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Trust publications

The Trust publishes a number of documents of public interest which are available on the Trust's website www.nnuh.nhs.uk or on request from the Communications team: Norfolk and Norwich University Hospital, Colney Lane Norwich NR4 7UY, telephone: 01603 287200, or email: communications@nnuh.nhs.uk

On request these documents can be made available in other languages or other formats. Please contact Communications for more details.

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Norfolk and Norwich University Hospital
NHS Trust

our **Annual Report**

2006 – 2007

Chairman & Chief Executive's Foreword

At the beginning of last year we were faced with a very steep financial mountain to climb with real uncertainty about the future. In the event, we have managed to turn a large potential deficit into a small surplus. Some will say that this was achieved by smoke and mirrors and clever accounting. This is not the case. Our recovery strategy was based on a step reduction in our operating costs which we achieved through the successful implementation of a tough cost reduction programme. We achieved this in parallel with a significant increase in clinical activity, a great tribute to all our staff.

During the year we have also achieved recognition and success across a wide range of our services, some of which are mentioned below:

- Clinical teams were Hospital Doctor 2006 award finalists in both the Parkinson's Disease and Gastroenterology Team of the Year categories

- Our neonatal nurses were finalists in three categories of the BLISS Baby Charter Neonatal Awards and received a special commendation for the innovative work of the neonatal outreach team.

- Lead cancer clinician Professor Ann Barrett was awarded the prestigious President's Medal of the Royal College of Radiologists and made an Honorary Fellow of the American College of Radiology.

- A joint NNUH/UEA paediatric surgery research project won the prestigious Grant Memorial Prize, jointly awarded by British Association of Paediatric Surgeons and the Association of British Paediatric Nurses, at their International Congress held in Stockholm.

- Our Macmillan nurses received international recognition for their team approach to education and training in the development category of the 2006 International Palliative Care Awards.

- Our emergency operating theatre team won the Team of The Year title in the Association for Perioperative Practice awards.

- The Norfolk and Norwich University Hospital and Cromer Hospital were the only acute hospitals in the region found to offer patients both an excellent standard of food and cleanliness, according to inspections carried out by the National Patient Safety Agency.

- The high quality of images produced by the Medical Illustration team saw their work acknowledged with three national awards, awarded by the Ophthalmic Imaging Association and the Institute of Medical Illustrators annual awards.

David Prior Chairman

- Our staff magazine "The Pulse" picked up the silver award in the Chartered Institute of Public Relations Pride Awards 2006 in the category of best magazine.

- Mortality rates at the Norfolk and Norwich University Hospital are amongst the lowest in the country, according to the latest Dr Foster Hospital Guide.

- The Norfolk and Norwich University Hospital NHS Trust is one of the top performing hospital trusts in the country, according to the 2005/2006 annual healthcheck published by the Healthcare Commission.

We are acutely conscious that achieving these standards in a year when the Trust was very busy and when difficult and painful decisions had to be made to reduce costs has placed a great deal of pressure on our staff. We all owe them a great deal. On behalf of the Board and all our patients, a heartfelt thank you.

Paul Forden Chief Executive

Now, for the future. The NHS never stands still, and this year is no exception. In July, we will submit our application to the Secretary of State to become a Foundation Trust. This will give us greater independence from the Department of Health and a much closer relationship with our local community. It will allow us to respond better to the increasing expectations of our patients and to meet effectively the growing competition from other health providers.

There can be little doubt that the core government reforms are here to stay: we will face competition; we will be paid only for what we do; we will have to run the hospital more like a business; we will have to work more flexibly; we will have to get closer to the population we serve; and we will have to make the right strategic decisions to ensure that we have a long term future.

Undoubtedly, there will be great challenges to meet in the future. However, we believe that we are building on strong foundations and we give you our assurance that any changes we make will be entirely consistent with our overall raison d'etre: to provide outstanding care for all our patients regardless of their ability to pay. This remains the core value of the NHS and will remain the core value of our Trust. It is why most of us joined the NHS in the first place.

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The Trust

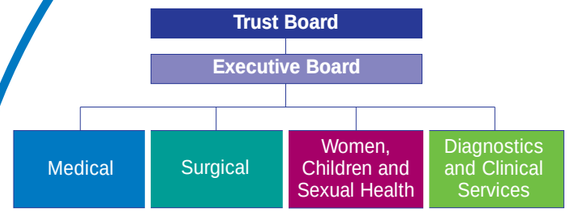
Quality hospital care for the people of Norfolk

The aim of the hospitals run by the Norfolk and Norwich University Hospital NHS Trust since 1994 is to provide the best possible acute hospital care for a catchment area of up to 750,000 people. Acute hospital care means specialist care for patients who need prompt treatment for serious conditions that cannot be dealt with by doctors or nurses working in community health services.

Every year we treat well over half a million people from Norfolk, neighbouring counties and from further afield in the UK. Our patients are referred to us by around 100 local GP practices, but also from other acute hospitals and other primary care trusts around the country.

The Norfolk and Norwich University Hospital is an important training centre, in partnership with the University of East Anglia, for the training of doctors, nurses, midwives, therapists and other health professionals.

The Trust has four divisions that work closely together to ensure that patients in Cromer and Norwich get the best possible out-patient, in-patient, day case and emergency care. All patient accommodation is single sex.



Open government Trust board meetings are held bi-monthly and are open to the public. Times and details of meetings are published on the Trust website. Members of the public also have the chance to ask questions at every board meeting. The Trust has clearly identified lines of communication with staff, including monthly team briefings and the regular production of in-house publications for NHS staff and the public.

Non-executive directors are appointed by the NHS Appointments Commission for a four-year term. The Chief Executive and executive directors are appointed by selection and interview by authority of the Trust Board. The Trust Board also has the power to terminate employment in accordance with employment law.

Introducing the Board

Chairman

David Prior David was appointed Chairman in November 2002 by the NHS Appointments Commission and stood down in November 2006. He is a barrister and has broad experience at a senior level in the business world, having formerly worked with Lehman Brothers, Lazards and British Steel. He was the Conservative MP for North Norfolk from 1997 to 2001, and has no other ministerial appointments. David was reappointed by the NHS Appointments Commission as Chairman from 1 April 2007 for a period of 4 years.

David Wright was appointed as a non-executive ditector the period from 1st October 2003 until October 2007 and acted as Interim Chairman between November 2006 and 31st March 2007. David is a former director of social services at Norfolk County Council. David is a committee member of the General Social Care Council and has advised the Russian government on social care issues. He was appointed in October 2003 by the NHS Appointments Commission for a four-year term as a Non-Executive Director.

Executive Directors

Christine Baxter Director of Nursing and Education
Chris is responsible for Clinical Governance; for providing professional guidance to the Board; and for the facilitation of quality management issues; and ensuring effective complaints systems are in place.

Bernard Scully Director of Human Resources [Non Voting Trust Board Member] Bernard is responsible for all Human Resources issues within the Trust and Leadership/ Management development.

Anna Dugdale Director of Resources Anna is the financial adviser to the Trust Board, responsible for the application of statutory financial regulations to the conduct of all Trust activities; financial performance; estates and facilities; and the PFI; Information Technology, and procurement.

Dr Iain Brooksby Medical Director Iain is responsible for providing medical advice to the Board; medical manpower and training; clinical audit; and developing clinically-driven issues with both the consultant, and junior medical staff. Iain is also the Director of Research and Development.

Anne Osborn Director of Strategy, Planning and Performance
Anne is responsible for the development of service strategies, performance management arrangements across all areas of the Trust, and leading the development, and delivery of all Service Agreements.

Chief Executive

Paul Forden - Chief Executive: The Chief Executive is responsible for the overall management of the Trust and is the Accounting Officer. Paul was appointed as Chief Executive of the Norfolk and Norwich University Hospital NHS Trust in October 2004.

Non-Executive Directors

Sue Whitaker Sue has worked as a Senior General Manager at HMSO; as a part-time lecturer in the Department of Management Studies at Norwich City College; and as a Volunteer Adviser at Norwich and District Citizens' Advice Bureau. She chairs the Trust's Improving Working Lives Group and Patient and Public Involvement Committee. She is also a Labour Councillor on Norfolk County Council, where she is a spokesperson on children's services. Her term of office finishes on 31 October 2007.

Bolton Agnew Bolton lives in north Norfolk and has a professional background as a solicitor. He is Chairman of Practical Car and Van Rental, Chairman of Rival Insurance Services Ltd and a Director of the Norfolk Churches Trust. Bolton was appointed a non-executive director from 1 October 2006 to 30 September 2010.

Professor Sam Leinster Non-Executive Director and Consultant Sam is also the University-nominated non-executive director of the Norfolk and Norwich University Hospital NHS Trust. Previously Director of Medical Studies and Professor of Surgery at the University of Liverpool. He is involved nationally in many aspects of medical education. His appointment is for the period 1 February 2005 to 21 January 2009.

Anthony Habgood Anthony Habgood is Chairman of Bunzl plc, and Chairman of Whitbread plc. He is also the Senior Independent Director of SVG Capital plc. His appointment covers the period from 1st December 2005 until 30th November 2009.

Judy Rivett Judy is a self-employed occupational health and safety consultant and a registered nurse, having trained at the Norfolk and Norwich Hospital. She has experience of the occupational health field with the Health and Safety Executive, the former Norwich Health Authority and private industry. Judy was re-appointed to the board from 1 November 2002 for a 4 year term which expired on 31 October 2006.

