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Rotherham Hospital hosts Dolly’s UK Charity Book Launch

Waiting times success
Shortest waiting times in South Yorkshire for 30 out of 35 treatment areas

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The average waiting time for a routine outpatient appointment during 2007/08 was just 12 days, and the average waiting time for a normal elective (pre-arranged) admission was just 21 days.

During 2007/08 there were 9 cases of MRSA infection at the Trust, which is a reduction of 25% on the previous year, and Clostridium difficile rates went down an enviable 46% on the previous year.

By the end of 2007/08 Rotherham Hospital had completed 24 months in a row where 100% of patients with a suspected cancer were seen within 31 days. This means that no person in Rotherham waited more than 31 days from the date they were referred for treatment until their treatment actually began. This achievement is amongst the best in the country.

During 2007/08 the number of GP referrals of their patients to attend Rotherham Hospital from outside the area rose by 25%, demonstrating that Rotherham is a popular choice for treatment for patients from around the region.

Patients now have the option to Choose & Book (C&B) the hospital that they wish to be treated at, and during most of 2007/08 Rotherham Hospital had the shortest waiting times in 30 out of the 35 C&B areas compared to the other Trusts in South Yorkshire.

The Health Care Commission Annual Health Check self assessment procedure predicts that the Trust is set to achieve ‘Excellent’ for Quality of Services and ‘Excellent’ for Use of Resources for 2007/08, this is the highest score achievable.

The Trust met the government 18 week referral to treatment targets nine months early. The 18 week target demands that by December 2008, 94% of patients must move from the point of referral to the organisation, to the start of treatment within 18 weeks.

By March 31st 2008 Rotherham Hospital had already achieved this target.

Hospitals can be daunting places for patients and visitors, so staff at the Trust make every effort to give all visitors the kind of care that makes them feel that they are respected and in safe hands.

Throughout the last year the Trust has continued to make improvements at the hospital in order to make the patient experience simpler and more comfortable.
It is anticipated that Rotherham Hospital will achieve a Green and Green rating from Monitor (the organisation that regulates Foundation Trusts), in relation to our governance arrangements and mandatory services respectively, and a 4 for finance (5 being highest).

In 2007/08 the hospital’s laboratories received full and unqualified Clinical Pathology Accreditation for the first time in ten years. Receiving this accreditation means that the Trust is permitted to undertake work, which is only normally undertaken at larger teaching hospitals.

During 2007 the Trust secured funding to build a combined power plant that will reduce heating and power costs for the organisation. The new power plant will also reduce the Trust’s impact on the environment. The Trust also made an application to join the NHS Carbon Management Programme.

Rotherham Hospital has strengthened its ties with the local community by developing its corporate social responsibility programme in a number of areas.

During 2007/08 the Trust successfully introduced the national integrated HR and Payroll system Electronic Staff Record (ESR). The project was delivered on time and within cost. ESR facilitates the introduction of new and efficient work practices and the collection, analysis and interpretation of sophisticated workforce data. The Trust plans to build upon the success of the technology with a benefits realisation plan that allows for managers to have direct access to workforce information to ensure safety and to monitor training, attendance and performance.

Rotherham Hospital has continued to stay in the national media throughout the last year. Sir Gerry Robinson returned to the Trust, Dolly Parton visited the maternity ward and The Bill’s Trudie Goodwin officially opened the Osteoporosis and Bone Health Service.

The Trust ended 2007/08 with a healthy financial surplus.
Welcome to The Rotherham NHS Foundation Trust’s Annual Report for 2007/08. As Chairman of the Trust I am very pleased to have this opportunity to make the opening statement. Against a background of increasing reorganisation of NHS structures and provision, I believe Rotherham Hospital continues to shine out as an organisation that works incredibly hard to provide the level of care and range of services of which the local community can be really proud.

Trust staff have worked extremely hard to ensure that services are delivered more quickly than ever before whilst also improving the levels of patient care that are delivered. What is more, the organisation has managed to do this as NHS finances decrease in real terms and much work has continued during the year to improve efficiencies and find better ways of working. I would like to take this opportunity to pay tribute to the hospital staff for their hard work and outstanding commitment to improving the services and care for patients.

In addition to enormous improvements in our waiting times for inpatients and outpatients and expedient care for those who come directly to our A&E department, we successfully met all our performance targets and exceeded our financial targets. We anticipate a double excellent rating in the Health Care Commission Standards for Better Health and we successfully achieved the 18-week referral to treatment target, nine months before the official deadline of December 2008.

The organisation again received some high profile media coverage with the return of Sir Gerry Robinson and a visit from the legendary Dolly Parton. During the year I was delighted to be able to welcome the Earl of Scarbrough to the hospital after he agreed to become the Patron for the Trust. His patronage, following in his father’s footsteps, is extremely valued and he now acts as an ambassador for the Trust.

During the last year I was also very pleased to be involved in the launch of a major new fundraising appeal for the organisation. The last major appeal was for the Earl of Scarbrough Macmillan Suite, now a new appeal to raise £350,000 to purchase an additional Gamma Scanner, which is used to diagnose a range of conditions, has been launched. The Trust was extremely grateful to the Earl and Countess of Scarbrough who agreed to become the joint Patrons for the appeal and to Mrs Kath Copp and her team of volunteers for their support to our money raising efforts.

In summary, we have had a very successful year in 2007/08 and we look forward to the challenges of the year ahead, and working with our governors, staff, volunteers and members who are fundamental to our continuing success.

Margaret Oldfield Chairman
Brian James joined the organisation as the Chief Executive Officer in 2005. He has over 30 years experience of working in the NHS and over 20 years at Executive and Director level. Since his arrival, Brian has been responsible for implementing an ambitious development plan to prepare the organisation for a more competitive future. He spoke to us about how the last year has been from his perspective.

Q: What do you think has been the biggest achievement of the year in terms of patient care?
A: There has been a lot of great work undertaken in the last year by the divisions and the organisation as a whole; it is difficult to single out one particular achievement. I am particularly proud about our success in ensuring patients with cancer receive prompt treatment – our referral to treatment times are amongst the best in the country, if not the best. I am also delighted that we have met the Government targets on a maximum 18 week referral to treatment time for all patients, nine months ahead of schedule. This has to be seen as a brilliant achievement by the organisation because it relies on so many different departments working co-operatively. Perhaps the icing on the cake though, was that the Trust came first in the country in the Health Care Commission’s National Inpatient Survey on the question of how short a time patients had waited for treatment.

Q: In your view what have been the biggest achievements for the organisation?
A: The NHS is undergoing one of the most significant changes in its history because of the introduction of patient choice, which means that we now have to compete with other hospitals, including the Private Sector, for patients. The Strategy we have been introducing over the last couple of years aimed to ensure that the organisation is ready for this new market, and there are now plenty of signs that we are succeeding. We now offer the shortest waiting times in 30 out of 35 categories across South Yorkshire; Doctors have been appointed to key managerial positions on the Board and in leading Clinical Directorates, with significant responsibility, and our financial structure now rewards Specialties for good performance, which is improving efficiency and productivity. New Governance systems are ensuring that we pay close attention to quality, and we are setting ourselves some very ambitious improvement goals relating to patient safety and patient experience.

Q: What was the most significant challenge of 2007/08?
A: The last year has not been without its challenges. In my view one of the most significant of these was the June floods. The unprecedented level of rainfall brought misery to many in the Rotherham area - homes were flooded; staff found their journeys to work extremely difficult, as did patients who had appointments at the hospital. The phone system ceased to function due to flooding of a local BT Exchange, stopping us from being able to communicate with patients, and the hospital had to launch its emergency plans. The event itself was challenging but in addition many elective admissions and outpatient appointments were cancelled, which financially cost the organisation in excess of £600,000; I would like to acknowledge the support of Rotherham PCT who have helped to cover some of those financial losses.
Q: There seems to have been a particular focus on patient safety during the last year, was the organisation unsafe before?
A: No. The organisation is no less safe than any other NHS organisation but it was, and still is, an area that I want us to make progress on. Reducing the risk of harm to patients has to be a top priority for the organisation. We have made excellent progress on reducing Hospital Acquired Infections with a reduction to 9 MRSA cases (from 12) in the past year, and a 46% reduction in Clostridium difficile over the previous year. We have also significantly strengthened the risk management team to improve our capacity and capability in this area, and aim to develop a culture where everyone in the organisation is aware of, and does everything possible, to reduce the risk of harm to patients in our care.

Q: What was the highlight of 2007/08 for you?
A: 2007/08 has been a landmark year for the Trust and one in which our new structures, systems and organisational development programmes began to clearly differentiate the Trust from others, and produced the best results ever experienced in the history of the organisation. I really enjoyed meeting the staff taking part in the Rapid Improvement Events over the year. It was really good to see the satisfaction that staff take from being given the opportunity to take control of their working area and improve things for patients as well as themselves. Some truly innovative ideas came out of the events like the ‘do not disturb’ jackets worn by staff doing drug rounds to speed up the delivery and reduce the risk of mistakes. A new system for providing meals to patients on wards has significantly improved nutritional intake and substantially reduced food waste. I was particularly pleased with a new idea to identify patients in need of help with feeding – and all these ideas came from the staff themselves. The increased sense of pride and commitment that staff seem to take in their work because they have been empowered to take control of it was a real achievement this year. Of course, the Gerry Robinson update (Can Gerry Robinson Fix the NHS – One Year On) which screened in December showed just how far the Trust had come in less than a year, and meeting Dolly Parton was a pleasant experience as well – she is a very nice and surprisingly humble lady.

Q: What do you think that the biggest challenge is going to be during 2008/09?
A: We are planning some major investments in upgrading and updating our wards to provide more contemporary accommodation, and also to commence a major investment in new Information Technology. I am also keen that we continue to drive our quality initiatives and make progress on improving the patients’ experience of our care. We will face increasing competition from other providers, so it will also be important to continue to drive down waiting times (with the aim of achieving a maximum 9 week wait), and of course there may be some repercussions from the NHS Next Stage Review being led by Lord Darzi, but it will be some time before we will know the ramifications of this.

Q: What are you really looking forward to during 2008/09?
A: We have developed our patient flows over the last year and therefore our business relationships with surrounding PCTs for secondary care services and PCTs across the country for tertiary services and I am confident this progress will continue. I will enjoy seeing the Trust develop its R&D (research and development) capability following its successful application for EU funding projects. I am looking forward to seeing continued improvements brought about by empowering staff to make changes through the Rapid Improvement Event programme and the Ideas scheme, which really do give the initiative back to staff so they can make improvements that they can see make a real difference to patients as well as to their own working lives. Finally, I am keen to see developments and improvements in the patient experience and in ensuring that services really are developed in partnership with patients.

Brian James Chief Executive
Principal activities and business review
Detailed information on the Trust’s activities and main trends and factors likely to affect the future development and performance of the Trust are discussed below, and incorporated within the Annual Report.

Operating within the healthcare service industry, the organisation serves a local population of around 254,000 with an annual income of c.£150 million. The organisation is the second largest employer within the local economy and has a diverse workforce of around 3,460 employees.

The Hospital has approximately 624 In-Patient beds and 66 Day Case beds on its main site on Moorgate Road, and also provides Orthopaedic and Neurological Rehabilitation services at the nearby Park Rehabilitation Centre in addition to a number of outpatient, day case and in-patient services provided by the Trust.

The unique business model of the Trust, which combines autonomy, incentives and enablers is now demonstrably successful and will be further developed through the progressive establishment of Foundation Units. Within the current policy context and the overall health environment, our focus on patient safety, patient experience, performance and quality and efficiency remain key priorities and key drivers for the next stage of our strategy.

Meeting our patients’ needs is at the core of our business. This is supported by our marketing and patient safety strategies. We continue to look to improve the services we offer and our plans for enhancements in technology and the significant improvements planned for our infrastructure/buildings will enable us to enhance those services and improve the safety and experience of staff and patients.

The Trust has continued to develop its profile and standing within the Rotherham community through partnerships with the Rotherham Borough Council, the Chamber of Commerce and Voluntary organisations together with surrounding Commissioners in an effort to establish positive relations. The Governors and Members continue to support that agenda.

The Trust continues to derive the majority of its income from the Rotherham Primary Care Trust (PCT) but continually increases the proportion of its income from other PCTs with non Rotherham patients choosing Rotherham hospital to deliver their care. The Trust was successful in its application to secure 400,000 Euros in European funding for research and development (R&D) and a new strategy to support an expansion in R&D within the Trust and the wider health community will be supported over the coming year.

The Trust ended the year with an income and expenditure surplus of £3.7m reflecting considerable effort across the year to improve productivity and reduce waiting times, and to deliver efficiencies and increased value for money with costs continuing to be tightly managed. Significant progress was made by our specialties in creating surplus to be spent on improving services and the early achievement of the 18 week referral to treatment target has seen the Trust achieve some of the lowest waits in the Region.

We have maintained a commitment to employee involvement throughout the business and staff are kept informed of the performance and objectives of the Trust through personal briefings, regular meetings and email. These are supplemented by our employee publication – Newsweek.

The Trust recognises its responsibilities with respect to the environment and we focus on reducing our environmental impact by using less, recycling more and disposing of waste sensitively and we remain committed to reducing our carbon footprint.

Principal risks and uncertainties
A summary of the Trust’s principal risks and uncertainties has been provided within the Statement on Internal Control.

Looking ahead, the Trust aims to consolidate and extend the progress made in building an organisation and culture that is able and capable of responding to change. Our plans will need to reflect our response to the next phases of NHS reform, in particular the impact of the NHS Next Stage (Darzi) Review which is likely to have significant impact on the development of our business as will increased regulation, higher standards in the delivery of cancer, stroke and heart services and the drive to provide more care in the community. All will test the organisation’s resilience and capacity to adapt and respond.

The Register of Director’s Interests, which is open to members’ inspection, contains full details of interests and can be accessed by contacting the Trust’s Company Secretary, Kerry Rogers.
Directors’ responsibilities
The following persons served as Directors during the year:
Margaret Oldfield; Brian James; Giles Bloomer; Tony Hercock; Julie Hickton; Neil MacDonald; Nigel Ruff; Professor Walid Al-Wali; Jackie Bird; Roger Jones; Matthew Lowry; Mike Pinkerton; Jenny Wilson and Dr Mark Withers. The biographies of our Directors are detailed later within the Annual Report. Mrs Gill Small acted up as Executive Director from 1st April 2007, pending the appointment of Mrs Jackie Bird on 1 July 2007.

The Directors are obliged under law to prepare financial statements for each financial year and to present them annually to the Trust’s Governors and Members at the Annual General Meeting.

The Directors are also responsible for the adoption of suitable accounting policies and their consistent use in the financial statements, supported where necessary by reasonable and prudent judgments.

The Directors confirm that the above requirements have been complied with in the financial statements.

In addition, the Directors are responsible for maintaining adequate accounting records and sufficient internal controls to safeguard the assets of the Trust and to prevent and detect fraud or any other irregularities, as described further in the Statement of Accounting Officers’ Responsibilities.

Audit information
The Directors confirm that, so far as they are aware, there is no relevant audit information of which the Auditors are unaware and that each Director has taken all reasonable steps to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Equality and Diversity (E&D)
The Trust is committed to an active E&D policy from recruitment and selection, through training and developments, appraisal and promotion to retirements. It is our policy to promote an environment free from discrimination, harassment and victimisation, where everyone will receive equal treatment regardless of gender, colour, ethnic or national origin, disability, age, marital status, sexual orientation or religion. All decisions relating to employment practices will be objective, free from bias and based solely upon work criteria and individual merit.

Employees with disabilities
It is our policy that people with disabilities should have full and fair consideration for all vacancies. During the year, we continued to use the Government’s ‘two tick’ disability symbol to demonstrate our commitment to interviewing those people with disabilities who fulfill the minimum criteria, and endeavouring to retain employees in the workforce if they become disabled during employment. We will actively retrain and adjust their environment where possible to allow them to maximize their potential.

Going concern
After making enquiries, 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 have adopted the going concern basis in preparing the financial statements.

By order of the Board
Kerry Rogers Company Secretary
4.1 Introduction

Rotherham Hospital a brief history

The Foundation Trust provides a wide range of hospital services mainly to the people of Rotherham as well as to some patients from further away. The Trust’s main site is at Rotherham General Hospital, but we also provide rehabilitation services at the nearby Park Rehabilitation Centre on Badsley Moor Lane. The Trust is also responsible for the Community Midwifery Services across the whole of Rotherham.

With a growing number of healthcare partnerships, some of the hospital services are organised across hospital sites to serve a broader regional area. For example, whilst The Rotherham NHS Foundation Trust is responsible for all Ear, Nose and Throat services the inpatient element of the service is based at the Doncaster Royal Infirmary. Ophthalmology inpatient services for the Barnsley District Hospital are carried out at Rotherham General Hospital with outpatient and day case services at Barnsley General Hospital. Rotherham also has a network and partnership relationship with the Sheffield Teaching Hospitals for vascular surgery and genito-urinary services and works closely in a North Trent Network for planning and organising cancer and coronary heart disease services.

