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Keeping clean, keeping safe
Amongst the lowest MRSA and C.difficile infection rates in the country

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The year at a glance

It has been a truly remarkable year for the Trust and our staff. It is hard to believe that we said almost the same thing at the end of 2007/8, but 2008/9 has surpassed all our expectations to produce one of the most successful years in the history of the hospital. We treated more patients more quickly and to a better standard than ever before, and our progress has been recognised by a string of awards and achievements by external bodies - a true testament to the passion and commitment of our staff to becoming the best hospital we can be. The following represent just a few of their remarkable achievements:

1. Reduction in infection rates continues to be a priority and our efforts continue to deliver real results. MRSA and C.difficile rates continue to fall year on year from an already low base placing us amongst the best in the UK, with only 7 cases of MRSA and 54 cases of C.difficile (representing a 22% and 71% reduction respectively over the previous year).

2. The Trust achieved the 18 week referral to treatment target nine months ahead of schedule and challenged itself to half that target. We are now achieving 9 week waits across many disciplines and we consistently offer some of the lowest waiting times in the UK, with an average outpatient wait of 9 days and for routine elective admission just 16 days.

3. The Healthcare Commission (HCC) Annual Health Check found that health services at Rotherham Hospital were in excellent condition, awarding us double excellent and placing us amongst the top 11% of Trusts in the country.

4. More people from outside of Rotherham chose to be cared for by us, with GP referrals from outside the area increasing by 15% over the previous year.

5. We have started two of our biggest ever projects in the form of a £30 million Electronic Patient Record (EPR) system and a £40+ million complete site redevelopment programme, which together will significantly improve the quality of care patients receive and how that care is delivered.

6. InterQual, a ground-breaking new project, has been initiated here in Rotherham. A first for the UK, this is a system that supports clinical decision making to ensure patients are cared for in the right place at the right time - helping to reduce inappropriate admissions and ensuring timely discharge.

7. In the past 12 months the Trust has strengthened its commitment to research and development and now has a good reputation as a reliable research partner, with two prestigious European research projects underway, and over 80 other research projects in train.

8. Rotherham Hospital has continued to attract visitors throughout the past year. The Duchess of Cornwall visited the Osteoporosis Service, Jamie Oliver brought his Ministry of Food to our door, and David Nicholson joined us to celebrate our infection control systems and class-leading low rates of hospital acquired infections.

9. The Trust ended 2008/09 with a healthy financial surplus which enables the Trust to make further investments to improve the quality of care delivered to patients.

And finally, the icing on the cake, amongst a number of accolades, such as our triple win for the quality of our patient information (including overall first prize) at the BMA awards, the Trust was included in the CHKS 40 Top Hospitals 2009 award and won the prestigious Health Investor “Foundation Trust of the Year” Award.
I am proud of what we have achieved again this year and I am pleased to share our successes with you here. We continue to go from strength to strength, providing the best in healthcare for our patients and the people of Rotherham and we are now one of the most highly regarded Foundation Trusts in the country for our growing reputation and success.

The charity’s aim is to raise £350,000 to help the Trust buy an additional scanner, which means that patients can receive a warm welcome from our staff and patients. In March, the Duchess of Cornwall visited Rotherham Hospital to see the Rotherham Osteoporosis and Bone Health Service in her capacity as President of the National Osteoporosis Society and it was a great honour to welcome her. The Chief Executive of the NHS, David Nicholson, also paid us a visit on the day that our class leading low energy comes from our remarkable staff. They deserve thanks and praise for all they have achieved this year, especially in the context of the tough financial climate and the challenges they have been set. We will continue to work together to focus on what really counts. It is all about improving patient safety, improving patient experience and improving outcomes of care.

I would like to join with Margaret in extending my thanks and appreciation to our Governors, Members and other stakeholders who continue to get involved and who play their part in guiding the organisation and making sure we continually challenge ourselves.

I hope you enjoy reading this Annual Report and will find within these pages the inspiration to continue to support us and to work with us to ensure we are delivering the best in healthcare for the people of Rotherham and beyond.
Substantial elements of that vision will focus on a range of developments and initiatives with a common aim - to ensure that the hospital can thrive in the future, and emerge as one of the best performing hospitals in the UK and indeed Europe. By best performing, we mean the quality of the services we give to patients in terms of safety, outcomes and experience, and that we meet and where possible exceed the standards laid down by regulators.

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

Our commitment to playing an active part in the local health economy, in particular to ensure sustainable and high quality services locally, has been demonstrated through our partnerships with the Rotherham Metropolitan Borough Council, the Chamber of Commerce and voluntary organisations together with surrounding Commissioners in an effort to establish positive relations that result in improvements in the health of the local community. The Governors and Members continue to support that agenda.

By way of example, during the year a smoking cessation facility run by NHS Rotherham (Primary Care Trust (PCT)) was opened on our site, which provides easy access to cessation services during the same visit to the hospital that the patient receives advice from the consultant, and in demonstrating our commitment to improving the health of our community, we also launched a ‘Stop before the Op’ campaign which helps patients understand the importance of their health and fitness in terms of improving outcomes following surgery.

The Trust continues to derive the majority of its income from NHS Rotherham but continually increases the proportion of its income from other PCTs with non Rotherham patients choosing Rotherham Hospital to deliver their care. The Trust has seen an increase of around 10% in non Rotherham referrals since March 2008 which is undoubtedly due to our very low waiting times and growing reputation.

We were delighted to receive ‘top marks’ by Monitor, our regulator, who awarded the Trust ‘Green - Green’ for governance and mandatory services and 4 (out of a maximum of 5) for finance, and for this recognition to be matched by a ‘Double Excellent’ rating by the Healthcare Commission (HCC) for both the quality of our services and use of resources in 2007/08.

We are proud of our achievements in continuing to bring down infection rates from already enviably low levels, with C.difficile and MRSA infection rates falling by 71% and 22% respectively in comparison to the previous year, resulting in the Trust having amongst the lowest infection rates in the country. As part of our locally negotiated contracts with NHS Rotherham, we have in place a control of infection scheme which rewards superior performance, and our results this year were rewarded through incentive payments which have themselves been used to fund further improvements in our control of infection measures, thereby further safeguarding our patients.

We will continue to strive to improve the safety and experience of the care received by our patients by continually challenging the way we do things and looking at the hospital through patients’ eyes, for instance, the Board placed an anonymous order and sampled a typical lunchtime meal. We await the outcome of this year’s HCC ratings which will be published later in 2009, whilst also recognising that this will include an assessment of completion of the action plan to address the two minor breaches of the Hygiene Code identified when the HCC inspected the Trust in December.

Operating within the healthcare service industry, the hospital serves a local population of around 254,000 with an annual income of £164 million. The organisation is the second largest employer within the local economy and has a diverse workforce of around 3,400 employees. We were proud to celebrate our 30th Anniversary on this site in December, and it was a pleasure to see our staff, Governors, Members and stakeholders join in the celebrations with our patients and past employees.

The hospital has around 600 inpatient and 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 inpatient services provided by the Trust.
The Trust will, over the coming year, look to increase the number of services it delivers outside the hospital building, through a number of schemes to deliver care in the community and to broaden the hospital’s portfolio of services. The Trust has already successfully initiated GUM (Genito Urinary Medicine) outreach services with clinicians running clinics at Thomas Rotherham College for instance, and was successful in its tender to provide Community Weight Management Services for NHS Rotherham.

With regard to Chemotherapy Outreach, we have seen major developments and improvements for patients through initiatives like e-Prescribing, the appointment of a Pharmacist, C-PORT (a tool which aims to provide capabilities for effective capacity planning in Chemotherapy Services) and an electronic diary that links the Trust to Weston Park Cancer Hospital allowing the hospital to book its own appointments electronically, thereby speeding up the process for patients. A number of such projects have both transformed the patient experience and also the way we work, so that care is organised both transformed the patient experience and also the way we work, so that care is organised.

The Trust ended the year with a surplus of £3.95m reflecting considerable effort across the year to improve productivity and increase efficiency and we remain strongly committed to reducing waiting times whilst simultaneously improving the quality of care. Significant progress continues to be made by our specialists in creating surpluses to be spent on improving services for patients and progress against our own ambitious 9 week referral to treatment target has seen the Trust achieve some of the lowest waits in the region and nationally.

We have maintained a commitment to employee involvement throughout the Trust and have a range of well-established communication channels in place to ensure regular and effective communication with staff. The Trust also enjoys a positive relationship with its staff side representatives and meets with them regularly to ensure their full involvement in key issues, for example, the Nursing and Midwifery Review. The Board regularly pays tribute to staff for their part in our success, and believes the Trust’s success is as a result of active involvement and support from clinical and non-clinical staff who collectively have delivered greater efficiencies and improved operational performance.

During the year, the Trust’s sickness absence rates were 5.73% against a national average across the NHS of 5.3% and a great deal of work has been undertaken not only to support staff back to work but also to train managers and staff themselves to spot the early warning signs of preventable absence through, for instance, our Stress Awareness Training, through a review of the Sick pay Absence Policy and supporting training package and via enhancements to our Occupational Health Service.

The Trust recognises its corporate social responsibilities with respect to the environment and we focus on reducing our environmental impact by using less, recycling more and disposing of waste sensibly and we remain committed to reducing our carbon footprint. We are proud to be one of the first Trust’s in the UK to install Combined Heat and Power facilities. The Trust was successful in its application to become part of the national Carbon Management Programme, and was commended for the carbon management strategy produced from that work, which is now being implemented.

We take our responsibilities as one of the largest local employers very seriously. We work hard to recruit locally. In an organisation which spends over £55m a year with third party suppliers, we recognise that we can have considerable influence on the regeneration of our local economy and we use this to positive affect in the local community. We have resolved to ensure all local suppliers are paid promptly and have a specific aim of paying suppliers in the direct locality within ten days and where possible we comply with the Public Sector Payments Policy.

Principal risks and uncertainties

A summary of the Trust’s principal risks and uncertainties has been provided within the Statement on Internal Control. The Trust has focussed on managing the risks associated with our transformation programme and on ensuring it is in a position to take advantage of opportunities presented through the national drivers of change.

We saw little reduction in the numbers of patients attending A&E, which averaged 210 per day across the year, but although there are internal opportunities to improve our ability to flex capacity in order to minimise patient waits, we have also commenced a major review with NHS Rotherham and local partners, to agree what further measures we can take across the whole system to reduce the volumes of patients attending A&E, thereby ensuring those patients in greatest need of acute care are seen quickly. The tremendous efforts of the staff in the department and across the whole hospital meant that we only just missed the 4 hour target - for the first time since we became a Foundation Trust - but we need a unified approach, as nationally A&E is presenting Trusts with significant challenges.

The future

We must improve the patients’ experience of our services, from the environment in which we deliver care to the way in which we communicate, building our reputation for quality and safety, and making it easy, convenient and attractive for patients to use Rotherham and we believe achievement of the ambitions set out within our Service Development Strategy 2 (SDS2) will achieve just that.

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 recession, ageing population and lifestyle trends which are set to provide the biggest challenge yet to publicly funded healthcare over the next few years. Such issues are likely to have significant impact on the development of our business as well increased regulation, potential piloting of direct payments for healthcare and the drive to provide more care in the community. All will test the organisation’s resilience and capacity to adapt and respond. The Trust has a very ambitious strategy going forward, underpinned by our aspiration to become a ‘best in class’ hospital.

This is an exciting period where we will capitalise on our successes to date and keep a close eye on the healthcare challenges ahead of us.

We have commenced the biggest projects ever embarked upon by the hospital in the form of an Electronic Patient Record (EPR) project (outside of the National Programme) and site development programmes which will see the Trust spending about £200 million over the next 8 years, in order to significantly improve the quality of care patients receive and how that care is delivered.

Capital projects of such scale, present significant risks and challenges for the Trust therefore the successful implementation of the capital programme is essential. Prior to starting the projects in earnest, the Board therefore commissioned PWC (Price Waterhouse Coopers), our Internal Auditors, to review the status of the management arrangements, controls and processes.

As a result of that review, the Board of Directors has strengthened the programme management arrangements in place and we are now able to initiate ambitious transformation.

The Trust has secured a £25m loan in order to support the timely delivery of its transformation plans, making the most of the freedoms allowed us as a Foundation Trust.

Progress with EPR is on target and the Board will be monitoring this closely to ensure that the full benefits this is expected to bring are realised.
Directors’ responsibilities
The Board of Directors provides wide-ranging experience and expertise, and continues to demonstrate the vision, oversight and drive that allow the Trust to deliver its ambitions.

The following persons served as Directors on the Board during the year:
Mrs Margaret Oldfield; Mr Brian James; Dr Giles Blemner; Mr Tony Hercocx; Mrs Julie Hickton; Mr Neil MacDonald; Mr Nigel Ruff; Professor Walid Al-Wali; Mrs Jackie Bird; Mr Roger Jones to 31/10/2008; Mr Matthew Lovany; Mr Mike Pinkerton; Ms Jenny Wilson and Dr Mark Whiten. The biographies of our Directors are detailed later within the Annual Report.

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 Officer’s 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.

Equity and Diversity (E&D)
The Trust is committed to an active E&D policy from recruitment and selection, through training and development, 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 reasonable steps to prevent and detect fraud have been taken. The auditors are aware, there is no relevant audit information.

The auditors are aware of that information.

Information and to establish that the auditors make themselves aware of any relevant audit information.

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Dr Mark Withers. The biographies of our Directors are detailed later within the Annual Report.

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The Rotherham NHS Foundation Trust provides a wide range of hospital services mainly to the people of Rotherham as well as an increasing number of patients from further away. The Trust’s main site is at Rotherham Hospital, but we also provide rehabilitation services at the nearby Park Rehabilitation Centre and we are responsible for the Community Midwifery Services across the whole of Rotherham.

With a growing number of healthcare partnerships, some 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 ingnant element of the service is based at the Doncaster Royal Infirmary. Ophthalmology inpatient services for the Barnsley District Hospital are carried out at Rotherham 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 hospital site at Moorgate in Rotherham also acts as a base for:

- A number of mental health 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 (NHS Rotherham)
- Post and Under-graduate Education for Sheffield University
- Ambulance Station for the Yorkshire Ambulance Service
- Hospital based Social Services provided by Rotherham Metropolitan Borough Council
- Renal Unit that is managed by Sheffield Teaching Hospitals
- Diabetes Centre that is managed by Rotherham Primary Care Trust (NHS Rotherham)
- South Yorkshire Sexual Assault Referral Centre where children and adults are treated in a safe and caring environment which is staffed by South Yorkshire Police and hospital staff
- 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 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.

Overleaf is a summary of the range of services we currently provide.

FACT FILE
All cancer patients referred by their GP with a suspicion of cancer and who have wanted to be seen quickly have been seen within two weeks of their referral.

Brian James Chief Executive
The Trust is the second largest employer locally with around 3400 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.

Rotherham Hospital’s range of services includes:

**Medical Specialties**
- General Medicine (including diabetes, gastroenterology, respiratory, cardiology)
- Healthcare for Older People, Rheumatology, Anti-Coagulation, Haematology, Dermatology, Rehabilitation Medicine, GU Medicine, Lipid Clinic and Child Health
- **Surgical Specialties**
  - General Surgery (including vascular, breast, upper and lower GI, endocrine), Urology, Orthopaedics, Ear Nose and Throat, Ophthalmology, Maxillofacial and Orthodontics, Obstetrics (including community midwifery) and Gynaecology

**Critical Care**
- Anaesthetics, Pain Management, Intensive Care and High Dependency Unit
- Associated operating theatres and sterile services

**Emergency Services**
- Accident & Emergency, Admission and Discharge Management and Emergency Assessment Unit

**Allied Health Professionals**
- Physiotherapy, Clinical Radiology (X-Ray), Dietetics, Orthoptics, Pharmacy, Audiology, Occupational Therapy, Orthotics and Pathology
We work around the clock to deliver the highest standard of care for patients. Our success depends on our staff who show an outstanding commitment, tailored to their needs and a passion to improve care and services available to patients.

