University Hospital of North Staffordshire

NHS Trust

Caring With Knowledge, Value Through Quality

Annual Report

2012 - 2013

Mission Statement

We will be a leading centre in healthcare driven by excellence in patient experience, research, teaching and education

This means that:

We are here for our patients, their carers and families. We will strive to continually improve patient experience and the safety and effectiveness of our services.

We will support both current and future generations of healthcare professionals by instilling a culture of clinical innovation, research, teaching and education.

We will work with other health and social care organisations to provide continuity of care from hospital to home.

Contents

Chairman's Foreword	4
A Hospital fit for the 21st Century	6
Delivering our strategy	10
2012/2013 at University Hospital	11
Deliver safe, appropriate and effective patient care	12
Efficiency driven by innovation, teaching, research and education	22
Be efficient and financially stable	29
Build a positive reputation and play a key role in the wider community	34
Our Trust Board	38
Summary financial statements	46
Annual Governance Statement	52
Independent Auditor's Report	64

Chairman's Foreword

It is perhaps no exaggeration to say that the last year has been a momentous one for the NHS and for UHNS. We moved from three sites into a new purpose built hospital. The facilities at the City hospital are now amongst the best in the country. Nearly half our patients will be cared for in single rooms in the new hospital whilst the investment in imaging and other diagnostic services and our emergency department, which treats people from as far away as North Wales, are provided in leading edge facilities. We will over the coming years ensure that the investment provides high quality servicers which are convenient and put patients at the centre of all we do.

The publication of the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry by Robert Francis QC into what happened in Mid Staffordshire between 2005 and 2009 provides a salutary lesson for us all. We all must continually ask ourselves if we are providing compassionate care, to share our experiences about what we do well and how we can improve. And we have to really listen to our patients, their families and each other.

As the largest provider of hospital services in this part of the West Midlands, we have a key role in working with the newly established Clinical Commissioning Groups in shaping the way health services are provided in Staffordshire and neighbouring counties. Our focus has been, and will continue to be on providing high quality, safe care for our patients and in continuing to work with neighbouring trusts including Mid Staffordshire and Mid Cheshire NHS Foundation Trusts and the Staffordshire and Stoke-on-Trent Partnership NHS Trust. Our aim will be to provide and support local services wherever possible whilst centralising services where this is better for patients and their families.

This report reflects our successes but also some of the challenges we are still grappling with, notably the tough financial outlook and the four hour performance in the Emergency Centre. But these are exceptions to what has been a remarkable year for University Hospital of North Staffordshire.

Our stroke service has some of the best survival rates in the West Midlands and one of the best in the UK. But a high number of patients who have had a stroke are discharged home to have their rehabilitation in the community. This means not only are more people surviving a stroke but they are also able to lead a more independent life when they leave hospital. Our Major Trauma Centre provides care to people from Staffordshire, Shropshire, Cheshire and North Wales whilst the development of vascular surgery and cancer networks have led to a higher quality of care for people who are very ill

We have been working successfully to reduce hospital acquired infections for a number of years. MRSA was once the blight of many patients but in just six years the Trust has gone from recording over 100 MRSA bacteraemia a year to eradicating it from our hospital for an entire year. We made a commitment to our patients that we would achieve this and our staff's commitment has led to this important promise being delivered. We know we have to stay vigilant and to ensure that all infections are kept to a minimum.

"The new hospital has brought a year of real change and excitement for the people of North Staffordshire"

In July the Care Quality Commission visited the Trust to observe how people were being cared for, to talk to staff and to speak to people who use our services. They raised no areas of concern. We have also had a number of assessments to ensure that, despite the pressures in our emergency department, patients are safe. This together with comfort rounds to ensure patients are comfortable has given us confidence that our patients are safe. I know however that there are times when patients have had to wait far too long and their experience has not been what we or they would have wished. I can only apologise to

these people and ensure them that we are all committed to ensuring that such instances are kept to an absolute minimum.

In common with many organisations, the NHS is facing a time of considerable financial austerity. In 2012/13 we have been able to balance our books but only with financial support which will be available in future year, and which will provide us with considerable challenges. I am committed to ensuring that in meeting these financial challenges we maintain and even improve the quality of service we provide for our patients.

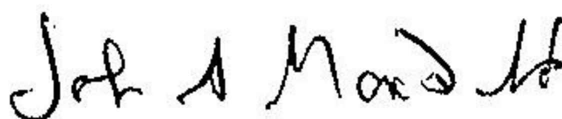
Our staff have shown huge commitment and care and I am grateful and proud to each and every one of them. They have won or been nominated for a number of awards this year. The outstanding achievement was that of John Scholey, Consultant Orthodontist, winning his speciality's top award for the fourth time in five years. Our Emergency Centre, Frail Elderly Assessment Unit and Neuroradiology Department were all nominated for prestigious Patient Safety and Care Integration Awards. Our elderly and fractured neck of femur services were awarded the Excellence in Practice and Service accreditation, the first in the country for these services.

The Francis report emphasised the importance of listening to our staff and patients more than ever before. I would also like to put on record our thanks to the LINK who have worked tirelessly over the last few years to ensure that the patients' voice is heard. I believe this is one area where we can and will do more, and I will make it our commitment to build on our links with the local community. To do this we have developed our Patient Experience and Patient & Public Involvement Strategy following a number of patient and user consultation events. We have also established a Shadow Council of Governors who will carry out many of the functions that Governors carry out in foundation trusts and who will provide an external perspective to all we do.

Our partnership with Keele and Staffordshire universities is critically important is recruiting and retaining a high quality workforce, in developing research and innovation and in securing investment into the area. Keele Medical School is now a fully accredited medical school, a fantastic achievement after only five years. Around 130 students are trained each year. The opportunities of working together also resulted in pooling UHNS charitable funds with funding from the university to procure a PET scanner, one of the first in the country.

During this year two long serving members of our Board stepped down. Keith Norton who was the vice chair of the Trust and has been a non-executive director in the NHS for over 17 years retired. Chief Executive Julia Bridgewater stepped down after 27 years at UHNS including six as Chief Executive. Julia is one of the few Chief Executives who can truly claim to have transformed the hospital and was instrumental in securing the investment for the new hospital. We are very grateful for their contributions over the years and wish them well in the future. We have appointed Mark Hackett as Chief Executive.

2013/14 will be a challenging year. But our priorities are clear – to be 'Proud to Care' in continuing to provide high quality, compassionate care; to work with our partners in Staffordshire to provide timely and integrated emergency care; to support and work with neighbouring hospitals to ensure local services wherever possible and centralise service where needed; to work with our partners in research, teaching or innovation; and to improve our financial footing. These are very real challenges but I believe they are ones to which everyone who works at UHNS is passionately committed.



John MacDonald, **CHAIRMAN**

A Hospital fit for the 21st Century

Overview of our services

University Hospital of North Staffordshire NHS Trust provides a full range of general acute hospital services for approximately half a million people living in and around North Staffordshire. 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 and paediatric intensive care. We are also recognised for our particular expertise in trauma, respiratory conditions, spinal surgery, upper gastro-intestinal surgery, complex orthopaedic surgery, laparoscopic surgery and the management of liver conditions.

In 2012/2013 over 116,000 patients attended our Emergency Centre (A&E). 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 by 2014.

Our geography

University Hospital is a large acute teaching hospital on the border of Stoke-on-Trent and Newcastle-under-Lyme in Staffordshire. 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.

Clinical services at the hospital are based at the City General site. The Trust's new hospital building is now fully operational and has 1,150 inpatient beds. Our Central Outpatients Department and Royal Infirmary sites are half a mile away from the City General. These no longer have clinical services and currently provide staff parking.

Overview of our estate

The first clinical buildings, the Maternity Centre and the Cancer Centre, opened in 2009 (pictured above). The Trust completed its move into the new Main Building in 2012 and the Kidney Unit, which was the last to move, did so in December.

The new hospital is part of a £370m private finance initiative (PFI). In addition to the new construction, some of the existing buildings are being retained and will be refurbished. However, the City General site will not be fully complete until the last car parks are complete in 2014. We have held meetings with local residents to promote discussion about the new hospital and the potential use of other sites.

How we are organised

Our services are organised into four divisions, each of which is made up of a number of

individual directorates or departments. Our clinical divisions are surgery, medicine and clinical support services, supported by the corporate services division. Each division is led by an associate director, the clinical directors of each directorate and, in surgery and medicine, a divisional nurse. They are supported by a human resources manager and a finance manager.

Each of the service line teams are led by a clinician managing the safety, clinical quality, patient experience and financial aspects of their particular service. As performance improves, they are given increasing levels of freedom to control and manage their own area to give the best possible quality and service to patients.

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 and facilities, and they also work closely with our private sector partners to provide catering, cleaning, portering and security.

Celebration of our new hospital

Many of the inpatient moves took place in 2012/13, rightly attracting much of the external attention as they were some of the biggest and more complex moves. However, the Outpatients Department at University Hospital sees over 517,000 patients every year, which constitutes the vast majority of those people who attend the hospital. These appointments were previously scattered across the City General, Royal Infirmary or in the Trust's 45-year-old Central Outpatients Department situated between the two. Now the clinics that held these appointments have moved into the new hospital at the City General.

In total 46 specialities moved during the Outpatient relocation, from Audiology to Urology. It may just be a few hundred metres, but many of our patients have spent a lifetime visiting the same buildings, seeing the same staff for what can be long-term conditions. The move went incredibly well, and although there were always going to be minor hiccups along the way, the vast majority of patients have been pleased with the new surroundings.

The patient experience begins as soon as you enter the bright airy atrium. Six Check-In screens have been installed for patients to register their arrival. Patients simply enter their gender and date of birth and the computer system automatically finds their appointment and directs the patient to the correct clinic. Patients are asked to confirm a few details so that the Trust is able to update its records immediately, helping to reduce the number of patients who do not attend their appointment. Dedicated check in staff will be on hand to help those who need it to use the system.

The Outpatient Department has 84 consulting, six treatment and 44 specialist rooms all housed on the ground and first floors. The main benefit for the Trust is that all our staff work in just one building. Previously, consultants might have had to do a ward round and then try and make their way over to the Central Outpatients Department in time to start their clinic. Now it is just a short walk along a corridor.

We know that clinic delays are one of the most irritating things for patients so the new department has designed new systems to reduce them. For example, instead of booking a clutch of appointments for the same time we are staggering them across the day. Television monitors are in place in each waiting room to keep patients fully updated if the clinic is running late.

But that's not all. The Trust has launched Netcall,

which is a reminder service that contacts patients via telephone and text a week before their appointment to ensure they attend. Missed appointments cost our clinicians vital time and energy when they could be treating another patient. The new system is just one way the new hospital is improving our efficiency.

The final move in December 2012 saw the opening of the new £12m Kidney Unit. The Renal Unit was the final clinical service to leave the Royal Infirmary after its 147 year history. There were a few tears when the final day came, after all, the Royal Infirmary had touched so many hearts and had many stories to tell. Indeed, the Trust's medical director Dr Gavin Russell, a senior renal physician, recalls that when he arrived in 1987 he was told the portable renal buildings would be gone in five years. Although they served him and his patients well, he for one shed no tears 25 years on.

But healthcare cannot and will not stand still, and when the final truck had been loaded with equipment and the last patient aboard an ambulance, thoughts swiftly turned to the new purpose built building located next to the Trent Building at the City General. In fact, the renal building, despite its prominent location, has only now started to show its full glory. Having been hemmed in by old buildings, their demolition now means that the renal unit is the first building many will pass.

The self-contained department has a 28-bed ward (with four additional trolleys) on the ground floor, a haemodialysis unit on the first floor, an outpatients' department and research, training and seminar rooms. Half of the beds are in single en-suite rooms, with the rest in four-bed bays. Upstairs, the Haemodialysis Unit has 46 stations - six more than previously. It includes four training stations where patients who can dialyse themselves at home can benefit from more dedicated teaching of the techniques without being spread through the unit as at present.

Many iconic buildings that were sadly not fit for 21st Century healthcare were lost this year, and more are set to follow in the next 12 months. But many, including the old Chapel and A Block have been saved for future generations to enjoy. The site will quickly change as new car parks replace the old buildings and in next year's annual report we will be close to reflecting on a site transformed and a hospital fit for the future.

The next year will see some significant changes to the City General site as the old clinical buildings are demolished to make way for car parking. The highlight of the demolitions will be the removal of the giant Norton and Springfield block of buildings, which dominate the North East corner or the site. Once these have been cleared the site will have an additional 300 spaces available.

Listening to what people say

At University Hospital we know that we need to listen to our patients more than ever before. They are our experts and if they can see improvements to our services that we ourselves can't, we must listen. The Trust continues to be fully committed to involving patients and the public in our work and to develop services that are responsive to the needs, expectations and preferences of the people that use it.

To do this we have developed our Patient Experience and Patient and Public Involvement Strategy following a number of patient and user consultation events. This underpins the work we are doing, giving us clear aims and focus.

Our staff have engaged with local community and stakeholder groups, inviting them to four focus groups in November to look at how we can improve access, services, safety, information and patient experience. We are committed to going to

the groups rather than asking them to come to us. Our aim is to be involved in at least one focus group per month and we welcome any invitations from our local communities, whether to listen to feedback or to provide information and updates on specific areas of interest.

The failings at Mid Staffordshire NHS Foundation Trust, not far from us geographically, were the springboard for the publication of the Francis Report. This report made 290 recommendations for the NHS, and many of these focused on our ability to listen. But how does an organisation with over 7,000 staff and 600,000 patients, and serving a population of over three million listen? That's why we decided to start small.

We asked our staff four simple questions based on what needs to change, what we are doing well and how can we do better. Over the next 12 months we'll take the results of this initial listening exercise and ask our patients what their opinion is. Just one trust can't change the culture of the NHS, but it is essential that we play our part.

Regional and local monitoring

Technology is changing the way we communicate and the way we listen as an organisation. We continue to obtain our feedback through old favourites such as local and national patient surveys, questionnaires and comment cards, the Mystery Shopper Program, PALS and complaints analysis. Our staff have also been to the AgeUK Fifty and Counting focus groups, answering questions from the group and taking clinicians with specific areas of expertise to meet groups.

But there is another group of patients out there that don't want to sit and discuss at a meeting scheduled at the end of the month, they want to communicate instantaneously. This is why University Hospital has embraced technology, such as websites like Patient Opinion, which allow our patients to tell the world what they think of us without asking our permission to do so. And the Trust is encouraging this type of feedback, and where possible, making changes to our services. Our website not only receives nearly 500,000 visits a year, we receive thousands of queries ranging from the best place to park to detailed questions about the standard of care.

