporate Governance](#)

The Corporate Governance Code is integral to the business of the organisation and is reflected within key policies and procedures. The five main principles of governance set out within the Code have been adopted as best practice and have been reflected within our own Code of Conduct for Board Members. These are:

- Leadership
- Effectiveness
- Accountability
- Remuneration
- Relationships with stakeholders

Within our system of internal control, there are a range of mechanisms in place which are designed to monitor our compliance with the code, these include:

- Self-assessment
- Internal and external audit
- Independent reviews

Quality Governance

The Board has a collective responsibility for quality and has taken a number of measures to ensure that quality forms an integral part of its business. There is a clear quality governance structure within the organisation. The Quality Assurance Committee (QAC) holds the Executive Team to account and reports directly to the Board, receiving reports on assurance and risks considered by the Quality and Safety Forum and Divisional Quality and Safety Forums.

Reporting directly into the Quality and Safety Forum is a broad range of specialist groups, for example, Mortality Review Group, Data Quality Group and Infection Control Committee. In addition, the Quality and Safety Forum reports into the Trust Executive Committee as the executive arm of the Trust through which all executive led Forum/Steering Groups within the Trust report.

The Board has approved an organisation wide Patient Care Improvement Programme (PCIP) to deliver improvements in patient safety, experience and outcomes during 2014 – 2017. This will be monitored through the quality governance structure, with regular updates to the Trust Board at least four times a year. The effectiveness of the PCIP will be specifically measured by the delivery of our critical success factors and the following:

- Being in the top 20% of all NHS hospitals for patient experience by 2015
- Being in the top 20% of all NHS hospitals for staff experience by 2015.
- Our HSMR and SHMI mortality rates are 80 by 2017/18.
- UHNM is recognised as a leading quality hospital by 2018.

As in previous years, the Trust has published a suite of quarterly reports showing performance for the quality improvement priorities and other key indicators during 2014/15.

The Executive Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of the Quality Account which is subject to external audit.

The content of the Trust's Quality Account for 2014/15 builds on the 2013/14 report. Quality Improvement priorities are agreed through wide engagement with key stakeholders, including the Shadow Council of Governors.

The Trust uses the same systems and processes to collect, validate, analyse and report on data for the Quality Account as it does for other clinical quality and performance information, which has been subject to data quality assurance processes throughout the year, in accordance with the Data Quality Policy and Strategy. Information is subject to regular review and challenge at speciality, divisional and Trust levels.

Data included in the 2014/15 Quality Account has been checked by all teams involved and is signed off by the responsible director before being approved by the Trust Board. In line with the Trust's commitment to transparency, the data included is not just limited to good performance.

The Quality Account is subject to internal and external consultation amongst key stakeholders and in accordance with the Department of Health Quality Account Toolkit. Therefore, in developing the account, directors take the necessary steps to ensure that:

- The quality account represents a balanced picture of performance.
- The information is reliable and accurate.
- There are adequate internal controls in place around data reporting.
- The data is robust and reliable.

Each meeting of the Board has a focus on quality, with key reports on quality and patient experience being considered which include compliance with quality and safety standards, progress against key quality priorities and performance. Each month the Board will receive a quality report covering Patient Experience, Patient Safety or Patient Outcomes. These provide assurance that priorities are actively managed and progressed at an operational level.

Members of the Board, including Non-Executive Directors, and Shadow Governors actively participate in Quality Walkabouts each month and are involved in working with staff to enable improvements where the need is identified.



The Trust also works in partnership with others on quality improvement activities including:

- Patient Council
- Clinical Quality Review Group
- Healthwatch
- Overview and Scrutiny Committee
- Quality Review Visits of the patient pathway which are director led with Clinical Commissioning Group / GP involvement

Discharge of Statutory Functions, Checks for Irregularities and Ensuring the Trust is Legally Compliant

The Audit Committee is authorised by the Board to provide an independent and objective review of financial and corporate governance risk management. This includes independent assurance from external and internal audit and ensures standards are set and compliance monitored on both financial and non-financial issues.

The Audit Committee investigates any activity within its terms of reference and seeks any information it requires from any member of staff. In discharging these responsibilities the Committee approved both the internal and external audit work plans, received regular reports from internal and external audit and approved the Annual Audit Report and Accounts.