A hospital never sleeps. It is an operation that runs 24 hours a day and 365 days a year to ensure we provide the best care and experience for our patients, their families and for our staff. Many visitors and outpatients only see the activity that goes on from nine to five but there is no such thing as keeping office hours in a busy general hospital.

Day and night
Night shift with a junior doctor

Hospitals really aren’t just 9 to 5. If you are in doubt, ask Alison Storey. The 26-year-old doctor joined The Rotherham NHS Foundation Trust two years ago as part of her ongoing postgraduate training.

In that time she’s worked in a number of different hospital departments including Genito-Urinary Medicine, Diabetes, Gastroenterology and Healthcare for Older People. She’s also done two stints on Accident and Emergency. She’s enjoyed a variety of work across the hospital but it’s the time spent in A&E which really sticks in her mind.

“There’s no such thing as an average day in A&E but that’s what I enjoyed about it,” explained Dr Storey, who is working towards becoming a consultant in Anaesthetics.

“Joining A&E was quite scary because I was suddenly responsible for deciding when people were fit to go home and I had to work towards very stringent targets. We worked very hard to achieve targets and see patients in the required time and these targets were always in mind as recognised safeguards of patient care.”

“I enjoyed my time on A&E and I think one of the most rewarding aspects was seeing the smile on people’s faces when I could tell them what was wrong with them. Many people simply want to understand what’s wrong, they just want to know.”

Dr Storey worked many days in a row in A&E and says working up to 12 consecutive shifts without a day off was particularly challenging.

“My social life suffered and when I did get a few days off I spent quite a lot of time sleeping.”

Dr Storey treated a number of major trauma patients during her time in casualty and says this work has helped her learn a great deal. “Sometimes people are aggressive or intoxicated and it can be challenging but you learn how to manage it.”

Whilst Dr Storey treated many patients with serious injuries in A&E, she also saw a significant number of patients with minor injuries, who perhaps could have used the Rotherham NHS Walk In Centre at Rotherham Community Health Centre, Greasbrough Road, Rotherham.

“Even if a patient arrives at A&E with something as simple as a paper cut, for example, (and they do!) we have to examine that patient and assess them. This does take time and takes us away from patients with greater needs. I was surprised by the number of people coming to A&E with relatively minor problems who could have visited their GP. I’ve actually made GP appointments for some patients who couldn’t or wouldn’t call their GP.”

Day and night
Day shift with a senior nurse

Staff Nurse Janet Wilson had always wanted to train as a nurse but marriage and motherhood she concedes, somewhat delayed her career. Janet married young and brought up a family but when her three children reached school age she set about realising her ambition. “I sort of did my career the wrong way round – marriage and children first then my career,” explained Janet, who qualified as a nurse in 2003.

She signed up for an Access to Nursing course and although juggled study, work and a family was hard, she has definitely achieved her goal. “I did my Nursing training in all different areas of the Hospital, but one of the areas that really interested me was theatres.”

Upon qualifying Janet began her career as a theatre nurse moving around each speciality gaining invaluable experience, and in 2005 she moved into the specialised field of Maxillofacial and Ear Nose and Throat surgery.

“When I was involved in head and neck cancer cases, some of the operations could last up to 17 hours. I found this incredibly rewarding to be able to play a part in these extensive and challenging operations.”

Janet has recently transferred to Orthopaedics and now spends her days assisting with innovative orthopaedic surgery either as scrub or circulating nurse. She enjoys her role because everyday is different. “My day begins at 8.00am making sure we’ve got everything in theatre we need, checking all the equipment before the first patient arrives at theatre at approximately 8.15am. We perform a variety of operations and there’s not a day goes by when I don’t learn something new.”

Janet says the relationship she shares with the surgeons and her peers is precious. “We’re a team and we all work very well together. We’ve got a good rapport.”

Although she qualified in 2003, Janet’s studying is far from over, not only is Janet studying on a deputy team leader course as part of her management development but has also recently completed her dissertation for a BA honours degree in Acute and Critical Care.

She has also undertaken Human Factors training in the Orthopaedic team as part of the Productive Operating Theatre (POT). “The days are long but challenging and it can be hard combining studying with full-time work and teenagers!” she added “But I really do enjoy what I do and I’m pleased I joined The Rotherham NHS Foundation Trust.”

FACTFILE

The Productive Operating Theatre is an exciting programme that gives frontline staff the knowledge and practical tools to improve theatre performance dramatically, giving patients a better experience, increasing the reliability and safety of care, developing more effective team working and leadership, and improving efficiency by reducing waste, and driving down waiting times.

Over 76,765 patients attended A&E in 2008/2009 – that’s the equivalent to an average of 210 people every single day. Over 47% of the patients attending A&E were seen in less than 2 hours.
In order to deliver the best services and care we can to our patients and to consistently deliver improved standards of patient safety and experience, it is important that people are encouraged to challenge the norm and surpass expectations. To support staff both in their personal and professional development, we encourage them to deliver their best and to share their success with others. As a result, individuals and teams continue to win awards and be recognised as delivering high quality and innovative services for the benefit of our patients.

**A triple first for Rotherham team**

In September, Rotherham Hospital won three prizes at the prestigious BMA (British Medical Association) Medical Book Competition. The awards, which honour a wide range of medical literature and include nine different categories for patient information leaflets, were presented at the BMA headquarters.

Matrons Jackie Fairfax and Shireen Say and Patient Information Officer Michelle Blackburn took to the stage twice. Their first award, for the Patient Information Diary, was in the ‘Best Patient Information Resource of the Year 2008’ category.

Ruth Roddison Lead Specialist Nurse Acute Pain Team, and Consultant Anaesthetist Amanda Blackburn took to the stage with Patient Information Officer Michelle to collect the award for the best ‘Young People’ information award for a booklet called ‘Pain Pain – Go Away’, which was co-produced with school pupils from Aston Hall JHS School and uses a child’s explanation to help other children to understand how to control their own pain.

**National Oncology ‘Team of the Year’ Award**

Rotherham Hospital’s Breast Care Team won the National Oncology Team of the Year Award at The Excellence in Oncology Awards 2008.

The team achieved outstanding results following the implementation of an initiative to improve the care of a vulnerable group of breast cancer patients.

The initiative stemmed from the identification of patients who have inoperable breast cancers including those who were infirm and many who were living in residential nursing homes. For this group of patients visiting the Trust could be very stressful and is logistically complicated.

As a result the team decided to offer a home follow-up service for each patient with their clinical nurse specialist, improving the patient experience, and reducing waiting times for those attending the hospital outpatient clinic.

The nurses undertook specialist training to ensure that the standards of care delivered on home visits would be equal to those available in the Trust outpatient department.

The initiative allocates a key worker to each patient from whom they will receive regular contact allowing the patient and their carers to discuss their treatment plans, there is also regular contact with the patient’s GP. As the judges themselves said: “This entry stood head and shoulders above the other entries in this category. The high quality service offered by the Rotherham Breast Care Team addresses a real unmet need within this vulnerable and often over-looked patient group.

This initiative should be replicated across the country as an additional method of follow-up for breast cancer patients.”

**Outstanding achievements**

The Rotherham NHS Foundation Trust was short-listed for Foundation Trust of the Year at a major awards ceremony, the Health Investor Awards 2009. In the Trust category, a shortlist of five was announced and Rotherham clinched the top award.

The Rotherham NHS Foundation Trust has also been named as one of the CHKS 40 Top Hospitals 2009. These awards celebrate excellence amongst CHKS clients across the UK and are based on the evaluation of 21 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

The winners were announced at an awards ceremony in London hosted by CHKS, the UK’s leading independent provider of healthcare intelligence and quality improvement services.

Brian James, said, ‘We’re very pleased to be named in the CHKS Top 40 Hospitals 2009. We strive to offer the best services and level of care and our staff work extremely hard to achieve that goal. It is particularly rewarding for staff that their efforts are recognised through an independent assessment scheme.’
Keith receives treatment in the hydrotherapy pool from Senior Physiotherapist Casey Betts.

Keith Mawson is a happy man. In January 2009, he came to Rotherham Hospital for a double hip replacement. Following the operation Keith continued to visit as part of a programme of physiotherapy, first on the ward and then as an outpatient.

Keith, who is from Adwick on Dearne near Mexborough, takes up the story: “The problems I was having with my hips were made much worse following a fall at home. I was in a lot of pain. When the decision was made that I needed an operation, I asked my GP if I could be treated at Rotherham Hospital because I had heard from a friend of my daughter’s about its low MRSA infection rates.”

The operation was a success and Keith began working with the hospital’s dedicated physiotherapists to aid his recovery and regain full mobility. A couple of weeks after his operation, Keith, with the help of his ward physiotherapist, was well enough to go home and continue his treatment as an outpatient.

Keith continues: “I’m a keen gardener and hill walker. My wife and I also enjoy sequence dancing and I wanted to get back to being able to do the things I enjoyed as soon as I could. Of course this wasn’t possible when I first went home because I was still using a frame and could not bend down.”

To enable Keith to get back to doing the things he loves, he began visiting the hospital once a week as an outpatient and worked with senior physiotherapist Casey Betts in the hydrotherapy pool.

“My time in the pool built my strength up and helped me do normal daily tasks. I was still using a frame at times but every week that passed I felt better and better,” said Keith.

After a couple of months, Keith moved onto the next stage of his recovery, doing exercises in the hospital gymnasium with expert guidance from the physiotherapy team.

And how does Keith feel now? “I was lucky enough to have got to 65 without having to go into hospital. It’s something no one wants to have to do. But thanks to the treatment I received at Rotherham Hospital, I am now well on the road to recovery. All through my time as an inpatient and outpatient, nothing was ever too much trouble for the staff and I will always be grateful to them.”

Keith Mawsonsv
The other side of the story

We try desperately hard to get things right. Health professionals only want what is best for the patient but sometimes mistakes can happen. When they do, it is important to put things right quickly and to use the experience to improve services and prevent future problems. We take an active approach to complaints and seek to learn and improve from the information we receive.

“It’s not just the watch”

Imagine in the distressing period following a patient’s death, his grieving family could not find his watch. The watch had no real monetary value but a great deal of sentimental value and the family was deeply upset at how their concerns about the watch had been dealt with and how they felt they had been ‘brushed aside’.

Members of Nursing and Patient Experience Teams met with the family concerned and unfortunately, though we could not find the watch, we did agree a way forward with the family.

This incident should not have happened and we have learned from it.

Our Personal Possessions Policy was reviewed and updated but more importantly we took this as an example to a staff learning event to help convey the emotion of the situation and to ensure staff appreciated the impact of losing property and how the behaviour of the staff can have a positive or negative impact on the situation.

The Trust also made a gift to the family - a bench which has been sited in memory of the patient. Later, his family wrote to the Trust again.

“We were very happy to see that you took our complaint seriously enough to raise the matter with the Ward Management Team. Our sole purpose in complaining was so that the problems that were so obvious to us as outsiders would be addressed.”

Quick to respond

Our aim is to offer a timely and thorough response. So when the Trust received a complaint from a patient following an operation, the matter was raised with the consultant who performed the surgery.

“I feel that I was not seen or thought of as a person”

The patient was offered the opportunity to meet with the consultant to discuss her concerns in person but at the request of the patient, the consultant wrote a letter outlining how she had taken on board the concerns and had taken steps to prevent a similar occurrence. The consultant apologised for the distress that she had inadvertently caused.

The patient felt comforted by the response to her complaint and the issue was successfully resolved in 10 days.

Getting to the heart of the problem

As part of the complaints process we liaise extremely closely with patients’ families and with Trust staff. We welcome feedback because it gives us the opportunity to make changes and improve the care and services we offer. Learning is a key aspect of the complaints process.

“We were very happy to see that you took our complaint seriously enough to raise the matter with the Ward Management Team. Our sole purpose in complaining was so that the problems that were so obvious to us as outsiders would be addressed.”

A small army of volunteers carry out a wide range of activities across the hospital, enhancing the service we are able to provide including the hospital reception, communications department, pharmacy, clinics, accident & emergency and on the wards.

Two members of the amazing volunteer army are Gwen Braidley and Kerry Thomson.

Gwen and Kerry

Gwen has done voluntary work for the hospital for 10 years. She said, “On Mondays and Wednesdays I go around the wards to keep patients’ flowers and plants looking their best, changing the water and tidying up arrangements where needed. I get out of it as much as I put in. I especially enjoy chatting to patients as I work and we get some lovely compliments. The other day, a patient said to me, ‘I was asleep when you came round, and woke to see the flowers. They’re beautiful’.”

Gwen also does voluntary work at the hospital for the Women’s Royal Voluntary Service, in the WRVS shop within Healthcare for Older People, which she has been doing for the last 30 years!

While Gwen has many years of service under her belt, another of the hospital volunteers has only been here for a week. She’s already loving it.

Kerry Thomson helps in the volunteer office which co-ordinates the efforts of all the hospital’s volunteers. She said, “I would like to get a job in administration and I have had a number of job interviews, but have been told I need more experience - which is exactly what I am getting as a volunteer at Rotherham Hospital. MENCAP put me in touch with the hospital and Jenny Ashcroft, the hospital’s Volunteer Services Manager. I didn’t know when I first came along that I would end up working with Jenny in her office but am delighted I am. I enjoy working here, and by helping other people I am helping myself.”

FACT FILE

184 formal complaints were received in 2008/2009, representing an increase of 32% since last year. The increase is partly due to an awareness raising campaign to inform patients how to complain and to encourage them to raise concerns so that we continue to learn and improve. All complaints were resolved at a local level.

We really do benefit from the fantastic work of our volunteers who truly enhance the services we provide to patients and visitors. We appreciate the time they spend with us, however great or small and hope that they gain as much from being here as do the hospital, its staff and its patients.

Kerry Rogers
Company Secretary

FACT FILE

With nearly 200 volunteers offering their time to help us to help our patients, their efforts cannot be underestimated. We have new volunteers joining each week and some volunteers who have been here since the Hospital opened 30 years ago.

“Thank you section 4.4”

www.therotherhamft.nhs.uk
We exist to provide patient care in a safe and comfortable environment. Patient Safety and Patient Experience are the foundations of everything we do and we are striving hard to make sure we are seeing the Hospital through the patient’s eyes and pre-empting challenges and issues before they arise. Whether it is through innovative services and facilities or through robust programmes and procedures, patients and their families should feel assured that their welfare and care are at the top of our agenda.

Patients on the Keppel Ward look forward to Wednesday mornings, because that’s when Doreen Ward pops in.

Doreen, a hospital volunteer, provides a free manicure service for the ladies who are inpatients on this specialist rehabilitation ward. Doreen says she really enjoys her weekly visits.

“As I move from patient to patient I can hear them chatting to the nurses and the doctors showing off their manucures. To think I have brightened up their day in a small way is so rewarding.”

Doreen always greets the patients with a smile and enjoys spending time talking to them. The feeling is mutual, as one patient said: “I wish she could stay and talk all day.”

One way to improve the patient experience is to ensure they don’t feel isolated from the outside world. A new electronic greetings system, which makes it easier for friends and relatives of patients to stay in touch, was launched at the hospital in December.

Sending a patient greeting is simple. Friends and relatives just need to log onto the Trust website - www.therotherhamft.nhs.uk/inpatient_greetings - choose one of six greetings cards, and complete a message form.