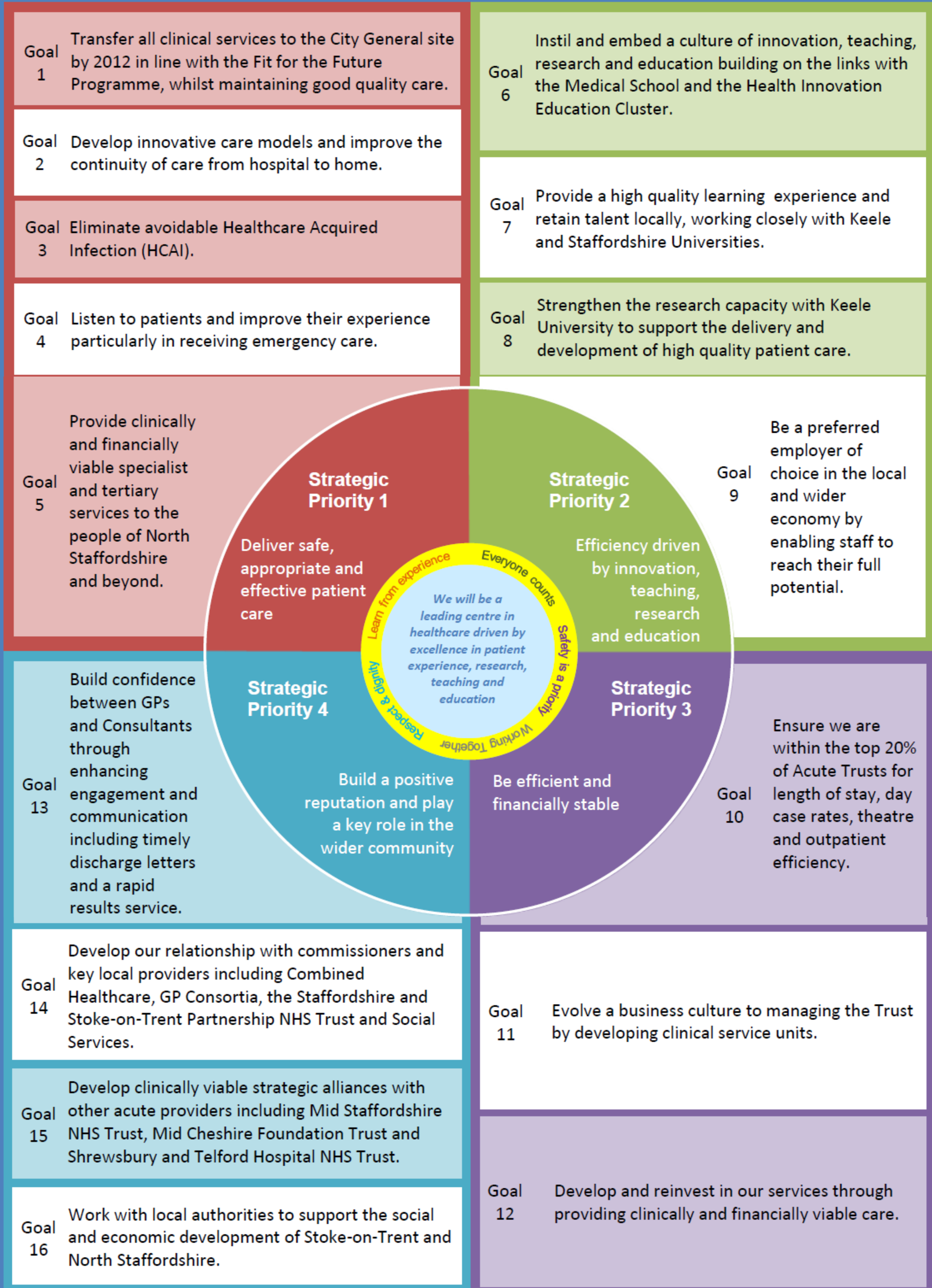
This type of interaction will only grow as the Trust embraces social media and a whole new audience. Our clinicians will have the opportunity to tell the world about some of the amazing surgery or medical care they are able to provide. And in turn, our patients and visitors will be able to agree, or even disagree, should their experiences command them. The Trust is there to accept any praise should it be forthcoming, and listen to our patients when they want us to improve.

UHNS Charity

UHNS Charity launched its 'UHNS Charity 500' appeal in July 2012 to help buy a PET CT Scanner. The Trust had purchased the scanner following a £2million donation from a private donor and a further £1million from Keele University. However, in order to install the machine UHNS Charity called on its generous supporters to help raise £250,000. The appeal went out for 500 individuals, groups or companies to raise £500 each.

The response we have had from individuals, groups, schools and businesses was incredible. We received support from Staffordshire Police who organised a car wash event, the local community organised a cricket match against Balfour Beatty and Cambian (pictured above), staff at the Trust held a ball, organised dress down days and cake sales. Many local businesses mobilised, including Bibby Distribution, Shine Through, Sodexo, Autonet Insurance, Asda and Tesco, Inspired Film and Video and many many more.

Delivering our strategy



2012/2013 at University Hospital

84.40%

of Stroke patients have spent more than 90% of time on a Stroke Unit, up from 79.50%

89.88%

of patients attending A&E seen within four hours, down from 92.51% (the target is 95%)

6

Operations not re-arranged within the target time of 28 days, down from 61 last year

97.82%

of non-admitted patients treated within the 18 week referral target, up from 96.63% last year (the target is 95%)

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.

97.80%

of cancer patients seen within the first two weeks after referral to first outpatient appointment

0

MRSA bacteraemia

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.

65

C Difficile, down from 70 last year (target was 125)

Working together

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 put the needs of the patient before the NHS and other organisational bodies.

99.00%

of cancer patients treated within 31 days after diagnosis, up from 97.20%

93.15%

of admitted patients treated within the 18 week referral target, up from 89.19% last year (the target is 90%)

4,359

patients on inpatient waiting list, down from 4,605

84,184

Emergency inpatients, up from 68,962 last year

18,384

Total number of patients on outpatient waiting list, up from 13,872

Respect & 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.

1.60%

of patients whose operations were cancelled at short notice, up from 1.27%

116,398

Emergency patients treated, up from 106,563 last year

Everyone Counts

Our staff are valued, listened to and supported. Everyone is part of the University Hospital team and we treat everyone as an individual.

87.60%

of cancer patients treated within 62 days after referral, up from 85.01%

Deliver safe, appropriate and effective patient care

Our patients expect and deserve safe, appropriate and effective care. University Hospital, and all other NHS hospitals nationwide, are monitored to make sure we provide safe care of good quality. Data is collected on a wide range of measurements and targets and is used by regulators. They monitor individual hospital performance and enable comparison against other hospitals across the country. This shows where standards need to be raised and where good practice can be passed on to others.

Many of our services have continued to make improvements for their patients and these can be seen in the performance indicators the Trust has achieved. These statistics highlight just a fraction of the care and patient experience we provide, yet despite the challenges outlined in this report, these statistics provide assurance that patient care is this Trust's top priority. Our key performance indicators are monitored every month so we can assure ourselves that we are meeting standards.

	2012/13	2011/12
Number of inpatients and day cases treated (in spells)		
Elective inpatients	12,770	13,052
Elective day cases	49,996	51,471
Emergency inpatients	84,184	68,962
Number of outpatients seen		
New appointments	159,540	167,020
Follow up appointments	358,110	383,268
Waiting lists		
Inpatient waiting list	4,359	4,605
Outpatient waiting list	18,384	13,872
Operations		
Cancelled at short notice	1,005 (1.60%)	860 (1.27%)
Not re-arranged within the		

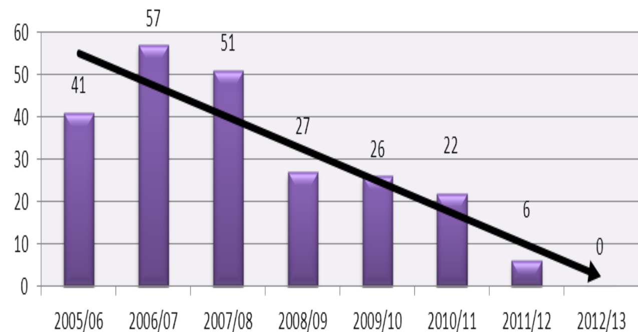
Harm free care

	2012/13	2011/12
Infection Control		
MRSA bacteraemia (limit 8)	0	6
C Difficile (limit 125)	65	70

Protection from hospital acquired infection

This year our patients have benefitted hugely for the Trust's highly successful year in eradicating hospital-acquired infections. The Trust made a commitment to eradicate these infections in its new hospital, and for MRSA, it is an accomplishment that has been resounding success across the organisation. We have also made good progress in tackling other infections and it is a real credit to all of our staff that their efforts have been rewarded.

MRSA



During the year the Trust did not report a single Trust apportioned Meticillin resistant staphylococcus aureus (MRSA) bacteraemia. To put this into context, 57 MRSA bacteraemia were reported for the same period in 2006/07. In just six years the Trust has managed to eradicate all Trust-apportioned MRSA bacteraemia, which has had a huge impact on our patients. Our staff achieved the important milestone of having gone 365 days since its last MRSA bacteraemia.

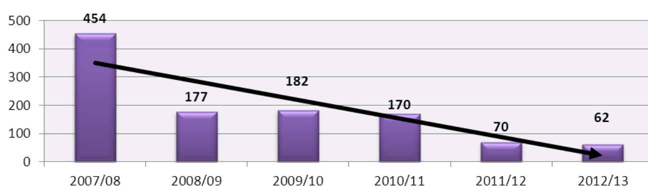
To achieve and sustain year on year reductions (see graph), the Trust has developed policies and

procedures and an audit programme to ensure that these are being adhered to. A recent restructuring of the Infection Prevention and Control staff will further help this fight and support our front line staff prevent, reduce and control infections. At University Hospital we have continued to screen all our inpatients for MRSA. Using lessons learned from root cause analysis investigations we have put in place a number of initiatives to help prevent patients acquiring an MRSA bacteraemia.

To aid this fight we have used technology to further enhance our understanding of the bug. Our Clinical Information System (CIS) continues to be developed, enabling all wards/departments to have real time alerts of all patients with a resistant organism. 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. Alongside this our screening and decolonisation policy continues to be reviewed and updated and an analyst has further refined the Infection Prevention dashboard of alert organisms to aid our frontline staff.

We can't be complacent in this battle against infections. Old favourites such as 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. The Trust's matrons have responsibility for regular hand hygiene audits in their areas and many of our patients and visitors are our champions for good hand hygiene.

Clostridium Difficile



Clostridium difficile cases are significantly lower than last year and within our target for the year. Much like MRSA bacteraemia, there has been a year on year reduction in the number of Clostridium difficile cases since 2007. Again, cases of Trust-apportioned Clostridium difficile infections are subject to a root cause analysis. Wards that have two or more cases within 28 days present their root cause analysis to the Chief Executive. Their learning outcomes from investigations carried out are then shared throughout the organisation. The following graph shows the reductions over the last six years.

Norovirus

Norovirus, commonly known as the 'winter vomiting virus', can cause our patients considerable discomfort. It is the most common cause of gastroenteritis in the UK and generally occurs between October and April. The HPA reported that the particular strain of Norovirus this year was more virulent than last year. The illness is self-limiting and the symptoms will last for 12 to 60 hours, while most people make a full recovery within one or two days. However, some people may become very dehydrated and require hospital treatment.

Patients that present with suspected gastroenteritis in the Emergency Centre are isolated as soon as possible to try to prevent the introduction of norovirus in our hospital. This helps reduce the spread of norovirus in the Trust, which can be disruptive and result in ward closures. In line with other hospitals throughout the UK, University Hospital has had a number of wards closed or restricted. However, at University Hospital we have not reported a large number of wards affected, as other large hospitals have had to. Together with the local community, we can restrict the impact this virus has on the hospital and its services.

Surgical Site Surveillance

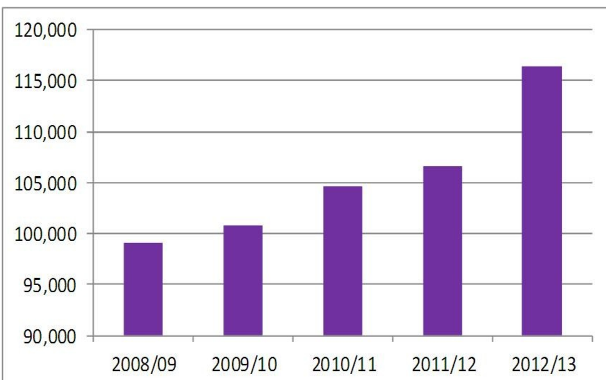
The Trust continues to participate in Surgical Site Surveillance, working closely with clinical teams and reporting when and if an infection is identified. Infection and prevention control nurses work closely with clinical teams to look at root cause to put in place actions to reduce the risk of infection.

In an emergency

	2012/13	2011/12
Emergency attendances	116,398	106,563
A&E four-hour wait (target 95%)	89.88%	92.51%

Emergency Centre

The Emergency Medicine team started this year in their brand new facility. Moving from the old Royal Infirmary A&E to the City General was a huge undertaking and the team performed magnificently to achieve this with no notable effects. We know we provide a high quality and safe service for our patients. However, despite this success, we are disappointed that performance did not meet the 95% four hour wait target.



A&E attendances over the past five years

An analysis of the patients attending the Emergency Centre helps us to understand why the Trust was unable to meet this essential target. It reveals that Emergency Centre attendances have increased by nearly 10% and overall community emergency portals have seen an increase of emergency activity. The graph below shows the increases in attendances over the past five years.

The rise in attendances at the Trust is not related to a reduction in activity elsewhere in the local health economy. Some of the 10% increase can be attributed to South Staffordshire activity, partly related to the overnight closure of Mid Staffordshire Foundation Trust A&E department, and some of the increase is unexplained.

As well as an increase in attendances, the Trust has seen an increase in the percentage of patients requiring admission to a hospital bed. The level of emergency pressures experienced by the Trust means on occasions the care provided fell below the standards to aspire to. This year we will focus on having the optimum medical staffing in the Emergency Centre areas, clinically appropriate discharges taking place as early in the day as possible and escalating plans that can be delivered at peak times.

Despite the increase in attendances, the standard the quality of care to patients remains high for our patients. We have introduced comfort rounds to ensure our patients always have their needs met University Hospital is now working ever closer with clinical commissioning groups and Staffordshire and Stoke on Trent Partnership NHS Trust to ensure that all patients are cared for in the most appropriate setting.

Screening

We are screening all adult patients for harmful drinking. The Trust estimates that as many as one in three of its 100,000 A&E attendances every year are related in some way to harmful drinking. The Emergency Centre's alcohol screening programme is part of the trusts 'making every contact count' strategy. Our clinicians speak to our patients about the dangers they are putting themselves in, in addition to treating the patient for the injury or condition they have presented with.

University Hospital has worked hard for a number of years to recruit most appropriate number and quality of clinicians to our Emergency Centre. This

has seen a significant investment in our emergency medicine consultants. This year we have increased the number of consultants from 15 whole time equivalent (WTE) consultants to 17.5 WTE. In doing so we have made our department safer, improved outcomes for patients and demonstrated a commitment to ensuring ours is one of the best places to receive emergency care.

Trauma

Our Major Trauma Centre receives patients from a wide geographic area and these patients achieve some of the best outcomes for their injuries in the entire country. We are continuing to develop with our partners at Betsi Cadwaladr University Health Board, part of the North West Midlands Trauma Network. Our major trauma catchment is stable and financially sustainable for the future.

There have been some real success stories since the Centre was created and some of our patients are involved in educating others who will go through a similar experience. The major trauma team continue to modify care pathways and forge links with rehabilitations services.

18 Weeks

Our patients want to be seen as quickly as possible. 18 weeks is more than a target, it is a value we in the NHS hold dear because we know what a hard time this can be for families. This year we achieved the standard of 90% (for inpatients) and 95% (for outpatients). Again, the Trust has improved all of the indicators from last year, which is a credit to our hardworking staff. To further improve the patient experience, the Trust is working to reduce wait times for outpatient attendances.

	2012/13	2011/12
Referral to Treatment (RTT):		
95% for non admitted	97.82%	96.63%
90% for admitted patients	93.15%	89.19%
92% for incomplete pathways	94.66%	94.70%

Grace Currie

Grace Currie is a young lady who needed the specialist services provided at University Hospital of North Staffordshire following an accident. Grace was just 17-years-old at the time she was hit by a car. She was initially taken to Royal Shrewsbury Hospital and because she had a severe traumatic brain injury she had to be transferred to UHNS' Multiple Injuries Unit for treatment. She was subsequently transferred to the Haywood Hospital, which provides specialist rehabilitation services. She is home now and continues to receive care and support through her rehabilitation.

Grace's father Graeme said: "Our thanks go to all the hospital staff who have been involved in Grace's care. What was identified as extremely important was Grace's rehabilitation needs even while she was still in intensive care. Rehabilitation was started during the first week when she was still in a coma with treatments to aid and assist her future walking. This is such an amazing thing, not only were the doctors and nurses working 24 hours a day to save her life they were also treating her in ways that would support her recovery in future as she learns to walk again."

When asked what the hospital staff did for her, Grace replied: "Saved my life."

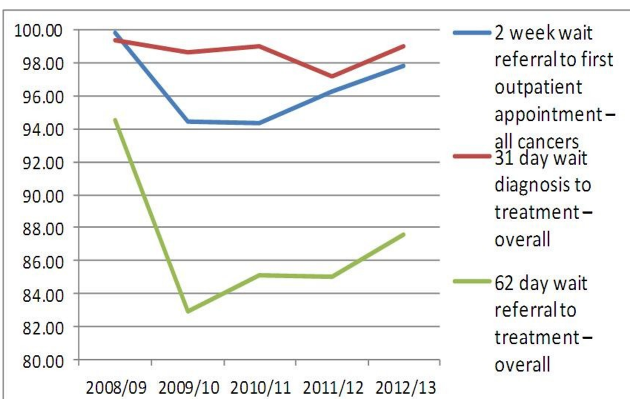
Cancer

	2012/13	2011/12
Cancer waiting targets (percentage of patients within target)		
2 week wait referral to first outpatient appointment – all cancers	97.80%	96.30%
31 day wait diagnosis to treatment – overall	99.00%	97.20%
62 day wait referral to treatment – overall	87.60%	85.01%

Cancer

More than one in three people in the UK will be diagnosed with some form of cancer during their lifetime. By providing high quality Cancer services we are ensuring our patients receive the care they need. The Trust has improved the level of care and performance provided to patients with suspected cancer or a definitive diagnosis of Cancer.