The General Hospital site at Moorgate in Rotherham also acts as a base for:

- A number of mental health and learning difficulties services which are managed by Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust
- Child Development Centre managed by the Rotherham Primary Care Trust
- Post and Under Graduate Education – Sheffield University
- Ambulance Station for the Yorkshire Ambulance Service
- Hospital-based Social Services that are provided by Rotherham Metropolitan Borough Council
- The Renal Unit that is managed by Sheffield Teaching Hospitals
- The Diabetes Centre that is managed by Rotherham Primary Care Trust
- The South Yorkshire Sexual Assault Referral Centre where children are treated in a safe and caring environment which is staffed by South Yorkshire Police and hospital staff
- The Leapfrog Nursery
- Several retail outlets managed by Centrelands

The Rotherham NHS Foundation Trust was established on 1 June 2005 under the Health and Social Care (Community Health Standards) Act 2003, and developed from the Rotherham General Hospitals NHS Trust. As a NHS Foundation Trust the hospital is an independent body and is free from Government control, but is regulated by Monitor (Independent Regulator of NHS Foundation Trusts).

The most important issue that the Trust has to address in order to maintain its viability as a District General Hospital is to ensure it provides services in ways that make it easy for patients to choose it. Because we want patients to choose to come to Rotherham, we are trying extremely hard to make our services and hospital the best that it can be, by trying to provide what patients tell us that they want from both a hospital and the level and style of care that they receive.

The Trust is the second largest employer locally with around 3,460 staff and is working hard to reflect the ethnic and cultural diversity of the community it serves. The Trust is also strengthening its partnership with patients and members as well as local NHS organisations, the Local Authority, GPs and voluntary organisations.

The success of our hospital depends on the commitment and dedication of our staff and the Trust continues to work to recruit and retain the best doctors, nurses, therapists and full range of other staff on whom the smooth running of services depends.
FACTFILE

Rotherham hospital is working very hard to reduce waiting times for all patients and has consistently had some of the shortest waiting times in South Yorkshire. One area that has seen particular progress is Endoscopy where the average waiting time is just 4 weeks, this is compared to the national average of 13 weeks.

PATIENT OPINION

“I was a patient at the Rotherham District General Hospital Day Surgery. The standard of care was very good. Everyone I was treated by was very helpful, considerate and friendly. Nothing could have been better. From going in to the operation to coming out afterwards, all staff were so lovely and made me feel at ease.”

(source: www.patientopinion.org.uk)

Patient safety summit

A significant investment has been made in increasing patient safety. As part of this investment the Trust held a Patient Safety Summit to identify ways of improving the safeguards that are in place to keep patients safe when they are in the hospital.

As a result the Patient Safety Strategy 2007-2010, was launched in November 2007 at the Patient Safety Summit. The summit set out two major visions, which were to improve the current focus on patient safety through incident reporting and to reduce by 7%, year on year for the next three years, the Trust’s mortality/death rate. Since the summit, the Chief Executive has Chaired the Patient Safety Steering Group in order to take forward the Strategy.

Continued improvements through the RISE programme

One of the most significant programmes to have taken place throughout the year is the RISE (Rapidly Improving Services for Everyone) programme. As part of the programme, staff from individual departments, or staff who are cooperatively involved in providing a service, come together for a week at a time to find new ways to improve the services they provide.

The exciting initiative has brought about significant and lasting changes to those departments who have taken part. Some of those areas that have gone through the RISE Rapid Improvement Event (RIE) programme are included below:

Ward A1

The A1 Transforming Care Team worked on three specific areas relating to shift handovers, clinical observations and drug rounds. The shift handovers on ward A1 now take less time and the quality of the information exchanged has been greatly improved.

Standard work has been developed to help improve the quality and monitoring of clinical observations undertaken. This includes elements of chart filing, management of equipment and following clinical guidelines.

Additionally a number of changes have been implemented in relation to the drug round. Staff wear high visibility ‘do not disturb’ tops, which helps to prevent unnecessary interruptions and enables the round to be completed faster and more safely. The timing of the drug round has also been altered slightly, to a less busy time, another change to promote safety. Furthermore the process by which Pharmacy is alerted to the need for additional stock has changed to provide better flow and efficiency.

Ward Sister for A1, Claire Webster said, “The RIE gave the team the opportunity to contribute to improvements and now the ward appears to be generally calmer and the amount of drugs we order has been reduced. Doctors really like the new handover sheets we have developed, they use them as a quick guide before looking at specific patients’ details in their notes”.

www.therotherhamft.nhs.uk
Hospitals can be daunting places for patients and visitors, so staff at the Trust make every effort to give every visitor the kind of care that makes them feel that they are respected and in safe hands. In the last 12 months there has been significant attention paid to patient safety and experience, which have been the central focus of developments across the year.

**FACTFILE**

The average waiting time for a routine outpatient appointment during 2007/08 was just 12 days, and the average waiting time for a normal elective (pre-arranged) admission was just 21 days.

**Wharncliffe Ward**

Ward Clerk on Wharncliffe Ward, Marian Roe was one of those taking part in the event and she told her story.

“I was a bit sceptical about the RIE when I was asked if I would like to take part along with my colleagues from the ward. The areas that we wanted to work on were the toileting arrangements and other intimacies of care and the structure of meal times for patients.

The area that Staff Nurse Lynn Flynn and myself worked on was the structure of meal times. On an elderly ward like Wharncliffe you have a lot of people who need some help with feeding. The system that we previously had in place meant that some patients would end up getting help with their meal after some time had passed and it had already gone cold.

We wanted to find a way to improve the distribution of meals that would allow us to get to patients more quickly and be able to give them the help that they need. By redesigning several elements of the meal time system we have improved the service that we give to patients and the food that they receive. Really simple solutions can make a big difference. Cutlery wrapped in red napkins to indicate those needing help means that we have speeded up the service. We are also ordering patient food on the same day, rather than the day before which helps patients get food they are more likely to want to eat.

I think that the great thing about these RIE’s is that they are an opportunity for people to state their opinions and make suggestions in a situation where, regardless of who they are or the seniority of their position, they are listened to. When you are doing the job day in and day out it is easy to get into a routine and not see the solutions to things that could be improved. The event allows you to stand back and really look at what you are doing and how you are doing it.

I’d encourage everyone to get involved with a Rapid Improvement Event when they get the opportunity to, it is a great experience and it is nice to see changes that you have been involved in during the event, making a difference both to staff and patients.”

The ward have also altered their discharge arrangements. Planning for discharge is started on the day of arrival on the ward of a patient. This ensures that all the services are ready to offer continuing support to the patient when they are discharged.

The developments undertaken on the Wharncliffe ward have also helped this team to win the ‘Making a Difference’ award from the Trust Chairman at the 2007/08 Staff awards ceremony.
Actress Trudie Goodwin opened the Osteoporosis and Bone Health Service

The Rotherham Hospital Osteoporosis and Bone Health Service, was officially opened by National Osteoporosis Society (NOS) Patron Trudie Goodwin, on the 16th November 2007.

The event was an opportunity for those who have worked hard for many years to establish a service for the people of Rotherham, to celebrate their achievement and the benefits that it will bring.

Actress and patron of the NOS, Trudie spoke of how Osteoporosis has impacted on her family and reflected on the recent improvements in treating those diagnosed with the disorder. She also congratulated Dr Mary Holt, for her dedication to establish a service for Rotherham, and to the rest of the team who are working hard to make the service a success.

After Trudie had unveiled a plaque to mark the occasion Dr Holt said, “a number of people have worked extremely hard to secure funding to provide a bone density scanning service here at the hospital. This day marks the end of one journey and the beginning of another.”

During 2007 the Estates and Facilities Department launched the role of Patient Support Assistants, within the Trust. The new role incorporates existing staff from within Portering, Domestics and Linen Services who now have the autonomy to influence the patient experience and importantly the patient environment.

The Patient Support Assistants have access to all areas of the Trust and see many minor repairs that could be dealt with very quickly which previously they have not been able to influence how, what and when repairs are carried out. In their new roles they now have that ability which is a significant step in giving staff the empowerment to make changes without the need to fill out lots of forms.

At the same time Patient Environment Craft Workers were introduced. This is a new initiative to improve the response to routine repairs and maintenance. They will visit areas on a regular basis and will be able to deal with many of the minor electrical, mechanical, joinery and building repairs. During their visit they carry out environmental inspections, safety and mandatory checks as well as other planned maintenance.

Portering and Linen staff also have an important role to play within this initiative through patient movement and general portering duties in supporting the patient experience. Linen staff ensure that the quality of linen and curtains contribute towards the patient environment in a consistent manner.

Director of Facilities John Cartwright said “This exciting new initiative is a result of listening to our customers’ needs and our staff’s frustrations by giving them what they want, but more importantly giving our staff the empowerment to make a difference to both the patient experience and the environment we care for them in”.

PATIENT OPINION

“Nurses and staff on the ward where I was were very thoughtful and tried to make time for you when they could if you needed anything. The friendliness of the staff on the ward made you feel a lot better in yourself even when you felt down”. (Source: www.patientopinion.org.uk)
Improvements in patient/carer information

During the last year the Patient Information Department has strengthened its ties with stakeholders by setting up new procedures. The establishment of a reader’s panel, made up of volunteer members of the public, is proving successful in providing clear feedback on how information could be made more accessible for patients. In addition, the establishment of a revised patient information production policy, has defined the roles and functions of all of those involved in the production process. During the last year the department has also developed picture cards for use in the Radiology Department. The cards aid those with hearing impairment or non-English speakers to assume positions required in order to gain effective medical images.

DoH funding helps establish a new Deep Clean Team

The Trust has received additional funding of £250,000 to support further reductions in healthcare acquired infections.

The money was part of an additional £50 million released to the NHS that was announced by the Department of Health. The Trust is using part of the money to help to fund a new Domestic Services Deep Clean Team. The purpose of the team is to provide an additional service to the normal cleaning service and the team will be sent in to undertake specialist more thorough cleaning activities on a specific ward or clinical area.

Facilities Manager, Donna Jones said, “The new team undertake cleaning in a very focussed and targeted way. Although domestic services staff do an excellent job of maintaining cleanliness on wards occasionally an area needs a total overhaul, the new team are carrying out the equivalent of a spring clean on the targeted area”.

“The idea of the team is that they can be used to target an area where infection may be present and by deep cleaning the area they can help to reduce the risks of cross infection between patients”, Donna added.

Infections cannot be eradicated with just one solution or system. Infection control is about patients, clinicians, visitors and hospital staff knowing the best systems for minimising risk and stopping the spread of infection when it first appears.

The Trust is spending the money on a range of other measures to help to strengthen the hospital’s systems for fighting infection. An antibiotic pharmacy specialist has been employed.Whilst antibiotics are used to treat Clostridium difficile diarrhoea, many other antibiotics are known to increase the likelihood of some people developing this infection. Therefore accurate prescribing is a key part of controlling this type of infection.

The Trust has also appointed an additional Infection Control Nurse on a 12 month secondment. The role includes focusing on asepsis (used to reduce the risk of infection as a result of invasive procedures) and it is hoped that this will again lead to further reductions in infections at the Trust.

Some of the money is also being spent on new signage to raise awareness of good infection control practice, especially hand hygiene, for all visitors to the Trust.

FACTFILE

During 2007/08 there were nine cases of MRSA infection at the Trust, which is a reduction of 25% on the previous year. Clostridium difficile rates went down 46% on the previous year.
Complaints form an essential part of the feedback we receive from patients and relatives and this information is used to inform and improve the care and treatment provided. All complaints are taken seriously and are thoroughly and openly investigated. Where failings or weaknesses are identified, steps are taken to put things right and avoid recurrence. Learning is a key aspect of the complaints process, and by identifying deficiencies and faults we are able to learn from the experiences of our patients.

Following a review by Internal Audit, the Trust is developing improvements in the quality of its responses to complaints and its response times. Here is a summary of complaints that have been received during the year, together with some of the key actions undertaken.

**Patient Complaints 2007/08**

<table>
<thead>
<tr>
<th>Total complaints received</th>
<th>Number resolved at local resolution</th>
<th>Number still under investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>142</td>
<td>139</td>
<td>3 requests for Healthcare Commission review</td>
</tr>
</tbody>
</table>

**Top 5 themes from complaints received**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care</td>
<td>48</td>
</tr>
<tr>
<td>Information &amp; attitude</td>
<td>17</td>
</tr>
<tr>
<td>Discharge &amp; transfer</td>
<td>16</td>
</tr>
<tr>
<td>Nursing Care &amp; Midwifery care</td>
<td>15</td>
</tr>
<tr>
<td>Appointments &amp; waiting time</td>
<td>12</td>
</tr>
</tbody>
</table>

**Top 5 Specialties involved in complaints received**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident &amp; Emergency</td>
<td>28</td>
</tr>
<tr>
<td>Older Peoples’ Medicine</td>
<td>22</td>
</tr>
<tr>
<td>General Surgery</td>
<td>21</td>
</tr>
<tr>
<td>General Medicine</td>
<td>18</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>15</td>
</tr>
</tbody>
</table>

**Key actions taken as a result of complaints received**

- The introduction of an end of life pathway to improve medication prescribing to terminally ill patients
- A review of the patient falls assessment toolkit to improve risk identification and planning in order to reduce risk of falls
- Increased training to avoid drug administration errors
- Patients’ nutritional status being discussed as part of the multi-disciplinary team discharge meeting

**Key actions taken as a result of complaints reviewed by the Healthcare Commission**

- A review of the system for heart monitoring between medical wards and the coronary care unit in order to improve early identification of heart irregularities
- A review of the patient at risk scoring mechanism to improve early identification of patients who are deteriorating
- A review of complaints procedure to ensure updated action plans are sent with the complaint response.

**Complaints response times**

- Responses sent within 25 working days: 79%

*Not all complaints have been finalised; 15 outstanding as at March 08*
We constantly strive to improve services to patients. The introduction of choice for patients has made it even more important to ensure that we have well trained staff providing the best quality care in the most comfortable surroundings. Over the last year staff at the Trust have continued to put in considerable effort to achieve these goals.

The latest waiting time figures for cancer show Rotherham Hospital is leading the way for hospitals in the whole of Yorkshire and Humberside. Overall for the 2007/08 financial year, these outstanding results mean that the Trust has achieved 100% for 2 week and 31 day waits and an impressive 99.56% performance for 62 day waits. These results are the best performance for any Adult Acute Trust in the whole of the Yorkshire and Humberside Strategic Health Authority region.

Chief Executive Brian James said, “This really is an outstanding result and I would like to congratulate everybody involved for the hard work, dedication and effort that goes into its consistent delivery. It is very rewarding that we are achieving these levels of performance because it is providing patients with a good and timely service at a point in their lives where fast testing, diagnosis and treatment are not only vital to improve outcomes but also to help ease the anguish of any patient with a suspected or confirmed cancer”.

PATIENT OPINION

“Last month, I attended the day surgery at Rotherham District General hospital for a hernia operation. The standard of medical care was very good, as was the standard of care provided by the nursing staff. This was my first surgical experience and the staff did everything possible to reassure me and put me at ease. They were excellent. Thanks to everyone at the day surgery - everyone treated me with dignity and respect.”

(source: www.patientopinion.org.uk)

FACTFILE

During 2007/08 Rotherham Hospital completed 24 months in a row when 100% of patients with a suspected cancer were seen within 31 days. This means that no person in Rotherham waited more than 31 days from the date they were referred for treatment until their treatment actually began. This achievement is amongst the best in the country.
**Ophthalmology branch out into Botox**

Rotherham General Hospital Consultant Ophthalmologist, Mr Hashim has started taking referrals for a new Botox clinic to treat a variety of dystonic facial conditions for patients from around our catchment area.

Patients can suffer a range of problems to do with involuntary spasms of facial muscles that can lead to a patient feeling embarrassed and can sometimes lead to social exclusion and even depression. These conditions are collectively known as facial dystonia, which includes two main conditions that can be treated in our eye unit:

1. **Essential Blepharospasm** is when a patient can have severe periodic spasms of the eyelid's muscles, which can cause temporary loss of vision due to inability to open the eyes during the spasm episodes.
2. **Hemi-facial spasms** affect one side of the face due to periodic irritability of the facial nerve, which supplies the muscles of the face.

Fortunately, these conditions respond very well to very small doses of Botox (Botulinum A toxin), which is injected into the affected muscle. Patients often see dramatic results, having far less frequent and less severe spasms or sometimes being completely spasm free within a couple of days of treatment. Although patients will have to return for further repeat injections every three or four months, it can radically improve the quality of life for most people affected.