The Audit Committee met six times during the year to assess and critically review the key risks facing the Trust and to ensure that key controls were in place and operating effectively. Reports from the Trusts' internal auditors, external auditors and local counter fraud specialists were reviewed at each meeting during the year, with a focus on the recommendations being made.

There is a statutory duty on NHS Trusts, to break even taking one year with another. There is a requirement for the statutory auditor, in the Trust's case, Grant Thornton, to refer such a breach together with associated issues to the Secretary of State. Such a referral is made under Section 19 of the Audit Commission Act of 1998. The external auditor also needs to consider the Trust's status as a going concern. The Trust's statutory auditor, Grant Thornton, issued a Section 19 Letter to the Secretary of State in April 2014, and the Audit

Committee were informed in March 2015 that a further Section 19 Letter to the Secretary of State would be made.

Capacity to Handle Risk

Overall responsibility for the key strategic and operational management of risk within the Trust rests with the Trust Board. Reporting mechanisms are in place to ensure that risk issues are reported through the Trust's management structures in accordance with the Risk Management Policy and Strategy. Management and ownership of risk is delegated to the appropriate level from Director to local management teams through the divisional management structure.

Through discussion and receipt of the Board Assurance Framework, the Trust Board has identified, and managed a range of risks during 2014/15, notably the major risk relating to the ability to improve performance in achieving the A&E 95% four hour wait target. As a result of reviewing the strategic objectives, critical success factors and risk management structure, this will enable the Trust Board to establish its risk appetite for 2015/16.

The risk management process is an integral part of good management practice and the aim is to ensure it is integral to the Trust's culture. It is an increasingly important element of the Trust's business planning process, budget setting and performance review frameworks. The risk management process is supported by a number of policies which relate to risk assessment including incident reporting, information governance, training, health and safety, violence and aggression, complaints, infection control, whistle blowing, human resources, consent, manual handling and security.

The Audit Committee monitors and oversees both internal control issues and the process for risk management and internal and external auditors attend Audit Committee meetings. The Board and its Committees receive reports that relate to the identification and management of risks.

The Trust's Risk Management Policy and Strategy, which was reviewed during the financial year 2014/15, is available to staff via the Trust Intranet and sets out the processes for managing risk at

all levels of the Trust. The policy identifies that the Chief Executive has overall responsibility for risk management within the Trust and Risk Management is included on all Trust and Divisional development programmes.

The strategy sets out that all directors, managers and clinicians are required to accept the management of risks as one of their fundamental duties. Additionally, the strategy sets out that every member of staff must be committed to identifying and reducing risk. In order to achieve this, the Trust encourages staff at all levels to report when things have, or have the potential to go wrong, allowing open discussion to prevent any re-occurrence. As part of the Integration with County Hospital, the Trust reviewed the Trust's Risk Management Policy and Strategy alongside existing policies in place at County Hospital, to ensure consistent reporting across both sites with the revised policy communicated to staff. In addition, risks at County Hospital were also reviewed and integrated within the Trust's main risk register.

During 2014/15, the Trust established an Executive Risk Oversight Group to provide stewardship and a cohesive corporate overview of the risk management process, providing support and leadership on the management of risk within Directorates and Divisions. The work of the group has focussed on improving the completeness of reporting at a Divisional level which will continue through 2015/16 and in addition, aims to align corporate risks to the revised strategic risks.

The Risk and Assurance Strategy states that all staff will have access to risk management information, advice, instruction and training. The level of training varies to meet local and individual needs and is assessed as part of the annual formal staff appraisal process. Mandatory training modules are delivered to key personnel and cover the reporting, investigation, management and handling of incidents. Existing members of staff are trained in the specific elements of risk management dependent upon their level within the organisation. Managers are required to attend training which covers the principles of risk and the management of risk registers. This training includes following risk management procedures for reporting and responding to adverse events. All new staff joining the Trust are required to attend

Corporate Induction which covers key elements of risk management.

Learning from incidents and good practice is discussed at the Quality and Safety Forum and Risk Management Panel and locally at department and ward level. Identified groups of senior staff are trained in Root Cause Analysis (RCA), which is carried out on all Serious Incidents that require investigation. Learning from RCA is disseminated in a number of ways.

