Advancing care for patients with neuro-musculoskeletal disease/disability through research, teaching and excellence in clinical practice, and to be endorsed by others as a world class leader in this field.
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Welcome to the Royal National Orthopaedic Hospital

The Royal National Orthopaedic Hospital NHS Trust (RNOH) provides a comprehensive range of neuro-musculoskeletal health care, ranging from the most acute spinal injury or complex bone tumour to orthopaedic medicine and specialist rehabilitation for chronic back pain sufferers. This broad range of neuro-musculoskeletal services is unique within the NHS.

The RNOH is based on two sites. Our main site is at Stanmore in Middlesex and our Central London outpatients facility is in Bolsover Street. As a national centre of excellence, the RNOH treats patients from across the country, many of whom have been referred by other hospital consultants for second opinions or for treatment of complex and/or rare conditions.

The RNOH also plays a major role in teaching junior doctors and future orthopaedic surgeons as well as nurses and other health professionals. Our teaching and our clinical effectiveness are enhanced by our work in research and development and our academic links with University College London (UCL) and other academic partners.

All patients benefit from the skills of our team of highly specialised consultants, many of whom are nationally and internationally recognised for their expertise and experience. Supporting every area of our work are teams of dedicated nurses, therapists and other highly specialised clinical staff who are recognised in their own right for their clinical expertise in neuro-musculoskeletal care.
In July 2004 the RNOH got the go ahead from the Department of Health to move to the next stage in the planning process for the new hospital in Stanmore. This means RNOH is now one of 15 hospitals across the country developing plans for major capital investment and for us this will result in a state-of-the-art new hospital building for patients and staff here in Stanmore.
Performance

Key Challenges and Achievements

As we get closer to realising our plans, we recognise that the hospital must demonstrate that it continues to provide high-quality services and that it is operating on a sound financial basis. The star rating results for this year demonstrated that the RNOH performs well in all clinical areas but failed to meet targets with its waiting times and financial management.

The RNOH has now addressed the shortcomings in its arrangements for managing waiting lists and it has achieved the government targets for seeing all patients within the maximum waiting times since August 2004. However, failure to achieve this target in previous months led to a zero star rating for the RNOH.

Our particular challenge during the year has been balancing income with expenditure, and for the first time in recent years the RNOH ended the year with a deficit. This has resulted from a drop in income as routine operations are moved to local hospitals and to treatment centres. The RNOH focuses on complex operations that cannot be done elsewhere. Whilst this is sensible in terms of patient care, it is these complex operations that are generally less well reimbursed within the NHS. The RNOH is now taking measures to reduce expenditure, to maximise income and to prepare for the new financial regime whereby all hospitals are paid at a national tariff. RNOH has been working with the other specialist orthopaedic hospitals to ensure that the tariff accurately reflects the cost of the work that we undertake.

We would like to extend our thanks to all our staff, who work hard in difficult conditions, to provide patients with such a high quality of service and we appreciate your support in helping to bring about the rebuilding of the hospital.

Donald Hoodless, Chairman

Andrew Woodhead, Chief Executive
Clinical Services
Introducing the Royal National Orthopaedic Hospital’s Clinical Services

**Joint Reconstruction**
The RNOH has a national and international reputation for its expertise in the treatment of joint disorders. Specialist Consultant Surgeons from the hospital take part in education across the country and internationally. They are also leaders in research and development in their area of expertise.

**Knee**
The RNOH treats all problems associated with the knee in adults, including the diagnosis and treatment of problems arising from knee disorders deriving from sports injuries, accidents and all aspects of arthritis.

The RNOH is also leading in the development of knee cartilage transplantation and plays an important role in terms of research in knee services.

**Hip**
RNOH are leaders in the treatment and research of all problems associated with the hip in adults. This service includes the diagnosis and treatment of problems arising from hip disorders that started in childhood and the full range of surgery for arthritis such as:

- Primary Replacement
- Revision Surgery
- Hip Reconstruction

**Foot and Ankle**
The Foot and Ankle unit at the RNOH treats a wide range of foot and ankle problems including the treatment of severe congenital deformities and amputations. The unit has special expertise in the correction of major foot deformities, the management of complex foot conditions and tendon transfers. Patients benefit from the multidisciplinary approach with on-site orthotics and artificial limb makers.

**Shoulder Surgery**
The Shoulder and Elbow Service provides a tertiary-level referral service for patients with complex problems of the shoulder and elbow. The key areas addressed are complex forequarter instability, primary
and revision arthroplasty (including CAD/CAM replacement), complex shoulder pain syndromes, and failed or failing rotator cuff disease. The unit comprises of two Consultants and a Specialist Clinical Physiotherapist along with an Extended Role Practitioner from the Physiotherapy Service.

At any one time, a number of national and international Clinical Fellows are attached to the service. There is a strong emphasis on interdisciplinary working with the Physiotherapy and Occupational Therapy teams.

**Peripheral Nerve Injury (PNI)**

The current scope of the Peripheral Nerve Injury Unit’s work includes the diagnosis and the treatment of injuries to major nerves and in many cases the cause of the injury is a high-speed road traffic accident. A considerable proportion of the work is urgent or even emergency, most especially when there has been damage to a great artery.

The Peripheral Nerve Injury Unit works very closely with specialist units within London, most especially with the National Hospital of Nervous Diseases, Queen Square and with the Department of Academic Neurology at the Royal Post Graduate Medical School at the Hammersmith Hospital. Close links are also maintained with hospitals throughout the country.