**PATIENT OPINION**

“My care from the moment I saw my GP was excellent. I have nothing but praise for the people who looked after me during my stay in hospital”. (source: www.patientopinion.org.uk)

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**Performance 2007/2008**

**Predicted performance against some of the key targets**

<table>
<thead>
<tr>
<th>Target Description</th>
<th>2007/2008 (Predicted)</th>
<th>National Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients waiting over 26 weeks for inpatient treatment</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Number of patients waiting over 13 weeks for a GP referral outpatient appointment</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Urgent cancers seen in clinic within 2 weeks of referral</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Cancer treatments within 1 month of diagnosis</td>
<td>100%</td>
<td>98%</td>
</tr>
<tr>
<td>2 months cancer referral to treatment</td>
<td>99%</td>
<td>95%</td>
</tr>
<tr>
<td>Delayed transfers of care</td>
<td>1.72%</td>
<td>No more than 3.5%</td>
</tr>
<tr>
<td>Total time in Accident and Emergency (4 hours or less)</td>
<td>98.64%</td>
<td>98%</td>
</tr>
<tr>
<td>Patients seen within 14 days of referral for Chest Pain Clinics</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Thrombolysis – 60 minute call to needle</td>
<td>77%</td>
<td>68%</td>
</tr>
<tr>
<td>Percentage of patients accessing genito-urinary medicine (GUM) clinics within 48 hours of contacting the clinic</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Does the Trust comply with key elements of national guidelines on treating people who have self-harmed?</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Non smokers during pregnancy</td>
<td>73%</td>
<td>72.17%</td>
</tr>
</tbody>
</table>
The Trust has maintained the emphasis of reducing patient waiting times as one of its key priorities. Waiting times are measured as part of the Annual Health Check. The validated performance ratings for 2007/08 will not be available until October 2008. However our internal assessments suggest that we have improved.

We predict that having addressed all the weaker areas from 2006/07, the Trust is now on line to meet the 2007/08 targets of the Annual Health Check and achieve an improved rating of EXCELLENT for Quality of Services and maintain an EXCELLENT for Use of Resources.

The Annual Health Check measures achievement against a wide range of national targets and standards. The Trust’s predicted performance against some of the key targets for 2007/08 is as the table opposite.

During October 2007 the Trust received the final rating scores for the 2006/07 Healthcare Commission’s Annual Health Check. This was the second year that Trusts have been assessed this way. The scores were based on a range of information that had been gathered throughout the period 1st April 2006 – 31st March 2007.

The overall rating for the Trust was EXCELLENT for use of resources, which showed the Trust to have a low level of financial risk. The GOOD score for the quality of services showed much improvement on the previous year yet also highlighted areas requiring further work. During 2007/08 a considerable amount of effort has been made to ensure improvements have taken place and that all standards are met in the future.

The full results for the 2006/07 Annual Health Check are on the trust website at: www.therotherhamft.nhs.uk along with the 2007/08 submission.

Monitor is the regulator for Foundation Trust’s and they also provide performance information in order for the Trust to see how it is performing in comparison to other Foundation Trust organisations. Monitor produces ratings in three areas. For Governance and Mandatory Services they use a traffic light system with red indicating poor performance, amber indicating adequate performance and green indicating good performance. In 2007 Rotherham Hospital achieved a green rating for both the Governance and Mandatory Services. Monitor rate the Financial performance of an organisation out of 5, with 1 being poor and 5 being excellent. In 2007 Rotherham Hospital scored a 4 for financial status. The same excellent results are predicted for 2008.

### PATIENT OPINION

“The staff were all knowledgeable effective and professional as well as kind and caring. They treated me with dignity and respect. I had cancer and they were sympathetic but positive and optimistic.”

(Source: Foundation Trust member survey 2007)

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**FACTFILE**

During 2007/08 the number of GP referrals of their patients to attend Rotherham Hospital from outside the area rose by a staggering 25%, demonstrating that Rotherham is a popular choice for treatment for patients from around the region.
The discharge procedure was less than impressive. No medication ready. No follow-up appointments made. No doctor’s note for work. Did not see a doctor to speak to after the initial consultation on arrival on the ward.

Staff chatting around the nurses’ station at night really loudly and banging doors...terrible

The results of the survey are available and will be published on the Trust internet. A final report will be available on the Healthcare Commission website in May.

Of the positive results for 2007, the Trust’s waiting times have reduced considerably, the inpatient waiting time has a median wait of 21 days and the median out patient wait is 10 days. 100% of patients are now given a choice of admission dates and the infection rates are amongst the lowest nationally.

One area for improvement that the responses highlighted was that the discharge process could be improved for patients. Discharge standards have now been set, with the aim that all patients will be discharged by 11am and that all ‘to take out’ prescriptions and doctors’ letters will be written within 48 hours of admission.

A process has been developed to assist all staff with the revised discharge planning. The Trust also has a patient transport service available to support the discharge process.

A computerised Bed Management system is currently being implemented within the Trust that will assist the staff to manage the discharge process more effectively and the Pharmacy department is currently undergoing modernisation changes, which will improve the discharge medications process. The RISE programme (Rapidly Improving Services for Everyone) launched in January 2007 has recently undertaken work on Wharncliffe ward to ensure discharge will commence on admission and will be organised and negotiated with all parties in a controlled way to ensure safe and effective discharge, taking into account patient choice. See the article in ‘it’s all about patients’ for more information on the RISE programme.

**Patient Journeys conducted in 2007/08**

The Rotherham Hospital Patient and Public Involvement Forum organised a programme of patient journey visits during the year. The visits were performed to review the accessibility of services from the perspective of people who used wheelchairs and had a hearing, visual or learning disability. The recommendations made to the Trust were carefully considered and action plans developed. The Trust has recognised the value of patient journeys and would not wish to see the visits discontinued once the Rotherham Hospital Patient and Public Involvement Forum has been abolished at the end of March 2008, therefore arrangements will be made to continue patient journeys.

### Areas visited in 2007/2008

<table>
<thead>
<tr>
<th>Area</th>
<th>Wheelchair User</th>
<th>Sensory</th>
<th>Learning Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phlebotomy Department</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Out Patient Department</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Radiology</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Accident &amp; Emergency</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Greenoaks Unit</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Maternity Ward</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Day surgery</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

In addition the Rotherham Hospital Patient and Public Involvement Forum conducted Cleanliness Inspections and were represented at the PEAT visit (Patient Environment Action Team) assessments.

Rotherham Hospital Patient and Public Involvement Forum had representation at the following Trust committees:

- Accident & Emergency Clinical Governance Group
- Caldicott Group
- Patient & Public Involvement Committee

A Rotherham Hospital Patient & Public Forum member participated in a hospital ‘walk through’ by the Infection Control and Facilities staff to advise on signage with regard to reducing infections within the hospital, following which improvements were made.

**FACTFILE**

Patients now have the option to Choose & Book the hospital that they wish to be treated at and during most of 2007/08 Rotherham Hospital had the shortest waiting times in 30 out of the 35 areas compared to the other Trusts in South Yorkshire.
Here at Rotherham Hospital we understand that good healthcare is not just about what we do, it is about how well all health providers, carers and support services in the local area work together to get the best results for patients. We work closely with other organisations to ensure that what we do best is done in the most efficient way possible to help make NHS money go further.

The Trust continues to strengthen its external relations working in partnership with a range of stakeholders to both develop and deliver high quality and timely services for its customers. Examples of significant partners include:

- **Rotherham Metropolitan Borough Council**
  with whom we work on broader strategic and economic issues particularly through the Community Strategy and the Local Area Agreement

- **Rotherham Primary Care Trust**
  with whom we continue to develop and redesign services, in addition to being their main provider of services

- **Barnsley NHS Foundation Trust**
  with whom through a concordat we are maximising joint service opportunities e.g. Pathology Partnership

- **Doncaster & Bassetlaw NHS Foundation Trust**
  with whom we jointly provide a range of surgical services

- **Sheffield Teaching Hospitals NHS Foundation Trust**
  who provide a range of specialist services including vascular, neurology and renal dialysis

- **Sheffield Primary Care Trust**
  for whom we provide a comprehensive Musculoskeletal Interface Service

- **Rotherham & Doncaster Mental Health NHS Foundation Trust**
  who provide a range of mental health services on the Hospital site

- **North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium (NORCOM)**
  through whom we contribute to the development of specialist services across South Yorkshire e.g. Bowel Cancer Screening Services

- **Voluntary Agencies**
  with whom we pursue charitable opportunities in addition to support with patients post care.
The Floods of 2007

In June 2007 South Yorkshire, and particularly Rotherham, experienced torrential rain for days. Ulley Dam was under threat of breaking and the roads became grid locked as fewer roads remained open due to the extreme flooding. Hospital staff battled their way to work in order to care for patients. Many staff abandoned their cars walking for great distances to make sure that enough staff were in work to care for our patients.

Some of the hospital staff performed heroically, stories emerged of members of staff staying at work despite knowing that their houses were flooding. Members of the hospital transport team maintained vital services by getting to and from GP surgeries with supplies and medical samples. One member of staff abandoned his vehicle and waded through waist high water to make it back to the hospital laboratories with patient blood samples.

An internal major incident was declared as the hospital coped with skeleton staff and prepared itself for the possibility of casualties in the event of the Ulley Dam collapsing. The floods of 2007 resulted in the cancellation of nearly a day’s worth of elective procedures being undertaken by the Trust costing approximately £600,000 in lost income for the Trust. This loss of income has subsequently been funded jointly between the Trust and Rotherham Primary Care Trust, who the Trust would like to thank for their cooperation on this matter.

The really positive outcome from the floods of 2007 was the testing of the combined emergency response involving all the emergency services as well as Social Services and the Local Council in a real major incident. What we found was that the agencies worked efficiently together to ensure that care continued to be provided for all those who needed it and the lessons learned will strengthen the hospital's procedures for the future.

Rotherham Hospital hosts new Sexual Assault Referral Centre

The new Sexual Assault Referral Centre (SARC) was officially opened by Trust Chairman, Margaret Oldfield on Wednesday 10th October.

The Centre is designed to treat children who are 17 years or younger, in a safe and caring environment. The facility is known as the Artemis Centre, named after the Greek Goddess, who is known for, amongst other attributes, being a guardian of young children.

On average there are between 750 and 900 referrals a year from the Rotherham, Doncaster and Barnsley Districts, accounting for 70% of the referrals in South Yorkshire. The other 30% are seen at the facility provided by Sheffield Children’s Hospital.

Rotherham Hospital, Business and Services Manager for A&E and Child Health Carole Pridmore said, “The Trust is very proud to be hosting the new Sexual Assault Referral Centre for South Yorkshire. The Artemis Centre is specifically designed to be a dedicated emergency examination, consultation and interview facility. The facility offers a safe environment for children where they can be looked after by health professionals and sexual offence trained police personnel.

PATIENT OPINION

“I was impressed by the professionalism of the consultant together with his friendliness and approachability. His relationship with the nursing staff and their respect for him was first class. Ensuring the best possible care”. (Source: Foundation Trust member survey 2007)

FACTFILE

Rotherham hospital has a number of policies in place to protect children and vulnerable adults who come under their care and during 2007/08 there has been a strengthening of these policies to help more staff be able to identify those who may be at risk.
New steps taken to safeguard children

The Trust stepped up its work to help safeguard children that come into its care during 2007.

Working in collaboration with other agencies the Trust has raised the profile of how it can better help to protect children who may be suffering from neglect or physical, sexual or emotional abuse.

It is important that all staff who come into contact with children and young adults (including 16-18 year olds who maybe on adult wards) as part of their work at the Trust, are aware of what to do if they suspect that a patient or visitor may be suffering from some kind of abuse, and know who to report it to.

It is also important to remember that child abuse may accompany domestic violence between adults.

Children from any social background can be victims of abuse. Children can be abused in more than one way - bullying, racism and other types of discrimination are all forms of child abuse. The Trust developed a new leaflet aimed at staff to explain the different kinds of abuse and the process that needs to be applied, if a member of staff suspects abuse is happening to a child patient.

All staff received the new safeguarding children leaflet with their payslips, helping to make everyone aware of what abuse is and helping to stop children continuing to be in danger.

Working in conjunction with our colleagues from South Yorkshire Police we believe that the Artemis Centre provides a valuable additional resource in South Yorkshire alongside the only other regional facility based at Sheffield Children’s Hospital. It is sad that a facility like this has to exist in society but we hope that we can provide the very best of care and comfortable investigation facilities for those unfortunate children affected by sexual assault”, added Carole.

Margaret Oldfield praised a number of staff from both Rotherham Hospital and South Yorkshire Police for their combined efforts in helping to secure funding from the Home Office and Department of Health and for their efforts in developing a valuable new facility for the South Yorkshire region.

In addition to the Children’s SARC, funding has now been secured for the development of a much needed Adult SARC and plans are now underway for this facility to be built within the existing hospital buildings.

As a Foundation Trust the hospital has staff and public governors, as well as partner governors, who are representative of their membership, and are able to have a say on the way that hospital services are developed.
Here at Rotherham Hospital we know that every part of the patient experience involves our staff. From the person who prepares a patient’s lunch to the consultant surgeon in theatre we know that we are only as good as our staff. Over the past year we have continued to invest in helping to make our workforce the best that they can be, we have commenced a comprehensive review of our HR policies and plans are in place to keep investing in them in the years to come.

TIGER is the solution to Information Governance Training

Tigers have recently arrived at the Trust to help staff gain the essential minimum information governance knowledge.

Information governance is all about making sure that we handle details and confidential information about patients in a sensitive and secure manner. As an organisation the NHS and the Trust holds millions of files and pieces of information about patients and treatments that they have received.

It is important that staff are aware of the essentials about the ways of keeping this information secure to protect the confidentiality of patients and any conditions or procedures that they have received.

Tiger is an e-learning (electronic/computer based) package designed to offer staff simple training in how to properly govern this confidential information about patients.

Head of Learning and Development, Fiona Ibberson said, "The Tiger training is great because it is quick and easy to use and doesn’t require a great deal of time commitment from the members of staff".

"The training has two levels, Tiger Essential and Tiger Plus. Divisions have been asked to nominate some staff to undertake the essential course as a pilot before the course is potentially rolled out to more staff across the Trust".

The Tiger Essential programme covers information governance issues including; freedom of information, data protection, confidentiality, health records legislation and best practice.

"The programmes have been developed in conjunction with the National programme for IT (NPfIT) and are therefore designed specifically for NHS staff and the information governance issues that they may encounter in their everyday roles in the hospital", added Fiona.

FACTFILE

As an Associate Teaching Hospital for Sheffield University the Trust has many student doctors involved in the care of patients. Not only is the Trust helping to train the doctors of the future it is benefiting from new thinking and approaches that the students bring with them to the Trust.

PATIENT OPINION

“I was a patient at the Rotherham District General Hospital after suffering a heart attack. The standard of care I received was very good - the cardiography unit is excellent! Thank you to the doctors, nurses and consultants of the cardio unit.”

(source: www.patientopinion.org.uk)
section 4.5 investing in our workforce

Disabled employees and equality and diversity

The Trust has maintained and strengthened its efforts to make the hospital an inclusive environment for staff. We continue with our commitment to offer support to and facilitate the employment of staff with disabilities and ensure that all staff are treated equally.

Open Staff Forums hear employees’ views

Over the last year the Chief Executive Brian James has continued to hold monthly Open Staff Forums with employees. These monthly open forums are an opportunity for Brian to let the workforce know about new developments at the Trust or to update people about ongoing situations which impact on the hospital. The forums are also an opportunity for staff to ask questions directly to the Chief Executive and have their questions answered straight away.

Volunteers

The Trust continues to employ an army of volunteers who work in a wide range of areas around the Trust helping to enhance the services that we provide to patients. Volunteers work in as wide ranging areas as the Pharmacy, A&E, Communications Department and hospital reception. During 2007/08 the volunteers department have also piloted a patient assisted feeding programme, asking staff to give up their time to occasionally help patients who need assistance to eat meals. The Trust has also launched an access to work scheme helping local people enhance skills to get back into work (see CSR report.)

FACTFILE

Brian, the Chief Executive and other senior managers hold an open meeting at least once a month for any member of staff to come and ask questions or raise any issues of concern. This is in addition to the formal feedback systems for staff to management.

The Trust has maintained and strengthened its efforts to make the hospital an inclusive environment for staff. We continue with our commitment to offer support to and facilitate the employment of staff with disabilities and ensure that all staff are treated equally.

Tom Safrany lends a hand in A&E
The Trust’s Transport Team walked away with two prizes at the 2007 Annual Awards ceremony.

The new look Annual Awards ceremony saw some changes to what had happened in previous years. With excellent improvements coming out of the RISE programme of work, a number of services and initiatives were honoured with Awards at the Dinner Dance and Awards ceremony held on the 25th April.

Patient Information Officer Michelle Gibson, was awarded the top prize in the Idea of the Year category for her idea to set up a patient greeting system. The idea is to allow members of the public to send greetings cards to patients via the internet and be delivered with the help of the volunteers.