Once the form is received by the Trust the message will be printed on to the greetings card that the person has chosen and the card will be delivered to the patient on the ward by one of the hospital’s dedicated volunteers.

Patient Information Officer Michelle Gibson developed the scheme and won the ‘Idea of the Year’ award last year. She said, “People who might find it difficult to get to the hospital or who live some distance away can use this service which offers the opportunity to get a message hand delivered to a loved one - which can help make their day.”
We take patient safety extremely seriously and we’re determined to introduce new technologies and procedures to keep us at the forefront in terms of infection control. We strive to offer patients the most effective and high quality care in a safe environment. The ongoing delivery of the Patient Safety Strategy has resulted in many different programmes of work that have provided real improvements.

Amongst the lowest MRSA and C.difficile infection rates in country

Recognised nationally by the NHS Chief Executive, David Nicholson on his visit to the Trust earlier in the year. We hope that the hospital’s low infection rates provide one less thing for patients to be concerned about.

When a potential infection is identified we initiate our ‘Red Alert Action Plan’ and this plays a crucial role in reducing the risks of spreading infection. The Trust also works closely with NHS Rotherham to reduce infection in the community setting, which in turn reduces the number of patients arriving at the hospital with infections.

The Trust has recently introduced assessment of infections to all patients who we know are coming to the hospital for treatment. If any infections are identified, the trust then provides the necessary treatment and care to the patient before they come to the hospital.

To ensure we have a responsive and effective way of reporting incidents, we have introduced a web-based system for staff to report patient safety incidents. In addition, staff conduct Patient Safety walk-arounds on a weekly basis to identify any patient safety concerns staff may have.

Learning from patient safety incidents is clearly important in terms of prevention. The Trust has a rolling programme of training in root cause analysis. This programme provides staff with the capacity and capability to analyse incidents and to understand what happened, why and how it can be prevented.

For most incidents staff will identify improvement actions and act on the findings as a matter of course. For other incidents, a Trust-wide approach is required.

For example, the hospital has just launched a programme to reduce in-patient falls. The programme is currently being piloted in three wards. We will learn from the pilots and then support the roll out of the programme across the Trust. The aim is to reduce in-patient falls by 40% by the end of this year.

A series of further patient safety programmes are being planned which include, documentation, medicines management and pressure ulcer prevention.

We will continue to ensure that patient safety is paramount in all our activities and that the care we provide for our patients is safe and of the highest quality possible.

Single sex wards

High on the national agenda, single sex accommodation has long been on our radar. Throughout the year a significant amount of work has been undertaken to further the Trust’s push towards single sex wards. Fitzwilliam ward is now a male ward and Wharncliffe ward is now female. All other wards now have a designated male/ female end with designated male/female toilets.

One ward particularly rose to the challenge was B1, our acute admissions ward which has a high number of patients arriving and leaving and whose bed allocation has relied on their clinical needs above all else. By championing the concept of single sex bays this has now been achieved with the rare clinical exception, which is corrected as soon as the opportunity arises.

And the Trust fared well in the national In-Patient survey 2008 which shows a significant improvement on last year’s results in terms of the provision of single sex accommodation.

Over the past year significant work has been undertaken to improve privacy on mixed sex wards and provide separate bathroom facilities for patients. See the Quality Report section in which many of our ambitions for improving the experience of care are detailed.

PATIENT CHOICE

A relative of a patient on Wharncliffe Ward wrote to thank the staff saying: “The staff on the ward know their job inside out, they are a credit to themselves and to the NHS… the ward is spotless. It is run efficiently and is extremely well organised.”

Staff continue to RISE to the challenge

Last year we made impressive changes through our RISE programme (Rapidly Improving Services for Everyone) and this year we’ve gone even further. We’ve made, and continue to make, significant improvements which will impact across the whole Trust.

Members of staff work alongside the RISE Team with the aim of improving patients’ experiences and improving patient safety. They also seek to improve both efficiency and performance of their respective area.

In fact, Rotherham is so unique and successful in implementing this process that in February a number of key individuals from The Hong Kong Hospital Authority visited the Trust to see the changes made and sustained.

Some areas which have gone through RIE (Rapid Improvement Events) this year are:

Koppell Ward

This team worked on clinical observations, shift handovers, patient meals, intimacies of care, and discharge. Real changes were made. The ward now focuses on the rehabilitation of its patients and offers a much more personalised service.

Ward Manager, Melissa Nuttall said: “These events gave the staff on the ward the opportunity to contribute their own ideas and experience to improving the patient care we offer. It was an exciting challenge and the staff rose to it with great enthusiasm.”

Pharmacy

Having recently undergone a major refurbishment including a £200,000 robot system to dispense drugs, this event gave staff the opportunity to work through their processes and achieve the most efficient and robust service possible.

Greenoaks

For the team here, this was all about improving the patient experience. Since the event, the health professionals now travel to the patients, rather than the other way around.

Wharncliffe Ward

This team won last year’s Making A Difference award at the annual staff awards ceremony and following a recent practice review, the ward has continued to work on their previous achievements by developing a new patient record and totally retraining working practices and ward routine in order to promote patient safety.

Estates & Facilities

The staff from Estates looked at all of their processes and planned a series of events to take place throughout the year. The first event took place in Stores where the team tackled to find the most effective and efficient way of retrieving and storing the items needed in order to keep the hospital in good working repair.

CTR (Central Treatment Rooms)

CTR is the area of the hospital where all surgical site wounds are treated in order to reduce any risk of infection. Patients are taken off the ward and have their wounds dressed in this sterile environment. The team look at how patients were booked into their service.

Many patients were unaware that they would be taken off the ward for their treatment and this caused confusion. The team devised a new booking procedure which ensures that patients are given a specific date and time for their appointment, ensuring both staff on the ward, staff in CTR and the patients were prepared at the same time.
**FACTFILE**

This year we went bare below the elbow. This means that no wristwatches or rings (except a plain metal band) can be worn and if staff are wearing long sleeved shirts the sleeves must be rolled up, past the elbow, when in clinical areas. If neck ties are worn, these must be tucked into shirts at chest level when worn in clinical areas.

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**Keeping clean, keeping safe**

We’ve developed the Saving Lives Programme which focuses on the high risk interventions that, if not carried out correctly, could result in a healthcare associated infection.

Following the Health Care Commission visit to inspect our compliance with the Hygiene Code (statutory code of practice), where two minor sub duty breaches were determined, changes in practice were introduced and new policies were developed which were supported by an intensive education programme led by Domestic Services. Training was stepped up and infection prevention and control sessions now occur as stand alone sessions, training up to 75 people at a time.

In order to comply with the national screening strategy for MRSA, screening was introduced for all elective patients (non outpatients) admitted to, or attending the Trust. This is being supported by the widespread use of antiseptic skin wash.

We’re reviewing local data on anti-microbial sensitivities to develop a robust anti-microbial policy. A system has been developed to ensure that high-risk patients and anti-microbial therapy is reviewed daily.

The team continues to provide expert clinical advice regarding clinical and environmental issues, and continues to work on the development of an audit programme that will support and ensure implementation of the agreed policies.
Learning to bring change

When things go wrong we learn... and quickly ring the changes. A crucial aspect of the incident investigation process is to make sure that recommendations are implemented and shared across the Trust.

It is only by sharing and learning from investigations that we can reduce the risk of similar incidents occurring. For more complex serious incidents we hold a ‘learning event’ for staff directly and indirectly involved.

This ensures we have identified all of the issues and to help identify potential solutions. Patients, their families or carers are also asked for their opinions on changes they think would reduce risks. The action plans for all serious incidents are monitored through our Quality and Standards Review Group. These are then taken forward and monitored through our risk register process.

We analyse incidents, claims and complaints and identify areas for learning and improvement. Again this helps us to prioritise areas for improvement.

In the past year some of the changes have included reviews and amendments to relevant guidelines, improving communication between staff at handovers, reviewing and strengthening security arrangements. We’ve also introduced a falls collaborative programme with the aim of reducing falls considerably by the end of the year.

We then monitor all of the actions through our regular reporting systems to make sure that we have reduced risks and improved care for all of our patients.

First Class Effort

Studying for a degree is tough but combining essays and dissertations with full time work takes real determination. Diane Muldoon, a staff nurse on B3, has just gained a first class honours degree in Nursing and Midwifery. She studied for the BSc whilst working full time.

“There were a lot of late nights and weekends didn’t exist,” recalled Diane, who has worked at Rotherham Hospital for three years. “I had to do a 10,000 word dissertation and quite a few assignments. It was a challenge but I’m delighted to have done so well and I’m just relieved it’s all over.”

Diane will graduate later this summer.

To grow and succeed, people and organisations need to keep learning. Whether it is about personal development, management development or service development, there is no time to stand still in a modern NHS Foundation Trust. The importance placed on learning and development by all staff groups within the Trust is reflected by the achievements highlighted below. Well done to all staff across the Trust involved in either personal or service development.

Postgraduate lunchtime lectures

Staff at Rotherham Hospital can look forward to more than just a quick sandwich at lunchtime. The hospital runs a lunchtime lecture programme and every Tuesday staff from receptionists and domestic assistants, to doctors, nurses and managers pack into the lecture theatre.

One of the most popular lectures this year was the visit of the new Coroner Nicola Mundy. The lecture theatre had standing room only as the town’s first female coroner gave a fascinating account of her first few weeks in the role following the retirement of her predecessor Stanley Hooper.

Lecture topics are designed to be of interest to all members of staff.

This year staff have also welcomed Mr Fenton (Consultant Obstetrician and Gynaecologist) and local GP Gerda Pohl who were involved in developing colposcopy services in Nepal.

They spoke about the project and their experiences. The lecture programme provides one of the few opportunities for staff in all areas of the hospital to come together and learn about something of common interest.

Recognising our talent

Throughout the year staff have been training and taking qualifications in a range of subjects from customer service to infection control. Last June the Trust’s Learning and Development department held its annual awards ceremony at The Carlton Park Hotel in Rotherham.

The awards ceremony celebrated the achievements of more than 300 members of staff who had completed work based qualifications with the support of the department and work based assessors.

Staff were congratulated by Trust Chairman Margaret Oldfield and Chief Executive Brian James who presented staff with awards. Sue Downes, Assistant Learning & Development Practitioner, said “We were pleased to see so many staff attending the event to gain recognition for their learning achievements. This year we have seen an increase in the number of staff undertaking the Literacy or Numeracy National Test which is a great achievement and shows that the staff are committed to improving their skills.”

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We have the technology

The Force was with him

When Colin Hope underwent surgery to replace the joints in both knees at Rotherham Hospital he chose an unusual way to take his mind off the operation - he watched a DVD of Star Wars III.

The surgery is traditionally carried out under general anaesthetic, but prior to the operation the anaesthetist had said that patients usually recover better and more quickly from anaesthetics often prefer to also remain conscious throughout the procedure.

He explained: “I would have had a general anaesthetic, but prior to the operation the anaesthetist had said that patients usually recover better and more quickly from episcopal injections, so I decided that I would go for that option instead.”

Patients who choose episcopal anaesthetic often prefer to also receive sedation so that they are unaware of sounds. Colin decided to “use the force” instead.

“The film lasted just about the same length of time as the operation and it was a perfect distraction from the activity in the theatre. I had brought my earphones so I couldn’t really hear what was going on in the room.”

No they don’t wear white coats

As part of a one million pound refit of the hospital’s Pharmacy, which was completed in November 2008, state of the art robotic dispensary machines were installed.

The robotic dispensary machines, which are around three metres high and seven metres long, have helped staff reduce the turn around time for dispensing prescriptions.

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The new system. TransportTracking

The hospital’s experienced porters were able to provide an even better service to patients and staff after the introduction of an innovative new system, TransportTracking™, an automatic real-time dispatcher-less portering system.

Staff use the hospital’s existing telephone and IT network to request patient and equipment transfers. The system then manages the routine elements of the portering service, directing individual porters to carry out requests based on their proximity to the required location and the priority of the job entered in the system.

An investment in saving lives

In August 2008, The Chatham Suite at Rotherham Hospital took delivery of a state of the art Digital Mammography unit and Stereotactic Biopsy device. The equipment used to image the breast is essential in the early detection of breast disease and in particular breast cancer.

Programme Manager for Breast Screening Carol Barras said: “The equipment is designed to give the patient maximum comfort during the procedure, this in turn reduces anxiety and reduces patient movement, which improves image clarity and reduces the need for additional imaging.

“The unit also allows the biopsy to be undertaken as an outpatient and as there is little effect on the patient most women can go back to normal activities immediately.”

Early detection of breast disease and breast cancer means that treatment can happen more quickly, improving positive outcomes and the quality of breast disease management offered to patients.

The creation of the digital mammography facility has been greatly enhanced by the support of Westfield Health who donated £80,000 for the provision of the Stereotactic Biopsy device and we are grateful for their support.

In a busy general hospital, technology has a vital role to play in supporting the health professionals and ensuring patients receive the best care possible. Whether it is making innovative use of technology that already exists or supporting the development of future technologies, The Rotherham NHS Foundation Trust continues to push the boundaries.

Hands off our new defibrillators

This year, new state of the art defibrillators were rolled out for use in key areas across Rotherham Hospital. The Trust purchased thirty Philip Heartstart MRx defibrillators, to add to the existing Lifespan defibrillators, already in use.

This lightweight defibrillator, which incorporates the latest technology, uses lower energy levels, which is better for the heart and have better success rates at terminating ventricular fibrillation than the monophasic machines, which have been used in the past. The roll out of the new machines also means that the hospital will be ‘hands free’. Instead of the old fashioned paddles, staff are being taught how to attach ‘hands free’ electrodes to the patient’s chest, through which the shock is delivered.

Smooth movers

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Donations make a direct contribution

Whether large or small all charitable donations to the Trust make a real difference to patient experience and enhance the level of care we can provide to our patients and their families. Like most hospitals, Rotherham Hospital has a charitable arm which manages all the donations received and ensures funds are spent in the most effective and efficient manner on the things that matter to patients.

Through Rotherham Hospital Charity we will continue to support patient care and specifically through the purchase of cutting edge technology. Whether it is a large corporate donation or a small donation to the Gamma Scanner Appeal, it all allows the Trust to have access to equipment that might otherwise not have.

FACTFILE

POCEMON brings together 18 prominent research institutes, universities, companies and hospitals from all over Europe from Greece to Scandinavia and even Rotherham. The aim of the 8.4m Euro project is to develop a diagnostic tool to provide a real time genetic assessment of a person’s susceptibility to Rheumatoid Arthritis and Multiple Sclerosis.

Greater focus on research and development sees reputation grow

The Trust is leading the way when it comes to research and development. We are currently taking part in 84 research projects and waiting for 14 more to be approved. We’re also the only UK pilot site in two projects funded by the European Commission, to develop new technology.

Over the past two years the Trust has managed to get research and development (R&D) back on the agenda. This has been supported by a new department that was officially launched in March this year as part of the Rotherham Research Alliance.

The team at present is jointly funded by the Alliance and is made up of a research coordinator and research administrator with the R&D leads Daksha Patel, Consultant Obstetrician and Gynaecologist, and Jo Abbott Consultant in Public Health.

This Alliance between the Trust and NHS Rotherham allows for greater partnership working and encourages and supports staff to undertake research that is of particular relevance to Rotherham.

By developing new partnerships with universities and research networks, and through Alliance activity, the Trust is building a good reputation for R&D and is seeing research blossom among clinicians.

“A large part of our role is to ensure that the research conducted on site is of good quality, conducted safely and for the benefit of our patients, staff and the organisation,” explained Research Coordinator Dr Angela Ross.