**Spinal Surgery**

The Spinal Surgery Unit at the RNOH is the largest spinal unit in the UK. Last year over 1,800 spinal operations were performed. The unit is unusual in that it integrates six Orthopaedic Spinal Surgeons and two Neurosurgical Spinal Surgeons who provide expertise over the whole range of spinal conditions. The majority of treatment undertaken is for degenerative spinal conditions such as spinal deformity, however, surgery is undertaken for patients with spinal injury or spinal tumours.

**Spinal Injury**

The Spinal Cord Injury Centre at RNOH is one of only 11 in the UK designated to receive and treat spinal cord injured patients. The unit currently has 24 beds, comprising of 8 acute beds and 16 rehabilitation beds. There is however the capacity to treat up to 40 patients within the RNOH at any one time. Patients are admitted predominantly from the south east of England on an urgent referral basis. The aim is to admit all patients as soon as possible following their injury. The unit consists of a team of multi-professional specialists who work towards a patient focused service and rehabilitation is based around patient centred goals.

**Bone Tumour**

The RNOH Bone Tumour unit treats a third of all bone tumours in England. The specialist surgical team and
multidisciplinary staff combine to give the highest quality diagnosis and treatment of rare bone tumours. Specialist surgery in tumour excision, limb salvage and joint reconstruction are supported by the department of Biomedical Engineering, UCL where custom implants are designed and manufactured including the revolutionary ‘growing prosthesis’.

At the RNOH, the Occupational Therapists look at a patient’s ability to function in everyday life before, during and after their treatment here. For some, such as the Spinal Cord Injury and Brachial Plexus Injury clients, it’s a long process of gaining confidence, rebuilding activities and getting used to specialist equipment and techniques.

**Medical & Rehabilitation**

*Physiotherapy*

The Physiotherapy Department at the RNOH provides a service to inpatients undergoing surgery and also patients who are admitted for specialist intensive rehabilitation.

We have a team of Physiotherapists at Stanmore and at Bolsover Street, who treat outpatients referred from consultants and GPs. It has been a very busy year, with our staff treating 500 more patients than the previous year. Recruitment and retention remains an important focus to ensure high standards are maintained and we are fortunate in our ability to attract high calibre staff.

*Occupational Therapy*

‘Occupational Therapy enables people to achieve health, well being and life satisfaction through participation in occupation.’ College of Occupational Therapists 2003.

**Metabolic Medicine**

The Metabolic Unit provides specialist care for patients with metabolic bone diseases. There is access to specialist medical and nursing staff, modern diagnostic facilities and clinical research. The most common of the conditions seen in the unit is osteoporosis, although as a tertiary referral centre the unit is also involved in the management of patients with rare and complex metabolic bone conditions. The Metabolic Unit offers care for both adult and paediatric patients, and provides a unique service for all patients with life-long medical conditions.

**Children and Adolescent Services**

The RNOH is a national centre of excellence for the treatment of children and adolescents with orthopaedic conditions. Surgery is performed to correct congenital limb abnormalities, treat bone tumours and correct spinal deformities. Excellent medical treatment, nursing and support services are provided to enable children and adolescents to improve their physical abilities, education and emotional well being. Throughout this time, families are supported and fully involved in all aspects of their child’s care.
Since the approval of the Strategic Outline Case in July 2004 the Redevelopment Project Team, in conjunction with clinicians, service managers and heads of department have been developing the clinical model, operational policies, functional content and schedules of accommodation which together form the design brief.
Modernising

the RNOH - Investing in Orthopaedics

Progress to date
The Project Team have been working with the Trust’s external advisers to provide a design that can not only be accommodated on the current Stanmore site but also provides the correct clinical adjacencies.

These plans are drawn up for the Trust to describe how it would build this new hospital should it be able to do so. This is called a ‘Public Sector Comparator’, and describes the type and style of hospital that the Trust would build on the RNOH if it were doing the work. The RNOH currently has drawings and graphic impressions of the proposed appearance of the new development.

NHS Design Panel Review
An NHS Design Panel Review, followed by a workshop, was held in December 2004/January 2005. The panel’s remit was to provide advice, guidance and support to the NHS in the form of a design review and subsequent report, highlighting comments and recommendations. The panel consisted of a range of professionals with experience in architecture and design, urban design, capital planning and engineering, NHS management and the project management of large schemes. Members of the Design Panel Review recognised that the Public Sector Comparator design had been closely driven by the Clinical Model.

Both the Trust and panel members emphasised that the new hospital must respond to the needs of patients, their relatives and professional carers by providing an environment in which patients and staff are able to develop relationships, which enable patients to feel safe and independent and staff to feel motivated and valued.

The Panel understood the importance of providing services within one major building. They also felt that locating the new hospital building in the centre of the site was the best possible solution, in order to maximise views from patient areas.

It also satisfied planning requirements for minimizing building height by constructing the building in a natural bowl shaped valley.
Outline Planning Application
Following a culmination of more than a year’s work, the Outline Planning Application for the redevelopment of the Stanmore site was submitted to the London Borough of Harrow in July 2005 for consideration in their October planning committee. The Outline Planning Application reflected the advice of the NHS Design Panel and included an environmental statement. In summary the Trust, through the application, is seeking permission for the redevelopment of the Stanmore site to provide a state of the art, exemplar design hospital with associated educational facilities, staff accommodation, affordable and private housing, together with appropriate landscaping, parking and other highways works.

The Trust’s approach towards the redevelopment of the RNOH site has been guided by the following objectives:

- The need to meet the current and future clinical and operational requirements of the hospital.
- The need to address key national, London-wide and local planning policy requirements, in particular those that deal with the green belt.
- The need to secure planning consent to enable the design of the new hospital to be developed in detail.