Dr Charles Winstanley Charles is the former chairman of Norfolk Probation Board, a chairman for GMC fitness to practice panels, a member of the Immigration and Asylum Tribunal, regional chairman for Postwatch, and a magistrate. He was re-appointed a non-executive director on 1 November 2002 for a 4 year term which expired on 31 October 2006.

Review of the year

Here are some of the highlights of the last 12 months

The charity **'Look Good Feel Better'** celebrated a decade of professional beauty treatments for cancer patients at NNUH. So far more than 800 women have taken advantage of free make-up and advice from the cosmetics industry.

It was **red letter day in the chemical pathology lab** when a mum called in to say thank-you for saving her baby's life. The lab's sharp-eyed biomedical scientists spotted a rare abnormality during a routine antenatal blood test, resulting in an emergency caesarean and a life-saving blood transfusion for baby Kaden Adams.

Our cellular pathology laboratories at the Cotman Centre were described as the best in the UK at the official opening in June. The labs provide 'an ideal environment' for testing up to 46,000 tissue samples a year from all over Norfolk.

Also in June, **we welcomed Health Secretary Patricia Hewitt**, who paid a rare visit to NNUH at the request of local MPs concerned about NHS funding.

A national bowel cancer screening programme was launched at NNUH, urging the over-sixties to check for signs of the disease using a simple home testing kit. In the first six months the programme revealed 41 new cases and another 90 patients were treated for pre-cancerous polyps.

A joint research project between the paediatric surgical team and a UEA lecturer won **the prestigious Grant Memorial Prize** for their 'home next day' research project. The project followed the progress of 25 children to see if they could safely go home within 24 hours of an appendectomy.

Clinical staff from NNUH joined forces with the UEA to host an inspiring programme of events for the **BA Festival of Science**. They demonstrated some of the latest developments in medical science and took part in discussions on the changing role of the doctor.

The Duke of Gloucester took a special interest in the skills lab when he officially opened the UEA's School of Nursing and Midwifery. His tour of the new Edith Cavell building took in the latest high tech teaching aids, including this animatronic model of a maternity patient.

The advanced skills of our paediatric surgeons were the focus of world attention when NNUH played host to the annual conference of the **British Association of Paediatric Endoscopic Surgeons**. The delegates were able to watch the surgeons at work and also practise their own laparoscopic techniques in the hospital skills lab.

Sterile Services were awarded top **European certification** for their high standards of cleanliness and efficiency. The 80-strong team sterilises 26,000 surgical instruments a day at NNUH and provides a 24-hour service for our 28 operating theatres, as well as health centres throughout the community.

Two of our patients were filmed celebrating the beneficial effects of a new drug regime to help with the distressing symptoms of Parkinson's Disease. Susan Hogger-Chamberlain and Ann Ellis were among the first in this country to try a new technique to insert a tube directly into the small bowel, where the drug L-dopa is more readily absorbed.

A number of teams were commended for their innovations and high standards of patient care. They included the neonatal nurses, Macmillan nurses and staff working in emergency theatres (for their innovative patient booking system), Neurology and Medicine for the Elderly (for work with Parkinson's patients), Gastroenterology and paediatric surgery. The Department of Health recognised our Diabetes in Pregnancy team as an example of how patient care can be improved.

A new vision for Cardiology

Cardiology

Clinical Haematology

Dermatology

Emergency Services

Endocrinology

Gastroenterology

Medicine for the Elderly

Nephrology

Neurology

Oncology

Palliative Medicine

Phlebotomy

Respiratory Medicine

Rheumatology

Coronary heart disease is still the most common cause of premature death in the UK, resulting in more than 100,000 fatalities a year.

The good news is that increasing numbers of patients are benefiting from medical advances that not only increase their life expectancy but also reduce pain and help them enjoy a better quality of life.

One such development is balloon angioplasty, a procedure first performed in 1977. Combined with stenting (percutaneous coronary intervention, or PCI), this has now become a routine option for dealing with narrowed coronary arteries.

Until June 2006, patients from Norfolk who needed such treatment would be referred to the specialist cardiac team at Papworth Hospital in Cambridge. But a new PCI service, launched at NNUH in June 2006, is expanding fast and by 2011 it's hoped that around 1,000 patients a year will benefit from the technique.

During 2006/07 a long-awaited plan to create a second angio suite at NNUH was finally approved - the result of close collaboration between our commissioners and healthcare partners in Norfolk and Papworth.

This has been boosted by a 'Balloons4Hearts' charity appeal, launched by Norfolk Heart Trust in 2006, which has so far raised an impressive £600,000 to equip the new suite.

The £2 million project is part of an exciting new vision for cardiology that will see many more patients being treated closer to their own homes. Already more than 300 patients have undergone balloon angioplasty at NNUH, although there will always be a small minority who need more complex heart surgery at Papworth.

"This is a particularly exciting time to be involved in cardiology as treatments are improving all time. I am proud to be part of such an enthusiastic and innovative team at NNUH and believe that, with the right support, we can go on to expand the variety of services we offer so that only cardiac surgery is undertaken at Papworth."

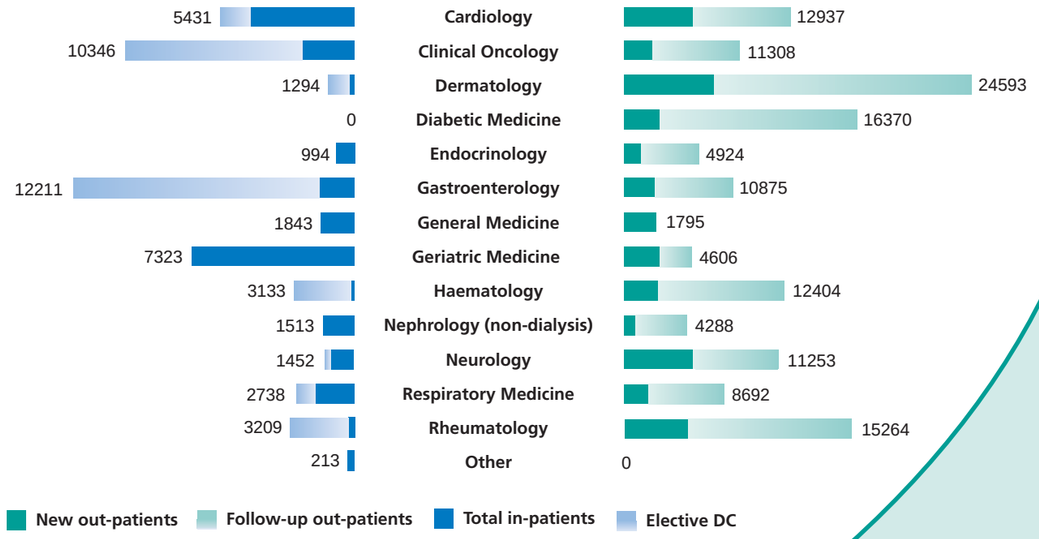
Dr Leisa Freeman, Consultant Cardiologist

Dr Leisa Freeman is the clinical director of a growing team of cardiologists at NNUH whose diversity of skills is making a big difference for our patients. Our cardiology team has long been in the forefront of pacemaker technology, while a proactive approach to patient care ensures that many more people with congenital heart disease are now leading active and productive lives.

What is coronary angioplasty and stenting (PCI)?

A build-up of cholesterol within the coronary arteries can reduce blood flow, leading eventually to angina and heart attack. In angioplasty, a tube with a tiny balloon attached is threaded through a blood vessel in the arm or groin to the site of the blockage, where it is inflated with fluid. In most cases a metal stent is fitted around the balloon and remains in place when the balloon is deflated to help strengthen the artery walls. For some patients, drug-eluting stents are used to treat damaged blood vessels.

Medical Division Activity 2006/07



The art of reconstruction

Breast reconstruction nurse Ruth Harcourt prepares Denise Elyot for her nipple tattoo.

Denise Elyot is one of a growing number of women who opt for breast reconstruction following a mastectomy. Now, after further surgery to create a nipple from her own tissue, she is celebrating 20 years of being cancer-free with a nipple tattoo.

“The reconstruction completely changed my life,” she says. “But the tattoo is the icing on the cake as it means my new nipple and areola now look even more natural.”

Last year some 87 of our patients underwent breast reconstruction at NNUH, either at the time of their cancer surgery or some time afterwards. Guidelines from NICE (the National Institute for Clinical Excellence) recommend that all patients who undergo a mastectomy should be offered this chance.

“Exceptions are when the patient is not fit enough or if plastic surgery would compromise their cancer treatment,” explains breast reconstruction nurse Ruth Harcourt. “Even so, we would never say never – the oldest patient to have a reconstruction at NNUH was in her 70s and she was delighted with the results.

“We are lucky at NNUH to have top-class plastic surgeons who can offer a range of different techniques, from silicone implants to more complex techniques using a ‘flap’ of tissue from the back, stomach or buttock, together with arteries and veins, to create a more natural breast.”

Ruth works closely with the breast care team at NNUH and part of her role is to educate students about the importance of good nursing care. “It’s crucial to monitor patients closely in the early days after reconstruction surgery to ensure that the blood supply to the transplanted tissue is maintained.”

Plastic surgeons from around the world came to watch when Miss Elaine Sassoon demonstrated a new type of breast reconstruction using a 'flap' of tissue from the buttock.

“It’s great to see these patients when they are cancer-free and feeling more positive about life. I had to smile when one of my patients referred to the tattoo as her ‘tittoo’ – it showed she hadn’t lost her sense of humour along the way!”