The Trust has several key groups where employees are supported to learn from good practice in risk management. These include the work of the Risk Management Panel, the Quality and Safety Forum, health economy wide Serious Incident (SI) Sub Group and a range of specialist groups including Mortality Review, Infection Control and Medication Safety meetings. Key reporting is embedded into risk assessment and assurance processes as evidenced through the Quality and Experience Report which is reported to the Quality Assurance Committee and to the Public Trust Board.

The Trust operates a whistle-blowing policy to provide staff with an open process whereby they may raise any issues of concern, so as to protect patients and staff from harm and the organisation from risk. A thorough review has been undertaken during the course of the year to ensure that the policy meets latest guidance and best practice.

Whilst risk management processes are embedded in the Trust, the independent Governance Review which reported in February 2015 has identified a number of improvements which can be made which will ensure a strengthening of processes, particularly around the day to day review, challenging and updating of risks on the risk register and subsequent reporting up through to the Board. The Trust has appointed a Head of Risk Management to lead on this work, reporting directly to the Chief Nurse as Executive Lead for Risk Management.

Risk Management

Risk management is embedded throughout the organisation. Risks are reported locally at divisional level through the divisional management structure. The culture of the organisation aids the confident use of the incident reporting procedures

throughout the Trust. Online reporting enables tight management of incident reporting and more efficient reporting by category.

The Trust requires all clinical and non-clinical incidents, including near misses, to be formally reported. Members of staff involved in, or witnessing such an incident, are responsible for ensuring that the incident is reported in compliance with this policy and associated procedural documents.

When an incident occurs and there is a remaining risk, all practical and reasonable steps are taken to prevent re-occurrence. The line manager is responsible for the provision of primary support for staff involved in the incident and this is made available to them immediately. Any incidents which are considered serious are escalated as appropriate and a decision is taken as to whether the incident should be treated as a Serious Incident Requiring an Investigation (SIRI). All SIRIs must be investigated using the Root Cause Analysis (RCA) methodology. All SIRIs are reported and managed in accordance with the national framework.

The Trust has undertaken an exercise to determine its strategic objectives and has revised its Board Assurance Framework (BAF), which assesses the potential risks that threaten the achievement of the organisational objectives, the existing control measures that are in place and where assurances are gained. Corporate risk assessments provide supportive evidence to the Assurance Framework. The Board has been involved in the continual development of the BAF, and approved the revised version of this in April 2015, which will continue to be formally reviewed on a quarterly basis during 2015/16.

All new and revised policies undergo an equality impact assessment as part of the approval process.

The Risk and Control Framework

The Board is responsible for the strategic direction of the Trust in relation to governance and risk management. It is supported by the Committees of the Board, which provide assurance to the Board on risk management issues.

The Trust's Risk Management Policy and Strategy

defines risk management structures, accountability and responsibilities. The Board Assurance Framework identifies key strategic risks to the Trust's corporate aims and objectives and is reviewed on a quarterly basis by the Board.

NHSLA

The Trust was successfully assessed at level 2 against the NHSLA Risk Management Standards for Acute Trusts in December 2011 and at level 3 for Maternity Services in March 2014.

Care Quality Commission (CQC)

The Quality, Safety and Compliance Unit, led by the Chief Nurse and Medical Director, are responsible for liaising with designated leads for all parts of the CQC standards to review compliance. This is a core function of the Compliance Steering Group. The aim of this process is to ensure that any non-compliance against the standards is reported to the Board (through the Quality Assurance Committee) and that action plans are produced to resolve compliance issues identified and that good practice is shared and celebrated.

The Quality, Safety and Compliance Unit liaise with designated leads to provide evidence to support position statements and will review the quality of evidence ensuring that any changes in compliance, be it an improvement or matter for concern, is raised with the relevant Executive Director. The Director is responsible for reviewing the issue raised and making the decision to report to the Board where necessary.

Where necessary, the Quality, Safety and Compliance Unit liaise with designated leads to formulate action plans to achieve compliance. The action plans are monitored via the Compliance Steering Group.