Gateway Project Review
The Health Gateway Project Review Level 1 was carried out in January 2005. The Review Team recognised that good progress had been made on the project since the previous Gateway Review. The Trust received an amber status and the following were highlighted as areas of good practice:

- Extensive clinical engagement has provided a sound basis for workplace design and new working practices.
- The joint working with other Orthopaedic Trusts in developing their response to the Department of Health in connection with Payment by Results.
- The innovative approach to communications with patients through a redevelopment project website.

Communications and Public & Patient Involvement
In progressing the redevelopment, the Trust has been involving and consulting with patients, staff and the public. A Communications and Public Redevelopment Forum has been established to influence the way that the redevelopment project is delivered. The forum is made up of patients from North Central London and Barnet PCT representatives who are enthusiastic about contributing positive suggestions and ideas that will influence the way the Trust designs and operates in the
new hospital. In addition the Redevelopment Team has developed an RNOH patient website forum, where patients can interact and obtain the latest news and information regarding the redevelopment.

**Next Steps**
The Trust will continue to work on the Outline Business Case (OBC) for approval in the autumn of 2005 with an OJEU advert being placed in early 2006.

**Bolsover Street**
The issue of whether to redevelop the Bolsover Street Outpatients Department continued in 2004-05. Six bidders were short listed and they were invited to develop their briefs and submit their bids. Following an extensive interview process involving a Consultant Surgeon and a Senior Nurse, Ridgeford & Manhatten Lofts were selected as the party to go forward to preferred bidder status. The bid was strong with a highly respected architectural practice (HOK) on board.

If it is decided to continue with one redevelopment of the Bolsover Street site, sign off would be expected in April 2005.

**Fundraising**
The beginning of 2005 saw the appointment of the hospital’s first Head of Fundraising and the development of a fundraising strategy to raise £15 million from voluntary income to fully realise the vision of a new state of the art orthopaedic hospital. The main focus for 2004/2005 has been to ensure that sufficient funds are in place for the new, much needed family accommodation, known as Phase One of the redevelopment campaign and costing £2 million.

At the time of writing we have raised £1,775,000 towards Phase One of the campaign and need to raise the outstanding £225,000 by the end of 2005 so that building work can begin in January 2006. We are grateful to Ronald McDonald Children’s Charities for their outstanding contribution towards the new family accommodation. A further £2 million has been secured in pledges and gifts from individuals, trusts, and companies towards the new RNOH building. Former patients are also providing tremendous help with the campaign by participating in sponsored events or organising their own fundraising events to raise funds.

We are delighted that HRH The Duke of York, as Patron, has agreed to host a lunch at Buckingham Palace towards the end of 2005 for our key and prospective donors. The involvement of His Royal Highness is greatly appreciated.
16 Patients
Listening to Patients

In 2004/2005 the RNOH Treated 9,209 inpatients and saw 58,225 outpatients

Patient and Public Involvement
The Trust continues to strengthen its commitment to patient and public involvement. In particular the RNOH has achieved the following:

- Implementation of the Patient and Public Involvement Strategy.
- Further development the range of patient information available with patient involvement.
- Working closely with the Patients Forum, the Trust has set up a joint project to improve the patients, experience within the Outpatients Department.
- Analysing and ensuring action plans from the findings of National Patient Surveys are carried out.

Patient & Public Involvement Group (PPI)
The Trust continues to strengthen its Patient and Public Involvement Group chaired by a Non Executive Director of the Trust. There are several patient members on the Group and a member of the Harrow Council for Race Equality will be in attendance from Summer 2005. This year, the Disability Advisory Group was incorporated into the PPI Group.

This year there has been extensive discussion on Volunteer Services within the Trust to maximise effort and initiatives to build up a full volunteer service to support the Trust. This work is ongoing and in partnership with the Friends of the RNOH. The PPI Group monitors the Trust’s ‘Say So’ Campaign, which asks for comments, suggestions and feedback from both staff and patients.

Patient Advice and Liaison Service (PALS)
The PALS Service, which was implemented within the Trust in April 2002, has continued to achieve the main aims of the service, which are as follows:

- Solve patient problems promptly without the need for a formal complaint.
Improve the patient experience

Provide information about the Trust services

The PALS service continues to grow, with 815 enquiries recorded during the past year, an overall increase of 29% on the previous year. The PALS Manager undertakes an Inpatient Satisfaction Survey each month.

However, in general this year’s survey is somewhat disappointing and has highlighted a number of areas that need to be addressed. An action plan has been implemented to address these areas and the RNOH eagerly awaits the results from the next survey.


Following the results of the national outpatients survey undertaken between 2003-2004 the Trust has seen improvement in the following areas:

- The time spent with the doctor.
- The explanation given to the patient on what would happen to them.
- The explanation of risks and/or benefits.
- The explanation on how to take new medication (an action from the previous survey).
- The explanation on the purpose of the medication.

A full copy of the Trust’s outpatients and inpatients surveys can be obtained from the Healthcare Commission web site at www.chi.gov.uk.
Clinical Outcomes

Clinical Governance
A full copy of the published Clinical Governance Annual Report can be obtained by contacting Kathryn Corder, Assistant Director of Clinical Governance on 020 8909 5339 or by email at kathryn.corder@rmoh.nhs.uk.

Infection Control
The Trust has initiated and participated in a number of local and national campaigns designed to improve standards of infection control including:

NHS Clean Hands Save Lives – October 2004
This was an awareness campaign launched by the North Central London Strategic Health Authority to improve compliance with hand washing with the aim of reducing hospital acquired infection. The campaign was predominantly aimed at patients. The Trust distributed the leaflets with admission packs on the patient’s arrival.

