THE ROTHERHAM NHS FOUNDATION TRUST

ANNUAL GENERAL MEETING
Held on Wednesday 26 September 2007 in the Lecture Theatre, PGME, Rotherham General Hospital

DRAFT MINUTES

Present: Mrs M Oldfield, Chair
Mr T Hercock, Vice Chair

Public Governors:
Mrs S Bird
Mrs A Chester
Mrs P Draycott
Mr J Bristow
Miss J Deardon
Mr T Wilkinson

Partner Governors:
Mrs V Lindsay
Ms J Flanagan
J Radford

Staff Governors:
Mrs B Doane
Mrs J D'Silva
Dr M Kesseler
Mrs J Ward

Non Executives:
Mr N Ruff
Mr G Bloomer
Mr N MacDonald

Board Secretary:
Mrs K Rogers

In attendance:
Mr B James, Chief Executive
Mr M Lowry, Chief Financial Officer
Mrs J Wilson, Chief Operating Officer
Mrs J Bird, Chief of Quality & Standards / Chief Nurse
Mr M Pinkerton, Chief of Business Development
Mr J Cartwright, Director Facilities
Mr G Briggs, Director of Human Resources
Mrs S Ball, Governance Manager
Mr S Bower, KPMG
Mr A Lythgo, KPMG

Members of the Public:
Mr K Barron MP
Mr T Cray, RMBC Strategic Director
Two members of the general public
1. Apologies
   Professor P Fleming, Mrs J Wheatley, Mr S Turnbull
   Mr L Marshall, Mr A Thompson, Mr A Clow
   Mrs J Durkan, Mr L Vizard, Mrs J Green
   Mrs J Hickton, Ms T Yasseen

2. Minutes of 2006 Annual General Meeting
   The minutes of the 2006 Annual General Meeting were accepted as a true record.

3. Matters Arising
   There were no matters arising.

4. Introduction and Overview
   Mrs Oldfield welcomed everyone to the 2007 Annual General Meeting and thanked them for attending. Mrs Oldfield stated that the Trust had achieved its objectives and delivered better surpluses than planned. One of the highlights of the year had been the BBC documentary featuring Rotherham General Hospital and Sir Gerry Robinson, screened earlier this year. The Trust had recently contributed to a follow up documentary which is due to be screened in October / November.

5. Summary of the Year – Annual Report
   Mr James presented the Annual Report for 2006/7 ‘In Good Hands’, commenting on the hard work of staff that had contributed to activity levels reported to be higher than in previous years for elective and outpatient work despite the Trust seeing more complex patients. Of the successful achievements, those worthy of note included – over 98% of patients were seen in 4 hours within A&E, cancer targets were exceeded, the Trust had low infection rates for MRSA and C. Diff and as of March 2007 were offering the shortest waiting times across South Yorkshire for the majority of Out-Patient and Day Case Surgery, with the median wait less than 2 weeks.

   Finances were managed well with a modest surplus delivered at the year end.

   The new infrastructure had ‘bedded in’ following appointments to senior positions within the Trust in line with the Service Development Strategy.

   Key developments included the Barnsley Concordat including a Pathology Partnership, new services for Orthopaedic Triage for South East Sheffield and an Osteoporosis Service at Rotherham. A Clinical Policy Board had been established to agree systems and processes operating at the interface between primary and secondary care and executives had met with nearly all GP Practices in Rotherham to gain a better understanding of the Trust’s strengths and weaknesses from their perspective.

   Mr James stated that staff at all levels had shown commitment and determination to ensure that the Trust performed well, achieved national
and local targets and supported implementation of the Service Development Strategy.

6. **Annual Accounts**

Mr Lowry reflected on the previous year stating that income from other PCTs had increased from 9 to 11%, with the total income 7% higher than in 2005/6. The total expenditure had grown by only 5.7%, with the breakdown of expenditure consistent year on year. Management costs had increased slightly (0.1%) due to the ongoing impact of agenda for change, but remained at around 4% of income.

The year ended with a surplus of £310k and for the first time a proportion would be returned to those parts of the organisation generating it to determine how it should be used to benefit patients / staff.

£7.0m had been spent on capital expenditure including pathology upgrade, PACs (Digital Imaging), improving car parking and medical equipment.

The Trust performed well with regard to both financial and non financial targets largely due to the hard work of staff. The financial position at the end of the year was stronger than at the beginning.

7. **External Auditor**

Mr Lythgo and Mr Bower of KPMG presented the external audit report for 2006/7.

With regard to accounts the Auditors confirmed how they must satisfy themselves that ‘accounts are prepared in accordance with the relevant statutory directions and proper practices have been observed in the compilation of the accounts’. They described the issue of their Audit Opinion which stated that the financial statements gave a true and fair view of the state of affairs of the Trust as at 31 March 2007.

The Auditors explained how they must also satisfy themselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its ‘use of resources’. This included a review of the statement of internal control, consideration of the work of other regulatory bodies and performing any mandatory / other work judged necessary. A number of recommendations in relation to strengthening and continually reviewing the new governance arrangements were made and these will be reviewed as part of the 2007/8 audit. A certificate to confirm audit had been carried out in accordance with the Health & Social Care Act 2003 and the NHS Foundation Trust Audit Code of Practice issued by Monitor was issued on 7 June 2007.

8. **Questions from the floor**

*Dr Kesseler – Could KPMG provide an example of how governance needed to be strengthened?*

Mr Bower stated that The Trust had established very comprehensive arrangements and that their recommendations included the need to
ensure that the new operational committees introduced were effective and that roles for those people who were key to risk management were clear and that they had training in order to carry out their duties.

**Mrs Lindsay – how does the Trusts 4% management cost compare with other organisations?**
Mr James responded that the NHS does not hold comparative management cost data. However historical comparison with ourselves indicates consistency and the Trust aims to maintain management costs at 4%. Anecdotal evidence would suggest that many other Trusts are experiencing difficulty containing management costs at around or below 4%.

**Ms J Flanagan – Is there any intelligence whether the 2% growth of people out of Rotherham area using services is likely to continue?**
Mr Lowry commented that due to patient choice it was difficult to predict, however the Trust was aware that it needed to work hard to ensure the Trust was the hospital of choice for various specialities. Mr James stated that the new Marketing Strategy would support patient choice.

**Mr Barron MP – Have you made any assessment of the impact of Breathing Space?**
Mr Pinkerton responded that a clinical model was under development. It was likely that the service would provide rehabilitation services rather than acute services. The PCT was likely to have a more significant impact on the Trust with the implementation of Community Matrons and chronic condition management in the community.

**Is there likely to be any effect from the new Primary Care Centre opening?**
Mr Pinkerton stated clinical content has yet to be defined and provision of diagnostics agreed. The Centre is likely to provide minor injury services which would impact upon diagnostics as the Centre plan to offer radiology services. It has been estimated that the service could take away approximately 10,000 tests per year, which equates to 10% of the Trusts work. The Trust will tender for this service. The PCT are conducting a thorough review and the Trust has been invited to participate.

There being no further questions, the meeting ended with closing remarks from Mrs Oldfield, who expressed her thanks to Mrs Ball for taking the minutes at short notice; Ms B Loftus Nurse Practitioner for the Genito Urinary Medicine Department for spending her day off at the Rotherham show promoting sexual health; to all clinical service, support services; management who have supported service delivery over the past year; to all Board colleagues (particularly the Non Executive Directors) and the Council of Governors who work on a voluntary basis and are key to the future direction of the Trust.

9. **Next Meeting**
The date of the next AGM would be announced in due course.