A summary report of CQC Compliance is reported to the Board on a quarterly basis via the Patient Outcomes Report.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The governance framework within the organisation has a system of internal control which 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 the risks to the achievement of the organisation's policies, aims and objectives; and
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place at the Trust for the year end of 31 March 2015 and up to the date of approval of the annual report and accounts.

During April 2015, the Trust received a scheduled inspection from the Care Quality Commission of care provided at Royal Stoke and County Hospital. The report from this inspection is expected to be provided to the Trust in Summer 2015, the outcome of which will be reported on within the Annual Governance Statement for 2015/16.

Information Governance

Risks relating to information are managed and control in accordance with the Trust's Information Governance Policy through the Information Governance Steering Group, chaired by the Director of Strategy, who has been appointed as the Senior Information Risk Officer (SIRO). The Site Medical Director, as Caldicott Guardian, is responsible for the protection of patient information. All information governance issues are integrated through the Information Governance Steering Group. The Board receives a report regarding its systems of control for information governance via the Quarterly Patient Outcomes Report. These include satisfactory completion of its annual self-assessment against the Information Governance Toolkit, mapping of data flows, monitoring of access to data and reviews of incidents.

The Trust completed the Information Governance Toolkit assessment for 2014/15 and achieved a score of 85%, achieving level 2 or above for 44 out of 45 requirements; this grades the Trust as "unsatisfactory" as one requirement remained at level 1 – this was the requirement for all staff to

complete annual information governance training. During the financial year 2014/2015, four data breaches were reported to the Information Commissioner's Office (ICO). No formal action or monetary penalty was imposed against the Trust by the ICO, but recommendations were made which are being acted upon. A summary of the four breaches is given below:

- Inappropriate disposal of imaging films – Trust confidential waste process not utilised
- Two portable diagnostic machines missing from the Trust which contained limited identifiable data – on investigation the machines were not encrypted as they were part of a machine provided by a third party to provide patient diagnoses
- Two instances of emails containing identifiable information being sent to incorrect external contacts

Financial Risks

Financial risks, as determined by the Director of Finance are managed through a series of financial controls. These are contained within a financial risk register which is reported to the Finance and Efficiency Committee via a regular reporting framework. The Trust Executive Committee receives a monthly financial report and also the monthly contract management and income report. These reports both set out key financial performance and risk issues and progress on achieving a resolution to outstanding issues.

During the 2014/15 financial year the acquisition of County Hospital and integration of services introduced material financial risk to UHNM. The acquisition was underpinned by detailed modelling work undertaken by the Mid Staffordshire Foundation Trust (MSFT) Trust Special Administrator (TSA) and the Trust commissioned a financial due diligence exercise from KPMG. KPMG also supported the production of the revised acquisition business case which used the output of these processes alongside the Trust's internal programme arrangements, to define UHNM delivery models.

The continued output of this work informed the financial agreements set out in the Transfer Offer and these have been used to set budgets internally. Confirm and challenge arrangements

with the Chief Executive and Director of Finance have continued in relation to the application of transitional funding resources and the Trust reports detailed financial information relating to the transaction, directly to the NHS Trust Development Authority (NTDA).

Going forward, the revised acquisition business case identifies a potential financial risk to the Trust from April 2017 of circa £40 m per annum when the Department of health support funding expires. The health system locally has been charged with establishing a programme to address the funding gap sustainably and these arrangements are in the process of being established by the Joint Transformation Board (JTB) which has been set up for this purpose.

In 2013, the Trust had a financial recovery plan trajectory agreed. Although the Trust was significantly ahead of the trajectory at the end of 2014/15, the most recent 2015/16 financial plan assumes a deficit larger than the projected trajectory. This therefore places an expectation to the recovery of statutory compliance and the need for further plans and reviews which are being completed by revising the long term financial model and integrated business plan.

Strategic Risks

The Board Assurance Framework contains strategic level risks that may impact upon the achievement of the Trust's Strategic Objectives. These are linked to the Annual Plan. This process ensures that the Board is informed about the most serious risks faced by the Trust. During 2014/15 the Trust Board revised the Strategic Objectives, including the identification of critical success factors, strategic risks, terms of measurement and sources of assurance. This work will continue to develop during 2015 with the inclusion of quarterly review of strategic objectives at Board meetings on a cyclical basis.