Think Clean Day – 8th February 2005
This was an initiative from the Department of Health to improve the standards of hospital cleanliness. The Trust held a week long programme of audit and cleaning identified areas which were deemed to be below standard.

Clean Your Hands Campaign – 10th April 2005
This is a National Patient Safety Agency initiative to promote hand hygiene and reduce hospital acquired infection. A preliminary hand hygiene audit was carried out across all ward areas.

The Trust continues to report a very low incidence of acquired infection.

Mandatory MRSA Bacteraemia Surveillance

<table>
<thead>
<tr>
<th>Period</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 April – 30 June 2004</td>
<td>0 cases</td>
</tr>
<tr>
<td>1 July – 30 September 2004</td>
<td>1 case</td>
</tr>
<tr>
<td>1 October – 31 December 2004</td>
<td>1 case</td>
</tr>
<tr>
<td>1 January-31 March 2005</td>
<td>2 cases</td>
</tr>
</tbody>
</table>
Clinical Outcomes
**Safer Surgery/Postoperative Infection**

As a single specialty hospital undertaking elective treatment, the Trust is exposed to less infection than most hospitals and maintains low overall infection rates. In early 2005, the RNOH’s Joint Reconstruction Unit began a research study of vaccination against Staphylococcal Infection. The survey will continue through 2005 and data will be analysed in 2006. Other factors that contribute to better clinical outcomes and low infection rates are:

- All theatres have ‘Laminar Flow’ systems designed to create a ‘clean air’ environment during surgery.
- All complex spinal surgery is undertaken using a skilful team of ‘spinal cord monitoring’ specialists checking the spinal cord function during surgery.
- The Trust uses a ‘cell saving’ system during complex surgery which recycles the patient’s own blood, ensuring reduced need for an external supply or transfusion.
- High risk patient’s have better access to internal critical care facilities than most hospitals, as RNOH patient’s are not competing for limited NHS critical care beds.

**Surgical Site Surveillance**

<table>
<thead>
<tr>
<th>Dates</th>
<th>No. of operations</th>
<th>No. of infections</th>
<th>% of infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-June 2004</td>
<td>162</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Jul-Sep 2004</td>
<td>152</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Oct-Dec 2004</td>
<td>159</td>
<td>4</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Working

for the Royal National Orthopaedic Hospital

Trust Values
Following a period of consultation, which included staff workshops and Board discussion, the Trust has developed a new set of values:

- Open, honest and support
- Respect for patients and staff
- Patient focus
- Trust and equality
- Integrity, compassion and dignity
- Committed to excellence and high performance

In addition the Trust’s aim has been modified – “to be the specialist orthopaedic hospital of choice by providing outstanding patient care, research and education through our staff.”

Developing our Staff
Improving Working Lives
The Trust is seeking ‘Practice Plus’ accreditation in November 2005. To help improve the working lives of all staff, the Trust has provided the following over the past year:

- Open forums (opportunity to discuss topics of interest with directors)
- An anonymous telephone line to enhance communication
- Increased security levels
- Competency programmes for nurses and a range of inter-professional training sessions
- Staff information days to highlight benefits available to staff
Staff in post 2004-2005 (at 31st March 2005)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>400</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>106</td>
</tr>
<tr>
<td>Administration/Management</td>
<td>268</td>
</tr>
<tr>
<td>Ancillary/Technicians</td>
<td>71</td>
</tr>
<tr>
<td>Medical</td>
<td>113</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>958</td>
</tr>
</tbody>
</table>

Race Equality/Equality and Diversity

The Diversity group continues to address diversity issues in relation to recruitment and career progression within the Trust. 2 staff members are participating in the BEL leadership programme for BME staff. A BME network is being launched to provide a forum for BME staff to support each other.

The Board recently ratified the Trust’s new Race Equality Scheme, which is based on learning and best practice achieved through the RES published in 2002 and demonstrates the ongoing work towards improving integration of race equality into the Trust’s processes, systems and practices.

Listening to our Staff

The Trust participated in the National NHS Staff Attitude Survey at the end of 2004. Results, which showed some improvements on the previous year, were received in March 2005 and since then many staff have attended feedback sessions. An action plan was formulated and has since been achieved. Specifically, the Trust has:

- Updated policies (including the introduction of a retirement policy)
- Enhanced childcare advice and support
- Developed a new induction programme for clinical staff
- Developed a set of Trust values

**Recognising Our Staff**

*Staff Achievement Awards 2004*

The Trust held its annual Staff Achievement Awards after the 2004 Annual General Meeting. Staff were nominated by colleagues in a range of categories. A multi-professional group (including a Non Executive Director) met to agree on the winners and runners-up. The winners in 2004 were:

**Improving the Quality of Working Lives of RNOH Staff**
Benita Hexter, Physiotherapy/Agenda for Change Staff Side Lead

**Excellence in Customer Service**
Switchboard Team, Stanmore

**Excellence in Leadership**
Pam Barsby, Physiotherapy & Steve Crane, Histopathology

**Innovation**
Rachel Brown, Angus Mackinnon Ward & Greenacre Gardens – Medirest

**Improving the Quality of Care**
Barbara Newman, Rehab Ward

**Improving the Effectiveness of Trust Services**
The Pre-Admission Team

**Contributing to Research and Education**
Lorraine Larkin, Alan Bray Unit

**Enhancing the Trust’s Reputation**
The Shoulder & Elbow Service
Research & Development

External review of research
The RNOH, in collaboration with UCL, initiated an external review of research activity in November 2004. The review was undertaken by a panel of internationally recognised academic clinicians, and took the form of panel interviews for each area of research.