Cancer can be a hugely stressful time for the patient and their loved ones. All of the staff who work in the Cancer Centre or on one of the cancer pathways are dedicated to meeting all three national targets: the two-week wait referral to first outpatient appointment for all cancers, the 31-day wait diagnosis to treatment and the 62-day wait referral to treatment.



Cancer waiting targets (% of patients within target)

Bowel Cancer

Patient are now discharged less than 24 hours after surgery for bowel cancer, vastly improving their experience. A new pathway, the 23 hour pathway, saw a patient discharged home just 23 hour after undergoing surgery for bowel cancer. Staff using the new pathway identify suitable patients for accelerated enhanced recovery following a laparoscopic right hemicolectomy. The patient's bowel cancer was picked up through the Trust's bowel cancer screening programme.

Enhanced Recovery is a plan of care which involves patients as the central stakeholder. The pathway requires input from all members of the multi-disciplinary team from the initial contact at outpatients through to the post-discharge period. As the patient pathways have improved quality of care and reduced readmissions, the patient's length of stay in hospital has also been reduced. The colorectal enhanced recovery accelerated pathway is an extension of the existing programme, providing safe care from hospital to home with safety as a priority.

Breast Cancer

Women in North Staffordshire have made a leading contribution to changes in worldwide radiotherapy treatment for breast cancer. By agreeing to take part in medical research, our clinicians were able to confirm that shorter but bigger bursts of radiotherapy is an effective treatment for the disease. The women, patients from University Hospital's Cancer Centre, took part in the "START" research study.

The research at the Trust was led by University Hospital's internationally renowned cancer specialist, Dr Murray Brunt. The initial five-year results showed it was just as effective and safe to give women a lower total dose of radiotherapy in fewer, larger treatments than the 25-dose international standard. The 10-year results,

released this year, confirm the new treatment routine also offered important benefits for women, including fewer trips to hospital. As a result, the shorter treatment course of 15 treatments was adopted in the UK and could now be rolled out worldwide.

The same national team is now setting out to investigate whether even fewer doses of radiotherapy could be just as effective. The current trial will compare the new standard 15-dose course of radiotherapy treatment, delivered over three weeks, with an even shorter five-dose course, delivered over one week. This trial called FAST Forward is being led nationally by Dr Brunt. Over 1,000 patients out of a planned 4,000 have been recruited, many from North Staffordshire.

Prostate cancer

Men with prostate cancer at University Hospital are benefitting for a new technique being pioneered here at the Trust. Intensity Modulated Radiotherapy Treatment (IMRT) is able to give cancer tumours high doses of radiation, but with significantly reduced side effects. Only selected patients were given the treatment previously because of potential difficulties to critical organs next to their tumour. New research shows that the benefits far outweigh the potential problems.

Prostate cancer is currently the commonest form of cancer in men, and accounts for almost 25% of all new male cancer diagnoses. Conventional radiotherapy treatment uses a number of radiation beams centred on a patient's tumour to deliver a high dose of cancer-killing radiation. However, this becomes difficult when the tumour is next to or wrapped around an organ which is sensitive to radiation, for example the spinal cord.

IMRT is an advanced treatment method which alters the shape of the radiation beam hitting the patient so that the dose delivered to the tumour can very accurately follow the shape of the tumour and avoid the radiosensitive organs. Being able to give all men with prostate cancer in North Staffordshire this type of treatment will bring huge benefits to their recovery.

Vulnerable adults

Elderly

The care our elderly patients receive has been shown to be one of the best in the country. University Hospital has become the first Trust to attain the Excellence in Practice (EPAS) accreditation award for its Elderly Care and Orthopaedic fractured neck of femur services. The award is given to hospital trusts that have been able to demonstrate a high quality of patient care.

This award, the culmination of two years of work by staff, shows our staff provide a high quality of care, particularly to our elderly patients, delivered with compassion and pride. To attain the award a team of assessors from a university, patients, other trusts and professional bodies visited the Trust, observing how we deliver care. We are judged on six criteria and measured against the best practice across the NHS nationally.

The team were recognised as giving a 'gold standard' of service. Patients who require care on the Elderly Care unit or the Fractured Neck of Femur ward can often be the most vulnerable patients in a hospital, which means the care they receive has to be the very best. This award has shown that they can be confident about the level of care they can expect to receive.

Tissue viability

The Trust had no incidents of hospital acquired grade 4 pressure ulcers for nearly two years. This achievement was in part thanks to the Tissue Viability toolkit that was rolled out across all adult ward areas and the development and implementation of a new SKIN bundle. The Tissue Viability nurses introduced hybrid pressure relieving mattresses and developed an innovative software programme designed to track patients with pressure injuries across all NHS providers in the area. Pressure ulcers are a real concern for staff and through this hard work University Hospital is making real progress in ensuring patients don't develop them here at the Hospital.

Telemedicine

Telemedicine enables stroke patients in Shropshire and Staffordshire to receive faster access to clot-busting drugs. Clinicians from University Hospital are able to give advice via a live video link to colleagues across Staffordshire and Shropshire. This safe and sustainable technology enables those patients who present at their local hospital with the symptoms of stroke to receive thrombolysis rapidly, any time day or night, giving a 'gold standard' service.

Telemedicine is the use of portable units that allow hospital doctors in a different location to give a virtual assessment for stroke patients via a video camera and screen. The doctors can speak to the patient and their relatives, whilst at the same time, they can see test results and scans to help them make a decision on treatment.

On arrival at the hospital stroke clinicians will be able to make quick decisions about whether to give the patient thrombolysis after seeing the results of the patient's CT scan.

Dr Indira Natarajan, Network Clinical Lead for Stroke/Consultant Stroke Physician said: "This allows those arriving at their local hospital to receive thrombolysis rapidly at any time. We know that if suitable patients are given the clot-busting drugs within three hours of the onset of their symptoms it will allow them to recover quicker, reduce disability and have a better quality of life.

"A stroke occurs when a blood vessel in the brain gets blocked by a clot cutting off the blood supply to the brain. But thrombolysis breaks up the clot, unblocking the artery which allows the blood to get through to the brain and prevent significant damage."

Stroke Services

	2012/13	2011/12
Stroke patients that have spent more than 90% of time on a Stroke Unit	84.40%	79.50%

People suffering Stroke in North Staffordshire are more likely to survive than almost anywhere else in the country. University Hospital of North Staffordshire's Neurosciences department has the fourth best survival record in the country, and the best in the West Midlands. The Trust recorded 171 deaths with diagnosis of acute cerebrovascular disease against an expected level of 225.

The Neurosciences department, made up of the Neurology and Stroke wards, moved into the new building earlier in the year. Dr Indira Natarajan and his team have been building their service for many years and statistics like these show what fantastic progress they have made. Through the use of thrombolysis injections within four hours of Stroke they are able to give their patients a greater chance of survival. These injections thin the blood after a stroke reducing the ability of the blood to form clots in the brain.

However, our Stroke service is much more than about simply helping our patients to survive. We have comprehensive rehabilitation programmes that aim to improve a patient's quality of life, or even a full recovery.

Our Stroke service has been making headlines for the last couple of years. In the last 12 months we've seen consultants using innovative research involving bat spit, whilst at the same time launching a telemedicine service that enables them to share their expertise with neighbouring hospitals. These survival statistics show the team are a genuine credit to the hospital and people of North Staffordshire.

Children's Centre

At Cheethams, a hospital within a hospital, our patients are at the heart of everything we do. Cheethams has provided healthcare for North Staffordshire's Children for generations. Now our caring consultants, surgeons, anaesthetists, nurses and specialist support staff are based in one of the world's most modern hospitals. Every parent whose son or daughter needs hospital treatment wants to know their child will receive the best possible care.

But it's not just what our clinicians think that is important. Cheethams have set up a patient experience group from across the Hospital. Here our staff share what their patients have told them and how improvements can be made. The Trust has also purchased some handheld electronic devices specifically for children, and their parents, to tell us what they think. The next step is the creation of an interactive iPad app, which will bring patient feedback in the 21st Century.

Maternity Centre

Vanessa Coysh gave birth to little Poppy in the Centre earlier in the year, who subsequently needed treatment in the Neonatal Intensive Care Unit. The Maternity Centre have worked hard to promote their services in 2012/13, including the production of a film for the Trust's website.

Vanessa said: "The nurses here are lovely, you can ask them anything. They will sit and describe things for you. Poppy had a problem with her heart. We didn't understand what they were telling us so the doctors sat us down and drew it out for us, they explained what was going on and how they were going to fix it. This made things a little bit easier.

"There is a kitchen area where all the parents can go. You can chat to other parents which makes you feel like you are not the only one going through it, and you make new friends. The bedrooms make it easier when your baby is in intensive care because you can stay with them and go in and out to see them whenever you can."

Callum McGough

Teenager Callum McGough views Cheethams as a home from home after a decade of treatment for two different types of leukaemia. It began when he was just four years old and diagnosed with Acute Lymphoblastic Leukaemia. After an initial blood transfusion at Birmingham Children's Hospital, his care was transferred to Cheethams so he was close to his family's Tunstall home.

Callum paid regular visits to Cheethams for chemotherapy treatment but also found himself in hospital, especially over Christmas periods, after picking up infections. He was also helped by dieticians and a teacher and his family benefitted from counselling support.

However when he was nine, and things looked brighter, Callum fell very ill again. After bone marrow and lumber puncture checks, he was diagnosed with Acute Myeloid Leukaemia. Doctors were surprised because it had no genetic link to Acute Lymphoblastic Leukaemia.

Callum's dad Tim said: "It was a shock to learn he had contracted this second type of leukaemia. He was immediately taken to Birmingham for another blood transfusion but then transferred back to Cheethams' care. Again he received model treatment and the doctors and nurse were wonderful, understanding people. Because of how we were made to feel and the length of time Callum was there, it really did feel like home from home. He attended Christmas parties, was visiting by Gordon Banks and had trips to places like Alton Towers."

Callum, who is in full remission, said: "I feel healthy and like playing sports like rugby. I got a lot of support from Cheethams and everyone was very friendly."

Terry Conroy

Terry Conroy, 65, suffered from an abdominal aortic aneurysm, from which only one-in-10 people have a chance of surviving. The former Stoke City player now spends his time encouraging older men to get checked for the condition. He wants over 65s to be scanned for the condition where the body's main blood vessel, the aorta, weakens and expands.

After falling ill Terry was brought to University Hospital of North Staffordshire and underwent emergency surgery. Terry said: "What's happened to me has had a very positive effect on people around me because they think if it could happen to me then I better get it checked out.

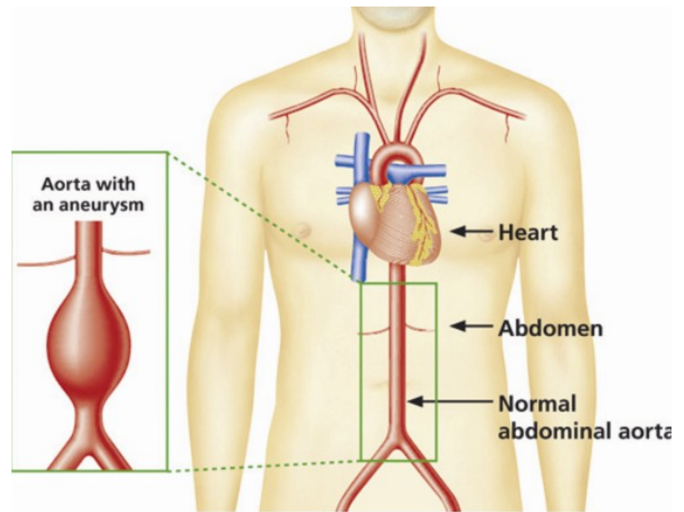
"My local priest keeps saying it's a miracle and I have to agree with him, because what has happened to me has happened to others and they haven't survived. Out of nowhere came this severe pain in the back region and I felt at the time it was a little bit more than the usual spasms we all get at our age.

"Within minutes I collapsed, and the next thing I know I'm on the floor of a car park with a paramedic attending to me. The bulge in my aorta was five times the size and it burst on the operating table. If it had burst at any other time I would've died within a minute, because that's how long it takes over your body, you basically drown in your own blood."

Vascular services

Abdominal Aortic Aneurysm (AAA)

The NHS Abdominal Aortic Aneurysm (AAA) Screening Programme in North Staffordshire has been a huge success for men turning 65-years-old. Research has demonstrated that offering men ultrasound screening in their 65th year could reduce the rate of premature death from ruptured AAA by up to 50%.



From April 2012 men were automatically invited for screening in the year they turn 65. Men who are older than 65, and who have not previously been screened or treated for an abdominal aortic aneurysm, could opt in through self-referral direct to the screening programme. There are around 6,000 deaths each year in England and Wales from ruptured AAA and Vascular disease accounts for 40% of UK deaths. Vascular disease is as common as cancer and heart disease.

There are over 7,500 men who are eligible for screening in our local area this year and the team screened 6,500 of them. The team detected 90 aneurysms, seven of these men were operated on, who otherwise may have ruptured and died within eight months. Vascular surgeon Arun Pherwani said: "We set ourselves a target of screening 7,500 men, which is based on the baby boom, the year the war ended. Nationally, 1.7% of people screened have AAA but in Stoke-on-Trent that figure is just under 2.5%”. The AAA screening team are pictured right (Mr Arun Pherwani pictured far right).

Complaints

	2012/13	2011/12
Complaints		
Formal complaints received	744	636
Complaints received by PALS	1,226	1,108
Resolved within target	71.3%	61%

The number of formal complaints and concerns raised via the Patient Advice and Liaison Service (PALS) has risen this year compared to last year. Complaints are an important indicator of how well a Trust is performing. Too many suggest there may be problems with the services provided whilst too few may indicate that patients don't feel they can raise concerns. The rise in PALS contacts follows the move to a highly prominent location for the PALS team within the main atrium of the new hospital building, allowing for easier access by patients and visitors.

The Trust has established a partnership with the Patient Association, who are a national independent healthcare campaigning organisation for patients, carers and the public. The aim is to enable complainants to have their voice heard, and to support the Trust to translate that voice into genuine improvements in care. Part of the work includes a Peer Review of complaints, which introduced an element of independent scrutiny into the complaints handling process at the Trust to encourage improvements.

Lessons Learnt

One of the most important aspects of the complaints process for the Trust is to learn lessons and for the changes we introduce to enhance the experience for our patients, carers and relatives. While many of the changes we make are small, it is often the 'little things' which can make the difference between a good and a poor experience for our patients.

The Emergency Department have held an Elderly People Awareness Day, which helped develop our understanding of how to communicate effectively with elderly patients. In addition they have:

- Streamlined ambulance triage so patients are moved to the appropriate area of care in a more timely manner
- Introduced extra educational sessions e.g. manual handling/lifting patients
- Ordered a stock of orthopaedic equipment to be kept on the department so access to this equipment is instantaneous instead of having to wait for a staff member to collect from the orthopaedic wards.
- Reminded staff of the importance of listening to relatives when discussing a patients symptoms
- Share good news/compliment letters with all staff to share areas of good practice
- Considered whether it would be beneficial to have nursing staff representation at relevant complaints meetings to help them to understand how staff attitude affects a patients view of the service they have received
- Ordered extra pillows to ensure their availability for the comfort of patients who are in the department for a long time or present with an illness/injury where a pillow allows them to rest more comfortably on their trolley.

Our Renal staff are in the process of extending visiting hours so relatives see consultants, registrars and the matron and to enable carers to assist with patient care and feeding. They have amended the types of sandwiches served in Haemodialysis (HD) Unit and turned up the heating by 3 degrees because patients said they were too cold. Renal also have a volunteer to improve the welcome to ward and help with diversion activity for patients

A number of areas have sent staff on customer care training including Renal and Neurology and patient information leaflets have been reviewed including Oncology.

Efficiency driven by innovation, teaching, research and education

Innovation

PET/CT

Determining the best treatment strategy for each patient is difficult, because cancers behave differently from patient to patient so the treatment must be tailored to each individual. To aid our patient care, the Trust has been able to purchase a PET/CT Scanner this year. The scanner uses a combination of CT scanning and nuclear medicine PET imaging to produce accurate images of cancer spread and activity in the body.