Infection, Prevention and Control

Infection control is a top priority. The Infection Prevention and Control Committee, chaired by the Executive Chief Nurse (Director of Infection, Prevention and Control) meets on a bi-monthly basis. In addition, key infection control indicators are reported to the Board on a monthly basis

via the Performance Report. This data is also presented at a divisional level for follow up action.

The organisation has reviewed and enhanced its arrangements for ensuring that it is compliant with the Code of Practice on Healthcare Associated Infections and the Board is assured that suitable systems and arrangements are in place to ensure that the Code is being observed and that no significant lapses have been identified. Executive and Non-Executive members of the Board carry out regular visits to operational areas as part of the Quality Walkabout programme where they can observe compliance with infection control procedures.

There are clear policies and escalation procedures for the management of healthcare acquired infections and these are monitored on an ongoing basis to continue the ongoing improvement of performance within the Trust.

There are elements of risk management where public stakeholders are closely involved. Members of the public are encouraged to participate in campaigns. There are patient representatives involved in the PLACE environmental visits, the outcome of which is reported to the Board.

Pensions Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring deductions from salary, employers contributions and payments into the Scheme are in accordance with Scheme rules and that the member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and Diversity

Control measures are in place to ensure that all the organisations under equality, diversity and human rights legislation are complied with.

Green Awareness

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness

and civil contingency requirements, to ensure that the organisations obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Risk Identification and Evaluation

Risks are identified via a variety of mechanisms, which are briefly described below. All areas within the Trust report incidents and near misses in line with the Trust’s Incident Reporting Policy. Details of incidents are reported through the Divisional Governance Groups, the weekly Quality Panel and to the Quality and Safety Forum.

Risk Assessments, including Health and Safety and Infection Control Audits are undertaken throughout the Trust. Identified risks at all levels are evaluated using a common methodology based on a 5 x 5 risk scoring matrix as shown below:

Risks are categorised into 4 levels as follows:

- **Low** – with a score between 1 and 3
- **Moderate** – with a score between 4 and 6
- **High** – with a score between 8 and 12
- **Extreme** – with a score between 15 and 25

Other methods of identifying risks are:

		RISK SCORING MATRIX				
		Consequence Score				
		1	2	3	4	5
Like/likelihood	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

- Complaints and Care Quality Commission reports and recommendations
- Inquest findings and recommendations from HM Coroners
- Health and Safety visits
- Clinical audit
- Quality Walkabouts
- Medico-legal claims and litigation
- External benchmarking
- Peer reviews
- Royal College/Deanery visits

Ad hoc risk issues are also reported through our ‘safety monitoring groups’ as appropriate, for

example, Health and Safety Committee, Safe Medications Group, Risk Management Panel, Safeguarding Group. These will include:

- Incident reports and trend analysis
- Internally generated reports
- Internal and external audit reports

Identified risks are added to the Risk Registers and reviewed to ensure that action plans are being carried out and that risks are being added or deleted as appropriate. High level risks are reported to the Trust Executive Committee as part of the Corporate Risk Register, in addition to Divisional Boards regularly considering extreme and new risks as well as those required for escalation and de-escalation to the Trust Executive Committee.

Every quarter, the Board reviews the Board Assurance Framework (BAF), which identifies the key strategic risks for the organisation and the assurances associated with those risks.

Review of Economy, Efficiency and Effective Use of Resources

The Trust’s Financial Plan was approved by the Board. Achievement of the financial plan relied upon delivery of cash releasing efficiency savings of around £30m during the financial year. This has been accomplished through the establishment of a cost improvement programme applied to all relevant budgets across the Trust. Progress against delivery of cost improvements is monitored through the year and reported to the Board on a monthly basis via the Monthly Finance Report.

In addition to the agreed annual cost improvement programme, further efficiency savings are realised in year through initiatives, such as ongoing tendering and procurement rationalisation.

During 2014/15 the Board have continued to receive a monthly report on key performance indicators. This includes trend data on a number of measures of efficiency and use of resources such as sickness absence, bank and agency usage, vacancy rate, delayed transfers of care and appointments where patients did not attend. The performance report also contains progress against CQUIN delivery.

