Proud to care

REVIEW OF THE YEAR 2012/13
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<td>A positive reputation and a key role in the wider community</td>
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Committed to meeting very real challenges

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 General 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 Centre, 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 ensures that we can continue to provide high quality services 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.

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 review 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 staff have shown huge commitment and care and I am grateful and proud to each and every one of them. Our partnership with Keele and Staffordshire universities is critically important in recruiting and retaining a high quality workforce, in developing research and innovation and in securing investment into the area.

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 services where needed; to work with our partners in research, teaching and 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.
Serving 700,000 patients from an impressive hospital

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. Many emergency patients are brought to us from a wide area by both helicopter and land ambulance because of our Major Trauma Centre status.

Our new hospital

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 finished in 2014. In the meantime, we have held meetings with local residents to promote discussion about the new hospital and the potential use of our other sites.

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 more than 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.

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 when entering the hospital.

Looking forward

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 21st Century.

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 of the site. Once these have been cleared the site will have an additional 300 parking spaces available.
Our key performance indicators are monitored every month by our Trust Board to ensure we are meeting the standards set for us. Here is a snapshot of how we are performing, a detailed breakdown of the Trust's performance is available at www.uhns.nhs.uk

<table>
<thead>
<tr>
<th>Performance</th>
<th>84%</th>
<th>90%</th>
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<tr>
<td>84% of Stroke patients have spent more than 90% of time on a Stroke Unit, up from 80%.</td>
<td></td>
<td>of patients attending A&amp;E seen within four hours, down from 93% (the target is 95%).</td>
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<tr>
<td>0 Grade 4 pressure ulcers.</td>
<td></td>
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<tr>
<td>98% of cancer patients seen within the first two weeks after referral to first outpatient appointment.</td>
<td></td>
<td></td>
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<tr>
<td>18 Falls resulting in serious harm, down from 40 five years ago.</td>
<td>84,184</td>
<td>99%</td>
</tr>
<tr>
<td>91 Mortality ratio, down from 104 last year.</td>
<td></td>
<td></td>
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<tr>
<td>Everyone Counts</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Everyone is part of the University Hospital team and we treat everyone as an individual.</td>
<td></td>
<td></td>
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<tr>
<td>98% of cancer patients treated within 31 days after diagnosis, up from 97%.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6% of patients whose operations were cancelled at short notice, up from 1.3%.</td>
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### Review of the Year 2012/13

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<th><strong>98%</strong></th>
<th><strong>6</strong></th>
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<tr>
<td>of non-admitted patients treated within the 18 week referral target, up from 97% last year (the target is 95%).</td>
<td>Operations not re-arranged within the target time of 28 days, down from 61 last year.</td>
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<thead>
<tr>
<th><strong>0</strong></th>
<th><strong>65</strong></th>
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<tbody>
<tr>
<td>MRSA bacteraemia.</td>
<td>C Difficile, down from 70 last year (target was 125).</td>
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<tr>
<th><strong>93%</strong></th>
<th><strong>4,359</strong></th>
<th><strong>18,384</strong></th>
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<tr>
<td>of admitted patients treated within the 18 week referral target, up from 89% last year (the target is 90%).</td>
<td>patients on inpatient waiting list, down from 4,605.</td>
<td>Total number of patients on outpatient waiting list, up from 13,872.</td>
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<tr>
<th><strong>116,398</strong></th>
<th><strong>88%</strong></th>
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<tr>
<td>Emergency patients treated, up from 106,563 last year.</td>
<td>of cancer patients treated within 62 days after referral, up from 85%.</td>
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**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.*

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**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.*

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**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.*

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Improvements have a real impact on patient care

Our patients expect and deserve safe, appropriate and effective care. Our nursing staff are committed to reducing infections and avoidable harm because they know that no patient should leave the hospital with a problem that occurred here.

Harm-free care

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. Our Tissue Viability nurses have 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.

Infections

This year our patients have benefitted hugely from 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. 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.

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.

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.
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 our performance did not meet the 95% four hour wait target.