Ruth Harcourt, Breast Construction Nurse

A nurse for 26 years, she is the only nurse at NNUH who is qualified to provide a tattooing service. “We can supply a false nipple but many women are now choosing to have nipple reconstruction as their breast feels incomplete without one. With tattooing I can create a trompe l'oeil effect – I've learned from experience how to mix the pigments and produce a more natural, textured appearance”.

Anaesthetics & Critical Care Complex
Arthur South Day Procedure Unit
Ear, Nose & Throat/Oral Health
General Surgery
Low Dependency Unit
Main Theatres
Ophthalmology
Plastic & Reconstructive Surgery
Sterile Services
Thoracic Surgery
Trauma & Orthopaedics
Urology

Surgical Division Activity 2006/07

	New out-patients	Follow-up out-patients	Total in-patients	Elective DC
ENT	2949	33872		
General Surgery	9656	27656		
Neurosurgery	0	358		
Ophthalmology	7188	60157		
Oral Surgery	1974	9972		
Orthodontics	0	4398		
Pain Management	1304	5105		
Plastic Surgery	5838	16215		
Restorative Dentistry	38	0		
Thoracic Surgery	760	1155		
Trauma & Orthopaedics	8805	47865		
Urology	9809	17973		

Special babies

Premature babies face a fight for survival and the odds can be heavily stacked against them. Thankfully, the team in the Neonatal Intensive Care Unit (NICU) are skilled and experienced in supporting both babies and their parents at this crucial time.

The Neonatal Outreach team provides support for around 200 babies a year, whether in their own homes, in the special care baby unit or on Blakeney ward. As the infants stabilise and develop, they move from intensive care to high dependency and then to the special care baby unit – and it is here that our Neonatal Outreach nurses step in to bridge life in a hi-tech hospital unit with life at home.

“Promoting an earlier discharge from hospital enables families to bond together sooner in their home environment, but this can be a daunting and stressful time for parents,” says neonatal outreach nurse Charlotte Devereux. “We aim to help with the practical skills required to care for a preterm baby and offer as much support as they need.”

The parents may be required to give tube feeds or administer oxygen at home, and all must be trained in resuscitating a baby.

Up to 17 babies can be accommodated in the low-dependency area for anything up to three months, cared for by nursery nurses who all have either NNEB or BTec qualifications.

A key part of their role is to help parents develop the confidence to look after their babies at home. “We teach them skills such as tube feeding, breastfeeding, resuscitation, temperature control – all the things they need to be able to do at home,” says nursery nurse Sarah Elliston.

Once at home, parents may telephone NICU at any time and, if necessary, they have immediate access to the Children’s Assessment Unit. The outreach nurses will continue to see babies up to six months old, and they also liaise with health visitors and the paediatric nursing team in the community.

This help and support is invaluable for families who are making the difficult transition between hospital and home.

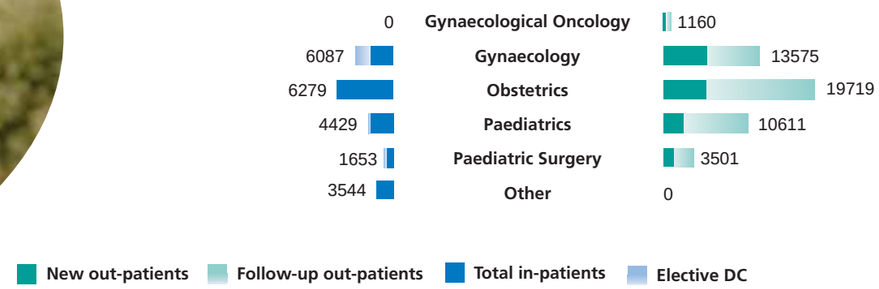
Titus Brunton with his mum *(below)*. Like many NICU parents, Titus Brunton’s family returned to the unit to express their thanks to the team. Titus spent 12 weeks on the unit after he was born more than three months early.

Family Planning
Genito-Urinary Medicine
Obstetrics & Gynaecology
Neonatal Intensive Care Unit
Paediatric Medicine
Paediatric Surgery

“It’s very satisfying to see the babies growing up and coming back to see us. It really does make a big difference to see them get on in life, and to know you’ve played a part in that.”

Jocelyn Baynes-Clarke, Nursery Nurse

Womens & Children’s Division Activity 2006/07



Diagnostics and clinical services

Going nuclear

“The key is in the chemistry. We use radioactive pharmaceutical products which are injected, swallowed or inhaled, and these are designed to interact with the body’s natural biochemistry to yield information about abnormal organ function or blood flow.”

John Skrypniuk, Clinical Scientist

Cromer & District Hospital
Health Records
Medical Illustration
Nuclear Medicine
Out-patient Services
Pathology
Pharmacy
Radiology
Reception
Therapeutic Services

Pharmacists prepare the nuclear products in a sterile environment under strictly regulated conditions. Most of the procedures emit only gamma rays, although beta rays are used in some cancer treatments.

John with metal canister. The raw material used in most of nuclear medicine procedures is derived from the nuclear power industry – one test-tube sized generator, encased in lead, provides enough isotope for a whole week’s work at NNUH.

Have you ever wondered what goes on behind the lead-lined doors of Nuclear Medicine?

Strict precautions are necessary because staff are routinely working with radioactive materials – although these generally have a short half-life and are specially designed for medical use.

“The key is in the chemistry,” explains clinical scientist John Skrypniuk, who trained as an industrial chemist before specialising in nuclear medicine. “We use radioactive pharmaceutical products which are injected, swallowed or inhaled, and these are designed to interact with the body’s natural biochemistry to yield information about abnormal organ function or blood flow.

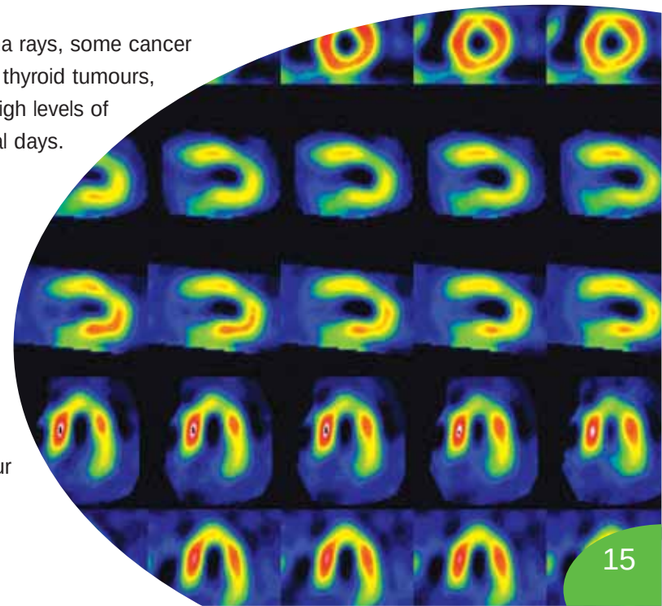
“Most of our work involves procedures which ‘map’ the distribution of radioactive materials within the body using a type of scanner known as a gamma camera. We are looking at metabolic activity – or lack of it – so we can show areas where there is too much growth (as in cancer or infection) or too little (as in blocked arteries or poorly functioning tissue).

“Analysis of kidney function using gamma technology is particularly common in children as the radiation dose received from the nuclear medicine scan is less than that from a conventional X-ray.”

Combining gamma technology with traditional surgical methods is proving useful for breast cancer patients, helping surgeons to detect whether the cancer has spread to lymph nodes in the surrounding tissue. If the cancer is found to be absent in the sentinel node, the surgery can be less invasive and patients recover much more quickly.

While most of these procedures emit harmless gamma rays, some cancer treatments involve the use of beta rays. In the case of thyroid tumours, the treatment may involve ‘zapping’ the tumour with high levels of iodine, which remain radioactive in the body for several days. Patients need to be isolated in a shielded room on Mulbarton Ward for up to three days, with visits from staff and patients limited to about an hour each day.

Technology has taken another leap forward with the invention of the PET (Positron Emission Tomography) / CT scanner (Computerised Tomography), which effectively combines gamma camera technology with CT scanning. The images can be fused together to show the exact anatomical location of an active tumour or infection.



Dialysis unit opens at Cromer

Staff in the new dialysis team include, from left: Jane Craske, Angie Webster, Mo Hunton and Andrea Barber.

Elizabeth Withers with senior sister Janet Dickenson.

Here at last: Patient Gerry Betts celebrates the opening of the new unit with a cup of tea.

Since she began dialysing at Cromer's new renal unit, Elizabeth Withers, from Overstrand, has been able to enjoy her garden for the first time in years:

"Before, I was leaving home at 10am to get to Norwich and didn't return until after 6. Now I'm home in time to tend to my pots."

Elizabeth is one of the 'Langley Seasiders', the patients who have been dialysing at NNUH while they waited for the new unit to be built.

It became fully operatonal in July, with 50 patients taking their turn to use the eight dialysis stations from 7am - 10.30pm, Monday to Saturday. Their average age is 78.

"This is a nurse-led unit so the patients have to be stable and settled on dialysis," says senior sister Janet Dickenson. "There was a waiting list for Langley Ward but, so far, we have managed to accommodate everyone who wants to come here.

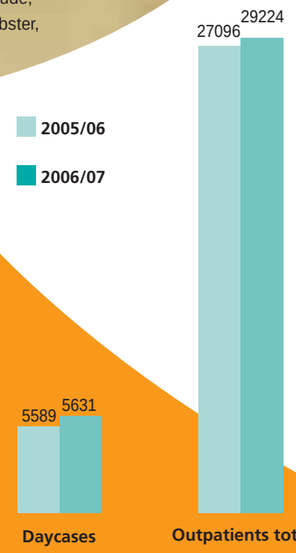
"You get to know the patients very well - I've probably spent more time with them than my own parents!" she says.