The objectives as set out in the Trust’s Internal



Audit Plan include ensuring the economical, effective and efficient use of resources and this consideration is applied across all of the work streams carried out. The findings of internal audit are reported to the Board through the Audit Committee and any recommendations arising from internal audit are tracked centrally to ensure that they are acted upon.

The Trust has made assumptions in the revised acquisition business case in relation to its ability to generate efficiencies and productivity benefits at County Hospital. This represents both a challenge and a risk given the recent history of non-delivery on this agenda by MSFT, and an opportunity as we seek to utilise our experience and greater potential for economies of scale.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the Internal Auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Account and other performance information available to me. My review is also informed by comments made by the External Auditors in their annual audit letter and other reports and most significantly for the current financial year, an independent Review of Governance which reported to the Board in February 2015. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Internal Audit and External Audit. The system of internal control is reviewed and plans to address any identified weaknesses and ensure continuous improvement of the system are put in place.

The process applied in maintaining and reviewing the effectiveness of the system of internal control includes:

- The maintenance of a view of the overall position with regard to internal control by the Board through its routine reporting processes and its work on corporate risks
- Review of the Assurance Framework and the receipt of internal and external reports on the

Trusts internal control processes by the Audit Committee

- Personal input into the controls and risk management processes from all Executive Directors and Senior Managers and individual clinicians
- Quarterly reports from the Quality, Safety and Compliance Unit regarding national and local audit

The Board's review of the Trust's risk and internal control framework is supported by the Head of Internal Audit Opinion which provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of internal audit's work.

The opinion provides significant assurance that there is generally a sound system of internal control, designed to meet the organisations objectives and that controls are generally being applied consistently. However, some weaknesses were identified that put the achievement of particular objectives at risk, specifically relating to five amber/red reports and some advisory-based reviews that were issued during 2014/15:

- An amber opinion following the review of ICT on-call, which identified improvements to be made in relation to: lack of knowledge and skills of on call staff in order to resolve issues, lack of a documented ICT on-call procedure and recording of on call activity.
- An amber opinion following the review of Debtors for the Commissioned Activity element only which identified weaknesses in the agreement of contracts with three Commissioners and ensuring invoice adjustments are made in line with the secondary uses reporting timetable.
- An amber opinion following the review of Data Quality (VTE) which identified a number of areas for improvement including identification of mechanisms for combining data from two sites into one, and standardisation of parameters for documentation.
- An amber opinion following the review of Integration Plan - Quality Governance which identified a number of areas for improvement including the requirement for risks, incidents and complaints from Safeguard to be transferred to the UHM Datix system and

training to be provided to members of staff at County Hospital on the Datix system.

- A number of recommendations were also provided as a result of advisory reviews for Data Quality – 18 Week RTT and A&E Waiting Times Breaches – Procedural Compliance Review.

The Audit Committee have considered each of these reports and the summary of the control weaknesses identified by internal audit have, and will, continue to monitor action being taken.

Significant Issues

The key areas of risk to the achievement of the strategic objectives identified and control weaknesses managed in 2014/15 are featured within the Board Assurance Framework. The Trust has taken, or is in the process of completing remedial actions to address the gaps identified.

Strategic Actions 2014/15	Key Actions Taken
To eradicate the financial deficit by 2017	<ul style="list-style-type: none"> • Five Year Financial Plan approved by the Board and submitted to the NTDA • Year 2 of 5 financial plan delivered • Reinforced contractual risk management arrangements have supported the recovery of contract income according to PbR rules.
To improve and secure the achievement of the A&E 95% 4 hour wait target	<p>Specific actions taken as a result of patients waiting longer than expected during periods of extreme pressure, included;</p> <ul style="list-style-type: none"> • The increased use of walk-in centres • Increased support from intermediate care • Internal actions being taken to manage inpatient beds on both sites • Increased number of comfort rounds and safety checks to assess patients waiting within A&E • Enhanced provision of snacks, refreshments and hot meals provided to patients • Daily review of adverse incidents within A&E and individual case review of patients waiting longer than usual, to establish any impact on patient outcomes. • Utilisation of assistance from St Johns Ambulance, the Red Cross and Age UK. <p>Other actions</p> <ul style="list-style-type: none"> • IPS and patient flow bundle re-launched in October 2014 and compliance against standards monitored regularly • System-wide capacity predictor developed used to support matching demand and capacity • Emergency and Urgent Care Steering Board established supported by external advice from Dr Ian Sturgess • Monthly Emergency Department Task Force Group with Non-Executive involvement to support department improvements • System-wide review of capacity requirements commissioned • Promoting pathway changes and increased ambulatory care options for 2015/16