PET/CT is extremely sensitive in determining the presence of cancer and in detecting any spread of cancer to distant parts of the body. In addition, PET/CT scanning can determine how much energy a cancer is using and therefore how active it is. The treatment of cancer is a very fast developing area with an ever-increasing array of new drugs, radiotherapy and surgical techniques.

Because PET/CT is better at demonstrating the extent of spread of cancer and how actively it is growing, it is particularly good at determining which treatment is likely to be of most benefit in each patient. Furthermore, once treatment has been given, PET/CT can give a very early indication how effective it has been in treating the cancer.

Taken together, this means that we can make sure that our patients are getting the most effective treatment, and, if it is not working, PET/CT can provide early warning so that other options can be considered.

Virtual Integrated Clinic

University Hospital has been awarded a SHINE grant to implement an innovative new way of delivering care to patients. The Virtual Integrated Clinic is a post-discharge follow-up service, bringing the Trust together with community services. The service aims to speed up patient discharge and prevent unnecessary hospital stays, improving the patients overall experience.

Acute medical admissions to hospital use a large amount of NHS resources. The time it takes to discharge a patient from hospital may be delayed by the time taken gathering patient information. The clinic will hold all patient information in one place, saving time and allowing patients to go home much quicker. It also strengthens the relationship between the hospital and community services in a way that will benefit patient care.

Length of stay and discharge

Patients have started to see the benefit of their care co-ordinated and delivered in the most appropriate place. To do this the Trust launched is innovative Patient Flow Bundle which, when applied as a package in a consistent, systematic way, will provide benefits to patients, staff and to the organisation. The bundle focuses on Expected Date of Discharge, Board and Ward Rounds, Criteria Led Discharge and Length Of Stay Reviews.

It also means our staff are able to deliver the right care in a timely and well organised manner, and the organisation benefits through improved patient flow, reduced length of stay and a more timely patient discharge.

One particular success is a reduced average length of stay for Fractured Neck of Femur patients. The reduction has seen the average inpatient stay down from approximately 11 days in 2011/12 to approximately eight days in 2012/13.

Minimally invasive coronary artery bypass graft surgery

Consultants at University Hospital of North Staffordshire are amongst the very first to perform minimally invasive coronary artery bypass graft surgery. Normal bypass surgery involves opening up the chest and operating on patients. This type of procedure would involve stopping the heart with the aid of a machine.

Our new procedure involves making a small cut of about 2.5 inches between the ribs and using cameras and small instruments. The procedure is so ground-breaking that our consultants are helping to design how the instruments should actually be created. The recovery for patients is two to three weeks as opposed to up to three months using previous techniques. The patient is discharged and back at home in 72 hours.

Mr Lognathen Balacumaraswami, a Consultant Cardiothoracic Surgeon, has been leading his team in this ground-breaking procedure. The coronary artery bypass surgery is done through a small incision about two inches in length using key hole instruments. With so much less trauma, pain and infection risk, people return to normal activities within two to three weeks. Not so long ago they would have stayed in hospital for that long. They are left with a small incision in the chest side instead of a large incision down the middle which takes two to three months to heal.

Mr Balacumaraswami works with a team of surgeons, anaesthetists, nurses and assistants. Their technique could soon give people too weak for conventional heart surgery this life-saving treatment.

And it's not just the surgeons taking the limelight. The Queen's Award for Voluntary Service was awarded to the North Staffs Heart Committee for their support over 33 years. Their service since 1979 was rewarded by Her Majesty's Lord-Lieutenant, Mr Ian Dudson CBE, who presented the award.

Kenneth Keay

Kenneth Keay needed just a two-inch incision in the left side of his chest for his single coronary bypass operation. Two of the 60-year-olds ribs were prised apart to create a tunnel into the heart to use keyhole instruments up to a foot long.

Kenneth (pictured above with Mr Lognathen Balacumaraswami) said: "For 30 years I have suffered pain that I put down to indigestion. Then after I had just started a hill walk it happened again and my girlfriend persuaded me to drive back to the University Hospital's accident unit. I was kept in and the doctor said my heart disease was too bad for medication or a stent.

"Surgery was the only option and they mentioned this minimal invasive procedure which had many benefits so I agreed at once. I had the operation on the Thursday and was back home on the Sunday pain -free. I am now walking up to seven miles four days a week and haven't felt this good for years."

Mr Balacumaraswami in one of the new Theatres at the City General Main Building. (Both pictures supplied courtesy of The Sentinel).

Teaching

Doctors of the future

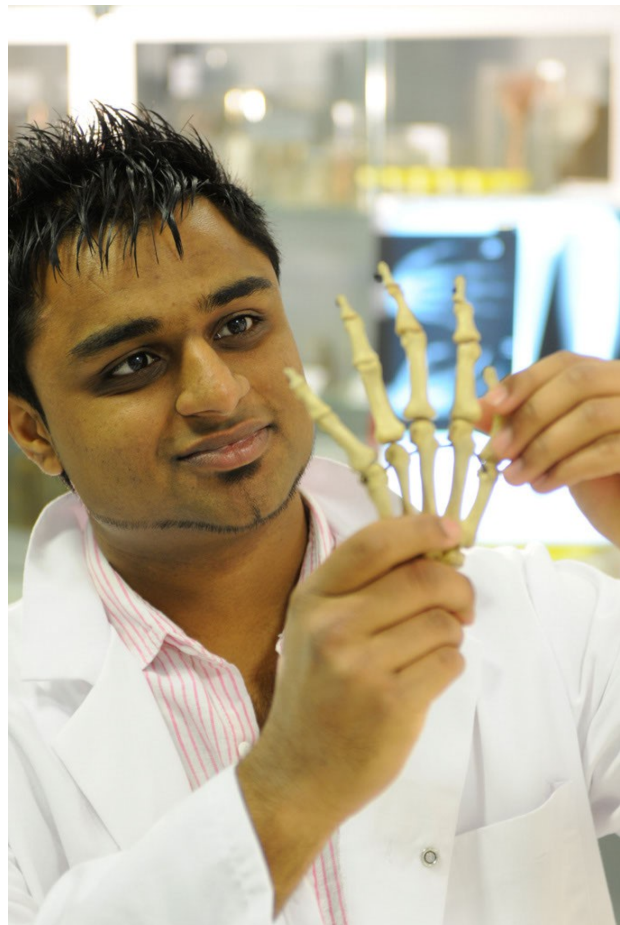
Keele University Medical School has trained around 130 students in each of its five years of the Keele MB ChB course. The first graduates from this course started work at University Hospital in August 2012. Before then doctors training at Keele had been awarded a Manchester degree. This year the School achieved a very high rating in the National Student Survey in 2012, being placed in the top three Medical Schools in the UK, and was also ranked second for Medicine in the Sunday Times League 2012.

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 assistantships 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 in partnership. Medical students were trained by our staff to deliver enrichment activities as part of the widening participation programme at UHNS.

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 assessed all five years of the Keele programme by Quality



Assurance of Basic Medical Education, (QABME), carried out by a team of medical and educational professionals, student representatives and lay members before giving approval for the Keele degree to be recognised for medical registration. They have also assessed the experience of the new graduates at University Hospital in 2012.

Many of these doctors will be entering the second year of their Foundation Training in August 2013, when their places will be taken by a new cohort of Keele graduates. This year the Trust has preparing for the implementation of the new regulations which will affect the revalidation of medical staff. Throughout the next few years medical staff will be required to demonstrate that they are up to date and fit to practise as a doctor.

Nurses of the future

The Trust works in close partnership with our neighbouring universities for both pre and post registration programmes for nursing and midwifery. The Trust provides clinical placements for pre-registration students undertaking their nurse or midwifery training. Half of all training occurs within clinical areas and students underwent a staggering 50,722 hours of training in clinical areas this year.

To accommodate this requirement for training the Trust has identified nearly 1,000 mentors. These are registered staff who have undergone additional training in order to support students in clinical practice and to sign off clinical assessments, which ultimately determine whether the student enters the professional register. This year Ward 226 won the placement of the year award, as nominated by student nurses, and a nurse from the same ward was shortlisted for Mentor of the Year.

In September 2012 the first intake of students on a degree only programme started. This was a first for Keele University and ensures that all the nurses trained achieve graduate status. For this to happen there has been close working between Keele University and clinical staff at the Trust to ensure the new curriculum matches the vision nationally and has the content to match future healthcare provision. The students offered places on the course then undergo interviews involving clinical and academic staff. The annual assessment of the partnership has been very positive and the new courses have been fully endorsed by the Nursing and Midwifery Council (NMC). During the year the NMC also reviewed the content of the Mentorship Training and validated the course.

When newly qualified staff are recruited to the Trust they undergo a preceptorship programme, a development programme that is delivered over six months. This helps to ensure that they develop the confidence to work as a staff nurse, provide support and ensure that they develop specific skills relevant to their clinical area.

Our other registered staff are given the opportunity to undertake further study away from the clinical area, and we have supported over 100 staff on degree programmes or post graduate modules. These include health assessment and non-medical prescribing, allowing our staff the opportunity to learn new skills which are vital for succession planning.

We also aim to develop our non-registered staff, such as nursing assistants. They now have access to an induction programme and have specified competencies to achieve prior to going on to do vocational qualifications. We have also introduced a code of conduct for nursing assistants to ensure the training given discusses professional standards and behaviours.

Research

Our patient benefit hugely from taking part in research, especially access to new treatments and medicines. Offering patients an opportunity to take part in high quality research projects continues to be a top priority at University Hospital. During the year we recruited nearly 2,800 patients into 111 National Institute for Health Research (NIHR) projects. These projects, involving 20 medical and surgical specialties, offered patients the opportunity to take part in a wide choice of research initiatives.

This year alone we have opened 67 new NIHR studies, of which 12 were commercial trials. In addition to these 26 non-NIHR projects (commercial and non-commercial) were opened during the year. However, despite this success, the Trust is committed to increasing the number of people involved in research. The Trust is on target to double the number of participants recruited next year.

Our NIHR portfolio work was supported by £1.6m of NIHR research network investment. This provides the infrastructure that supports patient recruitment into studies, including research nurses, midwives and key support services such as pharmacy, pathology and imaging. During this year the Trust was ranked 40th out of 405 research active trusts based on the number of patients recruited in to studies, and 36th based on the number of studies open.

In partnership with Keele University, we have received £1.5m of research grant income. This partnership delivers a 'bench to bedside' approach to research, enabling the results of research to feed through to daily clinical practice in clinics and on the wards. Two notable research projects this year include a Patient Benefit Grant award evaluating two surgical approaches for the management of endometriosis and a Health Foundation SHINE award looking at evaluating a virtual post discharge clinic for acute admissions.

In addition, we received nearly £700,000 of NIHR income to support projects in Orthopaedics, Nephrology, Respiratory and Obstetrics and Gynaecology. Research was well supported by UHNS Charity with projects funded in areas such as paediatrics, obstetrics and gynaecology, cardiology, orthopaedics and diabetes. Although funding is important, it is the benefits to the patients that matter and what drives us forward.

To ensure patients are at the centre of everything we do, a revised Research & Innovation Strategy was presented to and ratified by the Trust Board. Its main tenets include maximising opportunities for patients to participate in research, embedding a research and innovation culture within the organisation and raising the profile of research internally & externally. It is vital we assess our performance using a range of new metrics and Key Performance Indicators to ensure we achieve this.

In recent times around 250 publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS. New appointments have been made to a number of research posts in the last 12 months, including a clinical academic appointment in paediatric respiratory medicine. This year has been a good year for research at University Hospital and we aim to build on this during 2013/14 for the benefit of our patients.

Staff

Award Winners

Staff at University Hospital have celebrated a vast array of awards and nominations this year. Perhaps the most impressive was John Scholey, Consultant Orthodontist, winning his speciality's top award for an incredible fourth time in five years. At the Aesthetic Dentistry Award, formerly the Smile Awards, Mr Scholey won the won the Interdisciplinary Award alongside Tim Malins. This is another fantastic achievement and shows the high level of care the team provide.

The Trust won the 'Efficiency in Acute Service Redesign' from the Health Service Journal and a First International Award - Excellence in Practice Accreditation for Elderly Care and Fractured Neck of Femur in November 2012. The Trust's Emergency Assessment Bay won the Patient Experience Award at the Quality in Care Excellence in Oncology 2012 ceremony. A notable individual achievement was Dr Satchithananda shortlisting for an NHS Award for Inspiration. The Trust held its own Staff Awards, which over 250 staff attended. Six awards were given for various achievements, including Iris Beresford (pictured below) for Volunteer of the Year.

University Hospital was give a tremendous boost with five nominations for categories in the prestigious Patient Safety and Care Integration Awards. The Trust's Emergency Centre has been nominated in the Care of the Elderly category, while the Neuroradiology Department has been shortlisted for three awards for their work with stroke patients. The final nomination was earned by the Frail Elderly Assessment Unit (FEAU) who were shortlisted for their care of older people.

This nomination was an extremely proud moment for all the staff and the hospital as a whole. It's testament to the hard work which goes on there every single day and important that that work has been recognised. The trio of nominations for the Neuroradiology Department came just days after they were also shortlisted for two prizes at the British Medical Journal awards.

Leadership and Management Development

Good leadership is critical and the Trust has therefore invested in a portfolio of Leadership and Management programmes for staff at all levels with a particular focus on developing clinical leadership. Our aim is to ensure they have the right skills, values and motivation to lead our services and develop a culture of care. The NHS Staff Survey showed that 78% of staff feel satisfied with the quality of work and patient care they are able to deliver, which is equal to the national average for acute trusts. Nine out of every ten staff agree that they make a difference.

Listening into action

We have shown in this report that we are ready to listen, but listening isn't enough. Our staff, patients and visitors also want action. For a number of years now the Trust has promoted 'Listening in Action' (LiA), a process of engaging staff that puts them at the centre of change and decision making. It is a structured approach that enables staff to identify barriers to delivering the best possible care and come up with solutions of all shapes and sizes.

This year the Trust has increased the number of teams taking part to 62 clinical and non-clinical groups. Each team has used the LiA process to hold events to resolve specific issues. More than 3,800 staff have participated, and they have been joined by patients, GPs and staff from Voluntary Sector services. LiA is now embedded within the organisation as one of the tools available to facilitate staff engagement.

Promoting Staff Health and Wellbeing

Our workforce strategy is designed to improve staff health and wellbeing and engagement, therefore reducing absence rates and improving productivity. A Staff Wellbeing Group has been working for a number of years and facilitates an on-going wellbeing programme. The programme for 2012/13 included campaigns and initiatives aimed at improving staff diet and nutrition, exercise and stress, as well as alcohol awareness and smoking cessation.

The Trust's partner for the provision of Occupational Health services is closely involved in this proactive approach to health and wellbeing and has provided a number of health and wellbeing "MOT" sessions for staff which were well attended. In addition staff now have access to a range of complementary therapies on site at a reduced rate and all sessions have been fully booked.

In December 2012 the Trust was awarded the Bronze Workplace Health Award by Staffordshire County Council (pictured below) and will be working towards the Silver Award in 2013/14. Over 1,500 staff responded to a questionnaire on health and wellbeing in the workplace and the responses will be used to inform the Trusts on-going health and wellbeing programme.

Next year the Trust is holding a wellbeing week by offering a range of activities which will be open to all staff. The Trust has also registered to take part in the National Audit of NICE Guidance for Health and Work which will take place in July 2013. This will enable us compare the Trust to national benchmarks to continue to build on and progress the health at work agenda.

The Trust recognises the importance of promoting Staff Health and Wellbeing in reducing absence through sickness. Reducing absence through sickness remains a focus of attention, as reflected in the Trust's performance to date as well as the challenging targets set for future years:

	Target Rate (Annual rolling average)	Actual Sickness Rates
Rate as at 31 March 2012	3.70%	3.71%
Target Rate 31 March 2013	3.39%	3.97%
Target rate March 2014	3.39%	3.39%

Be efficient and financially stable

Financial performance

The Trust has met its statutory duty to deliver a minimum breakeven position for the year 2012/13 by achieving a £0.2m surplus. Expenditure was significantly higher than originally planned as a result of cost associated with the additional bed capacity and staffing required to cope with the increase in A&E attendances and emergency admissions. Additional income secured for this activity means that the Trust has been able to cover these cost and breakeven.