Janet Dickenson, Senior Sister

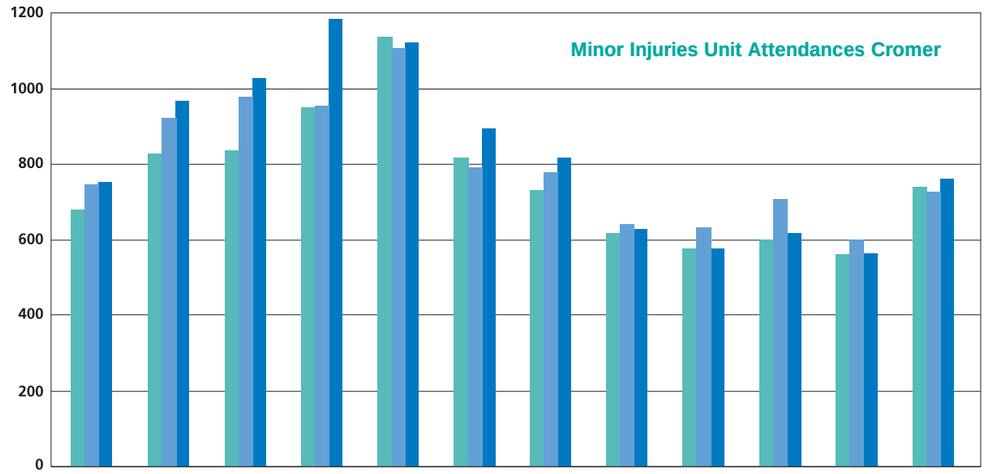
The modular unit is surprisingly spacious and well-appointed, although some compromises were necessary - Janet's office doubles as a beverage bay and a side room has to be sectioned off if a patient needs to be isolated.

The Friends of Cromer Hospital generously donated ceiling-mounted televisions for each dialysis station, and a local art gallery has agreed to showcase local artists' work free of charge, giving patients the benefit of an ever-changing view as they wait to take their place on a dialysis machine.

Thanks are also due to Sagle Bernstein legacy, which enabled the new dialysis unit to be built.



In-patient & Day Case Discharges & Out-patient Attendances



Period	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Apr 04 - Mar 05	689	839	846	936	1118	827	729	632	580	597	556	731
Apr 05 - Mar 06	753	901	968	951	1091	791	767	653	636	694	597	717
Apr 06 - Mar 07	757	960	1028	1186	1108	904	816	647	580	624	557	742

The Big C Centre

Where C stands for Caring

After a busy first year at the Big C Centre, a variety of services are now up and running successfully for cancer patients. More than 3,400 visitors have come through the doors since the centre opened in May 2006 and there have been more than 750 telephone enquiries.

As the manager, Jill Chapman, explains: “One of the main purposes of the Big C Centre is to offer support to anyone affected by a diagnosis of cancer, whether they are patients, carers, friends or relatives. We also see the ‘worried well’ who want to talk through their concerns.”

“We are here to listen to their concerns and point them in the right direction. Our aim is not to take over the services provided by the Trust but to enhance the patients’ cancer journey by working alongside hospital staff.”

Jill Chapman, Big C Centre Manager

Funded by the Big C cancer charity, the £1.2 million Centre is a world away from all things clinical and is designed to be a home-from-home for cancer patients, with comfortable seating, complementary therapy rooms, quiet rooms and a pleasant patio garden.

“Research shows that some cancer patients take in only around 50 per cent of what they are told when they are first diagnosed – it’s not until much later that they think of all the things they should have asked,” said Jill.

Services now available to cancer patients, free of charge, include:

- Citizen’s Advice (CAB) sessions all day on Tuesdays, by appointment, for advice on issues including welfare rights, housing problems, benefits, allowances, grants, debt advice, and employment issues.
- Complementary therapies (reflexology and massage) on Monday afternoons (by appointment). The Big C are paying for up to four sessions for cancer patients and their carers (limited to one per patient).
- Group relaxation classes are run by the hospital’s occupational therapy team for up to six patients and carers, working with stress reduction and relaxation techniques, as well as visualisation and breathing exercises.
- Two professional counsellors are available for at least two half-day sessions each week. The Big C pays for up to six visits for each patient.
- Look Good Feel Better workshops are held monthly for up to 12 ladies. These professional make-up sessions have been so successful that the cosmetics industry has agreed to run seven more sessions to help cope with the demand.
- Following each Look Good Feel Better workshop, a volunteer demonstrates a variety of scarf-tying techniques for ladies who have suffered hair loss during chemotherapy treatment.
- The wig clinic now runs from the Centre each Friday morning, with appointments organised during chemo planning.

The Big C Centre is open from 9.30am - 4.30pm, Monday to Friday (closed bank holidays), and on the first Wednesday of the month until 7pm.

All welcome, including any hospital staff who would like to look around.

In addition to these activities, the Centre holds details of support groups and community links. The library area has been revamped and updated with many new publications; internet access is available to visitors, and every month themed displays offer information on different types of cancer, linked to topical events or national awareness campaigns.

More recent innovations include a support group for the parents of children with cancer, which is now using the hospital as a venue during the evening. Jill has also been working with Brain Tumour UK to start a much-needed local support group.

“We’ve had some fantastic feedback so far, which is really a tribute to our small but committed staff of three, supported by an exceptional group of volunteers,” said Jill. “We often go out to groups to give presentations and our doors are open to anyone who would like to come in and see what we do.

“The first year has gone more or less to plan and I look forward to expanding our services in the future.”

Improving our services

The Trust endeavours to achieve continual improvement through encouraging patients and relatives to express concerns if they are discontented with the service they have received. Such complaints are investigated with a willingness to learn and make service improvements where indicated.

Improvements associated with complaints this year include:

- Admission arrangements reviewed with the aim of achieving shorter time between admission and procedure
- Waiting list letter reviewed
- Additional temperature sampling to be introduced during food service
- Clinic template to be revised
- Review of medication arrangements on discharge
- Booking procedures changed
- Response to telephone enquiries to be monitored and changes introduced if required
- Improved disabled access to WRVS facilities
- New checking system introduced for follow-up appointments
- Additional no smoking signs being purchased

In the financial year 2006/07, 0.1% of our patients made formal complaints (642 out of 626,358). We acknowledged 95% of those complaints within two days. We successfully investigated and responded to 91% of all complaints within the agreed national target times.

In the vast majority of cases a satisfactory 'local resolution' is attained. Where complainants continue to be dissatisfied they may ask the Healthcare Commission for an independent review. In 2006/07 21 complainants requested an independent review.

Feedback questionnaires returned by complainants during 2006/07 showed that 75% of those returning the questionnaire were satisfied or very satisfied with the outcome of their complaint and 84% felt their complaint had been useful or worthwhile.

PALS

The Patient Advice and Liaison Service (PALS) continues to offer a confidential service offering support, advice and information to patients, relatives and carers. Increasing use of the service is evidenced in the 41% increase in enquiries over the 2006/07 period with a total number of 2601 enquiries being responded to by the team.

The information from enquiries is used to support service improvements such as:

- An enquirer was concerned about the prescribing of too much oxygen to her relative who retained carbon dioxide and the adverse effects of this. As a result staff have developed an alert card for these patients to have with them at all times.

- A patient raised issues about the queuing procedure for a specific area at Cromer Hospital and the procedure was reviewed and changed to be more effective.

- Due to a problem highlighted by a relative, staff changed prescribing practice whereby prescription for a narcotic analgesic is now written up in advance to anticipate needs of dying patients.

The PALS team also manages other activities within the Trust including:

- The Patient Panel enabling the Trust to involve patients and members of the public in new initiatives and developments.

- Implementing the interpreting and translation service.

- Organising the Patient Information Forum which monitors content and quality of leaflets and information provided for patients.

PALS continues to be a valuable resource for obtaining feedback about services throughout the Trust and the team provides a positive means to resolving issues promptly. Outcomes of enquiries are fed back to relevant areas on a monthly basis and the Trust Board are provided with a quarterly update and analysis of activity.

The Patient & Public Involvement Forum

Acting as an independent 'critical friend,' the Norfolk and Norwich University Hospital Patient and Public Involvement Forum (PPIF) actively reviews patients' experiences at the NNUH, voices patient and public concerns, and holds meetings in public on specified topics with the aim of encouraging wider public debate.

Principal avenues of further exploration this year have included:

- The Food Watch survey & campaign: following disappointing feedback from patients, the Forum have worked with the Trust and the Facilities team (Serco) to initiate changes to the menu, food quality issues, information, the service levels as well as new procedures and signage regarding feeding assistance for incapacitated patients. As a result a new committee has been formed for the on-going review of catering services and the Forum will be undertaking a re-survey of the in-patient catering service independently in May 2007.
- The Forum conduct around 7 hospital visits a year to a variety of wards and services. Their visit reports highlight concerns and make recommendations for improvements or change. Responses to these recommendations are monitored.
- The Forum also successfully liaised with the Trust and the Big C to transfer wig-fitting to the Big C's care facility on site so that oncology patients can be provided with a service in more sensitive and sympathetic surroundings.
- The Forum reports annually to the Healthcare Commission on its activities and its views on the Trust's performance against the Core Standards.