Strategic Actions 2014/15	Key Actions Taken
To ensure the safe and effective transfer of Stafford Hospital from the former Mid Staffordshire NHS Foundation Trust to UHNM	<ul style="list-style-type: none"> • Acquisition agreement approved at Trust Board October 2014 supported by £250m investment over 29 months • All material clinical service transfers except inpatient paediatrics, haematology inpatient services and elective orthopaedics undertaken by 31st March 2015. Plans for inpatient paediatrics approved by Trust Board 27th March 2015. • Project Team and Assurance Framework remains in place to oversee the outstanding service transfers. • Medicine at County Hospital to be integrated by 1st October 2015.
To ensure sufficient bed capacity to undertake elective and non-elective work	<ul style="list-style-type: none"> • Capita review of bed requirements completed • Stabilisation plan presented at Trust Board November 2014 • Implemented additional bed capacity in line with the resilience plan • Further review of the requirements based on change of demand profile and have agreed for 2015/16 that the first additional modular ward to be used as medical capacity
To ensure sufficient management capacity to deliver the strategic and operational objectives of the Trust.	<ul style="list-style-type: none"> • Review of management capacity. • Creating a clinically lead organisation. • Review of divisional structures.
To maintain quality standards for our patients	<ul style="list-style-type: none"> • Internal Audit Report assessing compliance against a series of standards. • Internal Quality reports set up to provide assurances to Quality and Safety Forum, Trust Executive Committee and Board on progress against Quality Indicators • Care Quality Commission Intelligent Monitoring Report • Agreed internal quality key performance indicators. • Trust has dedicated specialist groups/forum to monitor and act upon quality indicator changes. • Quarterly Patient Safety, Patient Experience and Patient Outcomes Reports to Trust Board • Monthly Nursing Indicators Report • Monthly Quality reports • Results of Cleanliness Audits, PLACE inspections and Think Clean Day Audits • Annual Infection Control Report • Link Nurse objectives reviewed at annual appraisal • Minutes of relevant meetings • Action plans following root cause analysis • Monthly feedback of surveillance data to Divisions for cascading to wards for MRSA bacteraemias, new cases of MRSA, new cases of C-Diff and new cases of ESBL. • NTDA reporting on MRSA • Training records • Quarterly Divisional performance reviews • Infection Control Annual Work Programme • Divisional Audit of Infection Control practices • Reduction in the number of C-Diff cases • Antimicrobial prescribing presented at Infection, Prevention and Control Committee • Cleaning inspections, contract monitoring and ad-hoc environmental audits.
To secure a strategy to protect market share/ partnership working	<ul style="list-style-type: none"> • Stafford transaction • Partnership initiatives with Leighton and Burton • Agreements to increase specialist flows with Wolverhampton • Partnership arrangements with Staffordshire and Stoke on Trent Partnership Trust to reduce emergency pressures • Business cases to develop clinical workforce to meet elective demand • Development of theatre, critical care and diagnostic facilities • Redevelopment of site to create 'elective zones' • Development of 7-day working and elective sessions on Saturday.

In addition the Trust Board has reviewed the strategic risks as part of its review of the Strategic Objectives; these will be featured within the Board Assurance Framework for 2015/16. These focus on the Trust Board's revised strategic objectives:

- To deliver quality excellence for patients.
- To deliver our financial obligations to the taxpayer.
- To achieve excellence in education, research and teaching.
- To create an integrated, vibrant Trust and develop strategic alliances with neighbouring Trusts and partners
- To create a resilient urgent and emergency care system and increase integrated healthcare provision

Non-Compliance with NICE Guidance – Ophthalmology

In 2013/14 the Ophthalmology Service was challenged in terms of capacity to implement NICE Health Technology Appraisals. During 2014/15, the Trust undertook a full review of the governance arrangements around this as well as root cause analyses, the outcome of this review was discussed at the Quality Assurance Committee in July 2014. In addition, the Trust Board approved the business case to proceed with the direct appointment of the Eye Clinic Liaison Service in June 2014.