The panel's report highlighted the high quality of research undertaken and the unique partnership between basic science, translational research and excellence in the management of musculoskeletal disease.

New appointment
Professor David Marsh agreed to take the post of Professor of Clinical Orthopaedics, and will begin in September 2005. He has been consulted on all the strategic changes to R&D made during this year. Professor Marsh is an internationally recognised academic clinician with special interest in fracture healing. His research activities span basic non-human disease models to leading multi-centre clinical trials. He is also President of the International Society of Fracture Repair.

Joint Research Strategy
As part of the prelude to the review, the RNOH and IOMS reviewed and updated their joint research strategy. The revised strategy focussed on achieving both academically important targets (i.e. publications in high impact journals, research funding from esteemed sources) and clinically important targets (i.e. developing research that supports the evidence base for clinical care, modifying practice following research evidence).

As part of this process, the Academic & Research Board modified the funding strategy to support strategically important subjects (e.g. ring-fenced funding for a PhD studentship in the Skeletal Neoplasm programme and short-term clinical research posts).
The ARB also agreed to form 5 joint research programmes:

- **Skeletal Neoplasia**
- **Musculoskeletal repair and regeneration**
- **Prosthesis design and tissue integration**
- **Quality of independent living – Neuromuscular**
- **Quality of independent living – Musculoskeletal**

**Education**
The Trust continues to provide a range of courses aimed at orthopaedic surgeons in training.

Following the success of our first Anaesthetic and Critical Care Jamboree, aimed at Consultant Anaesthetists and trainees, we plan to hold a similar event in the autumn of 2005. We are also holding additional courses for Physiotherapists specialising in the treatment of the shoulder and will be hosting a national conference on children’s bone disease in early 2006.

**Clinical Trials**
The Trust continues to expand its portfolio of clinical trials and is currently involved in studies investigating medicinal products for osteoporosis, knee osteoarthritis, chronic spinal injured patients and MRSA.

We have now trained over 100 surgeons in the technique of cartilage transplantation which repairs damaged cartilage, usually following a sporting injury; to date over 300 patients have now been treated using this technique and will be monitored over a two year period to evaluate the outcome. The outcomes forming this study will provide NICE with information that will be important in determining whether this technique should be provided routinely by the NHS.

The Trust is also in the process of establishing a dedicated Clinical Trials Centre in partnership with University College London and Biomedica.
The second Buttercup Walk on June 27th was a huge success with more than 300 patients and their families taking part.

This year, RNOH patient and Eastenders’ Phil Mitchell (Steve McFadden), came along to lend his support to the event. Steve spent many hours signing autographs and chatting to fans during the day.

Sylvester McCoy, better known as Dr Who, also took part, having recently undergone treatment at the RNOH.

The fantastic sum of over £30,000 was raised by walkers and donors. This was matched only by the good weather and enjoyment for all the family on the stalls and rides.

The Buttercup Walk continues to go from strength to strength.
Events at the Royal National Orthopaedic Hospital

Staff at the Royal National Orthopaedic Hospital (RNOH) in Stanmore were once again celebrating their success after picking up another award for their revolutionary ‘bionic bone’ for children with bone cancer.

Orthopaedic Surgeon Mr Tim Briggs and Research Scientist Jay Meswania from Biomedical Engineering at Stanmore accepted the National Health and Social Care Award for the Best Innovative Device at a ‘NHS Live’, in Docklands on Wednesday 7 July 2004. Presenting them with the award was top TV celebrity Carol Smillie, Secretary of State for Health John Reid and Director of Research and Development for the NHS, Professor Sally Davies.

The Awards recognise some of the best examples of dedication and personal commitment in health and social care across the UK and celebrate the achievements of the staff who work each and every day in the service of other people.
More praise for bionic bone

Ground-breaking: bionic bone inventors Tate with Health Secretary Dr John Reid and NHS.

The Royal National Orthopaedic Hospital in Stanmore has been given the go-ahead by the Government for its planned £121 million redevelopment.

Health Secretary Dr John Reid announced on Tuesday that the RNOH in Stanmore was one of 13 NHS hospital developments approved for funding, largely through a private finance initiative.

The hospital’s medical director, consultant surgeon Tim Briggs, said: “We have been waiting a long time for this decision and we are all delighted.

“Despite having a national and international reputation for treatment and research, staff at the RNOH have had to work in accommodation that is old, inefficient, inflexible and totally unsuited to modern clinical practice.”

The new state-of-the-art facilities will allow the RNOH to treat more patients more efficiently and to continue to offer the highest-quality health professionals.

The new hospital will have three integrated parts: a diagnostic and treatment centre, with 40 beds; impatient centre, with 191 beds, and an independent living and mobility centre, with 22 beds. It will have three new wards for other work disciplines. It will allow the existing block to be demolished for a housing block.

Hospital washes its hands of superbug

by ALEX MELVIN

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Britain’s bionic man

Bone implant lets Roger walk again

RNOH in the News
Financial Statements

The Trust's Finances and Summary Financial Statements
2004/05

RNOH Trust Board - 2004/2005

Mr Donald Hoodless OBE
Chairman

Andrew Woodhead
Chief Executive Officer

Mr Morton Creeger
Co Vice Chairman

Mrs Stecia Laddie
Co Vice Chairman

Professor David Delpy
Non Executive Director

Mr Jagdish Rajput MBE
Non Executive Director

Mr Michael Cohen
Non Executive Director

Mrs Lesley Perkin
Director of Operations
(From November 2004)

Mr Jonathan Tymms
Director of Finance

Mr Mark Vaughan
Director of HR & Corporate Affairs

Mr Eric Fehily
Director of Projects

Mr Anthony Palmer
Director of Nursing

Mrs Sheila Puckett
Director of Service Improvement
(From Feb 2004)

Dr Saroj Patel
Director of IM & T
(From March 2005)

Dr Steve Herman
Joint Medical Director

Mr Tim Briggs
Joint Medical Director

Professor Martin Ferguson-Pell
Director of Research and Development

Ms Dee Hackett
Director of Operations
(Left October 2004)

Mark Masters
Director of Estates and Facilities
**Director Interests**

No Director or key senior staff has reported any interests that are likely to conflict with their role of conducting the business of the Trust. During the year, no Director or Senior Manager or parties related to them has undertaken any material transactions with the Trust.