Last year, the NNUH PPIF held community meetings on a variety of topics:

- **Food Watch** – Findings of patient survey on in-patient catering and restaurant facilities with Forum recommendations. Senior Trust staff and Serco representatives attended and discussed concerns with the public
- **Forecasting and coping with demand** – How the hospital manages demand on services such as A&E and elective surgery
- **Patients' views about A&E** – Findings of survey and update from Trust on improvements

You can contact the PPIF for this Trust by telephoning 01603 774322

Human Resources

The Human Resources Directorate provides the Trust with advice and support in the full range of operational and strategic HR activities. In 2006/07 this included a review of our arrangements for managing and recording of sickness absence, new and revised HR policies, the provision of an enhanced workforce information pack for the divisions, and value for money reviews including agency and bank usage. The directorate had a vital role to play in the review of funding and job roles which took place in all departments during the year.

The Trust's approach to is to support staff with every opportunity to be fully involved and informed about what is planned and happening at the Trust. Staff working throughout the Trust are encouraged and supported to address issues and become involved in improvement projects, and the Trust also publishes a newsletter to keep staff up to date.

Agenda for Change (AfC):

The directorate is continuing its successful implementation of AfC – both evaluation and banding of job roles and introduction of the new NHS Knowledge and Skills Framework (KSF). This was made possible by our continued partnership working arrangements which have benefits across many areas of HR activity.

Electronic Staff Record (ESR):

During the year we successfully implemented the national ESR system, including payroll and sickness recording. These key areas of the system went 'live' in September 2006. During next year we will be focusing on the additional system benefits such as Learning Management and Self-Service for Managers and Staff. We moved the majority of our recruitment advertising to NHS Jobs which resulted in a speedier service for staff and managers and a significant reduction in our advertising expenditure.

Equality and Diversity:

The Trust's policies aim to provide equal opportunity in recruitment, training and development to all staff. We are committed to making sure that no job applicant or employee receives less favourable treatment because of their race, colour, disability, or is disadvantaged by conditions or requirements which are not justified by the job to be done.

The Trust Board approved the final version of the Equality and Diversity Strategy in March 2007 which provides an overarching strategy for our work on the following schemes:

- the existing Race Equality Scheme;
- a new Disability Equality Scheme (December 2006);
- a new Gender Equality Scheme (April 2007)

Modernising Medical Careers:

All junior doctors in training are working rotas which are compliant with legal and NHS standards and progress is being made towards the 2009 requirements of a maximum 48-hour working week.

August 2006 saw the successful implementation of Year 2 of the Foundation Programme with a total of 43 F2 posts being introduced. These included placements in General Practice, Radiology and four with an academic bias, raising the profile of shortage specialities and academic training.

Health and Safety and Occupational Health:

The Health and Safety department were again successful in achieving a commendation under the Royal Society for the Prevention of Accidents (RoSPA) Scheme. Our Occupational Health department has continued to support our staff with a wide range of services and was successful in winning a major new public sector contract during the year.

Training and Development:

Our Training Department expanded its Work Experience Scheme for school pupils during the year and continued to support vocational training for our staff. The department also supported the roll out of a new training and development programme which will complement our revised arrangements for staff appraisal. A new strategy for Education and Training was also introduced.

The Trust once again recruited its full complement of newly qualified nurses and midwives from the UEA to the benefit of both our local community and the services we provide.

The table (below) shows the average whole time equivalent staff in post during 2006/07:

Nurses and Midwives (Registered)	1,561
Administration and Estates	1,087
Healthcare Assistants and other support staff	782
Medical and Dental	672
Scientific therapeutic and technical staff	628
Total	**4,730**

Clinical Governance

In March 2005 the Trust put in place revised arrangements for Healthcare Governance to reflect the Healthcare Commission 'Healthcare Standards' and to integrate financial controls and service performance with clinical quality. The new framework also provides support for those delivering services including a clear and rapid system to escalate services Trust wide. The arrangements now in place provide a sound base from which to develop further our approach towards integrated governance.

The revised structure introduced a Healthcare Governance Board (HCGB) which has a key role in supporting the Trust Board to discharge its responsibilities for ensuring high quality, safe services are in place for our patients, visitors and staff.

The HCGB has a responsibility to make sure that adequate and appropriate controls are in place in respect of healthcare governance. This has been achieved via the establishment of three governance committees (Clinical, Environmental and Resource) and monitoring their effectiveness by insisting they have:

- Clear terms of reference
- Relevant membership and skilled leadership including non-executive input
- Patient's representatives', GP and commissioning representatives
- Clear lines of reporting and accountability, not only from the committees themselves but also from the groups who report into these committees

By having an overview of all the elements of healthcare governance, HCGB has been able to promote organisational learning, for example. In addition, the structure supports the escalation (to Trust Board) of appropriate governance issues, and similarly can ensure that issues highlighted by the Trust Board are investigated by the relevant governance committee. The inclusivity of our arrangements has been recognised by the Strategic Health Authority and PPIF.

The HCGB has set strategic objectives for each of the governance committees. Action plans to deliver these objectives have been developed and will be monitored by HCGB.

The Trust has an Environmental policy that acknowledges environmental issues are relevant to the activities carried out across the Trust and we recognise we have an impact on the environment. In 2005/06 we were one of five NHS organisations to test a new sustainability assessment tool developed by the Sustainable Development Commission for the Department of Health.

Activity

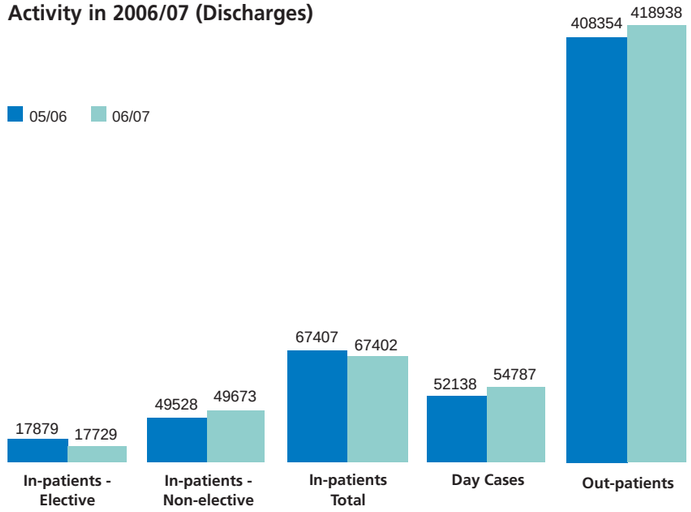
Activity in 2006/07

- 122,189 in-patients & day cases
- 418,938 out-patient attendances
- 75,322 Accident & Emergency attendances
- 9,909 Cromer Minor Injuries Unit attendances

Cancelled elective operations

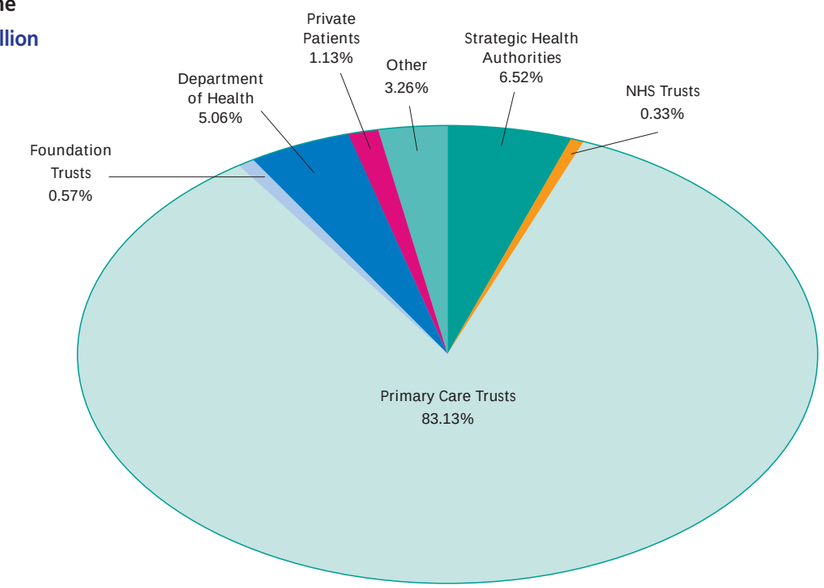
Cancellations by the Trust on day of admission and/or operation for non-clinical reasons – 332 or 0.45% of elective admissions.

Activity in 2006/07 (Discharges)



2006/07 Distribution of Annual Income

= £311.235 million



In 2006/07 the Trust had Service Level Agreements with:

- Central Norfolk PCTs*
- Suffolk PCTs*
- Others (Cambridgeshire, Lincolnshire, North Essex, South Essex & Northamptonshire PCTs*)

*Primary Care Trusts

Services were also provided to patients from areas outside those with Service Level Agreements, as Non Contracted Activity, and to private patients.

Other patient services provided include laboratories, radiology, pharmacy and therapy services. In addition, more patients were seen by specialist nurse practitioners in hospital clinics and through outreach services nearer to the patient's home.

How long were people waiting?

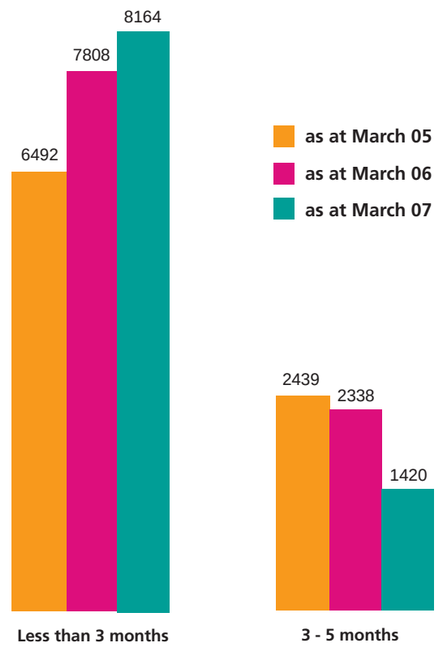
In-patient and day case waiting times were a key priority for the Trust.