Tax Liability for Junior Doctors

In 2013/14 an investigation by the HMRC regarding junior doctors' removal and relocation expense payments was undertaken. Since the investigation the Trust engaged a full review of the Trust's relocation and expenses/benefits policies to ensure these are tax compliant and updated policies were circulated to the Trust following completion of this work.

In addition, an Employment Tax Health Check to review all areas regarding employment tax was undertaken. This work was undertaken by the Trust's External Auditor's Grant Thornton.

Quality Account 2013/14 – Qualified Conclusion

The Trust's Quality Account for 2013/14 received a qualified conclusion regarding the indicator

reporting the percentage of patients risk-assessed for venous thromboembolism (VTE) not meeting the six dimensions of data quality.

During 2014/15, the Trust has taken a number of actions to address these issues, including:

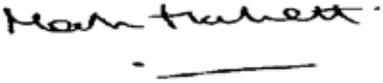
- The development of a standard operating procedure for the process of data collection and validation
- Clinical audit undertaking spot check audits on 10 sets of records each month reviewing the completion of VTE assessment
- Returns are "signed off" by the Director of Nursing before being submitted

All UHNM Executive Directors can confirm that they have taken all appropriate steps to ensure there is no relevant audit information of which the NHS body's auditors are unaware.



Conclusion

With the exception of the issues identified above, there are no significant internal control issues I wish to report. I am satisfied that all internal control issues raised have been, or are being, addressed by the Trust through appropriate action plans and that the implementation of these action plans is monitored.

Signed:	 Mark Hackett Chief Executive & Accountable Officer
Date:	4 June 2015

Audit opinion and report

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST

We have audited the financial statements of University Hospitals of North Midlands NHS Trust for the year ended 31 March 2015 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- the narrative notes on pay multiples.

This report is made solely to the Board of Directors of University Hospitals of North Midlands NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust's directors and the Trust as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors' Responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report which comprises: foreword; 2025 Vision; Our Values; Overview of our services; 2014/15 at University Hospitals; Safety is our priority; Respect and dignity; Learn from experience; Working together and everyone counts; Our headline finances; Summary financial statements; Directors' Report, Remuneration report; Statement of Accountable Officer's responsibilities; Annual Governance Statement, to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of University Hospitals of North Midlands

NHS Trust as at 31 March 2015 and of its expenditure and income for the year then ended; and

- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception

We are required to report if we refer a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 or section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 12 May 2015 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 on the basis that the Trust is forecasting deficits in 2014/15 and 2015/16 which will result in a cumulative deficit position as at 31 March 2016. These forecast deficits would lead to a breach of the Trust's statutory duty to break-even over the three year period ending 31 March 2016.

We report to you if:

- in our opinion the governance statement does not reflect compliance with the NHS Trust Development Authority's Guidance, or
- we issue a report in the public interest under section 8 of the Audit Commission Act 1998.

We have nothing to report in these respects.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Respective responsibilities of the Trust and auditor

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission in October 2014.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2014, as to whether the Trust has proper arrangements for:

- securing financial resilience
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness

in its use of resources for the year ended 31 March 2015.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Basis for qualified conclusion

In considering the Trust's arrangements for securing financial resilience, we identified the following matter:

- The Trust delivered an adjusted surplus of £3.8 million in 2014/15 after receipt of £17 million financial support from the NHS Trust Development Authority. This resulted in a cumulative deficit of £12.4 million at 31 March 2015. The Trust is projecting a deficit of £16.8 million in 2015/16, which has been agreed with relevant stakeholders and includes the provision of additional cash support and liquidity requirements. The cumulative deficit at 31 March 2015 and planned deficit for 2015/16 are evidence of weaknesses in arrangements in respect of the Trust's strategic financial planning.

Qualified conclusion

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2014, with the exception of the matter reported in the basis for qualified conclusion paragraph above, we are satisfied that in all significant respects University Hospitals of North Midlands NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2015.

Certificate

We certify that we have completed the audit of the accounts of University Hospitals of North Midlands NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Jon Roberts
for and on behalf of Grant Thornton UK LLP,
Appointed Auditor

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4th June 2015



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