**Appointment of the Trust's Directors**

The appointment of the Chief Executive is by a panel comprising the Chairman, Medical Director, and the Chief Executives of Barnet PCT and North Central London Strategic Health Authority. The appointment is open-ended. Appointments of other Executive Directors are by the Board of Directors.

**Remuneration of Senior Managers**

The Remuneration Committee, in line with NHS guidance, determines remuneration and terms of service for the Chief Executive, other Executive Directors and other Senior Managers. The Chairman chairs the Committee and the remaining membership is all the Non-Executive Directors. Remuneration of the Chairman and Non-Executive Directors is determined by the Secretary of State for Health.

Full details of Senior Managers’ remuneration are given on pages 41 and 42. Details of management and administration costs are given on page 43.

**Better Payment Practice Code**

The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date, or within 30 days of receipt of goods or valid invoice, whichever is the later. Details of compliance with the code are given on page 43.

**Audit**

The Trust’s external auditors are PKF (UK) LLP, who were appointed by the Audit Commission on a five-year term, beginning in November 2002.

The Trust did not engage PKF (UK) LLP to undertake any work other than that specified by the Audit Commission in 2004/05.

In accordance with the Audit Commission’s Code of Audit Practice, PKF (UK) LLP have communicated to those charged with governance (the Audit Committee) that: they are not aware of any relationships that may bear on the independence and objectivity of the audit engagement partner and audit staff which are required to be disclosed under Section 610.3 of the Statements of Auditing Standards; and that they have complied with the Audit Commission’s requirements in relation to independence and objectivity.

The cost of the work performed by PKF (UK) LLP in 2004/05 was £140,000.
The Trust has an Audit Committee whose purpose is to make sure that the Trust’s financial and management systems and controls are working effectively. In order to ensure the Committee’s independence and objectivity, its members are drawn exclusively from the Trust’s Non-Executive Directors.

Mr J Rajput chairs the Committee, and the other members who have served during the year are Mr M Creeger and Mrs S Laddie. It meets four times a year.

**Statement of Internal Control**

The Trust’s Statement of Internal Control explains the Trust’s system of internal control. The full Statement, signed by the Chief Executive, is included in the Annual Accounts, available from the Communications Department.

**The Trust’s Financial Statements 2004/05**

Like many NHS organisations, the RNOH operates within a challenging financial environment. In particular, at this Trust there are two factors that drive many of the financial challenges we face. Firstly, there is the new NHS funding regime, Payment by Results, under which a standard tariff is used to reimburse the cost of patient care. The RNOH continues to deliver complex, high-cost specialist work whilst this funding regime fully develops. Secondly, there is the need to redevelop our estate and facilities, plans for which are described elsewhere in this report. Our current site configuration contributes to expenditure pressures and requires the commitment of nearly all the Trust’s capital expenditure. The Trust had achieved Income and Expenditure breakeven or surplus in the previous four years but this year financial challenges resulted in a deficit at the end of the year.

The Trust continues to strive for a strong and robust financial foundation upon which to build its future development and success. We will continue to work on ensuring that the Payment by Results funding regime recognises the complexity of the work that we do. We will also look to continue to ensure our redevelopment proposals secure the long-term benefit of operating within a financially stable environment. This will ultimately ensure that we make the best possible use of the resources that we attract for the care of our patients, teaching and research.

This will be a major focus of the year ahead and beyond.

Andrew Woodhead  
Chief Executive Officer

Jonathan Tymms  
Director of Finance
Independent Auditors’ Report to the Directors of the Royal National Orthopaedic Hospital NHS Trust on the Summary Financial Statements

We have examined the Summary Financial Statements set out on pages 37 to 43. This report is made solely to the Board of the Royal National Orthopaedic Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of Directors and Auditors
The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the Summary Financial Statements with the Statutory Financial Statements.

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

Basis of opinion
We conducted our work in accordance with Bulletin 1999/6 ‘The auditor’s statement on the Summary Financial Statements’ issued by the Auditing Practices Board for use in the United Kingdom.

Opinion
In our opinion the Summary Financial Statements are consistent with the Statutory Financial Statements of the Trust for the year ended 31 March 2005 on which we have issued an unqualified opinion.

We have not considered the effects of any events between the date on which we signed our report on the Statutory Financial Statements (10th August 2005) and the date of this statement.

Signature: Date: 09/09/05
PKF (UK) LLP,
Farringdon Place,
20 Farringdon Road,
London EC1M 3AP.