The Trust is also required to manage within its External Funding Limit (EFL) and its Capital Resource Limit (CRL). It met both these statutory duties. In 2012/13 the Trust has achieved efficiency savings of £17.7m. Looking forward the Trust, in common with the health economy as a whole, continues to face considerable financial challenges. There is a national requirement for a 4% increase in efficiency year on year and this, combined with other cost pressures, means that the Trust needs to achieve a £22.5m efficiency saving in 2013/14.

A summary of the principal financial statements is included in the Annual Report. A full copy of our annual accounts can be found on our website (www.uhns.nhs.uk) or you may request a copy from the Director of Finance via telephone 01782 679045 or email graham.bennett@uhns.nhs.uk or by writing to the Director of Finance at Trust Headquarters, City General Hospital.

Statement of Comprehensive Income Account for the year ended 31st March 2013

	2012/13 £'000	**2012/13 %**	2011/12 £'000	2010/11 %
Revenue from patient care activities	395,680	83.6%	369,819	86.7%
Other operating revenue	77,878	16.4%	56,500	13.3%
Total revenue	**473,558**	**100.0%**	**426,319**	**100.0%**
Operating expenses	(513,032)	120.3%	(543,602)	127.5%
Operating surplus/(deficit)	**(39,474)**	**(9.3%)**	**(117,283)**	**27.5%**
Other gains and (losses)	201	0.0%	(324)	0.1%
Surplus/(deficit) before interest	**(39,273)**	**(9.2%)**	**(117,607)**	**27.6%**
Investment revenue	71	0.0%	84	0.0%
Finance costs	(12,825)	(3.0%)	(2,812)	(0.7%)
Surplus/(deficit) for the financial year	**(52,027)**	**(12.2%)**	**(120,335)**	**(28.2%)**
Public dividend capital dividends payable	(1,456)	(0.3%)	(4,749)	(1.1%)
Retained surplus/(deficit) for the year	**(53,483)**	**-12.5%**	**(125,084)**	**-29.3%**

Statement of Comprehensive Income Account for the year ended 31st March 2013

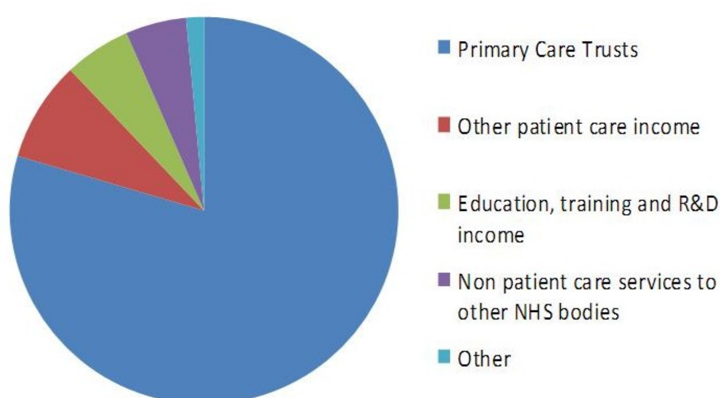
	2012/13 £'000	**2012/13 %**	2011/12 £'000	2010/11 %
Retained surplus/(deficit) under IFRS	(53,483)		(125,084)	
Impairments	57,106		127,898	
Impact of IFRIC 12	0		(1,786)	
Adjustment for donated asset/gov't grant reserve elimination	(3,388)		22	
Reported NHS financial performance position	**235**	0.1%	1,050	0.2%

The Trust delivered a surplus of £0.2m (achieving the statutory duty to break even) compared to the planned surplus of £9.1m (after adjusting for recent changes in accounting principals re IFRIC 12 as noted below) and therefore the forecast variation against the planned position is £8.9m. The surplus position reflects additional income of £19.0m in fair recompense for the costs of providing increased bed capacity and staffing to manage the stepped increase in A&E attendances and emergency admissions. Without this increased bed capacity the delivery of patient care and national performance targets would have been further affected. Due to a change by the Department of Health in the calculation of the breakeven duty, the costs relating to IFRIC 12 (which relate to accounting for the PFI assets on the Statement of Financial Position) are included within the breakeven position and are not taken out, hence no deduction in 2012/13.

Revenue

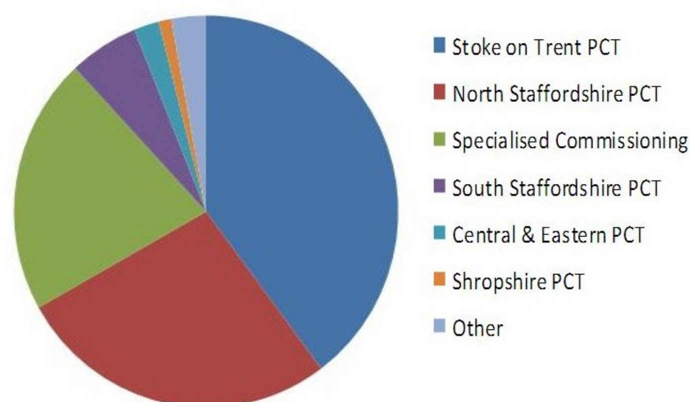
Income in 2012/13 totalled £473.6m. The majority of the Trust's income (£375m, 80%) was delivered from Primary Care Trusts in relation to healthcare services provided to patients. Other operating revenue relates to services provided to other trusts, training and education and miscellaneous fees and charges.

2012/13 Summary of total income



	12/13 £m	11/12 £m
Primary Care Trusts	375.0	364.7
Other patient care income	41.7	5.1
Education, training and R&D income	26.7	26.4
Non patient care services to other NHS bodies	23.6	20.4
Other	6.6	9.5
Total Revenue	**473.6**	**426.1**

2012/13 Summary of income from PCT's



	12/13 £m	12/13 %	11/12 £m	11/12 %
Stoke on Trent PCT	150	40%	160	42%
North Staffordshire PCT	102	27%	102	27%
Specialised Commissioning	80	21%	62	16%
South Staffordshire PCT	22	6%	21	6%
Central & Eastern PCT	8	2%	7	2%
Shropshire PCT	4	1%	4	1%
Other	9	2%	8	2%
Total PCT income	**375**	100%	**364**	100%

	2012/13 £m	2011/12 £m	Change %
Revenue from clinical activities	**395.7**	**369.8**	7.00%
Other Revenue:			
Medical School (SIFT)	10.7	10.6	0.94%
Junior Doctor Training (MADEL)	11.5	11.5	0.00%
Other Training (NMET)	1.5	1.7	(11.76%)
Research & Development	3.0	2.6	15.38%
Non patient care services to other NHS bodies	23.6	20.9	12.92%
PFI transitional relief	13.3	4.3	209.30%
Other income	14.3	4.9	191.39%
Total Other Revenue	**77.9**	**56.5**	**37.84%**
Total Income	**473.6**	**426.3**	**11.09%**

Operating expenditure

Operating expenditure has increase year on year by 9.8% before impairments. This has been driven by annual incremental pay rises for staff and increased staffing (often bank and agency) and clinical supplies to meet increasing demand. The unitary payment has also increased by £27.4m 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 2013 on the existing residual estate and the new PFI. This resulted in an impairment of £57.1m. The impairment is a non cash adjustment shown on the comprehensive statement of income.

Performance indicators

The measure of the overall financial performance of the Trust can be expressed using Monitor's risk rating. The Trust achieved a score of 2 in 2012/13, where 1 is poor and 5 is good.

Summary of operating expenditure	2012/13 £m	2011/12 £m	Change %
Staff costs	290.0	273.1	6.19%
Other costs	46.3	35.2	31.49%
Clinical supplies and services	77.7	72.4	7.32%
Depreciation	18.6	15.1	23.18%
Premises costs	15.1	11.8	27.97%
Clinical negligence	8.2	7.8	5.13%
Total operating expenditure before impairments	**455.9**	**415.4**	**9.76%**
Impairments	57.1	128.2	(55.46%)
Total operating expenditure	**513.0**	**543.6**	**(5.62%)**

Capital

The Trust continues to make significant investments in capital as it prepares for the Fit for the Future changes to healthcare provision in North Staffordshire. In 2012/13 the Trust invested a further £100.7m (£290.9m in 2011/12) in capital. The main areas of investments were:

Bid title	2012/13 £'000
PFI buildings and equipment	69,707
Retained Estate	10,645
Renal Unit	6,005
Furniture and Medical Equipment - FFTF	1,945
ICT schemes	1,588
Medical devices schemes	2,552
Estates and general works	3,235
PET Scanner	3,194
Other schemes	1,869
Total	**100,740**

In 2012/13 the significant spend on PFI buildings and equipment has been funded predominantly through an increase in the PFI liability. The other capital spend has continued to be funded by a combination of internally generated funds and donations.

Sustainability: Our impact on the Environment

Any organisation which employs over 7,000 staff and treats over 600,000 patients each year will have a large carbon footprint. But providing healthcare to often vulnerable patients is not an excuse to avoid our obligation to the environment and future generations in North Staffordshire. This is why our Carbon Management Plan sets the target of reducing our CO2 emissions by 10% by 2015. A target we believe we can achieve.

The Trust has had to absorb the increased energy costs and emissions in 2012/13 due to site development, construction of the new hospital and movement of services. As expected, these have increased by 8%. Our measured greenhouse gas emissions (Gas and Electricity) have also increased by 2,998 tonnes this year.

We have projects planned to improve energy efficiency and cut emissions in future. There is also a financial benefit which comes from reducing the amount of energy used in our organisation. We are participants in both the EU Emissions Trading Scheme and the Carbon Reduction Commitment Energy Efficiency Scheme.

Now that we have moved all of our services to a single site we can begin to cut our carbon emissions. The introduction of the new facilities will see a step change in the rated performance of our buildings. We occupy a new building which is rated C and a new renal building which is BREEAM (Building Research Establishment Environmental Assessment Method) excellent and rated B (our previous buildings were rated F).

We consider and manage water as a precious resource. Our water consumption has reduced by 108,977 cubic meters in 2012/13. We recycled 147 tonnes of waste directly on site which is 12% of the total waste we produce. Through our waste contracts much more of our waste is recycled offsite, diverted from landfill and the remainder is sent to a local energy from waste plant. We have undertaken waste and recycling projects such as clinical waste and sharps waste improvements to ensure proper segregation of waste into waste streams and the reduction of our carbon footprint.

A sustainable NHS can only be delivered through the efforts of all our staff and stakeholders. We have a staff awareness campaign called Green Aware with a network of Green Champions actively promoting sustainability and energy saving messages across the Trust. Staff awareness campaigns have been shown to deliver cost savings and associated reductions in carbon emissions.

The Trust is committed to reducing wider environmental and social impacts associated with our activities, for example in procurement and travel patterns. Our adaptation to future climate change will pose a challenge to both the services we deliver and our infrastructure. It is therefore appropriate that we consider it when planning how we will best serve patients in the future.

Netcall

Missed appointments could be costing University Hospital of North Staffordshire hundreds of thousands of pounds each year. By reducing the number of missed appointments we will increase efficiency and ultimately reduce our waiting times, which will benefits all patients. To do this the Trust is launching Netcall, an automated call service which asks patients if they will be attending their appointment.

Last year there were 12,325 new appointments missed and 32,433 follow-up appointments missed. The new automated call service is similar to many reminder services already adopted by many health care providers. After the initial automated call, a further text message will be sent two days prior to the appointment as a reminder. The development will benefit our patients and at the same time increase the efficiency of the hospital. Patients can help us improve the information we have by using the check-in kiosks.

Making Best Use of Facilities

Reducing the length of time a patient stays in hospital is a huge benefit to their recovery. To do so clinicians across the Trust have been involved in a 'pathway' development project to look at those steps in a patient's hospital care and treatment that can be joined together more smoothly and delivered more effectively and efficiently, with the goal of reducing the time that the patient needs to stay in hospital.

Our Heart Failure "SHINE" clinic for cardiology and respiratory patients is a very good example. This clinic allows patients to attend the hospital on an outpatient basis for treatment and monitoring rather than having to stay in the hospital as an inpatient. The Trust is also developing a pathway for the Acute Stroke Unit, which includes an out-reach team assessing patients in the Emergency Department and the development of a ward assessment trolley area. Many of our other improvement initiatives support reducing length of stay. These include:

- New combined adult and paediatric and bronchoscopy service pathways
- A new Paediatric model of care and a new model of care for children's assessment and ED
- New ambulatory pathways developed over a range of conditions
- Making better use of outpatients e.g. ward reviews now take place in designated clinics, infusions take place in outpatient clinics
- Improvements in day surgery throughput through improved organisation of workload
- New model of care for emergency surgery (medical management prior to surgical referral)
- A Medical Investigation Unit is now operational

Through these initiatives improvements have been achieved. We have continued to reduce the average length of stay in our Elderly Care wards from 7.1 days at the beginning of 2012 to 6.5 days by the end of 2013 as a result of the development of our a new admissions unit (Frail Elderly Assessment Unit). This is on top of improvements that saw the average length of stay reduce from nearly three weeks to one week for our older patients.

Our lengths of stay and outcomes for Stroke patients are amongst the best in the region with an average stay now at five days, which is two days below the national average of seven days. Another critical achievement for our patient, TIA Vital Signs, has seen eight beds made available in the Heart and Lung Directorate as a result of the SHINE clinic initiative. The average length of stay for patients with fractured Neck of Femur has also been improved. With patients going home on average three days earlier from approximately 11 days in 2011/12 to approximately eight days in 2012/13.

These achievements reflect the work that is being done throughout the Trust as part of the Unplanned Care Improvement Programme (UCIP). Not only does the hospital benefit from improved efficiency, our patients are receiving the right care in the right place at the right time.

Build a positive reputation and play a key role in the wider community

Overview of Care Quality Commission (CQC) report

The Care Quality Commission is the organisation that checks all hospitals in England to ensure they are meeting national standards, they share their findings with the public. It is essential that the Trust proves to the Commission, and therefore the wider public, its services are to the standard that is required. On Wednesday 18 July 2012 the CQC made an announced visit to the Trust to observe how people were being care for, to review patient records, to talk to staff, to review information from key stakeholders and to talk to people who use our service.

A team of seven inspectors visited eight wards over a two-day period, including our Elderly Care Unit, a medical ward, a gastroenterology ward, a renal ward, a short-stay ward and the Medical Assessment Unit. The visit also included the Emergency Centre. The team reviewed nine of their specific outcomes to understand if the Trust was fully compliant. These outcomes were:

- Outcome 1 – Respecting and involving people who use services
- Outcome 4 – Care and welfare of people who use services
- Outcome 5 – Meeting nutritional needs
- Outcome 6 – Co-operating with other providers
- Outcome 7 – Safeguarding people who use services from abuse
- Outcome 10 – Safety and suitability of premises
- Outcome 13 – Staffing
- Outcome 14 – Supporting workers
- Outcome 16 – Assessment and monitoring the quality of service provision

The Trust was found to be fully compliant against each and every one of the outcomes in which it was measured against. This was tremendously rewarding for the Trust and its staff as the outcomes measured focus on many of the areas of care in which our staff take great pride.

The report found that patients felt that our staff treated them with dignity and respect. It stated that the care plans our staff put in place were focused on people as individuals. The CQC also noted the Trust had made improvements to the mealtime experience and that throughout their visit they noted people had water and juice drinks in front of them within their reach. A recent experiment in our Emergency Centre, using a suit designed to replicate what it is to be elderly, showed our staff what a struggle it can be when your movement is restricted.

Our staff support patients to eat and drink sufficient amounts to meet their needs and they help people who need additional support to be fed in a respectful manner. Protected mealtimes are essential to a full recovery and the CQC team found that our staff were there for our patients when support was needed.

However, our staff know that such a positive report is not an excuse to relax, and the CQC were there to give us some suggestions on how we can improve further. They have asked us to consider increasing staff training in safeguarding and whistle blowing, find an alternative way to ensure that intra-venous fluids are stored securely at all times and make training available for the mental capacity act and deprivation of liberty more accessible to staff.

With any report based on the experiences of our patients, it is proper to give them the final word on the care which they received. One commented: “I can’t believe it’s the NHS. I have had private care and this is no different if not better, just fantastic.” At University Hospital we want every patient to expect the NHS to provide the very best care.

Who we work with

University Hospital of North Staffordshire is now one of nine NHS organisations located in the Staffordshire Cluster of what was the Midlands and East NHS Strategic Health Authority. Our main commissioners, with whom we have close working relationships, are currently the two local primary care trusts, NHS Stoke on Trent and NHS North Staffordshire. From next year the two primary care trusts will cease to exist, having been replaced by the clinical commissioning groups.