“Over time we hope to expand the team to include research facilitators and support nurses, and with our university partnerships, to house research fellows. Not only will this provide support for our clinicians to conduct research but in turn will attract further research and the ability to bid for more funding.”

Increasing the amount of research conducted at the Trust has many benefits, not only to the organisation, but also to patients as it helps to improve the skill base of staff which in turn improves patient care. Also it gives patients the opportunity to gain access to new medicines, therapies or treatments.

Dr Ross adds, “Being active in R&D means the Trust will be able to differentiate itself from others in the future. Adopting new technologies and innovative new ways of working will result in significant improvements across the board.”

Relieving time to care

Throughout the year, the Trust has worked with a number of wards to improve facilities and care for patients. The Productive Ward programme is an ongoing programme which works to standardise and clarify processes and improve the patient experience.

By examining their current practices and going through the Rapid Improvement Event process, staff work more efficiently and safely which in turn saves time, this time is then reinvested into direct patient care and making a difference to the patient experience.

This year the Productive Ward Programme has been rolled out on Wharncliffe and Keppel wards and in the hospital’s Stroke unit.

Kim Ashall, Director of Services Improvement, explained how staff looked at how they were able to standardise many aspects of their work.

“One of the most successful evaluations has centred on mealtimes”, she said, “We looked closely at the mealtime process and following a few simple changes, staff were able to reduce the amount of food wasted and improve the service to those patients who need help with feeding. The handover process was also examined and we streamlined it which now means a smoother transition at the end of each shift.”

The changes have resulted in increased morale among staff and a safer transfer of information. Combined, the changes serve to improve a patient’s stay in hospital. The Productive Ward programme continues to save hundreds of hours of nursing time each month which is reinvested into providing better care for patients.
The Trust gave a proper Yorkshire welcome to a number of very important visitors, who came to learn about some of the fantastic work being carried out here.

On February 20 2009, Rotherham Hospital rolled out the red carpet for a Royal Visitor. Her Royal Highness The Duchess of Cornwall, who is President of the National Osteoporosis Society, met patients and staff to learn how the Rotherham Osteoporosis and Bone Health Service is helping people in the area. HRH, who was visiting the hospital in her capacity as President of the National Osteoporosis Society, was given an escorted tour of the unit by Dr Mary Holt, the Lead Consultant of the Service. The Rotherham Osteoporosis and Bone Health Service provides a whole body DXA bone mineral density scanning service, clinics, and a comprehensive range of additional support services for patients.

The Service also provides education and training for other health care professionals in both primary and secondary care in order to encourage appropriate referral. During her visit HRH also met other members of staff from the Trust, as well as civic dignitaries and representatives from health organisations in Rotherham.

The visit concluded with nine-year-old Erin Page presenting the Duchess with a posy. The Duchess left to applause from the large group of people who had gathered.

Brian James, Chief Executive said: “We’re delighted that Her Royal Highness chose to visit Rotherham to see first hand the excellent work of the Rotherham Osteoporosis and Bone Health Service, and meet both users of the service and the dedicated staff who deliver such a high quality service to the citizens of Rotherham and patients from other areas who choose Rotherham Hospital for their treatment.”

Over the last twelve months we were also delighted to be visited by Jamie Oliver. The campaigning celebrity chef came to the Trust a number of times during the making of his ‘Ministry of Food’ television programme. Jamie, who had a battle of words with a mother from Rotherham who rebelled against his efforts to make school dinners more healthy, selected Rotherham as an average town, in order to try and improve residents’ eating habits.

The Trust was one of the “stars” of the third episode of the series - which raised a number of issues, and quite a few eyebrows.

In September 2008 NHS Chief Executive David Nicholson visited the Trust to coincide with an announcement on infection rates by the Department of Health. Mr Nicholson chose to visit Rotherham Hospital on this day because of our low rates of infection and continued reduction in those rates. The year-on-year reduction in infection rates for both MRSA and Clostridium difficile at the Trust are a real demonstration of the hard work and commitment that goes into making the patient environment as safe as possible.

Work which has seen our C.difficile infection rates fall by 71% and our MRSA infection rates fall by 22% when compared to the previous year (2007/08).

Chief Nursing Officer Dame Christine Beasley visited the Trust in February 2009 to learn first-hand about the innovative work being done here to improve patient experience and patient safety. The Chief Nursing Officer is the Government’s most senior nursing advisor, with responsibility for delivering the Government’s strategy for nursing, ‘Making a Difference’, and leading nearly 600,000 nurses, midwives and health visitors, and allied health professionals.

Later that month, as first mentioned in section 4.5 of the Report, representatives from the organisation that manages all public hospitals in Hong Kong visited Rotherham Hospital to learn how the hospital is leading the way in improving the services it offers through the use of our innovative programme.

Senior Executives from The Hong Kong Hospital Authority which manages 41 public hospitals, 48 specialist outpatient clinics and 74 general outpatient clinics, saw at first hand the hospital’s work using rapid & continual improvement techniques, part of the RISE (Rapidly Improving Services for Everyone) programme.
What you see when you visit Rotherham Hospital is really only part of the story. There are many services and facilities that support our operations from the background. They are our backbone and without them we would not be able to provide the patient care that we do. The unsung heroes of the Hospital, these services deserve recognition. To all the people who work behind the scenes, who make our success happen, we extend a huge thank you. These are a few of those hidden services.

Medical Records
The Medical Records Department has undergone a series of changes throughout the last 18 months and a number of Rapid Improvement Events have been held to look at ways to improve services the department provide for the Trust to assist in improving high quality care for patients.

A new process has been developed around three areas of change; a daily collection of notes from standard storage areas, improving the tracking system, and closing the case note library to unauthorised users. These improvements have resulted in a review of staff roles and responsibilities to ensure efficient and effective services are maintained.

Amongst other things, the following achievements have been made:

- A daily collection from all users to return them to the case note library, so there isn’t an accumulation of notes in offices causing issues of health and safety, and a standard method of storage wherever notes are kept so that whenever anybody goes to look for them in that place, they will know exactly where they are.
- The introduction of dedicated teams of staff dealing with clinic management, for example, scheduling of outpatients appointments and enquiries, and staff working within specialty teams to keep expertise and continuity.
- An updated tracking system which is audited. Tracking a set of notes takes 30 seconds, and if undertaken can save literally hours searching for them when other staff need them and a revision of the case note tracking procedure to ensure improvements in compliance was issued as part of the Health Records Policy.

There have also been other significant environmental changes throughout the year including a new reception area in the main Outpatients Department to ensure privacy and dignity is maintained for patients.

The Blood Bank
If you or a loved one needs a blood transfusion urgently then there’s a highly dedicated team working around the clock to make sure the hospital has what you need. The Blood Bank here at Rotherham Hospital stores up to 120 units of blood and 50 units of frozen plasma in secure, state of the art facilities.

The Blood Bank’s fridge, which cost £10,000, is alarmed internally and externally and has six different sensors as part of its temperature monitoring system to help ensure the vital supplies are kept at exactly the right temperature. And this helps save lives.

Gary Steel, Transfusion and Blood Services Manager, said, “After giving birth a woman could suffer from a post partum haemorrhage. In rare cases, this woman could then lose as much as four litres of blood in just five minutes. If you consider that the average person has five litres of blood in their body, this is an incredibly serious situation and we need to provide compatible blood and blood components very quickly to save the life of the patient.”

The team in the blood bank consist of a core staff of four people and a further thirteen scientists on rotation.

Valerie Mills is among them. She said, “I’m a Biomedical Scientist and carry out a wide range of jobs on a day-to-day basis. This includes receiving and thoroughly checking all samples, to make sure that they are labelled correctly. We screen every sample that comes into the Blood Bank and carry out regular checking and maintenance of all the equipment we use. Results of tests are finally checked and authorised using the mainframe computer.”
It's all about IT.
The IT department continues to explore ways that information technology can improve the services for patients and staff. The work undertaken by the IT team in 2008/2009 includes:

- Introducing a pilot programme of scanning GP referral letters and a call/request logging system to request case notes and appointments
- The completion of the first phase of a refresh of existing IT infrastructure which delivered a second server room, a virtual server environment and a resilient high capacity disk storage system

This refresh has seen the following systems being updated or added:

- Endoscopy Information System (Live)
- Cardio-PACS System (Live)
- A Trust Integration Engine linking new systems (Live)
- A GP Order Communications System (Live across four GP practices)
- A Trust wide Results reporting system (in training phase)
- Encryption services to protect Patient Data in Transit (Live)
- Teletracking-portering System (Live)
- InterQual (Live)
- Cancer tracker (Live)

And finally, during the latter stages of the year, the IT department started work on the second phase of the infrastructure refresh programme, which will support the Trust’s new Electronic Patient Record system.

In summary, 2008/09 has been yet another exceptional and exciting year for the organisation with our joint efforts resulting in financial stability and outstanding achievements. We are committed to continually improve quality and services and further enhance the experience for our patients, visitors and staff.
I am pleased to announce that the strong financial performance of the Trust in recent years has continued in 2008/09, with the Trust ending the year with a surplus of Income over Expenditure (IE) of almost £4m. This represents 2.4% of turnover, and builds further upon the surpluses delivered in each of the preceding two years.

As in previous years this excellent financial position reflects a great deal of hard work across the organisation, with continued improvements in both productivity, with patient numbers continuing to grow, and efficiency, with costs continuing to be well managed.

The continued delivery of I&E surpluses is important as it enables the Trust to commit to ambitious capital investments over the coming years in the redevelopment of the Hospital site, modern Information Technology and the replacement of Medical Equipment, which you will have read about in the main body of the report. All of these investments will have clear and tangible benefits to our patients, and are made possible because of our strong financial position and Foundation Trust status.

The Trust earned 9.5% more income in 2008/09 than the previous year, in real terms an increase of over 7%. The Trust continues to derive the majority of its income from local Rotherham patients (funded by NHS Rotherham). As in previous years, additional work has been undertaken to reduce waiting times even further. We have also continued to see an increase in the proportion of our income coming from non-Rotherham patients, who are choosing to use our services for a number of reasons including our low waiting times and low infection rates.

How we spend the Rotherham Health Pound

Chart A demonstrates where our money comes from.

In order to deliver this growth in activity the Trust has had to spend more, particularly on staff and clinical supplies, with our operating costs increasing by over 9% this year. We continue to spend around 70p in every £1 on salaries and wages, with the Trust employing over 3,400 staff (2,700 full time equivalents), over three quarters of whom work in clinically related professions.

Chart B demonstrates how we spend the money we earn.

Capital Expenditure

In addition to the expenditure described previously, the Trust has also made significant investment in larger one-off items of capital (typically buildings and equipment) totalling over £16m in year. This is significantly more than in previous years, reflecting the start of a number of longer term investment programmes in both the Hospital site and the infrastructure that supports it. The Trust spent almost £7m in year on site development including the redevelopment of Pharmacy, upgrade of ward B7, installation of a new combined heat and power plant and the acquisition of the old Lombards site. We have also made significant investments in year in our Information Technology infrastructure which provides crucial support to the clinical 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

The strong financial position of the Trust, both now and looking forward to future years, has enabled us to commit to significant investments in the infrastructure and services over the coming years – supporting a step change in the quality of NHS services offered to the local population.

Conclusion

Once again I am proud that the Trust ends the financial year in a stronger financial position than it started it. Importantly, the strength of this position is being used to leverage additional investment into the local NHS, further strengthening the foundations of NHS care for the people of Rotherham. We will continue to improve the way that we deliver health care by keeping the patient at the centre of everything that we do, and I look forward to the exciting years ahead.
Brian James joined the organisation as the Chief Executive 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. Brian spoke to our communications manager about how the last year has been from his perspective.

Q & A

**Q** Has the last twelve months at the hospital aged you or left you feeling energised about the future?
**A** I’m not the kind of person that feels anything other than energised. I think it’s been a great year, a really successful year. We’ve treated more patients than ever before in our history, faster than ever before. It was the final year of our original Service Development Strategy (SDS), and we achieved nearly everything we intended to do, and much more – the new electronic patient record (EPR) system, the investment in the redevelopment of the site, the development of opportunities to deliver services outside of the Hospital, the achievement of the double excellent award from the Healthcare Commission, and the way we have grown as an organisation were all far beyond our original expectations. How can one not be energised by such achievements?

**Q** If a real challenge is one that pushes you to your absolute limits, has the Trust faced any real challenges this year?
**A** We’ve certainly faced a big challenge with the 98% target for 4 hour waiting in A&E, which we did not achieve albeit by a whisker (we achieved 99.47%). It has been so complicated to understand but what is certain is that A&E are not the problem – it has much more to do with issues such as bed availability across the Trust and our capacity to use them effectively due to other internal and external factors. This issue took up a disproportionate amount of management time, deflecting our attention from other important objectives we have as an organisation. Buying our own EPR system outside of the National Programme also caused me a few sleepless nights, but was well worth it, and securing the funding to allow us to make a massive investment in the Hospital’s infrastructure over the next few years was also a great achievement. We continue to see quite significant growth which is beyond our expectations. It’s a positive thing but it brings challenges in terms of getting the capacity right to deal with the volume of work now being referred to us. Still, that’s a sign of success, and why we became a Foundation Trust in the first place. This growth will help to secure the Trust’s future.

**Q** What’s the worst thing a patient has said to you in the last 12 months?
**A** “It’s not good enough”. And they were right. It was an incident in which we badly let them down and we shouldn’t have because it was entirely avoidable. But there were better communication and greater responsiveness and compassion in meeting their needs.

**Q** What’s the best?
**A** I thought about this quite long and hard. The answer is perhaps rather surprising but you know it comes back to that patient who told me “it’s not good enough”. That hurt, but it also inspired me to want to do so much more, because I know that we can do better than that. So they probably did me a big favour in the end!

**Q** What about the future keeps you awake at night?
**A** Probably the impact of the global financial crisis on the Public Sector and the end of above inflation financial growth in the NHS after 2010/11. The NHS, and particularly acute hospitals, will face massive challenges in being able to continue operating in what I am certain will be negative growth after 2011. Still we have a plan to cope with this and two years to prepare. It’s what our three year strategy (SDS 2) is about.

**Q** Name one thing that has to change in the next twelve months?
**A** We have to seriously improve the quality of patient safety, patient care and the outcomes of treatment (that’s three things but let’s use the term improve quality to embrace all three). The hospitals that will continue to thrive through the recession in last will be those that can demonstrate superior performance, deliver higher quality care for patients, and offer an all round better experience of care than their peers – that is our prime mission. That’s the least our patients deserve.

**Q** The Trust has been rated “Double Excellent” by the Healthcare Commission, but you are continually pushing for changes across the organisation. Why?
**A** Firstly, because tomorrow’s standards will be higher than today’s and current performance is no predictor of future success. Each year the standard’s bar will be raised, so we must continually improve in order to stay ahead of the curve (excuse me for miming my metaphors!). Secondly, because I’m absolutely committed, as are the executive team and the Board, to being the best organisation we possibly can be, the best general hospital in the UK and indeed even internationally. To do that we have to benchmark ourselves against the best, not simply the average, so that is what we will do.

**Q** How do you balance providing the best possible care for patients and running a financially successful organisation?
**A** That’s easy. Providing the best possible care for patients is about doing the right things for patients, at the right time and without error. Guess what? That’s also the most cost effective use of resources – the two are therefore completely compatible.