The Trust’s Financial Statements 2004/05
The financial information presented in the Summary Financial Statements is a summary of the Trust’s full Annual Accounts. These are available on demand from the Communications Department at the address given inside the back cover of this Report.
### Income and Expenditure for the year ended 31st March 2005

<table>
<thead>
<tr>
<th>Description</th>
<th>2004/05 £000</th>
<th>2003/04 (As restated) £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from activities</td>
<td>53,117</td>
<td>51,400</td>
</tr>
<tr>
<td>Other operating income</td>
<td>8,161</td>
<td>8,294</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(63,698)</td>
<td>(58,690)</td>
</tr>
<tr>
<td><strong>OPERATING (DEFICIT)/SURPLUS</strong></td>
<td>(2,420)</td>
<td>1,004</td>
</tr>
<tr>
<td><strong>(DEFICIT)/SURPLUS BEFORE INTEREST</strong></td>
<td>(2,420)</td>
<td>1,004</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>62</td>
<td>49</td>
</tr>
<tr>
<td>Other finance costs - unwinding of discount</td>
<td>(19)</td>
<td>(20)</td>
</tr>
<tr>
<td><strong>(DEFICIT)/SURPLUS FOR THE FINANCIAL YEAR</strong></td>
<td>(2,377)</td>
<td>1,033</td>
</tr>
<tr>
<td>Public Dividend Capital dividends payable</td>
<td>(1,416)</td>
<td>(1,033)</td>
</tr>
<tr>
<td><strong>RETAINED (DEFICIT)/SURPLUS FOR THE YEAR</strong></td>
<td>(3,793)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>31 March 2005</td>
<td>31 March 2004</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>72,913</td>
<td>58,057</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks and work in progress</td>
<td>1,827</td>
<td>1,183</td>
</tr>
<tr>
<td>Debtors</td>
<td>5,790</td>
<td>5,867</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>362</td>
<td>341</td>
</tr>
<tr>
<td></td>
<td>7,979</td>
<td>7,391</td>
</tr>
<tr>
<td><strong>CREDITORS: Amounts falling due within one year</strong></td>
<td>(10,224)</td>
<td>(6,261)</td>
</tr>
<tr>
<td><strong>NET CURRENT (LIABILITIES)/ASSETS</strong></td>
<td>(2,245)</td>
<td>1,130</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>70,668</td>
<td>59,187</td>
</tr>
<tr>
<td><strong>PROVISIONS FOR LIABILITIES AND CHARGES</strong></td>
<td>(926)</td>
<td>(982)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS EMPLOYED</strong></td>
<td>69,742</td>
<td>58,205</td>
</tr>
<tr>
<td><strong>FINANCED BY:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TAXPAYERS' EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital</td>
<td>38,439</td>
<td>39,863</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>27,326</td>
<td>13,137</td>
</tr>
<tr>
<td>Donated asset reserve</td>
<td>10,148</td>
<td>7,663</td>
</tr>
<tr>
<td>Government grant reserve</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other reserves</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income and expenditure reserve</td>
<td>(6,171)</td>
<td>(2,458)</td>
</tr>
<tr>
<td><strong>TOTAL TAXPAYERS EQUITY</strong></td>
<td>69,742</td>
<td>58,205</td>
</tr>
<tr>
<td>Description</td>
<td>2004/05 £000</td>
<td>2003/04 £000</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>(Deficit)/surplus for the financial year before dividend payments</td>
<td>(2,377)</td>
<td>1,033</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>(1,658)</td>
<td>0</td>
</tr>
<tr>
<td>Unrealised surplus on fixed asset revaluations/indexation</td>
<td>18,669</td>
<td>4,580</td>
</tr>
<tr>
<td>Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets</td>
<td>(257)</td>
<td>(238)</td>
</tr>
<tr>
<td><strong>Total gains and losses recognised in the financial year</strong></td>
<td><strong>14,377</strong></td>
<td><strong>5,383</strong></td>
</tr>
<tr>
<td>Section</td>
<td>31 March 2005 £000</td>
<td>31 March 2004 £000</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>OPERATING ACTIVITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from operating activities</td>
<td>3,918</td>
<td>(1,577)</td>
</tr>
<tr>
<td>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>62</td>
<td>49</td>
</tr>
<tr>
<td>Net cash inflow from returns on investments and servicing of finance</td>
<td>62</td>
<td>49</td>
</tr>
<tr>
<td>CAPITAL EXPENDITURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(1,123)</td>
<td>(1,754)</td>
</tr>
<tr>
<td>Net cash outflow from capital expenditure</td>
<td>(1,123)</td>
<td>(1,754)</td>
</tr>
<tr>
<td>DIVIDENDS PAID</td>
<td>(1,416)</td>
<td>(1,033)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before management of liquid resources and financing</td>
<td>1,441</td>
<td>(4,315)</td>
</tr>
<tr>
<td>MANAGEMENT OF LIQUID RESOURCES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from management of liquid resources</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before financing</td>
<td>1,441</td>
<td>(4,315)</td>
</tr>
<tr>
<td>FINANCING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>2,600</td>
<td>4,336</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>(4,024)</td>
<td>0</td>
</tr>
<tr>
<td>Net cash (outflow)/inflow from financing</td>
<td>(1,424)</td>
<td>4,336</td>
</tr>
<tr>
<td>Increase in cash</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Salary (bands of £5000)</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>D Hoodless</td>
<td>Chairman</td>
<td>20-25</td>
</tr>
<tr>
<td>A Woodhead</td>
<td>Chief Executive</td>
<td>105-110</td>
</tr>
<tr>
<td>M Masters</td>
<td>Director of Estates &amp; Facilities</td>
<td>70-75</td>
</tr>
<tr>
<td>J Tymms</td>
<td>Director of Finance</td>
<td>70-75</td>
</tr>
<tr>
<td>M Vaughan</td>
<td>Director of Human Resources</td>
<td>70-75</td>
</tr>
<tr>
<td>S Patel</td>
<td>Director of IM &amp; T</td>
<td>5-10</td>
</tr>
<tr>
<td>A Palmer</td>
<td>Director of Nursing</td>
<td>75-80</td>
</tr>
<tr>
<td>L Perkin</td>
<td>Director of Operations (from Nov '04)</td>
<td>30-35</td>
</tr>
<tr>
<td>D Hackett</td>
<td>Director of Operations (to Oct '04)</td>
<td>35-40</td>
</tr>
<tr>
<td>E Fehily</td>
<td>Director of Projects</td>
<td>75-80</td>
</tr>
<tr>
<td>M Ferguson-Pell</td>
<td>Director of Research</td>
<td>10-15</td>
</tr>
<tr>
<td>S Herman</td>
<td>Joint Medical Director</td>
<td>15-20</td>
</tr>
<tr>
<td>T Briggs</td>
<td>Joint Medical Director</td>
<td>25-30</td>
</tr>
<tr>
<td>S Puckett</td>
<td>Director of Service Improvement</td>
<td>55-60</td>
</tr>
<tr>
<td>J Rajput</td>
<td>Non-Executive Director</td>
<td>5-10</td>
</tr>
<tr>
<td>S Laddie</td>
<td>Non-Executive Director</td>
<td>5-10</td>
</tr>
<tr>
<td>D Delpy</td>
<td>Non-Executive Director</td>
<td>5-10</td>
</tr>
<tr>
<td>M Creeger</td>
<td>Non-Executive Director</td>
<td>5-10</td>
</tr>
<tr>
<td>M Cohen</td>
<td>Non-Executive Director</td>
<td>5-10</td>
</tr>
</tbody>
</table>