Primary care is provided by the Staffordshire and Stoke on Trent Partnership NHS Trust, and University Hospital has worked hard to build a positive relationship with the new Trust. Many of our services are integrated in some way with the services the Partnership provide and it is essential for the care that our patients receive that this continues and grows. The Trust also has commissioning relationships with West Midlands and North West Specialised Commissioning.

The Trust treats patients from beyond the natural boundaries of North Staffordshire, so we will be working closely with a number of clinical commissioning groups. This includes working with the RAF Search and Rescue team based at RAF Valley on Anglesey (pictured).

We have strong education and research relationships with Staffordshire and Keele universities, and Stoke-on-Trent College.

We work with a range of private providers. The new hospital is being built under the PFI. The consortia is Health Care Support (North Staffs) Ltd and its sub-contractors are Sodexo, who supply facilities management, Siemens, who supply PACS and the Medical Equipment Service, Kcom who provide the network and communications and Laing O'Rourke, the building contractor.

Emergency planning

As a large acute Trust, University Hospital has responsibilities under the Civil Contingencies Act (2004) to be prepared to respond to Major Incidents and community disruptive events. This legal duty is also an NHS requirement under the Operating Framework and underpins the work of the Trust. During the year all Trust Major Incident Policies have been reviewed and updated in line with local and national service changes. Whilst it is important to have such policies in place, it is essential that staff are trained to follow these and clearly understand their role in a Major Incident .

A range of internal training programmes were delivered throughout the year to ensure that key staff across the organisation are aware of their roles and understand what they are required to do in a Major Incident. We also regularly test our internal communication structures and our wider communication with other multi-agency partners to ensure that are able to respond to such incidents. The Trust has developed a designated Control Room on site to enable this to happen and use a range of communication devices to support this.

University Hospital had the opportunity to test our policies and training this year by undertaking a number of live exercises with other agencies, including hosting an exercise within the Trust to test our response to a simulated Chemical Incident. Exercises are invaluable in testing and refining our plans. We rely on the vital contribution of volunteers who act as patients and make the events as realistic as possible. Such

exercises, delivered whilst delivering mainstream health services, allow us to test our Business Continuity Plans for unpredictable events.

To ensure that the Trust is well prepared for emergencies we undergo a range of internal and external audits which have demonstrated we have good compliance with our responsibilities. In order to respond to a range of risks in the local area, the Trust is an active member of the Local Health Resilience Partnership and the Staffordshire Resilience Forum. These memberships allow us to network with, and work alongside, other agencies to develop seamless planning to emergencies.

We strive to ensure we have robust and current plans for emergency events, but equally recognise that we can never be complacent and need to keep up to date with local, regional and national developments.

Supporting the local community

University Hospital is one of the largest employers in the area and is integrated into every area of society in North Staffordshire and beyond. It is important that the Trust is a force for good in the community and not only provides healthcare, but uses the time and expertise of our staff to benefit others.

The Trust is committed to widening participation amongst young people in North Staffordshire. During this year over 400 work experience placements, an increase of 45%, helped young people or those interested in a career in the NHS gain valuable experience. Our staff also created a Young Person's Forum, which consists of focus groups from schools/colleges who will undertake activities to support of the Patient Council.

The Trust made contact with a large number of people in education. Fifty A-Level students from across the UK took part in a two-Day Medical Summer School developed in partnership with the Keele University School of Medicine. Over 330 students from schools and colleges from across North Staffordshire attended enrichment activities at the Healthcare Careers and Skills Academy designed to promote NHS careers and positive health messages, a 65% increase on the previous year.

The Academy's good work did not stop there. Over 750 students took part in school/college based class sessions delivered by our staff where information, advice and guidance on NHS careers and employability skills was available, a 60% increase on the previous year. And a further 2,700 students at school, college and university took part in career events, parents evening and industry days.

Other notable achievements included the creation of a HealthTec partnership, which includes representation from the Trust, further and higher education providers, schools, local authorities and the voluntary sector. A programme of seven Health Societies was developed.

Health Societies consist of groups of student 'Health Champions' who help to promote health messages in school/college designed to reduce hospital admissions and improve patient experience. Students take part in a variety of activities including enrichment days at the hospital and school/college based sessions designed to support their health and science curriculum and their future career aspirations.

University Hospital's move into its new environment has meant that we have needed to change the shape of our workforce to ensure our services meet the needs of our patients. To do this

our skills academy helped 670 staff to access workshops to get the support they needed during these changes. Over 330 staff sought assistance with personal development, application support and information around qualifications, training and funding.

The Trust aided 88 people from the community to gain employment outside the NHS. They were assisted into work through a European Regional Development Fund (ERDF) project run by the Trust. The job seekers received support via our application support workshops or through a one-to-one appointment.

Our staff have been involved with Apprenticeships for a number of years and work alongside Stoke-on-Trent College. Seventy of our existing staff are currently studying for an NVQ Level 2 or 3 under the Apprenticeship framework within Health and Social Care or Business Administration. Our Therapies team has now recruited three apprentices which involved the development of apprenticeship frameworks. The Trust will be looking to develop further cohorts of apprentices in the coming year.

Proud to care

Our nursing staff are committed to reducing avoidable harm because they know that no patient should leave the hospital with a problem that occurred here. Nurses measure this using the Safety Thermometer. On one day every month the Trust assesses every patient to determine harm relating to pressure ulcers, catheter associated urinary tract infections, falls and venous thromboembolisms (VTE).

Pressure ulcers are a key indicator of the quality of nursing care and are closely linked to good hydration and nutrition. By analysing the reasons for pressure ulcers developing we have identified an increasing number of sores developing in more unusual places. For example, the nose, chin and mouth, caused by vital clinical equipment such as oxygen masks, neck braces and breathing tubes.

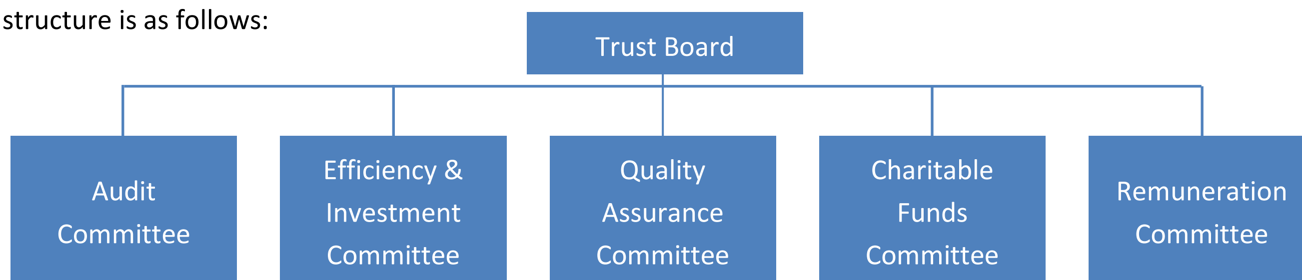
Last year the Trust committed to eliminating hospital acquired grade 2, 3 and 4 pressure ulcers, through raising staff awareness regarding prevention and learning through root cause analysis when pressure ulcers develop. The Trust has reported no grade 4 pressure ulcers during 2012/13.

Each year around 200 nurses attend the Trust's Nursing and Midwifery Conference to underline their commitment to improving the care they give to patients. The conference gives nurses and midwifes the opportunity to reflect on their achievements in high quality care as well as thinking about how to continually improve the care they provide to the people of North Staffordshire and beyond.

Our staff are always looking at ways to improve the care that all our patients receive. Putting our patients first remains our top priority so to share experiences – both good and bad – will help us ensure that we don't fall below the high standards we set ourselves. Our nurses are there to provide the care and compassion which makes a patient's time with us as comfortable as possible.

Our Trust Board

The Trust Board consists of a non-executive Chairman with five non-executive directors and the chief executive and five executive directors, all of whom have voting rights. The Board and sub-committee structure is as follows:



Membership of Trust Board Sub-committees	Audit	Efficiency & Investment	Quality Assurance	Charitable Funds	Remuneration
Jim Birrell Interim Chief Executive (From Feb 2013)					
Julia Bridgewater Chief Executive (Until Jan 2013)			●		
Graham Bennett Interim Director of Finance (From Dec 2012)	●	●		●	
John Maddison Director of Finance (Until Dec 2012)	●	●			
Vanessa Gardener Chief Operating Officer (Prior Aug 12, Post Feb 13)		●			
Mark Mould Chief Operating Officer (Aug 12 - Feb 13)		●			
Dr Gavin Russell Medical Director/Deputy Chief Executive (From June 2012)			●		
Robert Courtney-Harris Medical Director/Deputy Chief Executive (Until June 2012)			●		
Elizabeth Rix Chief Nurse			●		
Margot Johnson Director of Human Resources		●	●		●

Membership of Trust Board Sub-committees	Audit	Efficiency & Investment	Quality Assurance	Charitable Funds	Remuneration
John MacDonald Chairman					●
Kevin Fox Non-executive Director	●		● Chair	●	●
Professor Andy Garner Non-executive Director			●		
Keith Norton Non-executive Director (Until Jan 2013)	●	●		● Chair	
Robert Collins Non-executive Director	●	● Chair			●
John Marlor Non-executive Director	● Chair	●		●	
Andrew Smith Non-executive Director		●	●		

RENUMERATION REPORT - SALARIES AND AWARENESS (AUDITED)						
	2012/13			2011/12		
Director	**Salary**	**Other remuneration**	**Benefits in kind**	**Salary**	**Other remuneration**	**Benefits in kind**
	Bands of £5,000	Bands of £5,000	Rounded to the nearest £'000	Bands of £5,000	Bands of £5,000	Rounded to the nearest £'000
Julia Bridgewater Chief Executive (Until Jan 13)	135-140	25-30	-	165-170	-	-
Jim Birrell Interim Chief Executive (From Feb 13)	40-45	-	-	-	-	-
Vanessa Gardener Chief Operating Officer (Prior Aug 12, Post Feb 13)	55-60	-	-	110-115	-	-
Mark Mould Chief Operating Officer (Aug 12 - Feb 13)	45-50	-	-	-	-	-
Robert Courteney-Harris Medical Director (Until June 2012)	5-10	185-190	-	30-35	125-130	-
Dr Gavin Russell Medical Director (From June 2012)	10-15	170-175	-	-	-	-
Elizabeth Rix Chief Nurse	115-120	-	-	110-115	-	-
Margot Johnson Director of Human Resources	45-50[1]	-	-	15-20	-	-
Graham Bennett Interim Director of Finance (From Dec 2012)	45-50	-	-	-	-	-
John Maddison Director of Finance (Until Dec 2012)	95-100	80-85[2]	-	20-25	-	-
Peter Hollinshead Interim Director of Finance	-	-	-	90-95	-	-
Chris Calkin Director of Finance /Deputy Chief Executive	-	-	-	65-70	-	-

[1]The remuneration for Margot Johnson, Director of Human Resources, relates to time spent employed working for the Trust and does not include salary costs paid whilst seconded to Mid Staffordshire NHS Foundation Trust. Salary costs relating to this secondment are disclosed and recognised within Mid Staffordshire NHS Foundation Trust's annual report and financial statements.

[2]The other remuneration for John Maddison disclosed above relates to an £80,000 payment made in lieu of notice period.

Director	2012/13 Salary	2012/13 Other remuneration	2012/13 Benefits in kind	2011/12 Salary	2011/12 Other remuneration	2011/12 Benefits in kind
	Bands of £5,000	Bands of £5,000	Rounded to the nearest £'000	Bands of £5,000	Bands of £5,000	Rounded to the nearest £'000
John MacDonald Chairman	35-40	-	-	35-40	-	-
Kevin Fox Non-executive Director	5-10	-	-	5-10	-	-
Professor Andy Garner Non-executive Director	5-10	-	-	5-10	-	-
Keith Norton Non-executive Director (Until Jan 2013)	5-10	-	-	5-10	-	-
Robert Collins Non-executive Director	5-10	-	-	5-10	-	-
John Marlor Non-executive Director	5-10	-	-	0-5	-	-
Andrew Smith Non-executive Director	5-10	-	-	0-5	-	-
Prof Paulene Collins Non-executive Director	-	-	-	0-5	-	-
David Simons Non-executive Director	-	-	-	0-5	-	-

Directors expenses 2012-13 (unaudited)

Full name	Title	Value £000s
Jim Birrell (from Jan 13)	Interim Chief Executive	-
Julia Bridgewater (to Jan 13)	Chief Executive	6
Dr Gavin Russell (from Jun 12)	Medical Director/Deputy Chief Executive	-
Graham Bennett (from Dec 12)	Interim Director of Finance	-
John Maddison (to Dec 12)	Director of Finance	1
Vanessa Gardener (part year)	Chief Operating Officer	-
Mark Mould (part year)	Chief Operating Officer	1
Robert Courtney-Harris (to Jun 13)	Medical Director/Deputy Chief Executive	-
Elizabeth Rix	Chief Nurse	2
Margot Johnson	Director of Human Resources	1
John MacDonald	Chairman	4
Kevin Fox	Non-executive Director	1
Professor Andy Garner	Non-executive Director	-
Keith Norton (to Jan 13)	Non-executive Director	1
Robert Collins	Non-executive Director	-
John Marlor	Non-executive Director	2
Andrew Smith	Non-executive Director	-

These expenses include both expense claims reimbursed to Directors and travel expenses paid directly by the Trust.

Pensions (audited)

Director	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2013	Lump sum at age 60 related to accrued pension at 31 March 2013	Cash equivalent transfer value at 31 March 2013	Cash equivalent transfer value at 31 March 2013	Real increase in cash equivalent transfer value	Employers contribution to Stakeholder pension
	Bands of £2,500	Bands of £2,500	Bands of £2,500	Bands of £2,500	£000's	£000's	£000's	£000's
Julia Bridgewater Chief Executive (to 31 Jan 2013)	(0-2.5)	(0-2.5)	55-60	170-175	1,028	964	11	0
John Maddison Director of Finance (1 Feb to 14 Dec 2012)	0-2.5	5-7.5	45-50	145-150	920	803	53	0
Vanessa Gardener Chief Operating Officer (on leave 18 Aug 2012 to 3 Feb 2013)	(0-2.5)	(0-2.5)	20-25	65-70	299	278	6	0
Mark Mould Chief Operating Officer (acting 18 Aug 2012 to 3 Feb 2013)	0-2.5	2.5-5	25-30	85-90	443	378	21	0
Robert Courtney-Harris Medical Director (to 17 Jun 2012)	(0-2.5)	(0-2.5)	40-45	130-135	852	818	(2)	0
Dr Gavin Russell Medical Director (from 18 Jun 2012)	(0-2.5)	(2.5-5)	65-70	195-200	0	0	0	0
Elizabeth Rix Chief Nurse	2.5-5	12.5-15	35-40	115-120	673	542	103	0
Margot Johnson * Dir. of Human Resources	0-2.5	5-7.5	40-45	130-135	762	653	43	0

* Working at Mid Staffordshire NHS Foundation Trust on basis of 23rd April - 27th Jan 50% recharge, 28th Jan - 31st Mar 25% recharge

Pensions Guidance

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 actuanal 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.

Pay Multiples

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 2012/13 was £250,000 to £255,000 (2011/12: £165,000 to £170,000) This is based on a full time equivalent, annualised calculation. This was 13 times (2011/12: 8 times) the median remuneration of the workforce, which was £20,000 (2011/12: £20,000). In 2012/13 0 employees (2011/12: 27 employees) received remuneration in excess of the highest-paid director. Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include employer pension contributions, the cash equivalent transfer value of pensions or severance payments. The increase in the pay multiple is due to the remuneration of the highest paid director being paid at an interim rate.

Exit packages for staff leaving in 2012-13 (audited)

	2012/13			2011/12		
Exit package cost band (Including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	2	0	2	74	0	77
£10,001 - £25,000	2	0	2	35	0	36
£25,001 - £50,000	3	0	3	9	2	11
£50,001 - £100,000	2	2	4	13	0	12
£100,001-£150,000	1	0	1	3	0	3
£150,001-£200,000	0	0	0	0	0	0
>£200,001	**0**	1	**1**	**0**	**0**	**0**
Total number of exit packages by type	**10**	3	**13**	**134**	**2**	**139**
Total resource cost (£000's)	**453**	354	**807**	**2,496**	**61**	**2,557**

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. Of the £2,496,000 resource cost disclosed in 2011-12 for packages agreed in 2011-12, £1,130,000 was released unused in 2012-13, giving a total resource cost for 2011-12 of £1,366,000. The remuneration information disclosed in the tables above have been subject to audit.