Targets set by the Government were:

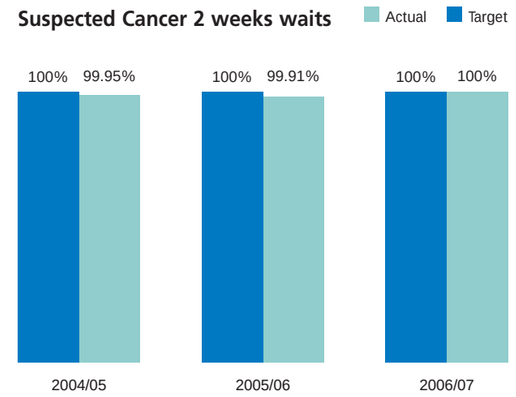
- All urgent cases treated immediately
- Non-urgent conditions treated according to clinical need
- Maximum waiting time 26 weeks reducing to 97% seen in 20 weeks by March 2007.

The Trust has a long-standing Major Incident plan, in accordance with the 'Handling Major Incidents' guidance, and the plan is tested through exercises on an annual basis. Responsibility for the plan rests with the Operations Centre manager. The Trust is currently updating its major incident plan and continues to work closely with other public sector agencies in terms of major incident preparedness.

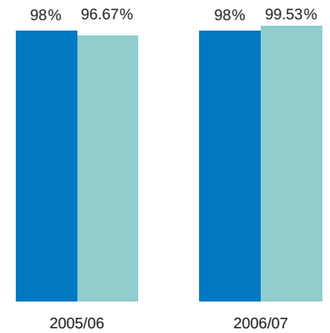
In-patient & Day Case Waiting Times - 2006/07



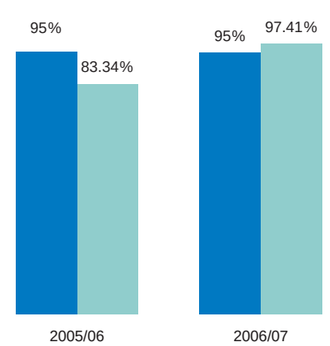
Suspected Cancer 2 weeks waits



Cancer 31 day target* - diagnosis to treatment



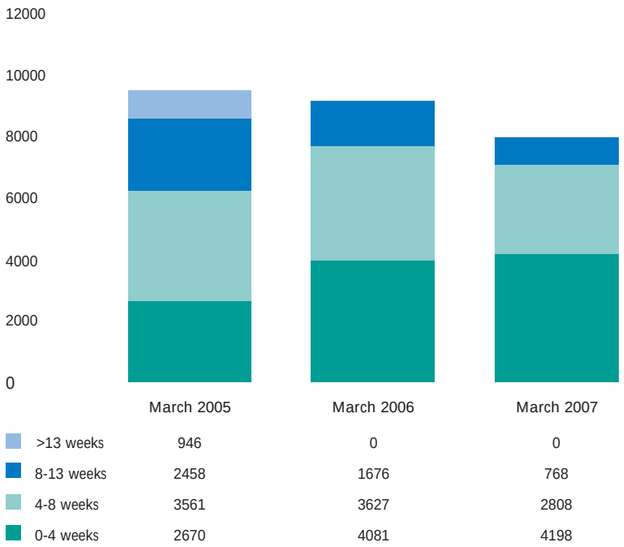
Cancer 62 day target* - GP referral to treatment



*Target was introduced in December 2005.

Activity

New Out-patients Waiting List



	March 2005	March 2006	March 2007
>13 weeks	946	0	0
8-13 weeks	2458	1676	768
4-8 weeks	3561	3627	2808
0-4 weeks	2670	4081	4198

Our objectives for 2007/08

1. To be a top-rated hospital for patient experience and customer service, recognised for our community and patient involvement.

2. To achieve excellence in clinical practice, training, teaching and research and provide outstanding patient care.

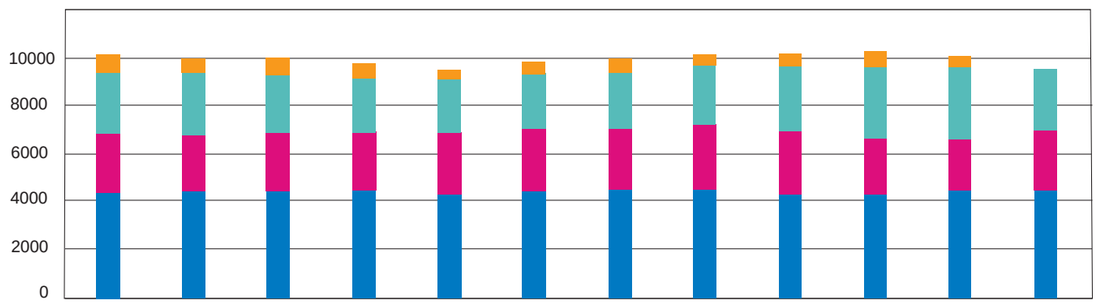
3. To attract and retain high quality, well trained and motivated staff.

4. To establish a close partnership with patients, the public, other health organisations, local authorities and the communities we serve.

5. To ensure patients receive commissioned services as quickly and as easily as possible within available resources.

6. To employ effectively and efficiently all available resources to improve patient services.

Waiting List 2006/07 (In-patient and Day Cases)



	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07
26+ weeks	0	1	0	0	0	0	0	0	0	0	0	0
20 - <26 weeks	731	652	724	680	514	476	490	382	460	476	412	46
11 - <20 weeks	2534	2743	2490	2416	2422	2451	2535	2418	2710	2805	2735	2251
6 - <11 weeks	2486	2117	2252	2120	2271	2324	2229	2593	2607	2690	2180	2590
0 = <6 weeks	4357	4518	4539	4635	4435	4611	4730	4677	4375	4225	4728	4733

Finance

Summary of financial performance of the Trust

Overview of results for the year
The Trust generated a retained surplus for the year of £867k (0.27% of total income). This result was achieved against a backdrop of significant financial pressures which were successfully managed through the implementation of tight expenditure controls and assisted by income over-performance arising from an increase in clinical activity.

Cash
The Trust's net cash position was £846k which was consistent with plan. The Trust also met its statutory obligations with regard to its external financing limit and capital resource limit.

Investments
During 2006/07 the Trust has invested in a number of significant projects, including the installation of a 'Robot' within the Pharmacy and the relocation of the Health Records Library. These projects will deliver significant operational efficiencies and have been financed through careful cash management plans.

Financial Outlook 2007/08
Going forward the Trust has set a targeted surplus of £2m for 2007/08. This takes into consideration the activity required to meet the shortened waiting list targets and also reflects the impact of the PCT turnaround plans. These plans have a direct impact on both activity and income – being reductions to both and are dependent upon action being taken by both the Trust and the PCT. The budget forecast reflects a careful assessment of the risks associated with delivery of the required actions.

Against that backdrop 2007/08 is expected to be as challenging as 2006/07 and management will continue to look at ways in which the efficiency and cost effectiveness of the hospital can be improved.

Statement regarding 'Going Concern'
The directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

Statement on Internal Control 2006/07
The Board's statement on Internal Control for 2006/07 signed by the Chief Executive is contained within the full accounts of the Trust which are available on request from: Anna Dugdale, Director of Resources, Trust Management, Norfolk and Norwich University Hospital NHS Trust, Colney Lane, Norwich, NR4 7UY, or from the Trust website; www. nnuh.nhs.uk

Disclosure of Information to the auditors
The directors have represented that as far as they are aware there is no relevant information of which the Trust's auditors are unaware. They have taken all the steps they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Management Costs (£000s)		
	2006/07	2005/06
Management Costs	**10,221**	9,596
Income	**311,235**	300,025

Independent auditors' report to the Directors of the Board of Norfolk and Norwich University Hospital NHS Trust

We have examined the summary financial statements for the year ended 31 March 2007 which comprise the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement and the related notes. We have also audited the information in the Trust's Remuneration Report that is described as having been audited.

This report, including the opinion, has been prepared for and only for the Board of Norfolk and Norwich University Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report, including the Remuneration Report. Our responsibility is to audit the part of the Remuneration Report to be audited and to report to you our opinion on the consistency of the summary financial statements 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 apparent misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements and on the information in the Remuneration Report to be audited.