The benefits in kind in all cases are leased cars made available for personal use.
### Salary and Pension Entitlements of Senior Managers 2003/04

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary (bands of £5000)</th>
<th>Other Remuneration (bands of £5000)</th>
<th>Real Increase in Pension at age 60 (bands of £25000)</th>
<th>Total Accrued Pension at age 60 at 31 March 2005 (bands of £5000)</th>
<th>Benefits in Kind (Rounded to the nearest £100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D Hoodless</td>
<td>Chairman</td>
<td>15-20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Woodhead</td>
<td>Chief Executive (from June 2003)</td>
<td>80-85</td>
<td>0-2.5</td>
<td>25-30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P Shelton</td>
<td>Director of Corporate Development (to October 2003)</td>
<td>40-45</td>
<td>2.5-5</td>
<td>15-20</td>
<td>1,100</td>
<td></td>
</tr>
<tr>
<td>M Masters</td>
<td>Director of Estates &amp; Facilities (from December 2003)</td>
<td>15-20</td>
<td>0-2.5</td>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J Tymms</td>
<td>Director of Finance IM &amp; T</td>
<td>65-70</td>
<td>0-2.5</td>
<td>15-20</td>
<td>4,900</td>
<td></td>
</tr>
<tr>
<td>M Vaughan</td>
<td>Director of Human Resources</td>
<td>65-70</td>
<td>0-2.5</td>
<td>10-15</td>
<td>3,400</td>
<td></td>
</tr>
<tr>
<td>A Palmer</td>
<td>Director of Nursing</td>
<td>65-70</td>
<td>0-2.5</td>
<td>15-20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Hackett</td>
<td>Director of Operations (from December 2003)</td>
<td>25-30</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N Griffiths</td>
<td>Director of Operations and Acting Chief Executive (to September 2003)</td>
<td>35-40</td>
<td>(2.5-5)</td>
<td>5-10</td>
<td>3,300</td>
<td></td>
</tr>
<tr>
<td>E Fehily</td>
<td>Director of Projects</td>
<td>65-70</td>
<td>0-2.5</td>
<td>5-10</td>
<td>3,300</td>
<td></td>
</tr>
<tr>
<td>M Ferguson-Pell</td>
<td>Director of Research</td>
<td>10-15</td>
<td>0-2.5</td>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Herman</td>
<td>Joint Medical Director</td>
<td>10-15</td>
<td>0-2.5</td>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T Briggs</td>
<td>Joint Medical Director</td>
<td>15-20</td>
<td>95-100</td>
<td>5-7.5</td>
<td>1,200</td>
<td></td>
</tr>
<tr>
<td>S Puckett</td>
<td>Director of Service Improvement (from February 2004)</td>
<td>5-10</td>
<td>0-2.5</td>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J Rajput</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J Lammiman</td>
<td>Non-Executive Director (to November 2003)</td>
<td>0-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Laddie</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Delpy</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M Creeger</td>
<td>Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M Cohen</td>
<td>Non-Executive Director (from December 2003)</td>
<td>0-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Consent to disclose withheld
The benefits in kind in all cases are leased cars made available for personal use.
### Management Costs

<table>
<thead>
<tr>
<th></th>
<th>2004/05</th>
<th>2003/04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>3,135</td>
<td>2,757</td>
</tr>
<tr>
<td></td>
<td>61,278</td>
<td>59,694</td>
</tr>
</tbody>
</table>

### Better Payment Practice Code - measure of compliance

<table>
<thead>
<tr>
<th></th>
<th>2004/05</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bills paid in the year</td>
<td>18,426</td>
<td>23,466</td>
</tr>
<tr>
<td>Total bills paid within target</td>
<td>10,904</td>
<td>12,727</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>59.00%</td>
<td>54.00%</td>
</tr>
</tbody>
</table>

---

**Feedback and Further Information**

For further information and for a full copy of the Trust's Financial Accounts please contact the Communications Department:

Communications Department  
Royal National Orthopaedic Hospital NHS Trust  
Brockley Hill  
Stanmore  
Middlesex  
HA7 4LP

Tel: 020 8909 5570  
Email: communications@rnoh.nhs.uk

www.rnoh.nhs.uk