**Q** Is it hard to find enough time for family and friends with such a busy job? How do you relax outside work?
**A** My job is pretty much a 24 hours a day affair because I carry the responsibility for everything that happens in the organisation, so I live it really. But I do value the time I have with my family and try to spend as much of the early evening as I can with them. I enjoy watching films and reading books on topics that interest me, particularly those which contribute to my ongoing learning and development as a leader and manager. I also enjoy foreign travel and eating fairly exotic food.

**Q** Do you have any personal experience of being treated at Rotherham Hospital? If you have, how would you rate it?
**A** I have. On one occasion personally and on one occasion with my son, attending A&E. On both occasions I found the service to be absolutely superb. I didn’t go out of my way to be treated differently; I joined the queue like everyone else, and I observed that others were treated in the same way as me. I must say it made me very proud.

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annual report and accounts 2009
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.

The Council of Governors includes 16 public governors elected by public members of the Foundation Trust. It also has 5 staff governors elected by hospital staff members and 1 PCT governor, 1 local authority governor and 5 nominated representatives from our partner organisations including Sheffield Hallam University, Sheffield University, Rotherham Partnership, Voluntary Action Rotherham and HEMA (Rotherham Ethnic Minority Alliance).

The Board of Directors is comprised of full-time Executive and part-time Non-Executive Directors who manage the Trust. The Board sets the strategic direction of the Trust with participation from the Council of Governors.

The Board of Directors is responsible for the operational management of the hospital, and therefore makes decisions in the areas of regulation and control, appointments to Board Committees; policy determination; strategy, business plans and budgets; operational decisions; financial and performance reporting arrangements; and audit arrangements.

The last 12 months has seen periods of induction for new Governors following the May 2008 elections, 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 been seen our Governors meeting regularly outside of the formal quarterly meetings, attending national Governor forums e.g. Foundation Trust Governors Association, and interacting with members and Executives.

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 monitored levels of quality in relation to Healthcare Commission standards and played a significant role in engaging, communicating with and recruiting members as well as participating in environment audits and patient journeys. Additionally, Governors were instrumental in the development of SDS2, the 3 year ambitious strategy mentioned throughout this report, and over the next few years will hold the Trust to account in terms of successful delivery against these forward plans.

Julie D’Silva Professional Nurses and Midwives – re-elected for 3 years to 31 May 2011

Jill Ward* Other Health Professionals – elected for 3 years to 31 May 2010

Lee Marshall Support Staff to Health professionals – elected for 3 years to 31 May 2009

1 vacancy - Other Directly Employed NHS Staff

Nominated Partner Governors

Dr John Radford

NHS Rotherham

Councillor Terry Sharmann

Rotherham Metropolitan Borough Council

Dr Michael Jennings

Sheffield University

Jean Flanagan

Sheffield Hallam University

Vacancy

Rotherham Partnership

Taiba Yasseen

Rotherham Ethnic Minority Alliance

Janet Wheale

Voluntary Action Rotherham

Meetings of the Council of Governors

Four Council of Governors meetings were held during the year on 16th April 2009; 16th July 2009; 17th September 2008; and 28th January 2010. An Annual General Meeting was also held on 17th September 2008.

Attendance at Council of Governors Meetings 2008/09

<table>
<thead>
<tr>
<th>Governor</th>
<th>Attendances</th>
<th>Total Meetings</th>
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<tbody>
<tr>
<td>Sylvia Bird</td>
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<td>Jim Bristow</td>
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<tr>
<td>Anthony Hayne</td>
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<tr>
<td>Margaret Marshall</td>
<td>3 of 3</td>
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<td>Sandra Waterfield</td>
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<tr>
<td>Jan Frith</td>
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<tr>
<td>Jill Ward</td>
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Partner Governors

Jean Flanagan 1 of 4

Michael Jennings 1 of 4

John Radford 2 of 4

Terry Sharmann 1 of 4

Janet Wheale 3 of 4

Taiba Yasseen 0 of 4

Register of interests

The register of Governors’ interests is available from the Foundation Trust Office at Rotherham NHS Foundation Trust, General Management Corridor, Level D, Moorge Road, OAKWOOD, Rotherham S60 2UQ, Tel: (01709) 307800.

During the year, the Board of Directors has taken numerous steps to gather and understand the views of both the Governors and the public. These have included attendance at Council of Governors meetings by both Non-Executive Directors and Executive Directors, Member surveys, and attendance at Member talks and events by both Executive and Non-Executive Directors. The Chairman has also held drop-in sessions in order to provide a forum for Governors to raise individual concerns and issues.

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 they re-appointed Margaret Oldfield as Chairman and Dr Giles Bloomer as Non-Executive Director for a further term of 2 years. Our Executive Directors are appointed in accordance with the Trust’s recruitment and selection policies and procedures and their record of attendance is detailed aside their names.

Margaret Oldfield (12 of 12)
Chairman
Margaret started her career working for ICI and British Olivetti before a change in direction and a career within the Voluntary Sector. Commenced as Manager of Relate in Rotherham and latterly became Chief Executive of Relate in South Yorkshire and Wakefield. Margaret’s commitment to the Voluntary and Community Sector has included the establishment of the South Yorkshire and Rotherham Domestic Violence Forum, being founder Chairman of both groups for a number of years. She has been a Trustee/Director of MIND in Rotherham, founder member of Rotherham CVS and currently Trustee/Vice Chairman of Voluntary Action Rotherham. She has been a Governor at Wickersley School and Sports College for over 20 years. Margaret also has an interest in the experiences of victims of crime and is currently on the Victims Advisory Panel to Ministers in the Home Office. Formerly a Non Executive Director and Chairman of Rotherham Health Authority and a Non-Executive Director of South Yorkshire Strategic Health Authority, Margaret was appointed as Chairman of Rotherham NHS Foundation Trust in November 2002. Margaret has been married for 41 years, has three sons and three grandchildren. She enjoys gardening, travel, swimming, reading and playing golf.

Brian James (9 of 12)
Chief Executive
Brian James was appointed Chief Executive of Rotherham General Hospitals NHS Trust on 1st February 2005, and led the Organisation through a successful application to become The Rotherham NHS Foundation Trust on 1st June 2002. From 2005 until his appointment as Chief Executive, Brian was Executive Director for Strategy and Innovation at South Yorkshire Strategic Health Authority. Brian began his career in the NHS in 1975 at Cornwall District Health Authority. In 1993 Brian was appointed to an executive level position at Darlington Memorial. Brian developed the strategies and business models which resulted in the hospital’s successful application for NHS Trust status in 1993, and subsequently for mergers with other hospitals to create the South Durham NHS Trust in 1998 and subsequently the County Durham and Darlington NHS Trust in 2002. During this period he was also responsible for implementing two first wave PFI Hospitals. He is an alumnus of Manchester University, and has a Masters in Health Information Management. Brian is a member of the Rotherham Local Partnership Board and Rotherham CEO Group, but has no directorships or interests in other companies.

Brian is married with children and lives in Rotherham. He enjoys foreign travel, films, amateur photography and computing, and maintains a strong personal interest in international health systems and management.

Julie Hickton (10 of 12)
Julie was appointed as Non-Executive Director of The Rotherham NHS Foundation Trust in November 2006. Between June 2006 and August 2008, Julie held the position of HR Director of Eaga Home Services Division which includes Eaga Insulation, MHRH Group, Miso Services, Atec Assessing Services, E J Horrocks and George Howie Ltd and Eaga Scotland. This position allowed her to be responsible for 2000 staff, over multi sites and various businesses. Her key areas of responsibility are organisational development, management and development, recruitment and retention, cultural evolution, HR general practice and communication. From September 2008 Julie is Director of Nature Coaching Ltd, where she assists organisations improve their people performance for business success. Julie has a passion for assisting individuals and organisations to achieve their potential and maximise their performance, which is what led her to join the Trust, along with her focus, strategic thinking and high level of challenge she certainly brings an extra dimension and expertise in her area of specialism.

Giles Bloomer (11 of 12)
Giles began his professional career as a design engineer at Cornwall Riven Authority, becoming the Main Grade Engineer at National Water Resources Board which was a civil service post.

Giles is an Honorary Director of Rotherham Chamber of Commerce also having been a Director and President. A Governor of Thomas Rotherham College, involved in local charities (Trustee of the Common Land of Rotherham) and a Director/Trusted of the Magna Trust and involved in the local community as a Trustee of the Rotherham Parish Church Development Trust. Giles has been appointed as the High Sheriff of South Yorkshire. Giles has a number of minority shareholdings. He was appointed in May 2005.

Giles is married and has three children. With hobbies and interests including the Rotherham Rotary Club, ex- Round Tablers’ Club and the Aston Martin Owners’ Club.

Tony Hercok (11 of 12)
Tony has a career background in local government, serving as Assistant Director of Education, Head of Schools Services and Head of Social Inclusion for Rotherham Borough Council before retiring in 2002.

Since his retirement Tony has undertaken work for the Department for Work and Pensions on local government matters, provided training for school governors as a Workers’ Educational Association Tutor served as a governor at Kelford School and has acted as Assistant Footpath Secretary for the Ramblers’ Association in Rotherham.

Tony is also a Director/Trusted of Rotherham MIND (a mental health charity) and is a lay member of the Yorkshire and Humber Regional Advisory Committee on Clinical Excellence Awards for Consultants. He was appointed in January 2003.

Tony is married to Ann and they have two boys. They also have a granddaughter. In his spare time Tony enjoys walking, travelling and football.

Neil MacDonald (9 of 12)
Neil began his career in 1977 with KPMG as a Chartered Accountant. From 1987 to 2006 Neil worked at Firth Rixson, the international aerospace engineering group, and for the last 12 years of his time at Firth Rixson he was Group Finance Director. In October 2007 Neil was appointed as the Group Finance Director for AESSEAL PLC, a Rotherham based manufacturer of mechanical seals.

Neil is a Non-Executive Director of Sheffield Theatres Trust, where he also chairs the Finance Committee and the Project Steering Group which is overseeing the refurbishment of the Crucible Theatre. Neil is also the Chairman of the Board of the Rixson Pension Trustees. Neil was appointed in November 2006.

Neil is married with a son and daughter. His interests include the theatre, gardening, skiing and food and wine.

Nigel Ruff (10 of 12)
Nigel began his professional career at the Canadian Financial Services Group and Fund Manager, Confederation Life. Beginning as a Life Underwriter, and rising through to lead the Sheffield (UK) operation, Nigel was responsible for the development of the business via the growth of sustainable, quality business and the development of professional advisors.

Nigel joined Alexander Calder Financial in late 2002 as a Partner in a newly formed financial services business, created by two former Sun Life colleagues. Returning to his familiar world, Nigel was tasked with growing the sales volumes and recruiting additional high performing advisors. From then to now, Alexander Calder Financial Ltd has become one of the fastest growing, privately owned Financial Services businesses.

Nigel has been appointed as a member of the Foundation Trust Financing Facility established to provide funding to Foundation Trusts all over the country, and has a contract with the Secretary of State for Health to provide educational services to Foundation Trusts. Nigel was appointed in November 2006.

Nigel is married to Catherine, has two daughters and a keen interest in local football, good food and wine and travel.
Executive Directors (alphabetical order):

Professor Walid Al-Wali (9 of 12)
Chief of Division for Medicine/Medical Director
Walid graduated from Baghdad Medical School in 1980 and went on to train in Medical Microbiology at the Royal Free Hospital in London for five years. He took up the role of Consultant Medical Microbiologist and Infection Control Doctor at The Rotherham Foundation Trust in 1997. He was then awarded an MD and Honorary Senior Clinical lecturer status by the University of Sheffield. As well as his current role Prof Al-Wali is the former Chairman of an overseas medical association.
Walid was appointed in September 2001.

Jackie Bird (11 of 12)
Chief of Quality and Standards/Chief Nurse
Jackie Bird was appointed Chief of Quality & Standards and Chief Nurse of The Rotherham NHS Foundation Trust on the 1st July 2007. She carries Board of Directors’ accountability for professional leadership of the nursing and midwifery workforce, patient experience, patient safety, risk and quality governance.
Previously, Jackie was Deputy Director of Nursing & Governance at Salford Royal NHS Foundation Trust.
Jackie began her nursing career in 1981 as a mental health nurse and in 1987 attained her registered general nurse qualification. Her main clinical career was in the field of cancer nursing where she rose from Staff Nurse to Senior Nurse Manager at the Christie Hospital in Manchester from May 1988 to June 2001.
Married with one son, her interests include voluntary work at a hospice close to her home and reading.

Mike Pinkerton (11 of 12)
Chief of Business Development
Mike’s early career started in Barclays International Bank, from where he elected to pursue an engineering career, subsequently obtaining a degree in Biomedical Electronics. Over the next ten years, Mike held various positions in medical engineering and integrated circuit manufacture and marketing, culminating with an appointment as Works Officer covering medical engineering and specialist services including sterilisation and industrial process control. At this point, Mike changed direction via graduation from the NHS General Management Training Scheme and a Masters degree in Public Sector Management. Appointments followed in community support services in Stratford, General Manager of Medical Services at Wolverhampton Hospitals and General Manager of Surgical Services at Bromley Hospitals.
Mike joined The Trust in October 2006 and his current role carries responsibilities for contracting, marketing, planning, service improvement, cancer services and clinical networks.
Mike married Alison in 2000 and since then Jack, Georgia and Oscar have arrived, happily consuming most of Mike’s free time. However, he maintains an interest in motorcycles (F1 1200 and BS4-A65T), racquet sport and musical theatre, playing for Retford Tennis Club and being a member of The Generally G&S Society and Retford Amateur Operatic Society.

Matthew Lowery (12 of 12)
Chief Financial Officer
Matthew was appointed to the Trust in March 2005 but started his NHS career on the Graduate National Financial Management Training scheme in Leicester in 1995, spending time in a range of organisations in both the NHS and private sector.
Upon graduating from the scheme Matthew looked after the finances of twelve community hospitals in Leicestershire and Rutland. Since moving back to his native South Yorkshire he has held Finance Director roles in a number of NHS organisations, including a PCT, Health Authority and NHS Trust.
Outside work Matthew enjoys spending time with his young family and watching sport, with his days of playing rugby for Derbyshire now, sadly, a distant memory.

Mark Withers (10 of 12)
Chief of Division for Clinical Support Services
Mark was appointed as Chief of Division of Clinical Support in September 2006, serving as a board member, deputy Medical Director and leading on clinical governance.
Mark joined the organisation in 1999 as a Consultant Anaesthetist and Intensivist. He was Clinical Director for Anaesthesia from 2003 to 2006. Mark is involved in developing the role of Doctors in medical management.
Mark is married with two children. With interests ranging from graphic design, film and photography to running and skiing.

Jenny Wilson (11 of 12)
Chief Operating Officer
Jenny Wilson was appointed to the post of Chief Operating Officer of the Trust from 1st September 2006, following an internal reorganisation and the establishment of a divisional structure. The Chief Operating Officer has responsibility for various operational support services, including the corporate directorates of Human Resources, Informatics and Estates and facilities as well as Patient Access services. Approximately 20% of the Trust’s staff are within this division.
Jenny became an Executive Director at the Trust in 2000, with responsibility for a range of clinical and non-clinical support services, again with a wide portfolio of services and staff across the Trust.
Jenny began her career in the NHS in 1977, based in Sheffield until 1986, when she moved to Rotherham to take on responsibility for implementing the computerised Patient Administration System across the organisation. Her career in Rotherham has encompassed medical records management, resource management implementation, quality/service improvement projects, management, service rationalisation and corporate responsibility for non-clinical governance and controls assurance.
Jenny has one son and two grandsons. She enjoys family life, theatre, music, cinema and travel.

Roger Jones (6 of 7)
Chief of Division for Surgery
Roger was an Executive Director until his retirement on 31st October 2008. We are grateful for the contribution that Roger made latterly in his role as Board Member and prior to that for his significant contribution as a Consultant Surgeon since joining the Trust in 1979.