Opinion

In our opinion

- the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007; and
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

PricewaterhouseCoopers LLP, Norwich

Finance

Summary Financial Statements

Income and Expenditure Account for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Income from activities	**283,686**	275,081
Other operating income	**27,549**	24,944
Operating expenses	**(309,267)**	(298,559)
Operating surplus	**1,968**	1,466
(Loss) on disposal of fixed assets	**(509)**	(55)
Surplus before interest	**1,459**	1,411
Interest receivable	**1,010**	557
Other finance costs - unwinding of discount	**(76)**	(56)
Other finance costs - change in discount rate on provisions	**0**	(287)
Surplus for the Financial Year	**2,393**	1,625
Public Dividend Capital dividends payable	**(1,526)**	(1,480)
Retained Surplus for the Year	**867**	145

Balance Sheet as at 31 March 2007

	31 March 2007 £000	31 March 2006 £000
Fixed Assets		
Tangible assets	**49,700**	49,269
Current Assets		
Stocks and work in progress	**4,363**	4,227
Debtors: Amounts falling due within one year	**31,427**	27,851
Debtors: Amounts falling due after more than one year	**5,076**	4,929
Cash at bank and in hand	**846**	846
	41,712	37,853
Creditors: Amounts falling due within one year	**(37,276)**	(35,690)
Net Current Assets	**4,436**	2,163
Total Assets less Current Liabilities	**54,136**	**51,432**
Provisions for liabilities and charges	**(6,026)**	(5,499)
TOTAL ASSETS EMPLOYED	**48,110**	**45,933**
Financed by: Taxpayers' Equity		
Public Dividend Capital	**23,417**	23,420
Revaluation Reserve	**16,608**	16,190
Donated Asset Reserve	**2,289**	2,409
Income and Expenditure Reserve	**5,796**	3,914
TOTAL TAXPAYERS' EQUITY	**48,110**	45,933

Cash Flow Statement for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
OPERATING ACTIVITIES		
Net cash inflow from operating activities	**5,887**	2,359
Returns on investments and servicing of finance		
Interest received	**988**	574
Net cash inflow from returns on investments and servicing of finance	**988**	574
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	**(5,356)**	(9,670)
Receipts from sale of tangible fixed assets	**10**	13
Net cash (outflow) from capital expenditure	**(5,346)**	(9,657)
DIVIDENDS PAID	**(1,526)**	(1,480)
Net cash (outflow)/inflow before financing	**3**	(8,204)
FINANCING		
Public dividend capital received	**0**	8,265
Public dividend capital repaid	**(3)**	0
Net cash (outflow)/inflow from financing	**(3)**	8,265
Increase in cash	**0**	61

Statement of total recognised gains and losses for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Surplus for the financial year before dividend payments	**2,393**	1,625
Unrealised surplus on fixed asset revaluations/indexation	**1,537**	1,287
Increases in the donated asset reserve due to receipt of donated assets	**254**	556
Total gains and losses recognised in the financial year	**4,184**	3,468

Annual Accounts

Summary Financial Statements only have been reproduced in this report and they may not contain sufficient information for a full understanding of the financial affairs of the Trust. A full set of the Trusts Annual Accounts is available on request from the address on page 29.

Audit Committee

The Trusts Audit Committee is chaired by Mr B Agnew, non-executive director and Mrs S Whitaker non-executive director is also a member.

Signed on behalf of the Board on 22 June 2007

Chief Executive - Paul Forden

Director of Resources - Anna Dugdale

Better Payment Practice Code

Better Payment Practice Code - measure of compliance

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.

	2006/07 Number	2006/07 £000
Total Non-NHS trade invoices paid in the year	63,983	111,791
Total Non-NHS trade invoices paid within target	52,643	100,395
Percentage of Non-NHS trade invoices paid within target	82%	90%
Total NHS trade invoices paid in the year	2,560	20,333
Total NHS trade invoices paid within target	1,961	17,512
Percentage of NHS trade invoices paid within target	77%	86%

Breakeven Performance

The trust's breakeven performance for 2006/07 is as follows:	2000/01 £'000	2001/02 £'000	2002/03 £'000	2003/04 £'000	2004/05 £'000	2005/06 £'000	2006/07 £'000
Turnover	156,358	191,623	230,371	244,562	277,996	300,025	311,235
Retained surplus for the year	26	82	32	88	92	145	867

Finance

Directors Remuneration Report

The Remuneration and Terms of Service Committee consists of the Chief Executive, Chairman, two Non-Executive Directors and the Director of Human Resources.

The Committee considers any inflationary uplift for Executive Directors each year and when agreed these take effect from the 1st June of that year. In making such awards the Committee has regard to the awards made to other staff under the Whitley Council / Agenda for Change provisions. There is no provision for performance related pay.

The contracts of employment are for indefinite terms and are subject to six months' notice by either side. There are therefore no provisions regarding payments relating to any unexpired term. Neither are there any provisions regarding compensation for early termination.

There were no significant awards made to past Senior Managers during the year ended 31 March 2007.

Details of the audited directors remuneration and pension benefits are given in the tables below.

	2006-07			2005-06		
Name and Title	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100 £	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100 £
P. Forden, Chief Executive	155 - 160	0	4,200	150 - 155	0	4,200
I. Brooksby, Medical Director	85 - 90	0 - 5	200	85 - 90	100 - 105	600
A. Dugdale, Director of Resources	105 - 110	0	100	105 - 110	0	0
C. Baxter, Director of Nursing & Education	95 - 100	0	10,100	95 - 100	0	7,300
A. Osborn, Director of Clinical Services	105 - 110	0	100	105 - 110	0	100
D. Prior, Chairman (resigned 15 November 2006; reappointed 1 April 2007)	10 - 15	0	100	20 - 25	0	100
B. Agnew, Non-Executive Director (appointed 1 October 2006)	0 - 5	0	0	0	0	0
A. Habgood, Non-Executive Director (appointed 1 April 2006)	0 - 5	0	0	0	0	0
S. Morphew, Non-Executive Director (resigned 31 October 2005)	0	0	0	0 - 5	0	0
S. Leinster, Non-Executive Director	5 - 10	0	0	5 - 10	0	0
J. Rivett, Non-Executive Director (resigned 31 October 2006)	0 - 5	0	0	5 - 10	0	0
S. Whitaker, Non-Executive Director	5 - 10	0	100	5 - 10	0	300
C. Winstanley, Non-Executive Director (resigned 31 October 2006)	0 - 5	0	100	5 - 10	0	100
D. Wright, Non-Executive Director (Interim Chairman from 15 November 2006 to 31 March 2007)	10 - 15	0	0	5 - 10	0	0

Benefits in kind covers the monetary value of benefits in kind, such as the provision of a car. It also includes car expense allowances where subject to income tax.

The Remuneration Committee met on 25 May 2007. Following the draft surplus reported for the year, the committee approved a retrospective pay award to the Executive Directors of 1% back dated to the 1 April 2006 in line with the increase given to Consultants of the same amount. Following this, from 1 November 2006 there would be a further pay increase of 1.2%, based on the salary rate as at 31 March 2006 and prior to the earlier pay increase. The Non Executive members on the Remuneration Committee are David Prior and Sue Whitaker.

Pension Benefits

Name and Title	Real increase in pension at age 60 (bands of £2500) £000	Real increase in lump sum at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2007 (bands of £5000) £000	Lump Sum at age 60 related to accrued pension at 31 March 2007 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2007 £000	Cash Equivalent Transfer Value at 31 March 2006 £000	Real Increase in Cash Equivalent Transfer Value £000
P. Forden, Chief Executive	0 - 2.5	2.5 - 5	20 - 25	65 - 70	309	274	29
I. Brooksby, Medical Director	(5) - (7.5)	(5) - (7.5)	75 - 80	235 - 240	0	0	0
C. Baxter, Director of Nursing & Education	0 - 2.5	0 - 2.5	40 - 45	120 - 125	639	599	25
A. Dugdale, Director of Resources	0 - 2.5	2.5 - 5	15 - 20	55 - 60	224	197	22
A. Osborn, Director of Clinical Services	0 - 2.5	0 - 2.5	30 - 35	90 - 95	434	401	23

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

The NHS Pensions agency does not allow transfers of pensions for those over the age of 60. Therefore the CETV for Dr IAB Brooksby is £0.

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

Signed on behalf of the Board on 22 June 2007 Chief Executive - Paul Forden

Related Party Transactions

The Norfolk and Norwich University Hospital NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them have undertaken any material transactions with the Norfolk and Norwich University Hospital NHS Trust.

The Department of Health is regarded as a related party. During the year the Norfolk and Norwich University Hospital NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department.

- Norwich PCT
- Great Yarmouth & Waveney PCT
- Suffolk PCT
- NHS Litigation Authority
- NHS Blood & Transplant
- NHS Purchasing and Supply Agency
- Prescription Pricing Authority
- Post Graduate School of Medical & Dental Education

In addition, the Trust has had a number of transactions with other NHS bodies which individually are not regarded as material and which were entered into in the normal course of the Trusts activities.

The Trust has also received revenue and capital payments from the Norfolk and Norwich University Hospital NHS Trust Charitable Fund, the Corporate Trustee of which is the NHS Trust. These payments are outlined below.

The services of the Norfolk and Norwich University Hospital NHS Trust have benefited from payments of £56,906 from charitable funds.

During 2006/07 assets to the value of £253,749 were purchased using Charitable Funds and donated to the Trust.

The Norfolk and Norwich University Hospital NHS Trust has recharged the sum of £22,600 to the Norfolk and Norwich University Hospital NHS Trust Charitable Fund for the provision of the administration and management of the charity.

The Trustees report and accounts of the charitable fund are prepared and audited annually.

Finance

Income from Activities

	2006/07 £000	2005/06 £000
Strategic Health Authorities	**1,732**	104
NHS Trusts	**770**	990
Primary Care Trusts	**258,713**	264,227
Foundation Trusts	**1,763**	28
Department of Health	**15,758**	4,049
NHS Other	**267**	413
Non NHS:		
Private patients	**3,521**	3,699
Overseas patients (non-reciprocal)	**0**	51
Road Traffic Act*	**801**	1,151
Other	**361**	369
	283,686	275,081

*Road Traffic Act income is subject to a provision for doubtful debts of 7.7% (2005/06: 8.7%), to reflect expected rates of collection.