The runner up prize in the Idea of the Year went to Julie D’Silva and Elaine Breckin, for their idea to offer a same day alternative Endoscopy procedure to patients for whom the first procedure was unsuccessful.

Because of so many deserving nominations it was decided that the Thank You Award should go to five different recipients.

The Decorating Team for being friendly staff, who work continuously to improve the workspace and the hospital environment for staff, patients and visitors.

Graham Lynes Graphic Design for his consistency of vision and dedication to developing, maintaining, and applying a corporate visual identity, and his willingness to help people.

Medical Education Team for providing continual support for rotational junior medical staff, especially through the recent problems with new recruitment process.

Pay Services for successful implementation of the new Electronic Staff Record Pay System.

Sheila Turner Dietetics for continual support and encouragement to staff and patients alike.

The Learner of the Year Award went to Elaine Oliver who has undertaken four courses in two years and has taken her learning and applied it in the workplace. Elaine’s dedication to learning has also encouraged some of her colleagues to also start vocational education courses.

The Making a Difference Award went to the Staff of Wharncliffe Ward for their enthusiasm and passion for bettering the patient experience, for embracing change, embedding the changes and making them work on the Ward.

The Transport Team received both the Above and Beyond Award and the Chairman’s Trophy for their exceptional dedication to duty and heroism during the floods of June 2007. Stories of how the team continued to provide their service despite impassable and grid locked roads, with members of the team wading through waist high water and walking miles in order to make sure that samples reached the Trust for analysis.

FACTFILE

As well as the 3,000 or so permanent members of staff at the Trust, an army of volunteers play an extremely important role in many areas of the hospital, enhancing the patient experience. Volunteer co-ordinator Jenny Ashcroft organises the volunteers, who undertake a variety of tasks from driving the electric patient tugs to helping out on wards.
We have, as a Trust, retained the silver RoSPA (The Royal Society for the Prevention of Accidents) Award. This is an annual Award that demonstrates how the Trust deals with and manages health and safety. We have improved on last year’s position and are only 3 points off achieving the Gold Award. The Trust has also retained its accreditation for the 5 day patient moving and handling ‘Train the Trainer’ course. We are the only Trust within the region to hold this training partnership with RoSPA.

The Trust has adopted the Health and Safety Executive’s management standards for the management of stress in the work place. These standards allow us to monitor, assess and control risks associated with stress to employees and make the necessary changes in working practices.

There have been a number of new policies developed to enhance procedures and policies already in place regarding health and safety, these include:

- The Health and Safety Policy
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Policy
- Health & Safety Policy for New and Expectant Mothers and Women of Child-bearing Age

Communication of the policies has led to a trebling of the number of incidents reported to the Health and Safety Executive (HSE). This is a positive step forward in terms of developing an organisational reporting culture and making the environment safe.

The Trust has had three visits from a Health and Safety Executive (HSE) Enforcement Officer over the past 12 months. These visits were part of the HSE annual monitoring process. None of the visits led to an Improvement or Enforcement notice being issued. The Trust was successful in attaining National Health Service Litigation Authority Level 1 General and Clinical Negligence Scheme for Trusts and Level 2 Maternity, evidencing confidence in our policies.
The hospital knows that for it to continue to be the ‘hospital of choice’ for the people of Rotherham and beyond, it needs to keep improving. The service it provides and the way it delivers that service, need to be considered regularly in order to identify if service improvements can be achieved.

**Security improvements**

The recent upgrade of security systems and procedures are helping to make Rotherham General Hospital a safer place for patients, visitors and staff.

The security headquarters have now been moved to the ‘Lodge’ at the bottom of the main car park and adjacent to Moorgate Road. The new location for the security team allows staff to be based closer to the main car park than the previous location in Oakwood Hall Annexe.

Major improvements in the CCTV capability and car parking systems can now be monitored and controlled from a central security room. These improvements will assist the security staff with the monitoring of the site, both for security and car park issues.

Assistant Security Manager, Simon Mosley said: “The dedicated control room now houses the upgraded CCTV system. 11 monitors are now used to view the 100 cameras located in various positions around site. This upgrade is an ongoing development and the capabilities and consequences are still evolving. To give you some idea of the improvements that have been made, in 2001 the Trust had just 30 cameras, many of which were outdated”.

The majority of the new equipment that has been installed provides the security team with far greater options. If someone is acting suspiciously they can now be followed on CCTV around nearly the whole site. The increase in both the number of cameras and their capabilities has led to a dramatic drop in vehicle crime at the hospital. In 2006 there were only four reported cases of car crime, compared to 127 in 2001.

**Reducing our Carbon Footprint**

The Trust has taken another step in trying to reduce waste and increase energy efficiency with the appointment of an Energy and Environmental Officer, Martin Aizlewood. The post, which will be self-funding, is about making the hospital as environmentally efficient as possible.

Martin Aizlewood said: “This post is not just about reducing costs by making sure that we are efficient in terms of gas, electricity and water. It is also about reducing the Trust’s carbon footprint, which it produces through its business activities, and doing everything we can towards reducing the impact on the environment for future generations, at the same time reducing our energy costs and diverting funds to the improvement of patient care”.

“A small office produces between three and five tonnes of carbon emissions a year just through lighting, heating and standard office equipment, so you can imagine the annual carbon emissions from the hospital as a whole. With the help of all staff I want to reduce our carbon emissions as much as possible”.

“The really good news is that energy saving is easy. If you take a look around you now you can probably see energy that is being wasted, a printer or a light that is switched on that doesn’t need to be, a dripping tap in the toilet or kitchen or a machine that is on standby that could so easily be switched off at the socket”.

“If you make ‘thinking energy efficiency’ part of your daily routine it can really make a difference to the size of the carbon emissions that the hospital produces and reduces costs. Try it at home and see your own bills come down”, added Martin.
Core Values validated

The Core Values for the Trust have been agreed and will be implemented over the coming months.

Having consulted the Governors and Membership, the Board of Directors ratified the Core Values in May 2007. There are eight values that have been agreed upon and it is expected that staff agree to abide by these values to make the Trust the best healthcare facility it can be as well as a great place to work. The Core Values are:

- We will treat everybody as we wish to be treated ourselves, showing dignity, kindness, respect and compassion
- We will ensure our services are fast, responsive and fit for purpose, especially when providing clinical care.
- We acknowledge that every member of the team is a valuable contributor (including the patient) and that the best care is provided when the whole team, underpinned by excellent communication, works together with a common purpose: the patient experience
- We recognise the value of working in partnership with patients, colleagues and with other stakeholders like GPs
- We keep people as safe as possible
- We acknowledge our accountability for the use of public money, and will maximise this for the benefit of health care
- This hospital values all staff. It recognises them as individuals entitled to respect, privacy and a healthy work environment and therefore will not accept violence, bullying, discrimination or harassment by anybody
- We will be socially responsible by being conscious of our impact on society and the environment

Each Executive Director has been assigned responsibility for a value to ensure the universal implementation of the core values across the whole of the Trust.

Research and Development

The Trust was successful in securing entry to two major three year EU research and development projects focused on reducing patient risk and integrating technologies to diagnose and monitor autoimmune diseases.

FACTFILE

On 13th November 2007 the Earl of Scarbrough was announced as the Patron of the Trust. The 13th Earl of Scarbrough, by becoming the Patron, is following in a tradition of close ties between the Scarbroughs and the Trust.

FACTFILE

During 2007 the Trust launched a £350,000 Gamma Scanner Appeal. The appeal will purchase an additional camera for the Trust Radiology Department and mean that patients will be able to be seen more quickly. The Earl and Countess of Scarbrough agreed to be the Patrons for the appeal.

PATIENT OPINION

“I was recently a patient at the Rotherham District General Hospital on ward B6 for a cataract operation. The care which I received there was very good - any questions which I asked were answered, and the staff in general were very approachable and friendly. Mr Jabir was very nice - he put me at ease in the clinic with his friendly attitude. I would like to thank him and all his staff.”

(source: www.patientopinion.org.uk)
The “Cancer Tracker” database designed by the Cancer Services department and built by the IT department was recently short listed for a national award.

The database was built in response to the need to be able to track cancer patients on 31 and 62 day cancer pathways in real time. The database replaced the previous manual system which was very time consuming.

Lisa Reid, Sarah Moll and Pamela Leonard from the Cancer Services department devised the specification for the database, which was then created by Ken Dobson, Acting Head of ICT. The database was tested and modified by the Multi Disciplinary Team coordinators responsible for tracking the progress of cancer patients through their pathways. The database was then launched in March 2006.

"This database played an important role in the ability of the Trust to hit all three of the cancer targets in 2006/07 since it allowed cancer services and the Divisions to see the progress of cancer patients through their cancer journeys in real time. It also enabled Cancer Services to share real time information with each of the Divisions since each Division was able to log into the system and check on their own patients' progress”, said Lisa Reid, Lead Cancer Manager.

The database was entered into the Medical Futures Innovation awards, known as the “Oscars of Healthcare” and was short listed from over 150 entries to become one of the 13 finalists.

The team attended an event in London at the beginning of May where they presented their system to a panel of nine renowned experts in cancer care including: Mike Richards, National Cancer Director and Professor Janet Husband, President of the Royal College of Radiologists.

Whilst the tracking database was not chosen to win an award the feedback from the panel was overwhelmingly positive and revealed that they had been very impressed with the database and the service improvements that it has facilitated.
2007/8 was a landmark year for the Trust; we treated more patients, in shorter waiting times from referral to treatment than ever before, whilst at the same time meeting and exceeding all performance targets expected of us, and improving efficiency such that the Trust ended the year £3.7m ahead of plan – money which will be reinvested in our services this year.

Key Priorities for 2008/9
The Trust’s Service Development Strategy (SDS), which has guided the organisation towards achieving these results, enters its third year in 2008/9. A key objective for this year will therefore be the development of its successor, SDS II. Our programme for the year includes an exciting range of new initiatives, coupled with our need to sustain the progress we have made over the last two years. This section sets out our broad objectives for the coming year.

Improving Patient Safety
We will increase the programme of work designed to safeguard the public and improve the safety of those who come to us for care. In particular we intend to make further, substantial progress in reducing the rate of Hospital Acquired Infection even further below current government targets. We will maintain full compliance with the Government’s Hygiene Code, ensure we have capacity to maintain business continuity as well as emergency response, and begin work on a major programme to improve clinical outcomes for all patients. We will expand our Public Health Strategy, contributing to the delivery of improved health for patients, staff and the public, and ensure that we improve the work/life balance for our staff, thereby enhancing patient care and staff satisfaction.

Enhancing the Patient Experience
We intend to make further substantial reductions in waiting times for patients from GP referral to admission for treatment, aiming to achieve a maximum 9 week wait for the majority of patients by the end of March 2009. We will improve the pre-admission process for patients requiring elective surgery. We will develop further plans to improve car parking, and will commence a major programme of refurbishment of our facilities, especially ward areas, with a view to increasing privacy and dignity for our patients. We will introduce new measures for monitoring patient experience and extend the RISE initiative to increase staff involvement in the redesign and operation of the services they provide.

Performing Beyond Expectations
We expect to achieve, and intend to sustain a ‘Double Excellent’ rating in the Annual Health Check by the Health Care Commission, and a “Double Green” rating from Monitor for governance and mandatory services, with an expected rating of “4” (out of 5) for “use of resources”. We will ensure that we meet and exceed all Government targets as well as the contractual commitments agreed with our commissioners. The innovative adoption of a locally enhanced version of the new standard contract by the Trust and its partners provides a framework to achieve this level of performance.

Maximising Efficiency
We will implement the findings of our Nursing & Midwifery Review, ensuring that we have the right numbers and skill mix of nurses and midwives on wards to match the need and dependency of our patients and to create a good career structure for nurses and midwives. We will introduce a new system to improve admission and discharge processes and to ensure that patients are receiving the correct level of care based on their need. We will continue to improve the efficiency of our clinical services so that they are all able to operate below tariff, and further develop and deploy systems and incentives, such as internal trading and service line reporting, to support this. We will also introduce the first Foundation Units, which will give clinical services much greater freedom and control over the services they provide.

Supporting Strategies
We will build and enhance a range of services and processes in support of the above objectives. In particular we will implement a new Human Resource Strategy and a new IM&T Strategy, and develop a new strategy to support an expansion in Research and Development within the Trust and the wider health community. We will develop a shared understanding with our doctors on how best they can contribute to the continued delivery of high quality care and the support required from the organisation in order to enable this. We will further develop the influence of Governors and Members in the strategic direction of the Trust, and increase our membership. We will review, finalise and embed agreed governance structures, systems and processes that will ensure the Trust is managed to the highest standards of probity, and we will also increase partnership working with key stakeholders across Rotherham to ensure we play our full part in the development of the Borough. Finally, we will develop a new Service Development Strategy, with the support of our staff and key stakeholders, including our Governors, to guide the organisation’s evolution over the next five years. This will need to reflect our response to the next phases of NHS reform, in particular the impact of the NHS Next Stage (Darzi) Review.
The Trust has ended 2007/08 in a strong financial position, delivering a £3.7m Income and Expenditure surplus, which represents 2.3% of turnover. This excellent financial position reflects a great deal of hard work across the organisation. 2007/08 has seen further improvements in productivity, with more patients seen than ever, and efficiency, with costs continuing to be tightly managed.

The Trust continues to derive the majority of its income from Rotherham Primary Care Trust (PCT), for the care provided to local Rotherham residents and the Trust has provided more activity than ever to Rotherham patients this year with additional work undertaken to reduce waiting times even further, well beyond national targets. At the same time an increasing proportion of our income is now coming from other PCTs, with more non-Rotherham patients choosing to use our services. This reflects the deliberate strategy of the Trust to attract these patients and the income that comes with them, for example by offering very low waiting times and low infection rates. In combination this means that the Trust earnt 7.3% more income in 2007/08 than the previous year.

**How we spend the Rotherham Health Pound**

Clearly to deliver this additional work the Trust has had to spend more, particularly on staff and clinical supplies, with our operating costs increasing by 5.5% this year. In overall terms the Trust continues to spend around 70p in every £1 on salaries and wages, with the Trust employing over 2,640 whole time equivalent staff, over three quarters of whom work in clinically related professions.

The following charts demonstrate how we spend the Rotherham health pound.
Capital Expenditure
In addition to the expenditure described above, the Trust spent almost £4m in 2007/08 on larger one-off items of capital (typically buildings and equipment). This expenditure on medical equipment, IM&T and the site generally improves the infrastructure supporting the services the Trust provides.

Primary Financial Statements
The accounts of the Trust consist of four primary statements, namely:
- Income and Expenditure Account
- Balance Sheet
- Statement of Total Recognised Gains and Losses
- Cash Flow Statement

These statements can be found within this report.

Future Years
Looking forward the Trust has already recognised the need to sustain this positive financial position. As a Foundation Trust any surplus delivered can be invested back in the Trust, further improving the services we can offer to the population of Rotherham and beyond. The Trust has ambitious plans to improve the quality of patient accommodation – plans which the Trust can afford to bring forward if we continue to deliver this level of financial performance.

Conclusion
Once again the Trust ends the financial year in a much stronger financial position than it started it, offering a real firm financial foundation from which we can continue to offer high quality NHS services to the people of Rotherham for many years to come.
The Board of Directors sets the strategic direction of the Trust with participation from the Council of Governors. The Council of Governors is responsible for making decisions regarding the appointment or removal of the Chairman, the Non-Executive Directors and the Trust’s auditors; and the terms and conditions of office of the Non-Executive Directors in addition to approving the appointment of the Chief Executive. The Council of Governors is also consulted by the Board of Directors and its views taken into account when formulating the Trust’s forward plans.

As a NHS Foundation Trust, we are accountable to the Council of Governors, which represents the views of members.

The Council of Governors includes 16 public governors elected by members of the public. It also has 5 staff governors elected by hospital staff and 1 PCT governor, 1 local authority governor and 6 nominated representatives from our partner organisations.

The last 12 months has seen periods of induction for new Governors following the June 2007 election, development of the elected Governors through their involvement in Trust committees and dedicated efforts to keep our current membership abreast of the developments at the Trust.

An excellent year of working together has seen our Governors meeting regularly outside of the formal quarterly meetings, attending national Governor forums, interacting with members, and Executive. This has included Executive and Non-Executive Directors liaising with Governors on the future strategic direction of the Trust through their engagement in the annual business priority setting process.

The Council of Governors holds statutory duties and responsibilities. The Trust acknowledges and respects the unique contribution that individual Governors and the Council of Governors as a whole are contributing to the future development of the NHS Foundation Trust.

During the year, amongst other things, Governors have reappointed the Vice-Chair; agreed the Standing Orders of the Council of Governors; agreed Non Executive Terms and Conditions; monitored levels of quality in relation to Healthcare Commission Standards and played a significant role in engaging, communicating with and recruiting members. They have also considered our forward plans and income and expenditure plans.