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.

Off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012

No. in place on 31 January 2012	2
Of which:	
No. that have since been re-negotiated/re-engaged to include contractual clauses allowing the department to seek assurance as to their tax obligations	2

The Trust have had no new off-payroll engagements between 23 August 2012 and 31 March 2013 which were for more than £220 per day and over a period of more than 6 months

Declarations of interest

Executive directors	Date from	Date to	Position	Interest
Jim Birrell	Jan 13	Mar 13	Int. Chief Executive	Director of J Birrell Ltd
Julia Bridgewater	Apr 12	Jan 13	Chief Executive	No interests to declare
Graham Bennett	Dec 12	Mar 13	Int. Director of Finance	Director and Shareholder, Graham Bennett Associates Ltd.
John Maddison	Apr 12	Dec 12	Director of Finance	No interests to declare
Vanessa Gardener	Mar 12	Mar 13	Chief Operating Officer	No interests to declare
Mark Mould	Aug 12	Feb 13	Chief Operating Officer	Director of Concept Works Ltd (50% ownership). Property rental company of own properties, properties rented to DSS/ students/professional people - advertising for tenants through The Sentinel, Gumtree and rental agencies
Dr Gavin Russell	Jun 12	Mar 13	Medical Director	No interests to declare
Robert Courtney-Harris	Apr 12	Jun 12	Medical Director	Nuffield Hospital Private practice
Elizabeth Rix	Apr 12	Mar 13	Chief Nurse	No interests to declare
Margot Johnson	Apr 12	Mar 13	Director of HR	Interim Director of Workforce and Organisational Development for Mid Staffs FT - salary cost is shared between UHNS and MSFT

Declarations of interest - Non-executive directors

	Date from	Date to	Position	Interest
John MacDonald	Apr 12	Mar 13	Chairman	Consultancy through MacDConsult Ltd providing management consultancy and coaching support. In collaboration with IMD, specific assignment for the Princess Alexandra NHS Trust, for a period of six months, 2/3 days per month. Role will be through MacDConsult Ltd. Further details are attached to the form including agreement to cease involvement in Board Development which is being supported by IMD.
Kevin Fox	Apr 12	Mar 13	Non-executive Director	No interests to declare
Prof Andy Garner	Apr 12	Mar 13	Non-executive Director	Leadership of the Faculty of Health, comprising four schools responsible for UG and PG education and two research institutes (Primary Care & Health Sciences, Science & Technology in Medicine) responsible for R&D and Enterprise. Non-Executive Chair of the Board of DTL (SME, turnover £1.4m).
Keith Norton	Apr 12	Jan 13	Non-executive Director	Director and company secretary of Newport (Shropshire) Cottage Care Centre Trust Ltd.
Robert Collins	Apr 12	Mar 13	Non-executive Director	Director of Private Company - Bob Collins Management Ltd
John Marlor	Apr 12	Mar 13	Non-executive Director	Trustee/Director Catch 22 Charity
Andrew Smith	Apr 12	Mar 13	Non-executive Director	Director and equity member (part owner) of Grindeys llp solicitors and related companies. Honorary solicitor attending board (but non-voting) of Douglas MacMillan Hospice.

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 primary care trusts, 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 6,813 full-time staff (compared with 6,585 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 31 March 2012

	2012/13	2011/12
	£'000	£'000
Employee benefits	(289,957)	(273,080)
Other costs	(223,075)	(270,522)
Revenue from patient care activities	395,680	369,819
Other operating revenue	77,878	56,500
Operating surplus/(deficit)	**(39,474)**	**(117,283)**
Investment revenue	71	84
Other gains and (losses)	201	(324)
Finance costs	(12,825)	(2,812)
Surplus/(deficit) for the financial year	**(52,027)**	**(120,335)**
Public dividend capital dividends payable	(1,456)	(4,749)
Retained surplus/(deficit) for the year	**(53,483)**	**(125,084)**
Other comprehensive income		
Impairments and reversals	(8,860)	(3,619)
Net gain/(loss) on revaluation of property, plant & equipment	6,336	475
Total comprehensive income for the year	**(56,007)**	**(128,228)**
Retained surplus/(deficit) under IFRS	**(53,483)**	**(125,084)**
Impairments	57,106	127,898
Impact of IFRIC 12	0	(1,786)
Adjustment for donated asset/gov't grant reserve elimination	(3,388)	22
Reported NHS financial performance position	**235**	**1,050**

Statement of financial position as at 31 March 2013

	31 March 2013 £'000	31 March 2012 £'000
Non-current assets		
Property plant and equipment	369,719	347,737
Intangible assets	1,664	1,521
Other non-current assets	214	**0**
Trade non-current assets	**371,597**	**349,258**
Current assets		
Inventories	6,961	7,000
Trade and other receivables	27,000	38,699
Other current assets	27	0
Cash and cash equivalents	34	2,020
Total current assets	**34,022**	**47,719**
Total assets	**405,619**	**396,977**
Current liabilities		
Trade and other payables	(35,061)	(41,448)
Provisions	(3,652)	(2,717)
Borrowings	(9,366)	(276)
Total current liabilities	**(48,079)**	**(44,441)**
Non-current assets plus/less net current assets/liabilities	**357,540**	**352,536**
Non-current liabilities		
Provisions	(87)	(113)
Borrowings	(338,688)	(277,651)
Total non-current liabilities	**(338,775)**	**(277,764)**
Total assets employed	**18,765**	**74,772**
Financed by Taxpayers' equality		
Public dividend capital	172,393	172,393
Retained earnings	(201,438)	(149,472)
Revaluation reserve	47,810	51,851
Total Taxpayers' equality	**18,765**	**74,772**

Statement for cash flows for the year ended 31 March 2013

	2012-13	2011-12
	£'000	£'000
Cash flows from operating activities		
Operating surplus/(deficit)	(39,474)	(117,283)
Depreciation and amortisation	18,864	15,271
Impairments and reversals	57,106	128,182
Donated assets received credited to revenue but non-cash	(3,409)	(245)
Government Granted Assets received credited to revenue but non-cash	0	(64)
Interest paid	(11,126)	(254)
Dividends paid	(2,908)	(3,855)
(Increase)/decrease in inventories	39	(61)
(Increase)/decrease in trade and other receivables	13,151	(45)
(Increase)/Decrease in Other Current Assets	(241)	0
Increase/(decrease) in trade and other payables	(6,421)	15,070
Provisions utilised	(1,588)	(256)
Increase/(decrease) in provisions	2,497	2,549
Net cash inflow/(outflow) from operating activities	**26,490**	**39,009**
Cash flows from investing activities		
Interest received	71	84
(Payments) for property, plant and equipment	(27,994)	(37,176)
Payments for intangible assets	(399)	(507)
Proceeds of disposal of assets held for sale (PPE)	322	0
Net cash inflow/(outflow) from investing activities	**(28,000)**	**(37,599)**
Net cash inflow/(outflow) before financing	**(1,510)**	**1,410**
Cash flows from financing activities		
Capital element of payments in respect of finance leases and On-SoFP PFI & LIFT	(476)	(276)
Capital grants and other capital receipts	0	309
Net cash inflow/(outflow) from financing activities	**(476)**	**33**
Net increase/(decrease) in cash and cash equivalents	**(1,986)**	**1,443**
Cash and cash equivalents (and bank overdrafts) at the beginning of the period	2,020	577
Cash and cash equivalents (and bank overdrafts) at end of year	**34**	**2,020**

Statement of changes in Taxpayers' equality for the year ended 31 March 2013

Changes in taxpayers equity for 2012/13	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Total
	£000's	£000's	£000's	£000's
Balance at 1 April 2012	172,393	(149,472)	51,851	74,772
Retained surplus/(deficit) for the year	0	(53,483)	0	(53,483)
Transfers between reserves	0	1,517	(1,517)	0
Impairments and reversals	0	0	(8,860)	(8,860)
Net gain on revaluation of property, plant, equipment	0	0	6,336	6,336
Balance at 31 March 2013	**172,393**	**(201,438)**	**47,810**	**18,765**

Better Payments Practice Code - measure of compliance

	2012/13		**2011/12**	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	104,240	183,042	90,071	132,100
Total Non NHS trade invoices paid within target	88,179	159,812	84,987	125,370
Percentage of Non-NHS trade invoices paid within target	85%	87%	94%	95%
Total NHS trade invoices paid in the year	2,142	29,913	1,861	31,211
Total NHS trade invoices paid within target	1,273	15,667	1,461	27,762
Percentage of NHS trade invoices paid within target	59%	52%	79%	89%

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 Payments Code.

Staff sickness absence

	2012/13	**2011/12**
	Number	Number
Total days lost	54,052	52,438
Total staff years	6,133	6,165
Average working days lost	9	9

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	473,897	235
Cumulative breakdown position		**3,113**

Carrying amount vs. market value of land

The Trust's land was valued as at 31 March 2013 at £24,275,000, these values are reflected in the Trust's Statement of Financial Position. 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 external auditor

Our accounts are externally audited by Grant Thornton to meet the statutory requirements of the Department of Health. They received fees of £187,000 (including VAT).

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 Hospital of North Staffordshire NHS Trust is available on request or can be viewed and downloaded on our website, www.uhns.nhs.uk.

Jim Birrell, Chief Executive

Graham Bennett, Director of Finance

Annual Governance Statement

Scope of Responsibility

The Board is accountable for internal control. As Accountable Officer and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisational policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible, as set out in the Accountable Officer Memorandum. I am responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively.

In my role as Chief Executive of the Trust, I fulfil my own responsibilities as its Accountable Officer in close association with the Chief Executive and senior officers of what was the Midlands and East Strategic Health Authority, the Chairs and Chief Accountable Officers of the Clinical Commissioning Group and PCT Cluster and the Council Leaders of the local authorities. Governance and risk issues have regularly been discussed at a variety of Health Economy wide forum, including formal review meetings with the Strategic Health Authority and meetings of Chief Executives.

The Trust continues to build public engagement and accountability and scrutiny through the work with the Shadow Council of Governors, which was established during 2012 – 2013, our Board meetings held in public, the four local overview and scrutiny committees, the two Local Involvement Networks (LINks) and other patient and public groups. The Trust has worked closely with them this year to ensure that stakeholders are involved in understanding the work, achievement and challenges of the Trust and is committed to actively reporting and listening to their views.

The Governance Framework of the Organisation

System of Internal Control

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;
- 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 in at the Trust for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

Quality

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) reports directly to the Board and receives reports on assurance and risks considered by the Quality & Safety Forum and Divisional Quality & Safety Forums. Reporting directly into the Quality & Safety Forum is a broad range of specialist groups, for example, Mortality Review Group, Data Quality Group and Infection Control Committee.

The Board has approved an organisation wide Quality and Safety Strategic Framework for

delivery during 2012–2015 which will be monitored through the quality governance structure.

The Trust is responsible for ensuring that an annual Quality Account is produced and made available to the public. To ensure that the Quality Account is accurate, the Trust uses information which has been subject to data quality assurance processes throughout the year, in accordance with the Data Quality Policy and Strategy. This includes internal and external audit processes. 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 essential standards of quality and safety and progress against key quality priorities and performance, as featured within the Integrated Quality & Performance Report. These provide assurance that priorities are actively managed and progressed at an operational level.

Members of the Board, including Non-Executive Directors, actively participate in patient safety walkabouts each month and are involved in working with staff to enable improvements where the need is identified. The Trust works in partnership with others on quality improvement activities including:

- Shadow Council of Governors
- Patient Experience Council
- Clinical Quality Review Group
- Local Involvement Networks
- Overview and Scrutiny Committees
- Quality Review Visits of the patient pathway which are director led with Clinical Commissioning Group / GP involvement

The Board, its Committee Structure, Attendance Records and Coverage of Work

Key responsibilities of the Board are to formulate strategy, ensure accountability and to shape culture. During 2012/13, this has included a greater focus on quality, performance and governance.

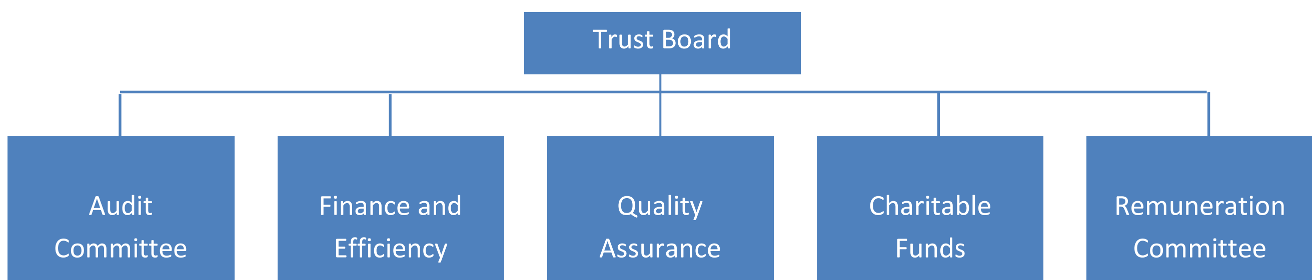
Throughout 2012/13, the Board has held:

- 9 meetings in public
- 11 meetings in private
- 10 developmental seminars including one 'time out'

Committee Structure

There are five key committees which report directly to the Board. The structure is illustrated in the diagram below. In addition to these five key committees, the Trust also has a:

- Professional Standards and Clinical Conduct Committee; implemented as a recommendation arising from an independent review



- Fit for the Future Project Committee; a short term Committee to oversee the Fit for the Future Project.
- Nominations Committee; in readiness for Foundation Trust Status.
- Strategy and Marketing Committee to help the Board to fulfil its responsibility for formulation of strategy (although this has now ceased).

Following the introduction of this Committee Structure during 2011/12, the Board has continued to develop its governance and reporting arrangements. In a report of an unannounced observation in September 2012, the Board was commended by the Strategic Health Authority (SHA) for evident links with its Committees, excellent reporting summaries and mechanism for referral of items.

Board Attendance Records

Attendance at Board and Committee meetings is formally recorded within the minutes, including where apologies have been received and deputies have been nominated. The table below provides an overview of the attendance of Board members at Board meetings throughout 2012/13.

Trust Board

Member	Possible No. of Meetings	No. Attended
John MacDonald, Chairman (Chair)	20	18
Jim Birrell, Interim Chief Executive Officer	4	4
Julia Bridgewater, Chief Executive	16	15
Dr Gavin Russell, Medical Director	14	10
Mr Robert Courteney-Harris, Medical Director	4	3
Liz Rix, Chief Nurse	20	17
Vanessa Gardener, Chief Operating Officer	9	9
Mark Mould, Acting Chief Operating Officer	11	9
Margot Johnson, Director of Human Resources	20	16
Andrew Underwood, Director of Corporate Services	20	16
John Maddison, Director of Finance	12	12
Graham Bennett, Interim Director of Finance	5	3
Keith Norton, Non-Executive Director / Vice Chairman	17	16
Kevin Fox, Non-Executive Director	20	16
Andy Garner, Non-Executive Director	20	18
Bob Collins, Non-Executive Director	20	10
Andrew Smith, Non-Executive Director	20	20
John Marlor, Non-Executive Director	20	20

Coverage of Work 2012/13

During 2012/13, key areas of focus for the Board have been:

- Quality and safety
- Risk and assurance
- Performance against key targets
- Finance
- Strategy development and partnership working
- Service developments

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 Priorities.

Board Composition

During 2012/13, a Board level skills analysis was undertaken. The purpose of this was to provide an overview of the strengths and weaknesses of the Board and to inform future arrangements. Linked to the skills analysis is a succession plan which identifies the current and future plans to ensure sustainability of the Board.

There have been a number of changes at Board level during the course of 2012/13. These have included Executive and Non-Executive Directors. Both the skills analysis and succession plan have been updated during the year to take account of these changes.

Board Performance including Assessment of Effectiveness

The Board has a culture of reflection and learning enabling them to continually improve its performance and effectiveness. An initial self-assessment against the 'Board Governance Assurance Framework' (BGAF) has been undertaken and the Board has developed an action plan which underpins its continual improvement cycle.

Throughout the second part of 2012/13, the Board has sustained a focus on the delivery of this action plan, seeing the development of an induction programme and Code of Conduct for Board members, completion of a skills audit, documented succession plans for all Board members and the approval of a comprehensive Board Development Programme.

In June 2012, a Board Seminar was held focussing on four case studies to provide opportunity for reflection and learning. The case studies were prepared using the case study framework set out within the BGAF and were based upon culture, quality, strategy and finance.