Other Operating Income

	2006/07 £000	2005/06 £000
Education, training and research	**18,562**	17,355
Transfers from donated asset reserve	**478**	476
Income generation	**3,165**	3,404
Other income	**5,344**	3,709
	27,549	24,944

Operating Expenses Comprise

	2006/07 £000	2005/06 £000
Services from other NHS Trusts	**680**	493
Directors' costs	**740**	872
Staff costs	**181,032**	175,685
Supplies and services - clinical	**55,686**	52,360
Supplies and services - general	**8,339**	8,642
Establishment	**2,934**	3,999
Transport	**3,331**	3,228
Premises	**40,003**	40,255
Bad debts	**375**	69
Depreciation and amortisation	**6,808**	5,147
Impairment	**375**	0
Audit fees	**150**	146
Other auditors remuneration	**11**	12
Clinical negligence	**3,652**	3,380
Redundancy costs	**527**	0
Other	**4,624**	4,271
	309,267	298,559

The audit fees disclosed above relate to the statutory audit performed under the Audit Commission Code of practice. Other auditor's remuneration relates to non audit services provided by the Trusts external auditor which has been reported to the Trusts Audit Committee.

Charitable Trust Accounts

The Norfolk and Norwich University Hospital NHS Trust Charitable Fund is extremely grateful to all our many donors for their generosity in helping us enhance our facilities.

In the course of a year, there are many individual donations, either for specific or general purposes, for the benefit of our hospitals' patients and staff. There are also many donations from organisations, which also enable us to finance equipment and amenities for both patients and staff.

All these donations are gratefully received and we thank all our donors for their generous help.

Preparation and audit of the 2006/07 Charitable Trust Accounts is being undertaken to meet the deadline for filing of those accounts with the Charity Commission by 31 January 2008. The accounts are expected to be available prior to the deadline, at which time copies may be obtained from the Director of Resources at the Trust. The information presented here on the Charitable Trust is unaudited.

Statement of Financial Activities for the year ended 31 March 2007

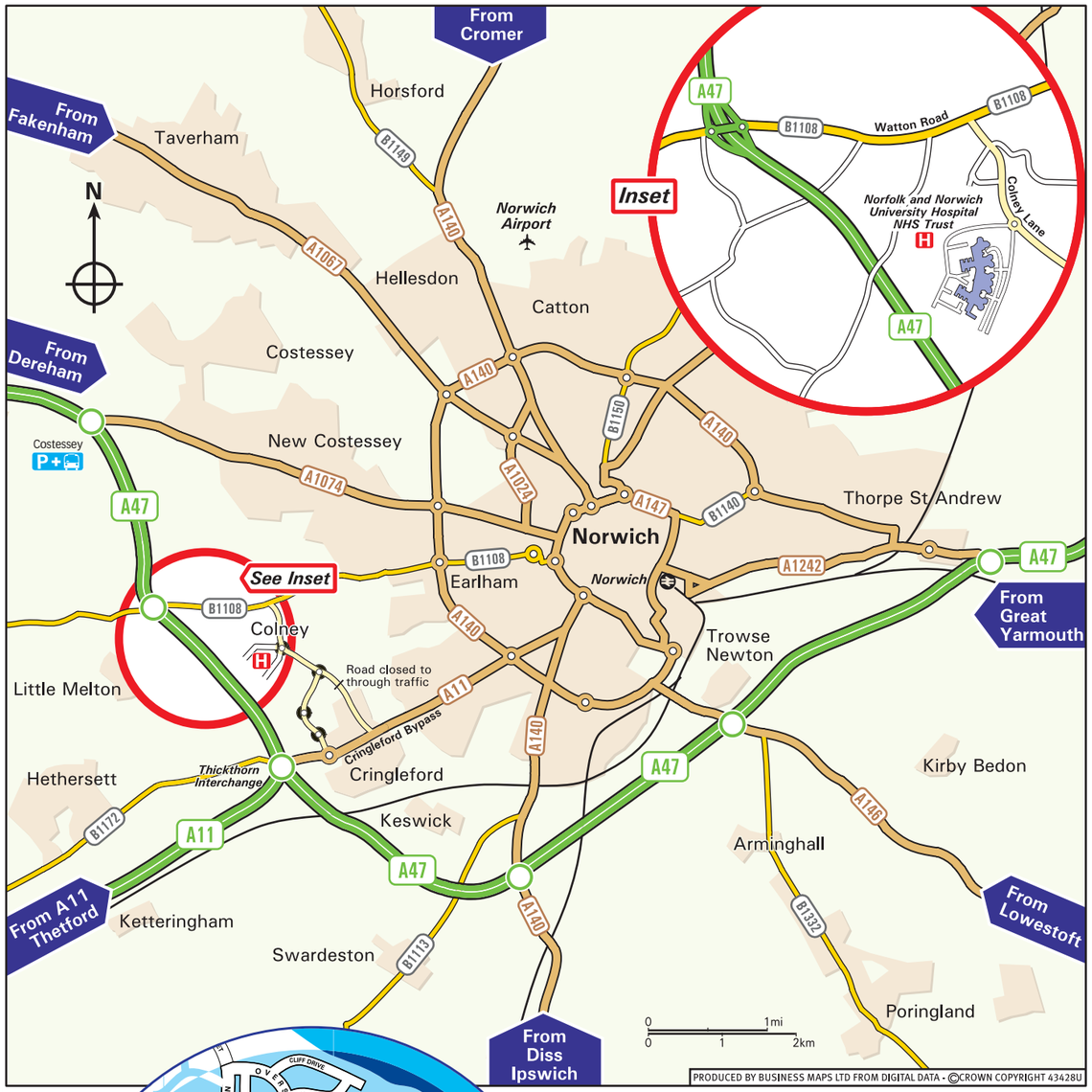
	2006/07 Unrestricted Funds £000	2006/07 Restricted Funds £000	**2006/07 Total Funds £000**	2005/06 Total Funds £000
Incoming resources				
Incoming resources from generated funds:				
Voluntary income:				
Donations	20	888	**908**	572
Legacies	259	39	**298**	710
Sub total voluntary income:	**279**	**927**	**1,206**	**1,282**
Operating Activities				
Investment income	10	815	**825**	784
Incoming resources from charitable activities	0	68	**68**	42
Total incoming resources	**289**	**1,810**	**2,099**	**2,108**
Resources expended				
Charitable activities:				
Clincial Care and Research Posts	0	112	**112**	125
Purchase of New Equipment	65	306	**371**	448
Staff Education and Welfare	97	329	**426**	396
Patient Education and Welfare	57	603	**660**	632
Sub total direct charitable expenditure	**219**	**1,350**	**1,569**	1,601
Governance costs	2	40	**42**	33
Total resources expended	**221**	**1,390**	**1,611**	**1,634**
Net incoming resources	**68**	**420**	**488**	**474**
Realised and unrealised gains on investment assets	24	277	**301**	519
Net movement in funds	**92**	**697**	**789**	**993**
Reconciliation of funds				
Fund balances brought forward at 31 March 2006	394	19,559	**19,953**	18,960
Fund balances carried forward at 31 March 2007	**486**	**20,256**	**20,742**	**19,953**

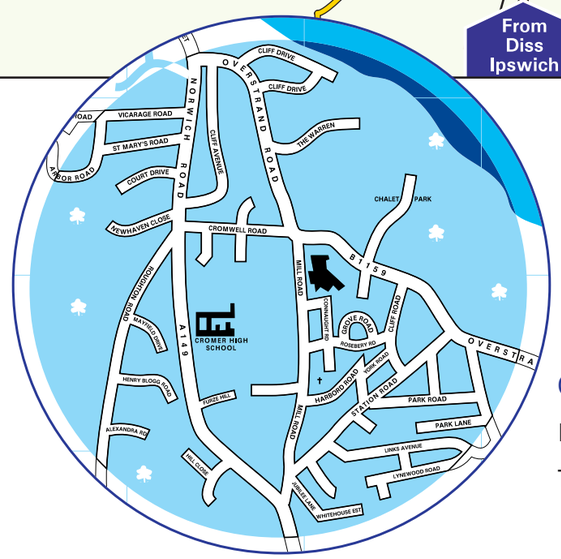
Balance Sheet as at 31 March 2007

	Unrestricted Funds £000	Restricted Funds £000	**Total at 31 March 07 £000**	Total 31 March 06 £000
Fixed Assets				
Investments	303	2,878	**3,181**	2,859
Total Fixed Assets	303	2,878	**3,181**	2,859
Current Assets				
Debtors	63	254	**317**	20
Short term investments and deposits	114	17,046	**17,160**	16,629
Cash at bank and in hand	8	106	**114**	879
Total Current Assets	185	17,406	**17,591**	17,528
Creditors: Amounts falling due within one year	2	28	**30**	434
Net Current Assets	183	17,378	**17,561**	17,094
Total Net Assets	**486**	**20,256**	**20,742**	**19,953**
Funds of the Charity				
Restricted income funds	0	20,256	**20,256**	19,560
Unrestricted income funds	486	0	**486**	393
Total Funds	**486**	**20,256**	**20,742**	19,953

Cash Flow Statement for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Cash (outflow)/inflow from operating activities	**(1,038)**	22
Returns on investments and servicing of finance		
Interest received	**736**	683
Dividends received	**89**	101
Net cash inflow from returns on investments and servicing of finance	**825**	784
Financial Investment		
Purchase of Investments	**(677)**	(436)
Proceeds from Sale of Investments	**656**	594
Increase in Short Term Deposits	**(531)**	(1,462)
Net cash outflow from financial investment	**(552)**	(1,304)
(Decrease) in cash	**(765)**	(498)





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