During the period from 1st April 2007-31st March 2008, the Council of Governors was made up as follows:

**Public Governors**

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Governor</th>
<th>Term of Office</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Anna Chester</td>
<td>31 March 2010</td>
<td>re-elected for 3 years to 31 May 2010</td>
</tr>
<tr>
<td>A</td>
<td>Alan Thompson</td>
<td>31 May 2009</td>
<td>elected for 3 years to 31 May 2009</td>
</tr>
<tr>
<td>B</td>
<td>Sylvia Bird</td>
<td>31 May 2010</td>
<td>re-elected uncontested for 3 years to 31 May 2010</td>
</tr>
<tr>
<td>B</td>
<td>Patricia Draycott</td>
<td>31 May 2009</td>
<td>elected uncontested for 3 years to 31 May 2009</td>
</tr>
<tr>
<td>C</td>
<td>John Durkan</td>
<td>31 May 2008</td>
<td>elected for 3 years to 31 May 2008</td>
</tr>
<tr>
<td>C</td>
<td>Joan Durkan</td>
<td>31 May 2008</td>
<td>elected for 3 years to 31 May 2008</td>
</tr>
<tr>
<td>C</td>
<td>Andrew Clow</td>
<td>31 May 2008</td>
<td>elected for 3 years to 31 May 2008</td>
</tr>
<tr>
<td>C</td>
<td>Lew Vizard</td>
<td>31 May 2009</td>
<td>elected for 3 years to 31 May 2009</td>
</tr>
<tr>
<td>D</td>
<td>Anthony Wilkinson</td>
<td>31 May 2009</td>
<td>elected uncontested for 3 years to 31 May 2009</td>
</tr>
<tr>
<td>D</td>
<td>Graham Ashton</td>
<td>31 May 2009</td>
<td>elected for 3 years to 31 May 2009</td>
</tr>
<tr>
<td>D</td>
<td>Joan Green</td>
<td>31 May 2009</td>
<td>elected uncontested for 3 years to 31 May 2009</td>
</tr>
<tr>
<td>E</td>
<td>Peter Hinchcliffe</td>
<td>31 May 2008</td>
<td>elected for 3 years to 31 May 2008</td>
</tr>
<tr>
<td>F</td>
<td>Sandra Waterfield</td>
<td>31 May 2009</td>
<td>elected for 3 years to 31 May 2009</td>
</tr>
<tr>
<td>F</td>
<td>Rest of England Governor</td>
<td>31 May 2009</td>
<td>covering those who live outside the Borough</td>
</tr>
</tbody>
</table>

**Staff Governors**

Covering all staff groups (medical & dental; nurses and midwives; other health professionals; support staff and ‘other’ staff).

- **Dr Michael Kesseler** Medical and Dental elected for 3 years to 31 May 2009 (retiring on 31 May 2008)
- **Julie D’Silva** Professional Nurses and Midwives elected for 3 years to 31 May 2008
- **Jill Ward** Other Health Professionals re-elected for 3 years to 31 May 2010
- **Lee Marshall** Support Staff to Health professionals elected for 3 years to 31 May 2009
- **Beverley Doane** Other Directly Employed NHS Staff elected for 3 years to 31 May 2008

**Nominated Partner Governors**

- **Dr John Radford** Rotherham Primary Care Trust
- **Councillor Terry Sharman** Rotherham Metropolitan Borough Council
- **Professor Peter Fleming** Sheffield University (resigned 2nd October 2007)
- **Dr Michael Jennings** Sheffield University (nominated 2nd October 2007)
- **Jean Flanagan** Sheffield Hallam University
- **Stephen Turnbull** Rotherham Partnership
- **Val Lindsay** Patient and Public Involvement Forum
- **Talba Yasseen** Rotherham Ethnic Minority Alliance
- **Janet Wheatley** Voluntary Action Rotherham

**Governor subgroups:**

- **Membership Communications & Development**
  - Anna Chester
  - Bev Doane
  - Jean Dearden
  - John Colton (Member)
  - Elizabeth Kingsnorth (Member)

- **HCC Annual Health Check**
  - Sylvia Bird
  - Pat Draycott
  - Lew Vizard
  - Peter Hinchcliffe
  - Joan Green
  - Joan Durkan
  - Carol Burrows (Member)

- **Nomination & Remuneration Committee**
  - Janet Wheatley
  - Jean Flanagan
  - Jean Dearden
  - Peter Hinchcliffe
  - Jill Ward
  - Mike Kesseler

**Constituency**

- **Constituency A**
  - 1 vacancy at 31 March 2008
- **Constituency B**
  - 1 vacancy at 31 March 2008
- **Constituency C**
  - 1 vacancy at 31 March 2008
- **Constituency D**
  - 1 vacancy at 31 March 2008
- **Constituency E**
  - 1 vacancy at 31 March 2008
- **Constituency F**
  - 1 vacancy at 31 March 2008

**Governor**

- **Anna Chester**
  - 1 PCT governor
  - 1 local authority governor
  - 6 nominated representatives from partner organisations

- **Sandra Waterfield**
  - 6 nominated representatives from partner organisations

- **Peter Hinchliffe**
  - 6 nominated representatives from partner organisations

- **Graham Ashton**
  - 6 nominated representatives from partner organisations

- **Sylvia Bird**
  - 6 nominated representatives from partner organisations

- **Joan Durkan**
  - 6 nominated representatives from partner organisations

- **Lew Vizard**
  - 6 nominated representatives from partner organisations

- **Joan Green**
  - 6 nominated representatives from partner organisations

- **Carol Burrows**
  - 6 nominated representatives from partner organisations

- **Mike Kesseler**
  - 6 nominated representatives from partner organisations

www.therotherhamft.nhs.uk
Register of interests
The register of Governors’ interests is available from Maria Dixon, Membership Manager at Rotherham NHS Foundation Trust, General Management Corridor, Level D, Moorgate Road, Oakwood, Rotherham S60 2UD, Telephone 01709 307800.

Expenses
Governors may claim expenses at public transport rates for travel at 40p per mile and other reasonable expenses incurred on Trust business.
The Board of Directors is responsible for the operational management of the hospital and, with participation from the Council of Governors sets the strategic direction of the Trust.

The Board of Directors is comprised of full-time Executive and part-time Non-Executive Directors who manage the Trust. Our Non-Executive Directors were appointed because of their business skills and experience and strong links with the local community, and our Executives were appointed because of their business focus and operational/management experience within the health sector.

The Council of Governors appoint all Non-Executive Directors, and during the year re-appointed Nigel Ruff for a further four year term of office and approved Tony Hercock for a further one year in the role of Vice Chair of the Council of Governors. In order to remove a Non-Executive Director, the approval of three-quarters of the members of the Council of Governors is required.

Our Executive Directors are appointed in accordance with the Trust’s recruitment and selection policies and procedures.

Margaret Oldfield
Chairman
Margaret joined the Trust as Chairman in November 2002. In addition to her previous appointment as Chief Executive of Relate, Margaret has been involved in a senior capacity for a wide range of voluntary organisations and has been a Non-Executive Director and Chairman of both the Rotherham and the South Yorkshire Health Authorities.
Margaret is appointed until October 2009.

Giles Bloomer
Giles took up his appointment in May 2005. He has a career background in Civil Engineering and was Chairman of Aizelwoods Building Materials. Giles was also President of Rotherham Chamber of Commerce where he remains an Honorary Director, and is a Trustee of the Rotherham Parish Church Development Trust.
Giles was appointed High Sheriff of South Yorkshire in March 2008.
Giles is appointed until May 2009

Tony Hercock
Tony joined the Trust in January 2003. He is a retired Chief Officer of Local Government, former Assistant Director of Education and Head of Schools Service and Acting Head of Social Inclusion for Rotherham Council. Amongst other roles, Tony is a Director and Trustee of Rotherham MIND and a lay member on the Advisory Committee on Clinical Excellence Awards for Yorkshire and Humber Regional Sub Committee.
Tony is appointed until December 2009

Julie Hickton
Julie joined the Board in November 2006. Julie has a background of over 20 years experience in the field of human resources in the retail industry, being involved in staff recruitment and development and also the management of change. Julie currently works as HR Director for Eaga Home Services Limited.
Julie is appointed until October 2008

Brian James
Chief Executive
Brian joined the Trust in February 2005 and has worked for the NHS for 30 years, with 20 years of that time spent at Executive or Director level. Brian has a Masters Degree in Health Informatics and his key interest is in international health systems and new ways of working.
Brian was appointed in 2005

Neil MacDonald
Neil joined the Board in November 2006. Neil has a wealth of experience in the finance field and currently holds the post of Group Finance Director of AES Engineering Ltd. Neil is also a Non-Executive Director of the Sheffield Theatres Trust, where he chairs the Finance Committee.
Neil is appointed until October 2008.

Nigel Ruff
Nigel joined the Trust in January 2006. He has a wealth of business and finance experience and is a certified member of the Personal Finance Society. Amongst some of Nigel’s current interests, he is Commercial Director with Alexander Calder Financial Ltd, Sales Director with ACF Marketing Ltd, and Business Development Director for A.P.S Legal & Associates Ltd. Nigel was reappointed for a further four year term of office during the financial year.
Nigel is appointed until December 2011.
Executive Directors (alphabetical order):

**Professor Walid Al-Wali**
*Chief of Division for Medicine/Medical Director*
Walid took up the role of Consultant Medical Microbiologist and Infection Control Doctor at Rotherham General Hospital in 1997. Sheffield University later awarded him an MD and Honorary Senior Clinical lecturer status. Walid took on the dual role of Medical Director and Chief of Division for Medicine in September 2006. During early 2008 Walid was made an Honorary Professor to the Faculty of Healthcare and Wellbeing for the Sheffield Hallam University.

Walid was appointed to the Board in September 2001.

**Jackie Bird**
*Chief of Quality and Standards/Chief Nurse*
Jackie Bird was appointed Chief of Quality & Standards/Chief Nurse of The Rotherham NHS Foundation Trust on the 1st July 2007. Jackie began her nursing career in 1981 as a mental health nurse. After attaining her Registered General Nurse qualification her main clinical career was in the field of cancer nursing. She had a number of senior roles at hospitals in the Manchester area culminating in the role of Deputy Director of Nursing & Governance at Salford Royal NHS Foundation Trust prior to taking the post at Rotherham.

**Roger Jones**
*Chief of Division for Surgery*
Roger took up the role of Chief of Division for Surgery in September 2006. Roger had previously been a senior Consultant Surgeon with the Trust since 1979 and Clinical Director for General Surgery and Urology since 1992. Roger retired from his clinical activities to take up the role of Chief of Division.

Roger was appointed in September 2006.

**Matthew Lowry**
*Chief Financial Officer*
Matthew started his career as a NHS Financial Management Trainee before becoming the Management Accountant for twelve community hospitals in Leicestershire and Rutland. After undertaking a variety of NHS roles in finance, performance management and commissioning and a period as Acting Director of Finance of Sheffield Health Authority, he was appointed Director of Finance and Performance at Sheffield West PCT.

Matthew was appointed in March 2005.

**Mike Pinkerton**
*Chief of Business Development*
Mike joined the Trust in October 2006. Mike’s career started in 1982 in medical electronics and he has worked in the public and private sectors in a variety of technical and managerial posts. Mike was previously Director of Strategic Development at Doncaster and Bassetlaw Hospitals NHS Trust and latterly Director for the National Cancer Peer Review Programme (Northern England).

**Jenny Wilson**
*Chief Operating Officer*
Jenny began working in the NHS in 1977 and having worked in a number of supervisory and managerial roles, joined the Trust at management level in 1986. Jenny was appointed Director of Operations in 1994, and was responsible for a range of support services. During 2006 Jenny took on the new role of Chief Operating Officer, taking responsibility for support areas such as Personnel, Facilities and Information Technology

Jenny was appointed to the Board in April 2000.

**Mark Withers**
*Chief of Division for Clinical Support Services*
Mark took up the role of Chief of Division in September 2006 taking responsibility for Clinical Support Services such as Anaesthetics, Theatres, Pathology and Pharmacy. Mark joined the Trust in 1999 as a Consultant Anaesthetist. Prior to taking the role as Chief of Division, Mark had been the Clinical Director for Anaesthetics and Theatres since 2003.

Mark was appointed in September 2006.

Mrs Gill Small acted up as Chief of Quality and Standards/Chief Nurse pending the appointment of Jackie Bird in July 2007.

**Register of interests**
The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the Board. The Register of Directors’ Interests is available from Kerry Rogers, Company Secretary at Rotherham NHS Foundation Trust, Management corridor, Level D, Moorgate Road, Oakwood, Rotherham S60 2UD, Telephone 01709 304115.
Our members

There are currently around 10,200 members of The Rotherham Hospital NHS Foundation Trust, made up of our staff and the public and we are extremely grateful to those members for their continuing support and involvement.

The Trust has two membership constituencies, namely:

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A public constituency</td>
<td>1,249</td>
</tr>
<tr>
<td>A staff constituency</td>
<td>1,054</td>
</tr>
</tbody>
</table>

To become a member, briefly you must be over the age of 16 and either:

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be employed by the Trust with a permanent contract or have worked at the hospital for at least 12 months and have not opted out of Trust membership.</td>
</tr>
<tr>
<td>Live within the Trust’s constituency area (consisting of 7 local electoral wards and Rest of England constituency), and are not a member of the staff constituency and have made an application for membership to the Trust.</td>
</tr>
</tbody>
</table>

The information below provides the detailed composition of membership:

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constituency A</td>
<td>1,249</td>
</tr>
<tr>
<td>Constituency B</td>
<td>884</td>
</tr>
<tr>
<td>Constituency C</td>
<td>1,054</td>
</tr>
<tr>
<td>Constituency D</td>
<td>700</td>
</tr>
<tr>
<td>Constituency E</td>
<td>775</td>
</tr>
<tr>
<td>Constituency F</td>
<td>888</td>
</tr>
<tr>
<td>Constituency G</td>
<td>635</td>
</tr>
<tr>
<td>Constituency H</td>
<td>520</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6,705</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Dental</td>
<td>300</td>
</tr>
<tr>
<td>Professional Nurses &amp; Midwives</td>
<td>1,109</td>
</tr>
<tr>
<td>Other Health Professionals</td>
<td>312</td>
</tr>
<tr>
<td>Support Staff to Health Professionals</td>
<td>585</td>
</tr>
<tr>
<td>Other Directly Employed NHS Staff</td>
<td>1,132</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,438</strong></td>
</tr>
</tbody>
</table>

**Member recruitment**

Over 2,000 new Public Members were recruited during the year, therefore the Trust was successful in achieving the projected growth in membership outlined in the Annual Plan. In order to engage more effectively with the local community, we have continued to concentrate recruitment focus in particular areas of low representation.

One area of low representation is our young members, where increasing numbers has been a challenge. Recruitment efforts have therefore focused on increasing the membership of 16-24 year olds, with a good deal of success. However, as our young membership is still not representative of the local population, we will continue to focus on recruitment of young people in 2008/9. Ethnic minority membership continues to be representative of the last census statistics.

Trust employees continue to be registered as Members under an opt-out scheme. Very few employees have chosen to opt-out of membership, thereby ensuring that the majority of staff are also Foundation Trust members.

During the year a variety of methods have been used to increase public membership numbers, including the following:

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public and Staff Governors attended the Rotherham Show to meet members of the public and recruit new members</td>
</tr>
<tr>
<td>Presentations and talks have been given to various community groups, including Speakup, Maltby Forum and Rotherham Women’s Network</td>
</tr>
<tr>
<td>Recruitment stands at carers’ fairs, school health fairs, health promotion events, BME events, appeal launches, and other local events</td>
</tr>
<tr>
<td>Health recruitment event held for Yemeni women</td>
</tr>
<tr>
<td>Regular recruitment in the hospital restaurant</td>
</tr>
<tr>
<td>Interview promoting membership broadcast on Rother FM and jingle played regularly on Radio Nightingale, the hospital station</td>
</tr>
<tr>
<td>Articles promoting Membership have been featured in Chamber Matters, Maltby Mail, Newsweek and Your Choice</td>
</tr>
<tr>
<td>Posters and promotional materials distributed to all GP surgeries in the Rotherham area</td>
</tr>
<tr>
<td>Prize draw recruitment campaigns held at the Trust, PCT and Rotherham Metropolitan Borough Council</td>
</tr>
<tr>
<td>A patient opt-out scheme was held for a limited duration which incorporated a discharge survey to enable the Trust to assess patient discharge procedures</td>
</tr>
<tr>
<td>A careers seminar targeted at sixth-form students was planned, but had to be cancelled due to a poor response rate. However, the Trust intends to reschedule this event and organize more careers events in future</td>
</tr>
</tbody>
</table>

**Membership**

The Membership Development Strategy, which was approved in September 2007, outlines our vision for membership and the methods we intend to use to identify and develop an effective, responsive and representative membership body for our Foundation Trust. The key challenge for the Trust as a membership organisation is to secure sustainable membership growth whilst ensuring membership encompasses all the communities served by The Rotherham NHS Foundation Trust.
**Member engagement and communications**

Public Governors and Trust staff continue to engage with members, with three Member talks being held during the year on the subjects of infection control; coronary heart disease; and healthy lifestyles. These talks have attracted typical attendances of around 50 Members and have been very well received.