Matthew Lowery (12 of 12)
Chief Financial Officer
Matthew was appointed to the Trust in March 2005 but started his NHS career on the Graduate National Financial Management Training scheme in Leicester in 1995, spending time in a range of organisations in both the NHS and private sector.
Upon graduating from the scheme Matthew looked after the finances of twelve community hospitals in Leicestershire and Rutland. Since moving back to his native South Yorkshire he has held Finance Director roles in a number of NHS organisations, including a PCT, Health Authority and NHS Trust.
Outside work Matthew enjoys spending time with his young family and watching sport, with his days of playing rugby for Derbyshire now, sadly, a distant memory.

Jenny Wilson (11 of 12)
Chief Operating Officer
Jenny Wilson was appointed to the post of Chief Operating Officer of the Trust from 1st September 2006, following an internal reorganisation and the establishment of a divisional structure. The Chief Operating Officer has responsibility for various operational support services, including the corporate directorates of Human Resources, Informatics and Estates and Facilities as well as Patient Access services. Approximately 20% of the Trust’s staff are within this Division.
Jenny became an Executive Director at the Trust in 2000, with responsibility for a range of clinical and non-clinical support services, again with a wide portfolio of services and staff across the Trust.
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Jenny has one son and two grandsons. She enjoys family life, theatre, music, cinema and travel.

Mark Withers (10 of 12)
Chief of Division for Clinical Support Services
Mark was appointed as Chief of Division of Clinical Support in September 2006, serving as a board member, deputy Medical Director and leading on clinical governance.
Mark joined the organisation in 1999 as a Consultant Anaesthetist and Intensivist. He was Clinical Director for Anaesthesia from 2003 to 2006. Mark is involved in developing the role of Doctors in medical management.
Mark is married with two children. With interests ranging from graphic design, film and photography to running and skiing.
### Our members

There are currently around 11,000 members of The Rotherham 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:

- A public constituency
- A staff constituency

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

- 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.
- 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.

The information below provides the detailed composition of membership:

#### Public

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1,465</td>
</tr>
<tr>
<td>B</td>
<td>1,039</td>
</tr>
<tr>
<td>C</td>
<td>1,236</td>
</tr>
<tr>
<td>D</td>
<td>774</td>
</tr>
<tr>
<td>E</td>
<td>896</td>
</tr>
<tr>
<td>F</td>
<td>1,026</td>
</tr>
<tr>
<td>G</td>
<td>680</td>
</tr>
<tr>
<td>H</td>
<td>819</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7,935</strong></td>
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#### Staff

<table>
<thead>
<tr>
<th>Category</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Dental</td>
<td>295</td>
</tr>
<tr>
<td>Professional Nurses &amp; Midwives</td>
<td>1,103</td>
</tr>
<tr>
<td>Other Health Professionals</td>
<td>321</td>
</tr>
<tr>
<td>Support Staff to Health Professionals</td>
<td>605</td>
</tr>
<tr>
<td>Other Directly Employed NHS Staff</td>
<td>1,134</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,458</strong></td>
</tr>
</tbody>
</table>

### Membership

The need to follow a year of solid recruitment in 2007/08 with a period of more active membership development and engagement in 2008/9 onwards is reflected below.

#### Member recruitment

The Trust has continued to work towards the aim of growing its public membership while ensuring that members are representative of the communities we serve and that those who join as members are actively engaged with the Trust and the work of the Council of Governors. Implementation of the Trust’s Membership Development Strategy has involved a variety of methods to increase public membership including:

- Public and Staff Governors attendance at the Rotherham Show to meet the public and recruit new members
- Recruitment stands at events supporting carers, health promotion, appeal launches, and other local events
- Recruitment on the hospital site e.g. restaurant
- Articles promoting membership in publications e.g. Colour of Health and Your Choice
- Time limited, and targeted patient opt-in schemes have been held successfully during 2008/09
- Hospital radio promotions.

#### Member engagement and communications

We have continued to involve members in the planning and development of services through consultation on a variety of subjects, including ward visiting, the welcoming service, what makes a good hospital, Service Development Strategy and the development of a new website. These surveys consistently render a reasonable response rate. We can demonstrate that the opinions of our members have been taken into account and either have been, or will be, used to inform policy and strategy at the Trust over the years to come.

Regular feedback is provided to members under the You Said, We Did item of the biannual newsletter 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.

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During a prolonged period of interim and part time member management arrangements, we were successful in recruiting 1,532 new Public Members against an in year target of 2,000 with the Trust remaining on track to achieve 10,000 by 31 March 2010 through the appointment of dedicated support to delivery of our Membership Strategy.

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 Trust members and able through a number of channels to offer their view on developments at the Trust.

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Regular feedback is provided to members under the You Said, We Did item of the biannual newsletter. Several members have been involved in the Trust’s Reader Panel reviewing patient information leaflets and a number of members have participated in hospital committees e.g. Patient Safety and Experience Governors/Members Group, Public Health Committee and the Member Communication and Development Group in addition to a number of specialty groups across the hospital.

Public Governors and Trust staff continue to engage with members, with Member talks being held during the year on the subjects of Chronic obstructive Pulmonary Disease and a Patient Safety and Experience event. These talks have been very well received. A workshop was also held involving governors, staff and members on the development of a new Trust website.

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. Your Choice, a 16 page publication, contains 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.

#### The Foundation Trust Office

FREEPPOST RLXB-HECA-KEBX
Rotherham Hospital
Rotherham
S60 2UD

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

We look forward to working closely with our Members in order to help us to be truly accountable for the quality of the services we provide, and in launching a new “Getting Involved” Campaign in 2009, we hope to make it even clearer the difference our Members, volunteers and supporters can make to continually improving their hospital’s services, and ultimately its future.
Corporate Social Responsibility (CSR) is very important to us, not only does it impact on the way we operate, but it also reflects our core values. We believe that CSR makes good business sense and that it can help the Trust attract patients to our services and help improve the way in which we operate.

A good, solid CSR strategy also means we can attract, recruit and retain the very best staff. This in turn leads to better partnerships, increased efficiency and increased value for our public.

During the last financial year the Trust has built on its CSR activities some of which are shown here:

- Installing high frequency (HF) lighting throughout the site alongside occupancy sensors and dimmable light fittings
- Updating the Trust’s Green Travel Plan which aims to promote a healthier lifestyle to staff, visitors and patients. We’ve encouraged people to walk, cycle, or use public transport whenever possible
- The Trust has built on its anti-fraud culture by including counter-fraud messages on staff payslips in February
- Seven volunteers completed 13 week placements to develop employment skills with one person obtaining a substantive post in the Trust and another a temporary position
- With the implementation of Electronic Patient Record system and InterQual we have plans to dramatically reduce paper usage over the coming years
- We endeavour to ensure all suppliers have published environmental policies which they adhere to

Carbon emissions and energy saving

The Rotherham NHS Foundation Trust is determined to reduce its carbon emissions by 30 per cent over the next five years. A number of projects are underway to slash energy bills and protect the environment and the Trust has now been selected as a pilot site to pioneer an innovative lighting solution for its Future Ward refurbishment programme which will significantly improve patient facilities.

FACT FILE
The Trust’s carbon footprint stands at 2,725 tonnes per year but the plans in place should reduce this by 2,197 tonnes, a 30% reduction.

The Ultra Efficient Lighting (UEL) project is being undertaken in collaboration with BERR (Department for Business Enterprise and Regulatory Reform) and the Department of Health.

The aim is to save energy, reduce carbon and enhance patient stays and visits. It is also hoped the initiatives will also provide an improved working environment for staff.

Rotherham’s commitment to carbon reduction was further demonstrated when the NHS Foundation Trust was one of 23 Trusts selected to work with the Carbon Trust on a five year Carbon Management Programme first mentioned in the Directors’ Report.

The Carbon Trust is working with the Trust to introduce a Combined Heat & Power (CHP) Unit, which will soon generate the base electricity for the hospital. Waste heat will be utilised to supplement the hospital’s heating and hot water systems.

A high frequency (HF) lighting system is also being installed throughout the site alongside occupancy sensors and dimmable light fittings.

The Combined Heat & Power (CHP) Unit, which will soon generate the base electricity for the hospital.

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 2.1 (page 73) and 2.2 (page 74) 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 2009, the core members of the Committee were:

- Attendance:
  - Margaret Oldfield (Chairman) (4/4)
  - Giles Blyther (4/4)
  - Tony Hertcock (3/4)

The Committee also invites the assistance of the Chief Executive, the Chief Financial 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 four occasions during 2008/09.

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 2008/09 the Trust implemented the 2007 approved pay framework that rewarded the achievements of the Executive Directors and Company Secretary based on pre-determined criteria and objectives, resulting in team and individual performance payments in connection with theirs and the Trust’s performance back in 2007/08. The reward framework is part of the Chief Officers’ Pay and Reward Framework which 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 based on the contribution to the Trust’s affairs.

During the previous year, the Council of Governors, on the recommendation of the Nominations Committee, approved a remuneration framework consistent with the Chief Officers’ framework and the terms and conditions of Non-Executive Directors were amended accordingly and have been increased during 2008/09 consistent with that framework.

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 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 3 June 2009
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 statements explain our governance policies and practices and provide insight into how the Board and management run the hospital for the benefit of the community and its members.

The Board of Directors

During the year the Board comprised 6 Non-Executive Directors including the Chairman (holding bare majority voting rights) and 8 Executive Directors including the Chief Executive (for part of the year there were 7 executives due to one retirement), 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, through the Company Secretary, Kerry Rogers, 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 and 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 Monitor’s 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 rigorous review.

The 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 the executive team of and 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.

Through the Company Secretary’s team, formal Board and Committee effectiveness reviews were undertaken as highlighted in the Statement of Internal Control, which assessed performance over the period and drove minor enhancements to effectiveness.

Committees of the Board

The Audit and Assurance Committee is chaired by Mr Neil MacDonald who has extensive experience in the field, and comprises wholly Non-Executive Directors with care members namely Mr Nigel Ruff (Deputy Chair of the Committee) and Dr Giles Bloomer. Each care member attended 11, 8 and 4 meetings respectively out of a possible 11 meetings in the year.

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
  • To ensure auditor independence is safeguarded when non audit work is conducted by our Auditors. KPMG conducted an orthopaedic review during the year which was undertaken by a separate team to the external audit team.

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 and all Non-Executive Directors, with Dr Giles Bloomer and Mr Tony Hercock being core members. Their attendance is detailed within the Remuneration Report.

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.

Standards of Business Conduct

The Board of Directors continually promotes the importance of adoption of the Trust’s 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. We believe that working together, we can continuously enhance our culture in ways that benefit patients and partners, and that strengthen our interactions with one another.

Health and safety

The Trust takes very seriously the health and safety of its patients, staff and visitors and continues to enhance the way health and safety is managed.

We have introduced an internal compliance checklist which assists the safety of our working environment. This process has been piloted and due to its success in identifying areas where improvements can be made, it will be rolled out across the Trust going forward.

The Trust has had 3 visits from the Health and Safety Executive as part of their annual monitoring process. None of the visits led to an improved or enforcement notice being issued.

Counter fraud

The Trust is committed to providing and maintaining an absolute standard of honesty and integrity in dealing with its 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 that 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.

Compliance with the Code of Governance

The Board of Directors is committed to high standards of corporate governance. For the year ended 31 March 2009 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

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-Executives Directors being consulted as part of the process carried out for and on behalf of the Council of Governors.

A1.3 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 and to the Vice Chairman of the Council of Governors, Tony Hercock. In addition to direct access on request, members of the Board attend every Council of Governors meeting 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 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.

C2.2 Information about elected Governors standing for re-election

The Trust agrees that the attendance record of formal plenary meetings of the Council of Governors is relevant and should be made available to voters when elected governors stand for re-election. The Trust does not believe that attendance at other events by the Trust for Governors is of the same status and should also be so reported. In the interest of recruiting a diverse and representative Council of Governors the Trust recognises that elected members will come from a wide variety of backgrounds therefore will be able to devote different amounts of time to the role. In addition to the minimum requirement to attend formal meetings, potential representatives with less available time should not be deterred from standing for election.

C2.3 External professional advice on remuneration for the Chairman and Non-Executive Directors

The Council of Governors does not consult external professional advisors to market 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 of the NHS Confederation (FTN), which provides benchmarked and externally validated guidance to Foundation Trusts.
12.1 Chief Executive’s statement

I am delighted by the ongoing commitment, enthusiasm and energy within the Trust for delivering a quality service to our patients and the people of Rotherham that really focuses on what counts - improved patient safety, improved patient experiences and improved outcomes of care - all of which, as you will have read in this Annual Report, has seen considerable improvement at a time of financial stability alongside a commitment to invest in two significant schemes of an electronic patient record system which will revolutionise the way patient information is utilised for clinical decision-making purposes and a programme of ward refurbishment to provide more en-suite accommodation and an increased number of single rooms.

The Trust has set out its ambitious programme for continuous quality improvement in its patient experience, patient safety and clinical effectiveness strategies which form part of the overarching Quality Strategy and has set out a range of quality initiatives and expected outcomes over the next 3 years in our new Strategy SDS 2. As is evidenced throughout the Annual Report, I am particularly pleased about our reduction in hospital acquired infections for both MRSA and C.Difficile and our consistently improving position on our Hospital Standardised Mortality Rate (HSMR) which is a ratio of actual deaths to expected deaths (risk adjusted score), and we will continue to work to improve these further.

At the heart of our success are the tremendous staff we employ, and with their ongoing support we will continue to drive improvement in the quality of services we deliver. May I take this opportunity to thank and congratulate all our staff in their achievements over the past year. May I also extend my appreciation to our Governors, Members and other stakeholders who continue to take an active and participative role in guiding the organisation and grounding our aspirations to ensure that we stay close to what really matters to patients.

Brian James
Chief Executive

12.2 Quality Overview

The hospital has made patient safety, patient experience and clinical outcomes the main drivers of its activity over the past three years. As a result of this focused activity the Trust is for the first time publishing a quality report as a way of showing the quality and cultural journey that the hospital has travelled. This report is the precursor to publishing the first set of full Quality Accounts in 2009/10.

In publishing this quality report the hospital will show the progress that has been made over the past year and the significant progress in a number of important areas namely patient safety, patient experience and clinical effectiveness with these themes forming strands of the overarching Quality Strategy and being the drivers for the changes seen and delivered by our staff.

In addition to the three year plans set out in the patient safety, patient experience and clinical effectiveness strategies the hospital this year has made a specific effort and seen significant improvements in key quality measures; infection control, improving the hospital standardised mortality rate and the culture of reporting incidents.

The Trust recognises that whilst it has made some good improvements in some areas it has further challenges that it needs to address and the key areas for focus in the coming year is the continued attention on reducing the hospital standardised mortality rate, reduction of patient falls whilst in hospital, improvement in the quality of record keeping and an improved complaints and Patient Advice and Liaison Service (PALS).

The importance of leadership visibility has been at the heart of the patient safety and patient experience work and the Trust has invested in both Executive Leadership Workshops and Grand Rounds by the senior nursing team focussing on patient safety and patient experience and this has led to changes in clinical practice and investment in identified patient safety work.

The Trust has again this year declared full compliance against the Care Quality Commission’s Standards for Better Health (minimum standards of care and service). The Trust has also seen positive improvements in the results of the in-patient survey and we are keen to continue to trend that by capturing real time patient experience which is an integral part of the patient experience strategy going forward.