The Board Development Programme encompasses a wide range of development activity including Board Seminars, education, audits, assessments and external reviews. These form a continuous improvement cycle whereby the outcome of these audits, assessments and external reviews are fed into the Development Programme to 'close the learning loop'. Examples of these include:

- Reviews completed by Internal Audit including a governance review; 'Board Effectiveness for Aspiring FT's'
- External assessment of the Chairman and Non-Executive Directors

The Board agenda includes a specific section for reports on performance and quality, to ensure that there are effective mechanisms for monitoring performance against key national priorities, including the NHS Operating Framework. During 2012/13, the Trust was able to report delivery of all targets and performance objectives with the exception of the 4 hour wait.

Highlights of Board Committee Reports

Each of the Committees produce a formal report to the Board, providing a summary of items considered. This provides the Board with assurance that the committee is functioning appropriately and highlights any key risks which have been considered. An overview of the key

areas of focus for each of the 'core governance' Committees is set out below.

Quality Assurance Committee

- Performance against key quality indicators
- Quality Account and quarterly Quality and Experience Reports
- Internal and external assurance
- Research and Education

Finance and Efficiency Committee

- Financial performance
- Contracting performance
- Productivity and efficiency
- Service developments

Audit Committee

- Risk management and assurance
- Corporate governance
- Financial controls

Corporate governance, including the Board's assessment of its compliance with the Corporate Governance Code

The Corporate Governance Code is integral to the business of the organisation and is reflected within key policies and procedures. 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

Audit Committee

The Audit Committee is authorised by the Board to provide 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 last year the Committee approved both the internal and external audit work plans, received regular reports from internal and external audit and approved the Annual Audit and Accounts.

The Audit Committee met seven 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. Internal audit progress reports were reviewed at each meeting throughout the year, with a focus on any high level recommendations made.

The Risk and Control Framework

Capacity to handle risk

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 and 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 Trust has a Board approved Risk Management and Assurance Strategy which identifies that the Chief Executive has overall responsibility for risk management within the Trust. All directors, managers and clinicians accept the management of risks as one of their fundamental duties. Additionally, the strategy recognises that every member of staff must be committed to identifying and reducing risk. In order to achieve this, the Trust promotes an environment of accountability to encourage staff at all levels to report when things have, or have the potential to go wrong, allowing open discussion to prevent any re-occurrence.

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. This training includes the following of risk management procedures for reporting and responding to adverse events.

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.

Assessment, Management and Reporting of Risks

Risk Assessment

The Trust uses the internationally recognised model for assessment of risk which includes the use of a 5 x 5 risk scoring matrix. 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

RISK SCORING MATRIX

		Consequence Score				
		1	2	3	4	5
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

Risk Register

Each directorate holds a risk register which they are responsible for regular reporting, monitoring and review at their local governance group. This process is mirrored at a divisional level whereby those risks which pose a threat which spans across the entire division are aggregated up.

At a corporate level, each executive director holds a risk register which includes risks which affect the delivery of their objectives; i.e. a risk register which is reflective of their portfolio.

Assurance Framework

The Board held a workshop at the beginning of 2012, which focussed on further development of the Board Assurance Framework (BAF). As a result of this and taking full account of the Department of Health, Healthy NHS Board - Principles of Good Governance guidance, a revised BAF was developed and has been reported to the Board each quarter throughout 2012/13. The BAF is owned by the Board and is structured around the key risks which pose a threat to achievement of the organisations objectives.

The BAF proved effective in maintaining the Board's focus on managing the top strategic risks and areas for improvement and has been subject to scrutiny by Internal Audit during the year. The audit recognised that the BAF is a much improved document although there were opportunities to

strengthen this further through the introduction of 'Risk Assurance Plans' at Committee level.

Risk Assurance Plans (RAP)

Risk Assurance Plans (RAP) have been developed for the Quality Assurance Committee (QAC) and the Finance and Efficiency Committee (FEC). These set out the key risks for which the Committees are responsible, providing details of key controls, assurances and plans to address any gaps. Further development of these plans will continue throughout 2013/14.

Risk Management Reports

Integral to the process of risk management are a variety of reports which describe risks and the way in which these are being managed at a corporate level, through the Board, Committees or Forum. This framework of reporting is set out within the table below:

Information Security Risks

To ensure all information is efficiently and legally managed, the Trust has an Information Governance Steering Group (IGSG) which is chaired by the Caldicott Guardian (Deputy Medical Director) and of which the Senior Information Risk Officer (SIRO) is a member. The work of the IGSG focuses on legal compliance; NHS requirements; confidentiality and records management; information security, information quality assurance and completing the annual mandatory information governance assessment.

The IGSG develops policies and procedures which minimise risk and provide a robust governance framework. The IGSG receives reports of related incidents and breaches and escalates as appropriate. Over the year, the IGSG considered 28 incidents although none of these were of such severity that they were required to be reported to the Information Commissioner. The IGSG also monitors, advises and reports on compliance

Tier	Format of Report	Frequency
Board	Board Assurance Framework (BAF) - Key strategic risks / assurances / actions	Quarterly
	Chief Executive's Report including 'Emergent Significant Risks / Horizon Scan' e.g. serious incidents (not all SUI's), media attention etc.	Every meeting
	Specific reports which are reported under the 'Key Strategic Risks' section of the Board agenda (these may include those which are escalated from a Committee). Clarity on risks / assurance will be covered within the front sheet.	Every meeting
	Reports from sub Committees which provide an overview of the risks considered at Committee level	Every meeting
Committee	Risk and Assurance Plan (RAP) - Risks and assurances which are relevant to the Committee (e.g. finance / quality). This will be a quarterly consolidation of the specific reports covered below	Quarterly
	Specific reports which are produced for the Committee which include details of risk (these may include those which are escalated from a Forum), e.g. QIPP report, Finance Report. Clarity on risks / assurances will be covered within the front sheet.	Every meeting
	Reports from Forums which provide an overview of the risks considered at Committee level	Every meeting
Forum	Risk and Assurance Plan (RAP) - Risks and assurances which are relevant to the Forum (e.g. finance / quality). This will be a quarterly consolidation of the specific reports covered below	Quarterly
	Specific reports which are produced for the Forum which include details of risk (these may include those which are escalated from a Forum), e.g. QIPP report, Finance Report. Clarity on risks / assurances will be covered within the front sheet.	Every meeting

against a range of national performance indicators. Via the outcome of the performance indicators the IGSG is able to identify and evaluate gaps and risks; the IGSG ensures the Trust is alerted to any significant risks by formal reports to various Trust committees.

In common with many acute Trusts, compliance with a number of information security standards is a concern and as a result the UHNS Information Governance Steering Group (IGSG) agreed a number of improvement plans, processes and policy revisions and as a result significant progress has been made resulting in improved compliance. This improvement is reflected in the 2012/13 Information Governance Assessment.

Equality and Diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Throughout 2012/13 the Trust has had in place the Single Equality Strategy and an action plan to ensure compliance, an element of this has been completion of equality impact assessments of all HR policies and any service changes. The Trust established an Equality and Diversity Group to oversee delivery and development of the action plan.

Serious Incident Reporting

The Trust has a robust process for the reporting and investigation of serious incidents which spans internally and externally. During the year, the Trust has reported and investigated a total of 59 serious incidents. A full summary of serious incidents is reported to each meeting of the Quality Assurance Committee, which includes the details of incident, the root cause and any lessons learned. This is summarised in a report to the Public Board.

NHS 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 that deductions from salary, employer's contributions and payments in to the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Sustainability

The effects of climate change ultimately impact on human health. These impacts are multiple and diverse (and not all negative). The direct effects of hotter, drier summers, milder, wetter winters, and more frequent extreme weather events such as flooding and heat waves (as described in the UK Climate Projections 2009), might include the increased incidence of sunburn and skin cancers, heatstroke and dehydration during heat waves, and injuries and death caused by extreme weather -related events. Indirect effects extend from disruption to the supply chain of food (its quality and quantity), energy, clean air and drinking water, to the long-term mental health effects of flooding. In order to mitigate the effects of climate change the University Hospital of North Staffordshire and our Multi Agency partners have a number emergency plans in place, these include:

- Flooding
- Heatwave
- Evacuation Plans for Flood, Fire and Other Incident
- Rest/Evacuation Centre Plan
- Drought Plan
- Excess Death/Mortuary Plan
- Cold Weather Plan

Information Technology will continue to play a vital role in supporting emergency planning. All existing plans may be invoked more frequently due to the effects of climate change. All

contingency planning in the future will take into account climate change projections and its impact on the environment. Making a positive contribution to the environment and cutting our carbon emissions is a key priority for the Trust and there has been a Trust Board approved Sustainability Strategy and supporting Carbon Management Plan in place since 2010. The Trust has a target to reduce our CO_2 by 10% from 2007 levels by 2015 and will need to meet the more challenging target within the Climate Change Act of 34% from 1990 levels by 2020.

Quality Impact Assessments

During 2012/13, the Trust developed a process for undertaking Quality Impact Assessments against cost improvement proposals to ensure that they do not have a negative impact on quality. The Medical Director and Chief Nurse are responsible for sign off of proposals which are then reported to the Board via the Quality Assurance Committee.

Emergency Planning / Resilience

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 Care Quality Commission (CQC) standards as well as meeting the guidance set out in the NHS Operating Framework.

This responsibility includes the needs to produce and review incident plans, to undertake multi-agency planning, to work in partnership with other local health agencies and to ensure education and training for our staff.

In order to ensure these objectives are realised an Emergency Preparedness Annual Plan is produced which identifies objectives for the year. To monitor the progress of these objectives a report is produced.

The Trusts EPRR lead meets regularly with Health Emergency Planning Officers from the local NHS organisations and is part of a County Health Emergency Planning Working group to ensure that networking and information exchange occurs and lessons learned are shared with other health agencies.

The Trust is an active member of the Local Health Resilience Partnership (LHRP) and the Staffordshire Resilience Forum (SRF).

Review of the Effectiveness of Risk Management and Internal Control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit 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 a sound system of internal control, designed to meet the organisation's objectives and that controls are generally being applied consistently. Also informing my review of effectiveness are the following:

- Quality Assurance Committee
- Finance and Efficiency Committee
- Monthly Integrated Performance Report, Finance and Contracting Report and Quality Reports
- Annual Quality Accounts

However, some weaknesses in the design and inconsistent application of controls were identified which put the achievement of particular objectives at risk.

Specific weaknesses requiring improvement in year were in relation to E-Rostering, Delivery of Workforce Cost Control / Reduction Action Plan, Budgetary Control (including cost improvement programmes), Financial Forecasting and

Reporting, Policy Assurance and Agency Cost Controls. The Audit Committee have considered each of these reports and a summary of the control weaknesses identified by Internal Audit and have and will continue to monitor action being taken.

There is a statutory duty on NHS Trusts, under the NHS Community Care Act 1990, to break even taking one year with another. Following discussions between the Department of Health, the Treasury and the Audit Commission it was agreed some time ago that this duty will have been met if expenditure is covered by income over a three year rolling period, or five years in exceptional circumstances.

The Trust's financial outlook for 2013/14 and the next few years means that the Trust may not be able to deliver its statutory breakeven duty. There is a requirement for the statutory auditor, in this 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.

Although the resolution of the Trust's financial position for 2013/14 onwards, and in particular its currently planned shortfalls of income over expenditure, is the subject of ongoing discussions with the NTDA, the Trust's statutory auditor, Grant Thornton, issued a Section 19 Letter to the Secretary of State on 9 May 2013. This will be considered by the Board at its meeting on 7 June 2013.

Executive Directors within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by the internal auditors, external auditors, Care Quality Commission (CQC) provider compliance assessment and risk profiles, clinical audit, the National Patient Safety Agency NRLS, accreditation bodies and peer reviews.

I have been advised on the implications of the result of the review of the effectiveness of the system of internal control by the Audit Committee, with support of external and internal auditors. A plan to address weaknesses and ensure continuous improvement of the system is in place.

Based on the work undertaken in 2012/13, I have been given significant assurance that the Trust has a generally sound system of internal control, designed to meet key objectives, and that controls are generally being applied consistently.

Significant Issues

The key areas of risk to achievement of the strategic objectives identified and control weaknesses managed in 2012/13 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; these remain as risks moving into 2013/14.

Strategic Risk	Key Actions
The Trust may fail to deliver financial targets in 2012/13 to 2014/15 with consequent implications for FT status and delivery of operational and quality objectives.	• Independent reviews of 2012/13 baseline position and future financial viability completed • Short term Financial Recovery Plan delivered in 2012/13 • Revised five year financial plan approved to address underlying deficit • Additional expert resources in place to support delivery of 2013/14 QIPP savings programme • Revised management arrangements implemented for managing delivery of QIPP savings programmes • Obtain additional cash resources to support the Trust whilst the underlying deficit is addressed
Inability to achieve the A&E standard consistently results in a failure to deliver a safe, effective emergency pathway across primary care, UHNS and community services.	• Unscheduled Care Improvement Programme (UCIP) Plan to deliver short term and sustainable improvements. • Weekly Operational Organisational Flow meetings. • Increased capacity provided in the West Building • Single Capacity Bureau in place • External meeting with senior health / social care leaders • Additional external commissioned capacity for care
Workforce costs are not reduced to the required level within the year.	• Financial Recovery Plan developed • process for monitoring reporting workforce pay costs • Divisional workforce cost reduction plans • Treatment Initiative payments reduced • Corporate establishment control mechanism in place • Implementation of steady state capacity reduces premium payments
Mid Staffordshire FT (MSFT) - unidentified benefits for UHNS and significant potential reputation and financial risks and collateral. This may exacerbate of other risks e.g. performance delivery.	• Memorandum of Understanding (MOU) agreed • Independent review undertaken • Board agreed strategy for responding to the Monitor led review of MSFT
Non delivery of efficiency metrics compromises quality of care.	• Quality Impact Assessment process in place • Robust monitoring of cost improvement delivery • Annual Planning and Monitoring Cycle in place

Strategic Risk	Key Actions
New SHA view on plurality of provider and competition resulting in failure to be provider of choice (loss of business).	• Pathology Alliance programme in place • Development of Full Business Case with Board support
The Trust will fail to deliver the Tripartite Formal Agreement (TFA) and Foundation Trust (FT) approval process timeline if the Integrated Business Plan and Long Term Financial Model (LTFM) are not delivered.	• Project team established • Project plan in place • Agreement with National Trust Development Authority regarding timescale for IBP • Draft LTFM developed
Potential harm to patients from the acquisition of C Difficile and potential reputational risk amongst patients and the public. There are financial implications of not meeting the CQUIN requirements (penalties).	• Infection Control Strategy and Action Plan in place • Infection Control Team focussed support • Preventative practices in place which are underpinned by Trust policy and procedures • Investigation process to identify lessons learned • Education and training in place
The Trust may fail to meet the requirements of FT status if Information Governance Toolkit Toolkit compliance is not achieved.	• Information Governance Steering Group in place • Self-assessment process in place • Improvement plan in place • Project Manager appointed • Task and finish groups established
Failure to develop and implement an effective Research and Innovation Strategy which has key milestones for delivery	• Draft Strategy developed and agreed by the Board • Interim Director of Research and Innovation in place • Key Performance Indicators for research agreed
Failure to develop and implement an effective teaching and education strategy which has key quality outcomes.	• Draft Teaching and Education Strategy in place • Trust Lead for Education • Education and Teaching Forum established

With the exception of the internal control issues that I have outlined in this statement, my review confirms that University Hospital North Staffordshire has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that identified control improvement issues have been, or are being addressed.

Accountable officer: James Birrell, Chief Executive

Organisation: University Hospital of North Staffordshire NHS Trust

Signature:

Date: 23 April 2013

Independent auditor's report to the Directors of University Hospital of North Staffordshire NHS Trust

We have examined the summary financial statement for the year ended 31 March 2013 which comprises the Statement of Comprehensive Income, Statement of Financial Position, Statement of Cashflows, Statement of Changes in Taxpayers Equity, Better Payment Practice Code, Staff Sickness Absence, Cumulative Breakeven Position, Staff Sickness Absence, Carrying amount vs market value of land.

This report is made solely to the Board of Directors of University Hospital of North Staffordshire NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. 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 opinions we have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008/03 “The auditor's statement on the summary financial statement in the United Kingdom” issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the University Hospital of North Staffordshire NHS Trust for the year ended 31 March 2013.

Grant Thornton UK LLP

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7 June 2013

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