We have continued to involve Members in the planning and development of services through consultation on a variety of subjects, including ward names; the factors that affect patient choice; the hospital’s ‘Future Ward Project’; patient discharge procedures; and what makes a good hospital. These surveys consistently receive a high response rate, with over 10% of the membership responding to the ‘Future Ward’ survey.

Several Members have been involved in the Trust’s reader panel and some Members have sat on hospital committees. The Trust aims to increase the number of Members directly involved with the Trust in this way over the course of the next year.

There are a number of ways in which the Trust communicates with both staff and public members, including the publication of Your Choice, a biannual magazine for all members and an additional biannual newsletter from the Governors to their constituents. During the year, Your Choice has increased from 6 to 16 pages and now contains more information about the Trust, including careers information for young members and information on how Members can get involved with Trust activities. A regular article entitled “You Said We Did” outlines the positive changes that have resulted from member surveys and feedback.

The Foundation Trust Office is responsible for coordinating communication between Directors, Governors and Members. Members who wish to contact a Governor or Director may contact the office by telephone, email or post using the contact details below. Alternatively Members may contact Public and Staff Governors using their individual email addresses (e.g. sylvia.bird@rothgen.nhs.uk), which are available on the Trust website.

**The Foundation Trust Office**

FREEPOST RLXB-HECA-KEBX
Rotherham General Hospital
Rotherham
S60 2UD

Telephone 01709 307800
Email foundation.trust@rothgen.nhs.uk

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**Standards of Business Conduct**

The Board of Directors approved the adoption of Standards of Business Conduct. These Standards provide information, education, and resources to help staff make good, informed business decisions and to act on them with integrity. In addition, managers should use this resource to foster, manage, and reward a culture of accountability and integrity within their departments. Working together, we can continuously enhance our culture in ways that benefit patients and partners, and that strengthen our interactions with one another.

**FACTFILE**

In 2007 the Obstetrics and Gynaecology Division was successful in achieving CNST level 2, a kite mark for safe working practices in clinical areas.

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**Service Improvements following staff or patient surveys or comments and HCC reports**

Using lean methodology, The Rotherham Foundation Trust embarked upon a programme of change to support teams in clinical areas to achieve transformations that would otherwise have been difficult if not impossible using normal change processes. Initially the Trust was supported by Simpler, lean consultancy, who introduced a process based, cyclic approach to rapid improvement. As an organisation it was decided to use the Institute of Healthcare Improvement’s four main categories of, safety and reliability, care team vitality, patient centeredness and increased value as guiding principles to transforming six baseline modules; clinical observations, shift hand over, meals, intimate care, drug round and discharge (productive ward Institute for Innovation and Improvement).

Prior to each event a member of the service improvement team and PALs conduct a patient focus group and/or one to one discussions with patients to find out about their opinions on the subject of transformation. This is done independently so that patients have the freedom to express what they really think. Thoughts and ideas that they put forward then strongly influence the direction that the team takes. This approach gives the team the confidence and security in knowing that patients’ needs and wishes are embedded in what they do.

Articles earlier in this Annual Report highlight the detailed work that has been undertaken using lean methodology as part of the RISE programme of work.
## Member Survey 2007/08

<table>
<thead>
<tr>
<th>Survey</th>
<th>Purpose</th>
<th>Results &amp; outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Choose &amp; Book/ Patient Choice</strong></td>
<td>I Measure use of different methods to book appointments&lt;br&gt;I Assess which factors affect patient's choice of hospital</td>
<td><strong>419 responses</strong>&lt;br&gt;Majority of patients book appointments at their GPs or are contacted by the hospital. All listed factors which affect patient choice (previous experience, location, reputation, GP's recommendation &amp; waiting times) received equal ratings. <em>Information passed to Marketing Strategy Department</em></td>
</tr>
<tr>
<td><strong>Rate hospital services</strong></td>
<td>I Evaluate patients’ perceptions of certain aspects of the hospital:&lt;br&gt;- Car Parking&lt;br&gt;- On-site facilities (shops &amp; refreshments)&lt;br&gt;- Signage&lt;br&gt;- Friendliness of staff&lt;br&gt;- Punctuality of appointment time or surgery time&lt;br&gt;- Cleanliness</td>
<td><strong>419 responses</strong>&lt;br&gt;Car Parking received ‘poor’ rating while all others received ‘good’ ratings <em>Information passed to Estates for consideration in the developing site utilisation plans</em></td>
</tr>
<tr>
<td><strong>Future Ward Project</strong></td>
<td>I Assess patient’s priorities in relation to ward design (e.g. single sex wards, décor, entertainment, privacy)&lt;br&gt;I Find out what patients would like to see in a ‘future ward’</td>
<td><strong>549 responses</strong>&lt;br&gt;Top twenty priorities identified &amp; two of these (communication &amp; privacy) used as a starting point for privacy &amp; dignity audit. All feedback passed to Estates, to be taken into account when new wards/clinical areas being developed and through new building programmes</td>
</tr>
<tr>
<td><strong>Medicine for the Elderly</strong></td>
<td>I Assess whether the use of the word ‘elderly’ is appropriate in the context of the Medicine for the Elderly department</td>
<td><strong>264 responses</strong>&lt;br&gt;Majority felt elderly was inappropriate – preferred alternative: “Senior” <em>Information passed to Medical Director and Medicine for the Elderly Department</em></td>
</tr>
<tr>
<td><strong>Governor Involvement</strong></td>
<td>I Asked members whether they would like their Governors to hold drop-in sessions&lt;br&gt;I Asked members whether they would like Governor to visit their community groups</td>
<td><strong>172 responses</strong>&lt;br&gt;Majority of members would like Governor drop-in sessions &amp; several members would like Governors to visit their groups. <em>Results to be taken to MCD group in order to progress</em></td>
</tr>
<tr>
<td><strong>Patient experience</strong></td>
<td>I Building on previous survey, which looked at factors affecting patient choice, aim is to find out why such factors are significant and influential&lt;br&gt;I Determine whether the hospital is focusing its efforts in the right areas when assessing our performance</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Top Talks 2007/08

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Clean is Rotherham Hospital?</td>
<td>31st July 2007</td>
<td>36</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>23rd October 2007</td>
<td>43</td>
</tr>
<tr>
<td>Healthy Lifestyles – Diet &amp; Exercise</td>
<td>20th February 2008</td>
<td>40+</td>
</tr>
</tbody>
</table>
Corporate Social Responsibility (CSR)

CSR is very important to us. It reflects the way we conduct our business and underpins our core values. We believe that being a responsible organisation is the right thing to do but we also believe that it makes good business sense. Put simply, it helps us to attract patients to use our services, recruit and retain the best people, form better partnerships with our suppliers and create greater value for our public.

The Trust has undertaken a number of measures during the last financial year; these include:

- The Trust has considerably increased its attempts to become more environmentally friendly by appointing an Environmental Officer, Martin Aizlewood, responsible for reducing the Trust’s carbon footprint.
- The Trust has won funding to purchase a new combined heat and power plant, which will dramatically improve the efficiency of the heating and hot water supply for the Trust and reduce our environmental impact.
- Concerted efforts are being made to save energy by means of increased staff awareness and participation in energy saving measures.
- The Trust has launched an access to work scheme – ‘Volunteering for Employment Skills’ in order to help the long term unemployed in the Rotherham area gain skills that may help them get back into the workplace.
- The Trust now recycles 25% of its overall waste with less than 10% of all waste after treatment going to landfill.

In addition the Trust has either gained investment for, or has invested itself in, a number of projects to reduce the impact of the organisation on the environment. These projects include:

**£1.89 million granted to fund new power plant**

The Trust has been successful in obtaining £1.89 million for the provision of a combined heat and power plant for the hospital site.

The funding has been given through the Department of Health’s £100m Energy and Sustainability Fund that was established to reduce the environmental impact of health service provision in the UK.

The new plant should be ready to come into service in January 2009 and will be able to provide the base electricity demand required for the hospital.

The waste heat generated from the plant will then be used as a source for the hospital’s heating and hot water systems.

Director of Facilities, John Cartwright said, “Successfully gaining funding for this project is a great result for the hospital. The new power plant will be providing electricity, heat and hot water using a more economical and efficient process”.

“This scheme, in particular, will enable the Trust to meet the NHS target of reducing primary energy consumption by 15% by 2010 from a year 2000 baseline as well as helping to reduce its overall carbon footprint”, added John.

The Trust is making a concerted effort to reduce its impact on the environment and this is one of a number of measures and developments at the Trust.

**New shredder helps reduce environmental impact**

The Trust’s Waste Facility has now taken delivery of an industrial sized paper shredder.

The new shredder will reduce the amount of confidential waste that has to be sent off site for destruction. Until now some confidential waste has had to be sent off site to be safely disposed of.

The new shredder is capable of destroying documents to Security Level 3 with the remains, after the shredding process, being sent for recycling.

This will enable the Trust to further increase its recycling targets and reduce the cost of waste disposal.

Over the coming 12 months, the Trust will be developing a number of initiatives including but not limited to the areas of promotion of sustainable development, waste disposal, carbon management and procurement.

**Counter fraud**

The Trust is committed to providing and maintaining an absolute standard of honesty and integrity in dealing with our assets. We are committed to the elimination of fraud and illegal acts within the Trust, and ensure rigorous investigation and disciplinary or other actions as appropriate. The Trust uses best practice, as recommended by the NHS Counter Fraud and Security Management Service (CFSMS). Over the year we have widely published our policies and procedures for staff to report any concern about potential fraud. This has been reinforced by awareness training. Any concerns are investigated by our Local Counter Fraud Specialist or CFSMS as appropriate.

All investigations are reported to the Audit & Assurance Committee.

**No Smoking**

A site wide smoking ban encompassing all grounds and buildings was successfully introduced during the year and the Trust saw the establishment of a smoking cessation service located on the main hospital concourse directly accessible by the public, staff and patients.

**Nursing and Midwifery Review**

During 2007/08 a wide ranging review of nursing and midwifery staffing commenced which has resulted in a consultation document being issued to relevant staff and the unions, proposing a revision to the skill mix of staff utilised to provide care for our patients. The consultation ends in May 2008, the outcome of which will influence the Trust’s final plans.

**FACTFILE**

The Trust takes cleanliness and infection control very seriously, each year the Trust uses 33,500 toilet rolls, 4,900 pouches of soap, 8,015 bottles of cleaning liquid, 305,000 black bags and 101,175 packets or rolls of paper towels.
Scope of the Report
The Remuneration report summarises the Trust’s remuneration policy and particularly its application in connection with the Executive Directors. The report also describes how the Trust applies the principles of good corporate governance in relation to Directors’ remuneration as defined in Section 234B and Schedule 7A of the Companies Act and the Directors’ Remuneration report Regulations 2002 (SI 2002 No 1986) as interpreted for the context of NHS foundation trusts.

Details of Executive Directors’ remuneration and pension benefits are set out in the tables within the accounts at note 2.1A and 2.2B respectively. This information has been subject to audit.

Remuneration Committee
The Board appoints the Remuneration Committee and its membership comprises only Non-Executive Directors. The Committee meets to determine on behalf of the Board the remuneration strategy for the organisation including the framework of Executive and Senior Manager remuneration. Its remit currently includes determining the remuneration and terms and conditions of the Executive Directors, the Company Secretary and the Corporate Directors (Chief Officers). At the end of March 2008, all Non-Executive Directors were members but the core members of the Committee were:

- Margaret Oldfield (Chairman)
- Giles Bloomer
- Tony Hercock

The Committee also invites the assistance of the Chief Executive, the Chief Finance Officer, the Company Secretary and the Director of Human Resources. These individuals, and no other executive or senior manager participated in any decision relating to their own remuneration.

The Committee has met on 3 occasions during 2007/08 and all members attended.

Remuneration Policy
The Trust is committed to the governing objective of maximising value over time. To achieve its goals, the Trust must attract and retain a high calibre senior management team and staff and ensure it is positioned to deliver its business plans.

During the year the Trust implemented the new pay and reward framework for Chief Officers and included the Corporate Directors within it. The framework is intended to provide the rigour necessary to deliver assurance and the flexibility necessary to adapt to the dynamics of an ever-changing NHS. It is fundamental to business success and is modelled upon the guidance in The NHS Foundation Trust: Code of Governance and the Pay Framework for Very Senior Managers in the NHS (DoH Nov2006).

The key principles of the new framework are that pay and reward are firstly assessed relative to the financial performance of the whole Trust and that Chief officers’ pay and reward allowances are referenced to an agreed baseline Chief Executive’s salary.

Following authorisation, the Trust Board of the preceding NHS Trust moved directly to the Board of Directors of the Foundation Trust with executive appointments continuing under permanent contracts. During 2007/08, none of the executives held fixed term contracts but revised contracts were agreed to take account of the new pay and reward framework. The Chief Executive and all other Chief Officers hold office under notice periods of 6 months.

Non-Executive Directors’ Remuneration
The remuneration for Non-Executive Directors has been determined by the Council of Governors and for 2007/08 has been set at a level to recognise the significant responsibilities of Directors in Foundation Trusts, and to attract individuals with the necessary experience and ability to make an important contribution to the Trust’s affairs.

During the year, the Council of Governors, on the recommendation of the Nomination and Remuneration Committee, approved a remuneration framework consistent with the Chief Officers’ framework and the Terms and Conditions of Non-Executive Directors were amended accordingly.

None of the Non-Executive Directors are employees of the Trust; they receive no benefits or entitlements other than fees, and are not entitled to any termination payments. The Council of Governors as a whole determines the Terms and Conditions of the Non-Executive Directors.

The Trust does not make any contribution to the pension arrangements of Non-Executive Directors. Fees during 2007/08 do not reflect individual responsibilities in chairing the committees of the Board, with all Non-Executive Directors subject to the same terms and conditions.

Compliance Statement
In compliance with the UK Directors’ Remuneration Report Regulations 2002, the auditable part of the Remuneration Report comprises Executive Directors’ remuneration and Non-Executive Directors’ fees

Signed

Brian James
Chief Executive

Date 12 June 2008
A patient receives advice and guidance about her forthcoming cancer treatment.
The Board is focused on achieving long term success for the Trust through the pursuit of sound business strategies whilst maintaining high standards of corporate governance and corporate responsibility. The following statement explains our governance policies and practices and provides insight into how the Board and management run the hospital for the benefit of the community and its members. A detailed account of how we comply with The NHS Foundation Trust Code of Governance provisions will shortly be available on the website together with the Terms of Reference of the Audit and Assurance, Remuneration and Terms of Service and Nomination Committees.

**The Board of Directors**

During the year the Board comprised the Chairman and Vice Chairman (Non-Executives), the Chief Executive, 7 Executive Directors and 4 other Non Executive Directors (with bare majority voting rights) who are collectively responsible for the success of the Trust. A list of directors, with details of their biographies and committee membership is given within the formal Report.

Margaret Oldfield is Chairman and responsible for the working of the Board, for the balance of its membership subject to Board and Governor approval, and for ensuring that all Directors are able to play their full part in the strategic direction of the Trust and in its performance. Margaret ensures effective communication with members and that Board members have a sound understanding of the views of the Trust’s membership.

Brian James is Chief Executive and responsible for all aspects of the management of the Trust which includes developing the appropriate business strategies agreed by the Board, ensuring the appropriate objectives and policies are adopted throughout the Trust, and that appropriate budgets are set and that their performance is effectively monitored.

The Chairman ensures that the Directors receive accurate, timely and clear information. Directors are encouraged to update their skills, knowledge and familiarity with the Trust’s business through their induction, on-going participation at Board and committee meetings, and through meetings with Governors. The Board is regularly updated on governance and regulatory matters. There is an understanding whereby any Non-Executive Director, wishing to do so in the furtherance of their duties, may take independent professional advice through the Company Secretary at the Trust’s expense.

The Non-Executive Directors provide a wide range of skills and experience. They bring an independent judgement on issues of strategy, performance and risk through their contribution at Board and committee meetings. The Board considers that throughout the year, each Non-Executive Director was independent in character and judgement and met the independence criteria set out in the Code of Governance. The Non-Executive Directors have ensured that they have sufficient time to carry out their duties. Any term beyond six years is subject to vigorous review.

Kerry Rogers, Company Secretary, acts as a sounding board to the Chairman and individual Directors. She supports the Chairman in ensuring the effective functioning of the Board, she is a member of all Board committees and heads Corporate Governance which supports the Board and its committees, and hospital staff on a range of issues.