The Trust has worked in partnership with its commissioners to develop clinical quality indicators during an event in November 2008 and will also be providing information regarding performance against the Strategic Health Authority’s clinical quality performance indicators as part of our quality contract with our Commissioners. Additionally, within our Quality Accounts for 2009/10 we will also provide information on our reported outcome measures (PROMIS) which is information provided directly by our patients on their experience of care for those who undergo the following surgical procedures: groin hernia, varicose veins, and hip and knee replacements.

Implementing organisational quality, capacity and capability

The Trust has set out its organisational aspirations on quality and effectiveness and has worked hard to implement the quality strategy at all levels of the organisation, through the introduction and embedding of structures and processes that will provide the leverage to deliver the strategy.

Three enabling actions that are integral to improving quality and providing Board with the assurance that we have done, what we said we would do, are:

- "Ward to Board" Clinical Quality Indicators,
- the realisation of the business case to provide an Assurance Unit to integrate audit, assurance and improvement,
- the introduction of the patient experience tracker to capture real-time patient experiences.

Clinical Quality Indicators

On the 14th November 2008 senior clinicians (Clinical Directors, Matrons and Ward Managers) and senior leaders in the hospital came together to agree the quality indicators that they believed would best demonstrate an improvement in the quality of service they provide to patients. The outcomes of this day and the ongoing work that will include patients and members, overseen by the clinical effectiveness department will form the foundation of evidence for our fully published Quality Accounts in 2009/10.

Assurance Unit

The Trust intends to establish an Assurance Unit as a way of integrating clinical and non-clinical audit, to test the assurances that we receive from the self assessment process. This will assure us that we are doing what we said we would do as part of our action plans and a focus for identifying required service and quality improvement activities. This approach to the assurance unit also provides an opportunity for capacity building and for staff to experience the work of quality improvement and audit thereby increasing the capability within the organisation to drive and support quality improvement.

Patient Experience Tracker

The Trust is pleased with the improved results in this year’s national inpatient survey and has set itself a target of being in the top 10% of Trusts in the next three years. The hospital wishes not only to rely on the inpatient survey but also wants to build a system of real-time patient experience feedback. We will use the Patient Experience Tracker (electronic real-time patient entered data capture method) to do this, it has been agreed that the questions will be based on areas identified in the patient experience survey as requiring improvement and in particular discharge planning, improvements in meals, ward environments with regards to toilets and flow of patients through the hospital.

Building capacity and capability

The development of divisional Quality Improvement Teams, as set out in Service Development Strategy 2, will further support, enhance and increase our capacity and capability to conduct improvement programmes which will aim to take a care pathway approach to improvement where ever required. Proposals for Quality Improvement Teams alongside rapid response investigation teams are currently being developed.

Additional and integral to the Falls Collaborative project will be the piloting and development of accredited training and education that will help staff involved in the project to apply learning with the rigour required for effective patient safety improvement initiatives. The pilot will form the basis of our learning which will lead to an MSc in Improvement for Safer Care and the development of 10-12 expert facilitators in patient safety improvement. These facilitators will then lead and support ongoing continuous improvement programmes in relation to patient safety across the Trust. The education programme will be supported by Sheffield Hallam University and also the Yorkshire and Humber Strategic Health Authority (SHA) who will, if it is anticipated, support and fund the evaluation of the project. The Trust has also been supported with a grant of £44k from the Yorkshire and Humber SHA to carry out mixed method service evaluation research.

The aim of this research is to evaluate the impact of a new hospital wide model for recognising and responding to early signs of deterioration in patients - the Rotherham Two Tier Warning System (RTTWS). Recognising patients who are at risk of deterioration is one of the key themes in our patient safety strategy.
12.3 Our Quality Improvement Plans for 2009/10

The Board has agreed the strategies for Patient Safety, Patient Experience and Clinical Effectiveness and from these the top priorities are as follows:

**Priority 1: Reducing our mortality rate**

**Priority 2: Reducing the number of patients who fall whilst in our hospital**

**Priority 3: Increasing the number of in-patient survey questions in which our hospital is in the top 20%**

**Priority 4: To reduce the incidence of pressure ulcers acquired in our hospital**

In achieving the above quality improvements, and to enable use to measure and demonstrate our progress, the Clinical Service Units of the hospital have agreed and captured the indicators within their ‘Ward to Board’ Clinical Quality Indicators and have assessed their ability to ensure capacity to deliver against the targets and ensure that these are locally owned.

**Priority 1: Reducing our mortality rate**

Rationale for selection of improvement initiative: The Trust whilst not an outlier in terms of mortality has set out its ambition to reduce its standardised mortality rate in line with the best hospitals to 85 by 2011.

**Aim:** To reduce the Hospital Standardised Mortality Rate by 7% in 2009/10

The current situation is: The Trust has reduced its HSMR in the last year from 103 to 100 and wishes to achieve a further 7% reduction in 2009/10.

**Risk Adjusted Mortality Index (RAM 2008)**

Initiatives to be implemented in 2009/10 to help achieve improvement:

- A quality improvement review focusing on fluid balance management which has been identified as an area of concern through the mortality reviews
- Case note audits carried out by the clinical effectiveness department looking at quality of documentation, timeliness of physician review and mortality reviews of all unexpected patient deaths
- Education, training and introduction of a new clinical observation chart for recording and escalating patients clinical conditions who are at the risk of deteriorating
- Full implementation of the end of life pathway across the Trust

**Priority 2: Reducing the number of patients who fall whilst in our hospital**

Rationale for selection of improvement initiative: The Trust over the last year has had five serious untoward incidents as a result of patient falls in hospital and has set out its commitment to reduce falls by 40% on the April 2008 baseline.

**Aim:** To reduce the number of falls in hospital by 40% by March 2010

The current situation is: The level of falls reporting has remained almost constant over the past four years. The Trust launched a quality improvement initiative in the last quarter of 2008/09 and in the first two months has already seen a 7% reduction in falls across the three pilot wards.

**Priority 3: Increasing the number of in-patient survey questions in which our hospital is in the top 20%**

Rationale for selection of improvement initiative: The Trust over the preceding four years has seen improvements in some areas when there has been focused attention, but there has not been an overall improvement across all areas.

**Aim:** To increase the percentage of questions where the Trust is in the top 20% of hospitals in the 2009/10 annual survey for patients

The current situation is: The Trust in the 2007/2008 annual inpatient survey saw that we were in the lowest 20% of Trusts for 1 area and in the top 20% of Trusts for 13 areas. The recently released Picker Inpatient Survey Information for 2008/2009 shows that the Trust has no areas in the worse 20% of performance and has increased to 19 of the top 20% of performance nationally.

The identified improvement areas to achieve this objective in 2009/10:

- Improved patient experience results in 2009/10 of the Inpatient survey to top 20%
- A personalised approach to managing complaints
- 95% of patients are allocated to the right ward on admission in line with mixed sex accommodation guidance
- 100% patients have a predicted discharge date within 24 hours of admission to prevent delayed discharges

Initiatives to be implemented in 2009/10 to help achieve improvement:

- Systematic implementation of the Patient Experience Tracker across the Trust
- Discharge planning arrangements including analysis of InterQual to provide future models of care
- Review of patient flow to eliminate mixed sex accommodation
- Implementation of the new national guidance on complaints management

**Priority 4: To reduce the incidence of pressure ulcers acquired in our hospital**

Rationale for selection of improvement initiative: The Trust over many years has tried a number of approaches to reduce pressure ulcer development and the quarterly results are showing similar numbers since 2006

**Aim:** To reduce the number of hospital acquired pressure ulcers by 50% from the Quarter 3 2008/09 baseline by March 31st 2010

The current situation is: The Trust follows best practice of pressure ulcer incidence reporting rather than prevalence reporting. Pressure ulcers are currently one of the four patient safety incidents in the Trust and this is not an acceptable situation.

The identified improvement areas to achieve this objective in 2009/10:

- Improved patient experience results in 2009/10 of the Inpatient survey to top 20%
- A personalised approach to managing complaints
- 95% of patients are allocated to the right ward on admission in line with mixed sex accommodation guidance
- 100% patients have a predicted discharge date within 24 hours of admission to prevent delayed discharges

Initiatives to be implemented in 2009/10 to help achieve improvement:

- 100% of pressure ulcer incidents are recorded and reported weekly
- Ensure 100% of developed pressure ulcers are subject to a root cause analysis
- Implement a Quality Improvement initiative for pressure ulcers
- Further education to ensure the correct choice of pressure relieving mattress is made

The identified improvement areas to achieve this objective in 2009/10:

- Review by a consultant within 24 hours of admission
- Senior clinician review every 48 hours during admission
- Length of hospital stay specifically focussing on less than 48 hours and greater than 14 days
- Recognising and managing deteriorating patients
- All appropriate patients to be placed on end of life pathway

**Total Falls per period**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2007/08</th>
<th>2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer</td>
<td>102</td>
<td>92</td>
</tr>
<tr>
<td>Trust</td>
<td>103</td>
<td>99</td>
</tr>
</tbody>
</table>

The identified improvement areas to achieve this objective in 2009/10:

- Review by a consultant within 24 hours of admission
- Senior clinician review every 48 hours during admission
- Length of hospital stay specifically focussing on less than 48 hours and greater than 14 days
- Recognising and managing deteriorating patients
- All appropriate patients to be placed on end of life pathway

**Further initiatives to be implemented in 2009/10 to help achieve improvement:**

- Zoning of patients based on their risk of falling
- Purchase of new beds that lower to the floor
- Call bell maintenance and renewal
- Business case for all patients over 65yrs to have eyesight testing
- Medication review tool implementation
- Re-training on Glasgow Coma Scale and neuro-observations

**Initiatives to be implemented in 2009/10 to help achieve improvement:**

- 100% of pressure ulcer incidents are recorded and reported weekly
- Ensure 100% of developed pressure ulcers are subject to a root cause analysis
- Implement a Quality Improvement initiative for pressure ulcers
- Further education to ensure the correct choice of pressure relieving mattress is made
12.4 Response to regulators

As the Annual Report describes, we were delighted to have received a result of Excellent for the quality of services and Excellent for the use of financial resources from the HCC in 2007/08. This year the Trust has again declared compliance against all of the Healthcare Commission Care Standards and has met all of the new and existing national performance targets, except, initiation of breast-feeding (57.8% against a target of 60%) as part of the composite target.

The Trust in November 2008 had an unannounced Hygiene Code Inspection by the Healthcare Commission where 2 minor breaches of the Hygiene Code sub-dates were identified. 2d and 4c. The Trust developed an action plan and these two sub-duty breaches were rectified before the end of the financial year 2008/09 and in line with this the Trust declared compliance.

Infection control continues to remain a high priority for the Trust and this year the Trust has had 7 MRSA Bacteraemias of which only 3 were hospital acquired against a de-minimus trajectory of 12. The Annual Report has highlighted the 71% reduction in C.difficile rates.

The Trust has received a recommendation from the Healthcare Commission with regards one complaint and all of the actions and lessons to be learned have been implemented. The Trust has made a commitment this year to ensure that its complaint processes become more personalised and in order to deliver this a new complaints process has been developed.

The Trust in the 2007 annual inpatient survey was in the bottom 20% of Trusts for patients knowing how to complain and access the Patient Advice and Liaison Service (PALS). An awareness raising programme was initiated which will be reinforced over the next 12 months through our commitment to a ‘Getting Involved’ initiative all of which ultimately will help the hospital to stay close to what matters to patients but fundamentally to ensure we are locally accountable.

Formal complaints and PALS enquiries by year

12.5 Response to LINks and to feedback to Members and Governors

The Trust recognises the improvement to the quality of care that can be made by listening to the views of its partners, LINks, staff, Governors and Members and you will see throughout the Annual Report reference to the many initiatives that have involved and engaged all such stakeholders and how our services and care delivery are all the better for listening and responding. We have well established channels to involve our stakeholders which will be reinforced.

The Trust through the clinical effectiveness department are identifying outliers in these areas. 2, 7, 12 & 13 are the priority areas identified within the quality report.

Notes on recommended metrics:

1. Employee sickness rate (Unplanned) 2007/08 2008/09 2009/10 30% improvement on outcome
2. Patient Satisfaction Survey 3. Staff Satisfaction Survey
3. Staff Satisfaction Survey
4. Increased IR1 Reporting top percentile nationally
5. All applicable staff have in year PDRs profiled over 12 months
6. Staff receive mandatory training
7. In-patient Falls /1000 in patient admissions
8. Medication errors (error/year/1000 admissions)
9. Patients with hospital acquired MRSA
10. Patients with C-diff 1000 bed days
11. Never Events that occur within the trust
12. Hospital Acquired Pressure Ulcers Grade 2 and above
13. HUSTR
14. Unplanned Readmission rate within 28 days due to inappropriate discharge
15. Revision rates for Hip replacements in line with evidence based practice
16. 100% of patients have a thrombo prophylaxis risk assessment
17. Documents have completed discharge summary (ICD6) and meet ICP standards
18. Medical records have correct coding to ICD10 and OPS4 A level – national best in class

12.6 Quality Overview

We have chosen to measure our performance against the following metrics:

Performance of Trust against selected metrics

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>3 Year Goal</th>
<th>2009-2010</th>
<th>2010-2011</th>
<th>National Avg</th>
<th>Peer Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>CULTURE Patient and Staff Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Employee sickness rate (Unplanned)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Patient satisfaction survey</td>
<td>Top 20%</td>
<td>Top 30%</td>
<td>Top 25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Staff Satisfaction Survey</td>
<td>Top 20%</td>
<td>Top 30%</td>
<td>Top 25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Increased IR1 reporting top percentile nationally</td>
<td>Top 20%</td>
<td>Top 30%</td>
<td>Top 25%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>5. All applicable staff have in year PDRs profiled over 12 months</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. Staff receive mandatory training</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVENTING HARM (Safety)</td>
<td>3 Year Goal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. In-patient Falls /1000 in patient admissions</td>
<td>50% reduction</td>
<td>40%</td>
<td>10%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>8. Medication errors (error/year/1000 admissions)</td>
<td>0.5</td>
<td>1.2</td>
<td>1</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>9. Patients with hospital acquired MRSA</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Patients with C-diff 1000 bed days</td>
<td>113</td>
<td>113</td>
<td>113</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Never Events that occur within the trust</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>12. Hospital Acquired Pressure Ulcers Grade 2 and above</td>
<td>60% reduction</td>
<td>50%</td>
<td>10%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>CLINICAL QUALITY OUTCOMES</td>
<td>3 Year Goal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. HUSTR</td>
<td>85</td>
<td>95.9</td>
<td>89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Unplanned Readmission rate within 28 days due to inappropriate discharge</td>
<td>30% reduction</td>
<td>10%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Revision rates for Hip replacements in line with evidence based practice</td>
<td>3%</td>
<td>7%</td>
<td>5%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>16. 100% of patients have a thrombo prophylaxis risk assessment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CLINICAL DATA QUALITY</td>
<td>3 Year Goal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Documents have completed discharge summary (ICD6) and meet ICP standards</td>
<td>100% improvement against baseline</td>
<td>90%</td>
<td>75%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>18. Medical records have correct coding to ICD10 and OPS4 A level – national best in class</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
<td>Primary Diagnosis 95% Secondary Diagnosis 90%</td>
<td></td>
</tr>
</tbody>
</table>
12.6 Quality Overview, continued

National Targets and Regulatory Requirements

<table>
<thead>
<tr>
<th>Patient Experience Measures from National Targets</th>
<th>2008/09</th>
<th>2007/08</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No. of patients with MRSA infection / 10,000 bed days</td>
<td>7</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>2. No. of patients with C. difficile infection / 1,000 bed days.</td>
<td>54</td>
<td>188</td>
<td>TBC</td>
</tr>
<tr>
<td>3. % of patients who spent less than 4hrs waiting in A&amp;E</td>
<td>91.4%</td>
<td>98.5%</td>
<td>98%</td>
</tr>
</tbody>
</table>

National targets and regulatory requirements

1. The Trust has fully met the HCC core standards, and national targets 24 24 24
2. Clostridium difficile year on year reduction 71.28% 46.28%
3. MRSA – maintaining the annual number of MRSA bloodstream infections at less than half the 2003/04 level 7 9
4. Maximum waiting time of 31 days from decision to treat to start of treatment extended to cover all cancer treatments 100 *** TBC
5. Maximum waiting time of 62 days from all referrals to treatment for all cancers 98 *** TBC
6. 18-week maximum wait from point of referral to treatment (admitted patients) 94% 91 90%
7. 18-week maximum wait from point of referral to treatment (non-admitted patients) 98% 97.4 95%
8. Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge 97.47% 98.50% 98%
9. Maximum waiting time of 31 days from diagnosis to treatment for all cancers 100% 100% 98%
10. Maximum waiting time of 62 days from urgent referral to treatment for all cancers 98.56% 99.51% 95%
11. People suffering heart attack to receive thrombolysis within 60 minutes of call (where this is the preferred local treatment for heart attack) 68.51% 76.92% 68%
12. Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals 99.68% 98% 95%

*** Target not collected in 07/08.
TBC Threshold not yet set, data only collected from January 2009 against new cancer targets.