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. Some of the 10% increase can be attributed to South Staffordshire activity, partly related to the overnight closure of Mid Staffordshire Foundation Trust’s 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 we 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 and quality of care patients receive remains high. 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.

University Hospital has worked hard for a number of years to recruit the 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 consultants to 17.5. 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.

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 rehabilitation services.
Specialist services

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.

Elderly

The care our elderly patients receive has been shown to be amongst 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, shows our staff provide a high quality of care, particularly to our elderly patients, delivered with compassion and pride. 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.

Stroke Services

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.
Vascular services

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.

Children & Maternity

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 into the 21st Century.

Vanessa Coysh gave birth to little Poppy in the Maternity 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.”
Driving improvements for the patients of the future

Innovation

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 of 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.

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 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, pictured left, a Consultant Cardiothoracic Surgeon, has been leading his team in this ground-breaking procedure. 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.
Teaching – Doctors and Nurses 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. This year the School achieved a very high rating in the National Student Survey, 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.

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. 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.

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. 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.
Patients benefit from new treatments and medicines

Research

Our patients 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 into 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 and 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 and 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 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 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 more than 250 staff attended. Six awards were given for various achievements, including Iris Beresford for Volunteer of the Year.

University Hospital was given a tremendous boost with five nominations for categories in the prestigious Patient Safety and Care Integration Awards.

The Trust’s Emergency Centre was nominated in the Care of the Elderly category, while the Neuroradiology Department was 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.

These nominations were an extremely proud moment for all the staff and the hospital as a whole. They were testament to the hard work which goes on every single day and important that their work was 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.

Iris Beresford, right, is presented with her award for Volunteer of the Year.

John Scholey, Consultant Orthodontist, won his speciality's top award for the fourth time.

Award-winning staff show quality of services

Staff
Hard work achieves break-even point

Financial performance

The Trust has met its statutory duty to deliver a minimum break-even position for the year 2012/13 by achieving a £0.2m surplus. Expenditure was significantly higher than originally planned as a result of costs 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 costs and break-even.

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.

In 2012/13 the Trust’s income (£375m, 80%) was delivered from Primary Care Trusts in relation to healthcare services provided to patients. 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. A summary of the principal financial statements is included in the Annual Report.

Investing for the future

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:

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<tr>
<th>BID TITLE</th>
<th>2012/13 £’000</th>
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<tbody>
<tr>
<td>PFI buildings and equipment</td>
<td>69,707</td>
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<tr>
<td>Retained Estate</td>
<td>10,645</td>
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<tr>
<td>Renal Unit</td>
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<td>Furniture and Medical Equipment – FFTF</td>
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<td>ICT schemes</td>
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<td>Medical devices schemes</td>
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</tr>
<tr>
<td>Estates and general works</td>
<td>3,235</td>
</tr>
<tr>
<td>PET Scanner</td>
<td>3,194</td>
</tr>
<tr>
<td>Other schemes</td>
<td>1,869</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100,740</strong></td>
</tr>
</tbody>
</table>

In 2012/13 the significant spend on PFI buildings and equipment has been funded mainly 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. A summary of the principal financial statements is included in the Annual Report.

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. To install the machine we called on our generous supporters to help raise £250,000. The appeal went out for 500 individuals, groups or companies to raise £500 each. The Scanner was officially opened in May 2013.
Sustainability: our impact on the environment

Any organisation which employs more than 7,000 staff and treats more than 700,000 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.

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.
More efficient ways of caring put the patient’s needs first

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. This looked at the 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 Centre and the development of a ward assessment trolley area.

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.

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.

The hospital benefits from improved efficiency and our patients receive the right care in the right place at the right time.
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 more than 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 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. More than 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. More than 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 evenings and industry days.

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. More than 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.
We are ‘Proud to care’

A patient is the most important person in our hospital. They are not an interruption to our work, they are the purpose of it. They are not an outsider in our hospital, they are part of it. We are not doing them a favour by serving them, they are doing us a favour by giving us an opportunity to do so.