The Board has a formal schedule of matters reserved for its decision. The Board receives monthly updates on performance, and delegates management, through the Chief Executive, for the overall performance of the hospital which is conducted principally through the setting of clear objectives and ensuring that the hospital is managed efficiently, to the highest standards and in keeping with its values.

**Committees of the Board**

The Audit and Assurance Committee is chaired by Mr Giles Bloomer, the Trust’s Vice Chairman, and comprises wholly Non-Executive Director membership with core members namely Mr Nigel Ruff (Deputy Chair of the Committee) and Mr Neil MacDonald.

The Committee assists the Board in fulfilling its oversight responsibilities. Its primary functions are:-

- To monitor the integrity of the financial statements
- To review the systems of internal control and risk management
- To maintain an appropriate relationship with the Trust’s external auditors and ensuring the objectivity of the audit process.

The Board is confident that the collective experience of the Audit and Assurance Committee members enables them to act as an effective audit committee. The Committee also has access to the financial expertise of the Trust and its auditors and can seek further professional advice at the Trust’s expense if required.

The Remuneration Committee comprises Mrs Margaret Oldfield as Chairman (Trust Chairman), and all Non-Executive Directors, with Mr Giles Bloomer and Mr Tony Hancock being core members. Its primary role is to recommend to the Board the remuneration strategy and framework, giving due regard to the financial health of the Trust and to ensure the Chief Officers are fairly rewarded for their individual contributions to the Trust’s overall performance. The Remuneration Report is set out in its own section of the Annual Report. The remuneration of the Non-Executive Directors is determined by the Council of Governors via recommendations from the Nomination and Remuneration Committee.

**Committee of the Council of Governors**

The Nomination and Remuneration Committee comprises Mrs Margaret Oldfield as Chairman, and representatives from the public, staff and Partner Governor classes whose names are detailed within the ‘Meet your Governor’ section of the Annual Report. Its role is to ensure that appropriate procedures are in place for the nomination, selection, training and evaluation of Non-Executive Directors and for successional plans and it sets their remuneration. It considers Board structure, size and composition thereby keeping under review the balance of membership and the required blend of skills, knowledge and experience of the Board.

**Compliance with the Code of Governance**

The Board of Directors is committed to high standards of corporate governance. For the year ended 31 March 2008 the Board considers that it was throughout the year fully compliant with the provisions of the NHS Foundation Trust Code of Governance with the following exceptions.

The paragraphs are numbered to correspond with the Provisions of the Code.
**A1.3 Appraisal of the Chair**

In an NHS Foundation Trust, the authority for appointing and dismissing the Chair rests with the Council of Governors. The appraisal of the Chair is therefore carried out for and on behalf of the Council of Governors. This is undertaken by the Vice Chair who reviews the Chairman’s performance against agreed objectives and discusses development needs before reporting the outcome of the appraisal to the Nomination and Remuneration Committee of the Council of Governors. The Committee in turn reports to the Council of Governors.

Given the role of the Council of Governors (presided over by the Chair), in appointing and setting the remuneration of the Non-Executive Directors, it is inappropriate for the Non-Executive Directors (whether or not led by a Senior Independent Director) to evaluate the Chairman’s performance. This does not of course preclude the Non-Executive Directors being consulted as part of the process carried out for, and on behalf of, the Council of Governors.

**A3.3 Senior Independent Director**

The Board has not formally appointed a Senior Independent Director. Members and Governors have direct access to all members of the Board. In addition to direct access on request, members of the Board attend Council of Governors meetings and participate fully in discussion with members of the Council.

**C2.1 Chief Executive and Executive Director Terms of Appointment**

The Trust has not appointed the Chief Executive Officer and Executive Directors with fixed terms. Such “rolling fixed term” contracts are expensive to terminate and were abandoned by the NHS as a matter of policy some time ago for that very reason. The insecurity of tenure, particularly in the case of Chief Executive Officer’s whose appointment is to be confirmed by the Council of Governors will not support the recruitment & retention of candidates of the high calibre required. Appraisal processes, employment policies and terms and conditions of appointment are in place to deal with the possibility of sub optimal performance and its consequences.

**E2.3 External professional advice on remuneration for the Chairman and Non-Executive Directors**

The Council of Governors does not consult external professional advisors to market test the remuneration levels of the Chairman & other Non-Executive Directors. The recommendations made to the Council of Governors are based on independent advice and guidance as issued from time to time by appropriate bodies such as NHS Appointments Commission in relation to NHS Trusts and the NHS Confederation (FTN), which provides benchmarked & externally validated guidance to Foundation Trusts.
Foreword to the Accounts

The Rotherham NHS Foundation Trust
These summary financial statements and related notes for the year ended 31 March 2008 have been prepared by The Rotherham NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form Monitor has, with the approval of the Treasury, directed.

Signed

Brian James
Chief Executive

Date 12 June 2008

Statement of Accounting Officer’s Responsibilities

Statement of the Chief Executive’s responsibilities as the Accounting Officer of The Rotherham NHS Foundation Trust
The Health and Social Care (Community Health and Standards) Act 2003 states that the Chief Executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the accounting officers’ Memorandum issued by the Independent Regulator for NHS Foundation Trusts (“Monitor”).

Under the Health and Social Care (Community Health and Standards) Act 2003, Monitor has directed The Rotherham NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Rotherham NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS foundation trust Financial Reporting Manual and in particular to:

1. observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

2. make judgements and estimates on a reasonable basis;

3. state whether applicable accounting standards as set out in the NHS foundation trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and

4. prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him to ensure that the accounts comply with the requirements outlined in the above mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor’s NHS Foundation Trust Accounting Officer Memorandum.

Signed

Brian James
Chief Executive

Date 12 June 2008
Statement on Internal Control

1. Scope of responsibility
As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust’s policies, aims and objectives whilst safeguarding the public funds and departmental assets for which I am personally responsible in accordance with the personal responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

Within the Trust, the Board is supported by a robust sub-committee structure, reporting through to Trust Board, to deal with the various elements of governance. A Non-Executive Director (NED) of the Trust chairs each of these informal sub-committees as follows, supported by Executive leads as appropriate:

**Audit & Assurance Committee**
Wholly NED membership, chaired by Trust Deputy Chair Giles Bloom

**Remuneration & Terms of Service Committee**
Wholly NED membership, chaired by Trust Chair Margaret Oldfield

**Trust Fund Investment Committee**
Wholly NED membership, chaired by Trust Chair Margaret Oldfield

The Audit and Assurance Committee, as a formally constituted Non-Executive committee of the Board, has 3 governance sub-committees chaired by Non-Executive Directors and supported by designated Executive Directors as follows:

**Risk & Quality Governance Committee**
Chief of Quality & Standards, Chief Nurse Chair, Nigel Ruff

**Finance Governance Committee**
Chief Financial Officer Chair, Tony Hercroft

**Strategy, Business and Organisational Development Governance Committee**
Chief of Business Development Chair, Neil MacDonald

Minutes from each of these Committee meetings are submitted routinely to Board and to Audit and Assurance, together with additional reports as necessary and regular verbal updates from Committee chairs.

The Board has strengthened its assurance function through its Audit and Assurance Committee, which has set the direction of the Trust’s assurance work and the work of Internal Audit. This ensures that there is a system for the regular review of the effectiveness of its internal controls and the Committee has made significant progress through the RAG (red, amber, green) ratings in the Board Assurance Framework to determine the level of assurance the Board requires and its appropriateness, in order to satisfy Board on the effectiveness of its internal controls.

Externally to the Trust, there are arrangements in place to work with partner organisations, including the following:

- Chief Executive membership of the Strategic Health Authority Chief Executive Forum
- Trust membership of the NHS Confederation
- Joint meetings with all local Primary Care Trusts (PCTs)
- Monthly meetings of Partnership of Acute Trust Chief Executives (PATCH)
- Executive attendance at NORCOM (North Trent Commissioners)
- Meetings with Local Authority Overview and Scrutiny Committee
- Board membership of the Chief Executive on the Local Strategic Partnership Board
- Foundation Trust Network – network involvement through Chair; Chief Executive; Finance director; HR director; Commercial director; Company Secretary and Communication lead forums.
- Joint meetings and service assessments with the PPI Forum
- Platinum membership of Chamber of Commerce

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Rotherham NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Rotherham NHS Foundation Trust for the year ended 31 March 2008, and up to the date of approval of the annual report and accounts.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme Regulations are complied with. This includes ensuring that deductions from salary, employers’ contributions and payments in to the Scheme are in accordance with Scheme rules, and that member pension scheme records are accurately updated in accordance with the time scales detailed in the Regulations.

3. Capacity to handle risk

The Foundation Trust’s Board of Directors provides leadership and a high level of commitment for establishing good risk management systems across the Trust. The Chief Executive has overall responsibility for the management of risk by the Trust. The other members of the Executive team exercise lead responsibility for risk through the corporate (operational) committee structure and for assurance through the governance committee structure.

The risk management strategy, the latest version of which has been endorsed by the Board in October 2007 identifies the organisation’s approach to risk, the executive and non-executive director roles and responsibilities and the structure in place for the management of risk.

The strategy contains a clear definition of risk and the scope to handle risk has been supported by a designated Head of Risk Management and a risk management team.

The strategy clarifies individual and collective responsibility for risk management from the Trust Board down to all staff within the organisation. It sets out the Trust’s attitude to risk and includes guidance on risk identification, risk assessment, risk scoring and risk monitoring and outlines the agreed principles for effective risk management within the Trust.

The risk scoring system identifies at what level of the organisation the risk will be monitored and managed and enables scoring of the different types of risk i.e. clinical, non-clinical, finance/business.

Risk management training is provided for every member of staff at induction and the Head of Risk Management is responsible for providing advice and expertise to all staff along with ongoing training as identified within the strategy thus supporting a learning culture within the organisation. All policies relating to risk management are easily accessible and available to staff on the hospital intranet. From the beginning of March 2008 the Trust has a new senior position to support delivery of the risk and safety agenda, the Deputy Chief of Quality & Standards, Safety & Governance.

The Trust runs a variety of ongoing risk management training sessions as part of its annual training and development programme and the Health and Safety and Non-Clinical Risk Manager is integral to this process.

Good practice is identified by review and investigation of incidents and by external and internal assessments, assuring high quality care that is constantly improving. Outcomes of reviews and recognised good practice are further developed through incorporation into training sessions and by formulation and progression of action plans in response to assessments and external recommendations. In order to ensure the Trust learns from the mistakes of others and to avoid making those same mistakes itself, ‘true for us’ reviews are undertaken resulting in the formulation of action plans to address areas for improvement, progress against which, is monitored by the operational committees.

The Trust’s devolved structure provides the ability to have integrated functional governance processes. The Board has maintained a robust Assurance Framework and tested the effectiveness of its governance arrangements resulting in improved integration between business decisions, risk, control and assurance, the latter being strengthened via the delegated assurance role of the Audit and Assurance Committee who remain custodians of the Board Assurance Framework.

The Audit and Assurance Committee’s governance sub-committee structure has ensured the Board has been reasonably assured about the effectiveness of controls across the year through robust and integrated governance processes and the scrutiny and validation of evidence. The governance infrastructure and time-framed RAG rated assurance mechanisms have provided a clear framework for making certain the Board keeps under review the
controls in the organisation by providing an important reporting and validation mechanism. This has given the Board confidence that it has in place a comprehensive control and assurance framework and a thorough understanding of the regulatory, quality and performance regime.

The Trust manages risk effectively by embedding internal control and effective assurance in the key processes by which objectives are pursued. The whole process is integral not only to the effective stewardship of public money but to the complete assurance process that supports the delivery of high quality healthcare. Moreover it has been used to manage change, involve all levels of people in the organisation and maximise opportunities to act innovatively. Work has commenced on implementation of Performance Accelerator which will integrate the Trust’s assurance functions across the spectrum of regulatory compliance and standards/target achievement frameworks.

4. The risk and control framework

The latest Risk Management Strategy was approved by the Board and will be reviewed on a regular basis as the Trust looks to continuously improve its systems and processes in order to protect staff, patients and resources. The Strategy defines the process for the systematic identification and control of risks. It clearly defines accountability structures and roles and responsibilities. The strategy details the process for risk identification and evaluation using a standardised risk assessment matrix and sets out the levels of authority for the management of identified risk.

The strategy is supported by:

- Terms of reference for the various Governance committees
- Accountability arrangements
- Risk scoring matrix
- Untoward Incident Policy
- Induction programme and a training needs analysis
- Integration with claims, litigation and complaints
- Mandatory update training programme

A Board Assurance framework is in place, which details the Trust’s principal objectives for 2007/08 together with identification of the risks which might have prevented the Trust from achieving these objectives. The framework also identifies against each risk the key controls in place, the assurance on the controls, any external assurance, gaps in control and assurance, assurance RAG ratings and actions required/planned and the lead officer responsible for progressing such action and presenting formal assurance reports to governance committee members.

Routine monitoring reports relating to performance, quality and risk management are submitted to Board on an ongoing basis to ensure Board members remain confident with regard to the effectiveness of internal controls, systems and processes within the Trust. The Board is appraised monthly of any new risks that have arisen in the preceding month and of any escalations regarding the effective management of risks.

There were no Serious Untoward Incidents during the year involving data loss or confidentiality breach. The Trust has completed a number of reviews during 2007/08 in order to ensure information security including identification and assurance of bulk transfers of data; identification and assurance of other high risk transfers of patient identifiable data and completion of a detailed mapping and risk assessment of all flows of such data. None of the issues identified were considered significant and actions are being progressed to address matters such as encryption with regard to removable data and the implementation of a continual cycle of mapping exercises to ensure all data flows are captured.

The Assurance Framework and governance process identified a number of gaps in control and assurance during the year, none of which were considered significant with the exception of some aspects of Equality and Diversity, which have been addressed in full by the end of the year through the deployment of dedicated internal resource, and the commissioning of external advice and support in order to strengthen action plans and close gaps.

Other areas where improvement efforts have been supported during the year as a result of the Trust’s assurance processes include sustaining the A&E and 18-week targets, achievement of the Hygiene Code and a number of areas around the HCC standards including equality and diversity, research governance and child protection training. In addition, reviews around IT issues have resulted in Board agreement to a substantial phased spending on IT infrastructure and a review of HR processes, has initiated actions in particular around recruitment and selection and performance management. Action plans to address progress and any weaknesses have been in place and progress against the prescribed actions is monitored by the Board, Audit and Assurance Committee and through performance management processes.

The Trust achieved compliance with core standard C3, NICE guidance on Interventionsal Procedures in quarter one of the year, following a review and rewrite of the policy and implementation of that policy. A position report in respect of implementation of NICE Clinical Guidelines as at the end of October 2007 validated by the Clinical Effectiveness Department and the Divisional Patient Service and Standards Managers (DPSSMs) was provided in November to the Board and work has been progressing to monitor adherence, which will be cemented by the impending appointment of a Clinical Effectiveness Manager. Furthermore, the Trust Secretary prepared and the Board approved a new policy ‘NICE Guidance – Obligation to Comply’ which was developed to govern any deviation from NICE Guidance.

The Board of Directors of the Trust has adopted and will oversee the administration of Standards of Business Conduct developed by the Company Secretary and Head of Governance/Deputy Company Secretary. The policies referred to within the Standards of Business Conduct are the core policies of the Trust and collectively express the Board’s expectations, defining the basis for the Trust-wide conduct of business. The Standards of Business Conduct outline the principles by which the Trust, its management and staff make decisions, and can be held accountable.

Stakeholders are appraised of and involved in managing risks which impact on them through established communication routes. During 2007/08 the Trust has worked closely with the PPI Forum and user groups in order to identify risks and areas of weakness within the Trust. Progress against resulting action plans is monitored through regular reports to the stakeholder groups.

The Trust is committed to having an effective structure for patient and public stakeholder involvement which is led by a dedicated Head of Governance/Community Involvement. The Risk and Quality Governance Committee has in attendance a PCT representative who is invited to each of its monthly meetings. The Medical Director and a number of Executive Directors are members of the Clinical Policy Board which includes GPs and primary care representatives.

5. Review of economy, efficiency and effectiveness of the use of resources

The Foundation Trust has established arrangements for managing its financial and other resources which demonstrate that value for money is being managed and achieved. The Trust:

- Achieved its financial plan including ambitious efficiency targets in 2007/08 and has an ongoing plan to improve organisational efficiency.
- Continued to use external resource and internal service improvement mechanisms to examine relative efficiency indicators such as theatre utilisation, discharge policies and patient pathways. This has led to improvements in length of stay and the more effective discharge of patients thus improving the patient experience.
- Is keen to continue to develop its benchmarking capability and to gather the evidence to be able to demonstrate differences between services and organisations in order to support improvement and efficiency programmes.
- Has identified potential productivity gains and looked to maximise these through incentive schemes to improve productivity.
- Has formal arrangements with the Barnsley NHS Foundation Trust, Sheffield and Leeds Teaching Hospitals and Doncaster and Bassetlaw Hospital to share services across a number of clinical and non-clinical functions, and is keen to consider further opportunities with other partners to share services and maximise efficiencies in the future.
- Has sustained enviably low waiting times whilst ensuring the best value for the ‘Rotherham health pound.’
- Has tested the effectiveness of its governance committees and Audit and Assurance Committee including an Internal Audit evaluation of elements of the Board Assurance Framework, and reported the results and recommendations to the Board.
- Will be declaring full compliance in the HCC Annual Health check Declaration.
6. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Audit and Assurance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance via regular Board Assurance Reports which support the dynamic nature of the Board Assurance Framework. The Assurance Framework itself and the work of Audit and Assurance and its supporting Governance committees, provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review for 2007/08 is also informed by:

- Regular executive reporting to Board and escalation processes through the Audit & Assurance Committee
- Assessment of financial reports submitted to Monitor, the Independent Regulator
- A review of Standing Orders and Standing Financial Instructions
- NHSLA assessments for General and Maternity (CNST)
- Health and Safety Executive assessments and a self assessment against the Institute of Directors Best Practice guidance - Leading Health and Safety at Work
- External validations and peer reviews of internal evidence to support control effectiveness around infection control (Hygiene Code) and equality and diversity
- Internal Audit verification of the Board Assurance Framework
- 6 monthly Board Assurance Statements to the Board
- Self assessment undertaken against the new Healthcare Standards
- Performance Monitoring (Balanced Scorecard)
- Results of the National Patient and the National Staff Surveys
- Investigation reports and action plans following Serious Untoward Incidents and near misses
- My accepting responsibility for responding to all formal written complaints

The Trust is continually reviewing its assurance process to ensure continuous improvement of the systems and infrastructure in place. The governance structure has ensured a regular review of systems and action plans on the effectiveness of the systems of internal control through:

- Audit & Assurance Committee being custodian of the Board Assurance Framework (BAF) and their scrutiny of the controls and assurances in place.
- The Board’s half yearly review of the full BAF and supporting Assurance Statement detailing the work undertaken by the Audit & Assurance and Governance Committees.
- Review of progress with NHSLA and HCC standards.
- Internal auditors work on assessing the effectiveness of systems of internal control and their attendance at Audit and Assurance where the BAF is monitored.

As Accounting Officer and based on the review process detailed above, I am assured that there are no significant internal control issues.

Signed

Brian James
Chief Executive

Date 12 June 2008
Independent Auditor’s Report to the Council of Governors of Rotherham NHS Foundation Trust

We have examined the summary financial statements set out on pages 51 to 58. This report is made solely to the Council of Governors of Rotherham NHS Foundation Trust, as a body, in accordance with the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Rotherham NHS Foundation Trust as a body, for our audit work, for this report, or for the opinions we have formed.

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 audit opinion
We conducted our audit in accordance with the National Health Service Act 2006 and the Code of Audit Practice issued by Monitor, which requires compliance with relevant auditing standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust’s circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the 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 Rotherham NHS Foundation Trust for the year ended 31 March 2008 on which we have issued an unqualified opinion.

KPMG LLP
Chartered Accountants
Leeds

12 June 2008
### Income & Expenditure Summary Account for the year ended 31 March 2008

<table>
<thead>
<tr>
<th>NOTE</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from activities</td>
<td>137,249</td>
<td>128,062</td>
</tr>
<tr>
<td>Other operating income</td>
<td>12,698</td>
<td>11,446</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(143,756)</td>
<td>(136,297)</td>
</tr>
<tr>
<td><strong>OPERATING SURPLUS</strong></td>
<td>6,191</td>
<td>3,211</td>
</tr>
<tr>
<td>Loss on disposal of fixed assets</td>
<td>(53)</td>
<td>(47)</td>
</tr>
<tr>
<td><strong>SURPLUS BEFORE INTEREST</strong></td>
<td>6,138</td>
<td>3,164</td>
</tr>
<tr>
<td>Finance income</td>
<td>875</td>
<td>414</td>
</tr>
<tr>
<td><strong>SURPLUS FOR THE FINANCIAL YEAR</strong></td>
<td>7,013</td>
<td>3,578</td>
</tr>
<tr>
<td>Public Dividend Capital dividends payable</td>
<td>(3,310)</td>
<td>(3,268)</td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS FOR THE YEAR</strong></td>
<td>3,703</td>
<td>310</td>
</tr>
</tbody>
</table>
Balance Sheet as at 31 March 2008

<table>
<thead>
<tr>
<th></th>
<th>31 March 2007</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>2,142</td>
<td>2,486</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>115,757</td>
<td>96,289</td>
</tr>
<tr>
<td>Investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117,899</strong></td>
<td><strong>98,775</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>31 March 2007</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>2,097</td>
<td>1,938</td>
</tr>
<tr>
<td>Debtors</td>
<td>7,182</td>
<td>6,835</td>
</tr>
<tr>
<td>Investments</td>
<td>11,900</td>
<td>0</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>309</td>
<td>1,947</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21,488</strong></td>
<td><strong>10,720</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>31 March 2007</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CREDITORS:</strong> Amounts falling due within one year</td>
<td>(17,650)</td>
<td>(11,440)</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS / LIABILITIES</strong></td>
<td>3,838</td>
<td>(720)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>121,737</td>
<td>98,055</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>31 March 2007</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CREDITORS:</strong> Amounts falling due after more than one year</td>
<td>(355)</td>
<td>(502)</td>
</tr>
<tr>
<td><strong>PROVISIONS FOR LIABILITIES AND CHARGES</strong></td>
<td>(1,033)</td>
<td>(881)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS EMPLOYED</strong></td>
<td><strong>120,349</strong></td>
<td><strong>96,672</strong></td>
</tr>
</tbody>
</table>

FINANCED BY:

<table>
<thead>
<tr>
<th></th>
<th>31 March 2007</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TAXPAYERS’ EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital</td>
<td>70,704</td>
<td>70,472</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>47,343</td>
<td>20,167</td>
</tr>
<tr>
<td>Donated asset reserve</td>
<td>1,390</td>
<td>1,432</td>
</tr>
<tr>
<td>Income and expenditure reserve</td>
<td>912</td>
<td>4,601</td>
</tr>
<tr>
<td><strong>TOTAL TAXPAYERS’ EQUITY</strong></td>
<td><strong>120,349</strong></td>
<td><strong>96,672</strong></td>
</tr>
</tbody>
</table>

Signed

Chief Executive

Date 12 June 2008
### Statement of Total Recognised Gains and Losses for the year ended 31 March 2008

<table>
<thead>
<tr>
<th>Description</th>
<th>31 March 2007</th>
<th>£000</th>
<th>31 March 2007</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the financial year before dividend payments</td>
<td>7,013</td>
<td></td>
<td>3,578</td>
<td></td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Unrealised surplus on fixed asset revaluations</td>
<td>19,799</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Increases in the donated asset reserve due to receipt of donated assets</td>
<td>126</td>
<td></td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Reductions in the donated asset reserve due to depreciation, impairment and disposal of donated assets</td>
<td>(183)</td>
<td></td>
<td>(186)</td>
<td></td>
</tr>
<tr>
<td><strong>Total recognised gains and losses for the financial year</strong></td>
<td><strong>26,755</strong></td>
<td></td>
<td><strong>3,449</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Cash Flow Statement for the year ended 31 March 2008

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>15,666</td>
<td>7,052</td>
</tr>
<tr>
<td><strong>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>792</td>
<td>417</td>
</tr>
<tr>
<td>Interest paid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow from operating activities and servicing of finance</td>
<td>792</td>
<td>417</td>
</tr>
<tr>
<td><strong>CAPITAL EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(3,808)</td>
<td>(5,030)</td>
</tr>
<tr>
<td>Receipts from sale of tangible fixed assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Payments to acquire intangible assets</td>
<td>(119)</td>
<td>(2,231)</td>
</tr>
<tr>
<td>Net cash outflow from capital expenditure</td>
<td>(3,927)</td>
<td>(7,261)</td>
</tr>
<tr>
<td><strong>DIVIDENDS PAID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow / (outflow) before management of liquid resources and financing</td>
<td>(3,310)</td>
<td>(3,268)</td>
</tr>
<tr>
<td><strong>MANAGEMENT OF LIQUID RESOURCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of current asset investments</td>
<td>(119,700)</td>
<td>(104,600)</td>
</tr>
<tr>
<td>Sale of current asset investments</td>
<td>107,800</td>
<td>104,600</td>
</tr>
<tr>
<td>Net cash outflow from management of liquid resources</td>
<td>(11,900)</td>
<td>0</td>
</tr>
<tr>
<td>Net cash outflow before financing</td>
<td>(2,679)</td>
<td>(3,060)</td>
</tr>
<tr>
<td><strong>FINANCING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>232</td>
<td>3,893</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other capital receipts</td>
<td>126</td>
<td>57</td>
</tr>
<tr>
<td>Net cash inflow from financing</td>
<td>358</td>
<td>3,950</td>
</tr>
<tr>
<td>Increase / (decrease) in cash</td>
<td>(2,321)</td>
<td>890</td>
</tr>
</tbody>
</table>
1 Private Patient Income

<table>
<thead>
<tr>
<th></th>
<th>Base Year £000</th>
<th>31 March 2007 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private patient income</td>
<td>67</td>
<td>100</td>
</tr>
<tr>
<td>Total patient related income</td>
<td>137,249</td>
<td>102,494</td>
</tr>
<tr>
<td>Proportion (as percentage)</td>
<td>0.05%</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

Under its terms of authorisation, the Trust must ensure that the proportion of patient related income derived from private patients does not exceed the proportion received as an NHS Trust in the base year.
## 2.1 Salary and Pension entitlements of Senior Managers

### A Remuneration

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Salary (bands of £5000)</th>
<th>Other Remuneration (bands of £5000)</th>
<th>Benefits in Kind Rounded to the nearest £100</th>
<th>Total Salary (bands of £5000)</th>
<th>Other Remuneration (bands of £5000)</th>
<th>Benefits in Kind Rounded to the nearest £100</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr W. Al-Wali, Chief of Division for Medicine / Medical Director</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Ms G. Atmarrow, Interim Chief of Performance and Standards / Interim Chief Nurse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mrs J Bird, Chief of Quality and Standards / Chief Nurse</td>
<td>65-70</td>
<td>0</td>
<td>0</td>
<td>65-70</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr G Bloomer, Non-Executive Director</td>
<td>10-15</td>
<td>0</td>
<td>0</td>
<td>15-15</td>
<td>15-15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr A.S.Hercock, Non-Executive Director</td>
<td>10-15</td>
<td>0</td>
<td>0</td>
<td>15-15</td>
<td>15-15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mrs J. Hickton, Non-Executive Director</td>
<td>10-15</td>
<td>0</td>
<td>0</td>
<td>15-15</td>
<td>0-5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr B. James, Chief Executive</td>
<td>145-150</td>
<td>0</td>
<td>0</td>
<td>3300</td>
<td>150-155</td>
<td>0</td>
<td>2700</td>
</tr>
<tr>
<td>Mr R. Jones, Chief of Division for Surgery</td>
<td>75-80</td>
<td>0</td>
<td>0</td>
<td>75-80</td>
<td>45-50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mrs R. Kapoor, Non-Executive Director</td>
<td>0</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>5-10</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Mr M. Lowry, Chief Financial Officer</td>
<td>115-120</td>
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<td>0</td>
<td>115-120</td>
<td>100-105</td>
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<tr>
<td>Mrs M. Oldfield, Chairman</td>
<td>40-45</td>
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<td>35-40</td>
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<tr>
<td>Mr N. MacDonald, Non-Executive Director</td>
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<td>0-5</td>
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<tr>
<td>Mr M Pinkerton, Chief of Business Development</td>
<td>95-100</td>
<td>0</td>
<td>0</td>
<td>95-100</td>
<td>35-40</td>
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<tr>
<td>Mr N. Ruff, Non-Executive Director</td>
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<td>15-15</td>
<td>15-15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mrs G. E. Small, Acting Chief of Quality and Standards / Acting Chief Nurse</td>
<td>15-20</td>
<td>0</td>
<td>0</td>
<td>15-20</td>
<td>90-95</td>
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<td>0</td>
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<tr>
<td>Mrs E. L. Smith, Chief of Performance and Standards / Chief Nurse</td>
<td>0</td>
<td>*</td>
<td>*</td>
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<td>5-10</td>
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<tr>
<td>Mrs L. S. Wainwright, Non-Executive Director</td>
<td>95-100</td>
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<td>95-100</td>
<td>90-95</td>
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<tr>
<td>Mrs J. Wilson, Chief Operating Officer</td>
<td>115-120</td>
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<td>0</td>
<td>115-120</td>
<td>65-70</td>
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</tr>
</tbody>
</table>

* Indicates consent to disclosure withheld in accordance with the Data Protection Act 1998

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2. From 2nd July 2007
3. From 1st November 2006
4. From 1st September 2006
5. To 30th September 2006
6. From 1st November 2006
7. From 23rd October 2006
8. From 1st April 2007 to 30th June 2007
10. To 31st October 2006
11. From 1st September 2006
### 2.2 Salary and Pension entitlements of Senior Managers

#### Pension Benefits

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Real increase in pension at age 60 (bands of £2,500)</th>
<th>Lump sum at age 60 related to pension 2008 (bands of £2,500)</th>
<th>Total accrued pension at age 60 at 31 March 2008 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2008 (£000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2007 (£000)</th>
<th>Real increase in Cash Equivalent Transfer Value (£000)</th>
<th>Employers' Contribution to Stakeholder Pension (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr W. Al-Wali, Chief of Division for Medicine / Medical Director</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Mrs J. Bird, Chief of Quality and Standards / Chief Nurse</td>
<td>Not Available</td>
<td>Not Available</td>
<td>25-30</td>
<td>Not Available</td>
<td>374</td>
<td>Not Available</td>
<td>Not Available</td>
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<tr>
<td>Mr B. James, Chief Executive</td>
<td>10-12.5</td>
<td>32.5-35</td>
<td>60-65</td>
<td>180-185</td>
<td>1,028</td>
<td>798</td>
<td>147</td>
<td>0</td>
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<tr>
<td>Mr R. Jones, Chief of Division for Surgery</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Mr M. Lowry, Chief Financial Officer</td>
<td>2.5-5</td>
<td>10-12.5</td>
<td>15-20</td>
<td>50-55</td>
<td>171</td>
<td>125</td>
<td>30</td>
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<tr>
<td>Mr M Pinkerton, Chief of Business Development</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>25-30</td>
<td>75-80</td>
<td>348</td>
<td>325</td>
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<tr>
<td>Mrs G. E. Small, Acting Chief of Quality and Standards / Acting Chief Nurse</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Mrs E. L. Smith, Chief of Performance and Standards / Chief Nurse 1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Not Available</td>
<td>N/A</td>
<td>Not Available</td>
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</tr>
<tr>
<td>Mrs J Wilson, Chief Operating Officer</td>
<td>2.5-5</td>
<td>10-12.5</td>
<td>25-30</td>
<td>85-90</td>
<td>490</td>
<td>409</td>
<td>50</td>
<td>0</td>
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<tr>
<td>Dr Mark Withers, Chief of Division for Clinical Support Services</td>
<td>0-2.5</td>
<td>2.5-5</td>
<td>20-25</td>
<td>65-70</td>
<td>292</td>
<td>264</td>
<td>15</td>
<td>0</td>
</tr>
</tbody>
</table>

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1 From 1st April 2007 to 30th June 2007
2 Left 31st May 2007

As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors.

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 figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - 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.
3 Prudential Borrowing Limit

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prudential borrowing limit set by Monitor</strong></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td></td>
<td>29,200</td>
<td>29,200</td>
</tr>
<tr>
<td><strong>Working capital facility</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>10,800</td>
<td>10,800</td>
</tr>
<tr>
<td><strong>Actual borrowing in period</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Minimum dividend cover</strong></td>
<td>2.45</td>
<td>3.46</td>
</tr>
<tr>
<td></td>
<td>31 March 2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31 March 2007</td>
<td></td>
</tr>
<tr>
<td><strong>Minimum dividend cover</strong></td>
<td>2.28</td>
<td>2.31</td>
</tr>
</tbody>
</table>

The Trust is required to comply and remain within a prudential borrowing limit. This is made up of two elements:

1. the maximum cumulative amount of long term borrowing. This is set by reference to the five ratio tests set out in Monitor’s Prudential Borrowing Code. The financial risk rating set under Monitor’s Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit

2. the amount of any working capital facility approved by Monitor.

The Trust has not taken out any loans during the financial period.

The Summary Financial Statements are actually a summary of the information in the full accounts. 
If you would like to receive a full version of the Trust’s financial accounts, please contact:

Kerry Rogers
Company Secretary
Rotherham General Hospital
Moorgate Road
Oakwood
Rotherham S60 2UD

Telephone 01709 304500
Email kerry.rogers@rothgen.nhs.uk