Notes on recommended metrics

Patient Experience Measures from National Targets

1. The Trust this year has some challenges from the A&E 4 hour wait target and a review of unscheduled care has been commenced.
2. The Trust is pleased with its continued improvement in healthcare associated infections and will continue to maintain leadership attention to this area of care.

Foreword to the Accounts

The Rotherham NHS Foundation Trust

These summary financial statements and related notes for the year ended 31 March 2009 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 3 June 2009

Statement of Accounting Officer’s Responsibilities

The National Health Service Act 2006 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 officer’s Memorandum issued by the Independent Regulator for NHS Foundation Trusts (“Monitor”).

Under the National Health Service Act 2006, 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 Directions. 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:

- observe the Accounts Directions issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- 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
- 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 3 June 2009
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, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the 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 of Directors is supported by a robust committee structure, reporting through to the Board, to deal with the various elements of governance. A Non-Executive Director (NED) of the Trust chairs each of these formal committees as follows, supported by Executive leads as appropriate:

Audit & Assurance Committee
Wholly NED membership, chaired by Neil Macdonald

Remuneration & Terms of Service Committee
Wholly NED membership, chaired by Margaret Oldfield (Chair)

Charitable Funds Committee
Wholly NED membership, chaired by Margaret Oldfield (Chair)

The Audit & Assurance Committee, as a formally constituted Non-Executive committee of the board, had 3 governance sub committees during the year chaired by Non-Executive Directors and supported by designated Executive leads as follows:

Risk & Quality Governance Committee
Chief of Quality & Standards, Chief Nurse Chair, Julie Hickton

Finance Governance Committee
Chief Finance Officer Chair, Nigel Ruff

Strategy, Business and Organisational Development Governance Committee
Chief of Business Development Chair, Tony Hennock

The results of a review of the composition, skills and experiences required on the Board will soon be finalised to support delivery of the Trust’s 3 year strategy (ISSDQ) ‘The Way Ahead’ along with the introduction of new governance and assurance arrangements to support improvements.

The Audit and Assurance Committee has set the direction of the Trust’s assurance work and that of the internal audit. There is a robust system in place to ensure that the Trust regularly reviews the effectiveness of its internal controls using the Board Assurance Framework, which is a dynamic document to determine the level of assurance the Board requires and its appropriateness in order to satisfy Board on the effectiveness of its internal controls. The Board Assurance Framework has been able to demonstrate an audit trail of continuous progress with regard to the testing of controls, assurances received, gaps in controls and achievement of action plans. Highlighted was the need to give priority to strengthening performance management arrangements during the forthcoming year.

The Trust was very pleased to announce the appointment of Price Waterhouse Cooper as its Internal Auditor in July 2008, replacing our previous auditors South Yorkshire and North Derbyshire Audit Service and we are already benefitting from their in-depth experience across the national audit landscape.

Externally to the Trust there are arrangements in place for partnership working in order to ensure sustainable and high quality services locally which include:

- Board membership of the Chief Executive on the Local Strategic Partnership Board
- Chief Executive membership of the Strategic Health Authority Chief Executive forum
- Trust membership of the NHS Confederation
- Joint meetings with NHS Rotherham
- Monthly meetings of partnership of Acute Trust
- Chief Executives (PATCH)
- Executive attendance at NHSRCOM (NHS Trent Commissioners)
- Meetings with Local Authority Overview and Scrutiny Committee
- Foundation Trust Network – network involvement through Chair, Chief Executive, Finance Director; HR Director; Commercial Director; Company Secretary and Communication lead forums
- 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 ongoing processes 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 The Rotherham NHS Foundation Trust for the year ended 31 March 2009 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, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales 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 effective risk management systems across the Trust. The Chief Executive has overall responsibility for the management of risk by the Trust and responsibility for specific risk management areas, has been delegated to the Trust Executive.

The risk management strategy 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 the Deputy Chief of Quality & Standards and 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.

A range of risk management training is provided to staff and there are policies in place to describe their roles and responsibilities in relation to the identification and management of risk.

The Trust learns from good practice through a range of mechanisms including clinical supervision, individual and peer reviews, performance management, professional development, clinical audit and application of evidence based practice and root cause analysis.

4. The risk and control framework

The risk management strategy sets out the key responsibilities for managing risk within the Trust, including the ways in which the risk is identified, evaluated and controlled.

The risk management strategy is supported by:

- Accountability arrangements
- Risk scoring matrix
- Unrouted Incident Management Policy including the serious untoward incidents procedure
- Induction programme
- Mandatory update training programme
- Quarterly Integrated Patient and Staff Safety and Experience Reports

A Board Assurance Framework is in place, which details the Trust’s principle objectives for 2008/09 together with identification of the risks to their achievement. The assurance and governance processes identified a number of gaps in control in relation to identified risks, and these included further developments in mandatory training, appraisals and performance and in project management capability in respect of major projects, in business continuity/reliance and some elements of the Hygiene Code as highlighted in the unannounced visit by the Healthcare Commission.

With regard to the latter, delivery against action plans ensured full compliance by the 31 March 2009.

Considerable weaknesses identified in our project management capability to deliver our ambitions site development plans (as first highlighted in the Directors’ Report), which our internal audit programme confirmed, are being addressed in advance of significant capital spend, and robust benefit realisation delivery plans have been developed which will be closely monitored going forwards.

Routine monitoring reports relating to performance, quality and risk management are submitted to the Board on an ongoing basis to ensure that the Board is regularly kept informed of the effectiveness of its internal controls, systems and processes within the Trust.

The Board requires and its appropriateness in order to satisfy Board on the effectiveness of its internal controls, systems and processes within the Trust.

In order to ensure that we fully, and up to date, are in a position to report in respect of information losses or breaches of confidentiality. The Trust has nominated the Caldicott Guardian to fulfil the SRO (Senior Information Risk Owner) role and has also designated information asset owners.

The Trust has purchased the Safell encryption tool, which allows for all removable media and hard drives to be encrypted to NHS standards. The software is now in place on all machines. Encryption will be applied to all removable media (USB memory sticks, CDs, DVDs) and laptop hard drives.

The Trust has carried out a comprehensive review of its Information Governance (IG) arrangements during the year based on the availability and reliability of supporting evidence. Increased assurance on the integrity of scores has allowed robust action plans to be drawn up to further improve compliance in areas such as data mapping, risk assessment and information audits.

An independent internal audit of Information Governance arrangements, including a review of evidence and the methodology used for the most recent assessment has shown areas for improvement which are being addressed by the Trust, and there will be an ongoing programme of work in partnership with Internal Audit.

Work continues around the Caldicott security audits, the results of which are reported back at the monthly meetings. Summary reports will be generated, highlighting areas where further action is required, or where good practice has been identified that can be shared.

Further work has taken place around IG training, including updated information for the corporate induction, initial work on developing a hands on session at the corporate induction, and migration work to move from the TIGER e-learning tool to the Connecting for Health IG e learning tool.

The Trust is committed to having an effective structure for patient and public stakeholder involvement which during the year was led by the Deputy Company Secretary and resulted in improvements and risk reduction.

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

Building upon the solid foundations laid down over the last few years, the Trust has continued to focus on performance improvement opportunities in clinical and non clinical services through its delivery of ambitious income and expenditure plans, and its awarding of Foundation Unit status to a number of its best performing clinical services. The primary aim of these programmes has been the delivery of more efficient services, elimination of unnecessary waits and improvement of the quality and safety of care and the experience of patients, staff and visitors.

Clinical services reinvesting surpluses generated at Clinical Service Unit level has seen significant improvements in service quality, and further development of the quality of the Trust’s business planning processes has delivered strengthened strategic planning. The emphasis of our internal audit work is on risk management, governance and internal control processes. Where scope for improvement was identified, appropriate recommendations were made and action plans were agreed with management and implementation monitored.

Quality Governance Committee had in attendance a representative from NHS Rotherham at 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 where a range of joint issues, including risk implications, are discussed.

A number of senior and middle managers attend external committees with delegated authority to represent the Trust, and the Trust has a developing relationship with the new local LINk in addition to regular meetings with Local Authority Overview and Scrutiny members.
6. Review of effectiveness
As Accounting Officer, I have responsibility for reviewing the effectiveness of the systems 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 directors and 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, 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 2008/09 is also informed by:
- Board Assurance Statements specifically detailing risk and assurance work
- Regular executive reporting to Board and escalation processes through the Audit and Assurance Committee
- Assessment of financial reports submitted to Monitor, the independent regulator
- NHSLA assessments
- Health and Safety Executive assessments
- External validations and peer reviews
- Self assessment against Standards for Better Health where we are reasonably assured of full compliance with all core standards
- Results of National Patient and Staff Surveys
- Investigation reports and action plans following serious untoward incidents and near misses and learning events

6.1 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 and reporting framework has ensured a regular review of systems and action plans on the effectiveness of the systems of internal control.

The Board of Directors reviewed the 2008/09 Board Assurance Framework following approval of the Trust’s strategic priorities. The Trust’s Executive Directors and managers and the Audit and Assurance and Governance committees have provided the Board of Directors with reports on risk management and clinical and corporate governance.

The Audit and Assurance committee has provided the Board of Directors with an independent and objective review of financial and corporate governance, and internal financial control, receiving reports from external and internal audit. Internal Audit has reviewed and reported upon control, governance and risk management processes, driven by an audit plan approved by the Audit and Assurance Committee. Their work included identifying and evaluating controls and testing their effectiveness. Where scope for improvement was found, recommendations were made and appropriate action plans agreed with management and progress monitored.

7. Significant control issues
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 3 June 2009

We have examined the summary financial statements which comprise the income and expenditure account, the Balance Sheet, the Cash Flow Statement, the Statement of Total Recognised Gains and Losses and notes relating to private patient income, salary and pension disclosures and the Prudential Borrowing Limit.

This report is made solely to the Council of Governors of The Rotherham NHS Foundation Trust (“the Trust”), 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 of The Rotherham NHS Foundation Trust those matters which 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 and the Council of Governors of The 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 statement within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of 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 Council. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

We conducted our work in accordance with:

Opinion
In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2009 on which we have issued an unqualified opinion.

Adrian Lythgo (Associate Partner and Senior Statutory Auditor)
For and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants, KPMG LLP, 1 The Embankment, Leeds, 3 June 2009
## Income & Expenditure Summary Account for the year ended 31 March 2009

### Income & Expenditure Summary Account for the year ended 31 March 2009

<table>
<thead>
<tr>
<th>NOTE</th>
<th>31 March 2009 £000</th>
<th>31 March 2008 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from activities</td>
<td>3</td>
<td>149,980</td>
</tr>
<tr>
<td>Other operating income</td>
<td>4</td>
<td>14,247</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>5-6</td>
<td>(157,800)</td>
</tr>
<tr>
<td>OPERATING SURPLUS</td>
<td></td>
<td>6,427</td>
</tr>
<tr>
<td>Loss on disposal of fixed assets</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>SURPLUS BEFORE INTEREST</td>
<td></td>
<td>6,427</td>
</tr>
<tr>
<td>Finance income</td>
<td></td>
<td>885</td>
</tr>
<tr>
<td>Financial cost – interest</td>
<td></td>
<td>(14)</td>
</tr>
<tr>
<td>SURPLUS FOR THE FINANCIAL YEAR</td>
<td></td>
<td>7,298</td>
</tr>
<tr>
<td>Public Dividend Capital dividends payable</td>
<td></td>
<td>(3,346)</td>
</tr>
<tr>
<td>RETAINED SURPLUS FOR THE YEAR</td>
<td></td>
<td>3,952</td>
</tr>
</tbody>
</table>

## Balance Sheet as at 31 March 2009

### Balance Sheet as at 31 March 2009

<table>
<thead>
<tr>
<th>FIXED ASSETS</th>
<th>Note</th>
<th>31 March 2009 £000</th>
<th>31 March 2008 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intangible assets</td>
<td>8</td>
<td>3,023</td>
<td>2,142</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>9</td>
<td>126,370</td>
<td>115,757</td>
</tr>
<tr>
<td>Investments</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL FIXED ASSETS</td>
<td></td>
<td>129,393</td>
<td>117,899</td>
</tr>
</tbody>
</table>

### CURRENT ASSETS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stocks</td>
<td>10</td>
<td>2,175</td>
</tr>
<tr>
<td>Debtors</td>
<td>11</td>
<td>8,195</td>
</tr>
<tr>
<td>Investments</td>
<td>12</td>
<td>7,182</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>16.3</td>
<td>12,900</td>
</tr>
<tr>
<td>TOTAL CURRENT ASSETS</td>
<td></td>
<td>32,062</td>
</tr>
</tbody>
</table>

### CREDITORS: Amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>31 March 2009 £000</th>
<th>31 March 2008 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL CREDITORS</td>
<td>9,814</td>
<td></td>
</tr>
<tr>
<td>NET CURRENT ASSETS / (LIABILITIES)</td>
<td></td>
<td>3,818</td>
</tr>
<tr>
<td>TOTAL ASSETS LESS CURRENT LIABILITIES</td>
<td>129,207</td>
<td>121,738</td>
</tr>
</tbody>
</table>

### CREDITORS: Amounts falling due after more than one year

<table>
<thead>
<tr>
<th></th>
<th>31 March 2009 £000</th>
<th>31 March 2008 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL CREDITORS</td>
<td>11,727</td>
<td>3,310</td>
</tr>
<tr>
<td>PROVISIONS FOR LIABILITIES AND CHARGES</td>
<td>14</td>
<td>(1,376)</td>
</tr>
<tr>
<td>TOTAL ASSETS EMPLOYED</td>
<td>126,104</td>
<td>120,349</td>
</tr>
</tbody>
</table>

### FINANCED BY: TAXPAYERS’ EQUITY

<table>
<thead>
<tr>
<th></th>
<th>31 March 2009 £000</th>
<th>31 March 2008 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public dividend capital</td>
<td>15.2</td>
<td>72,545</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>15.3</td>
<td>46,514</td>
</tr>
<tr>
<td>Donated asset reserve</td>
<td>15.3</td>
<td>1,352</td>
</tr>
<tr>
<td>Income and expenditure reserve</td>
<td>15.3</td>
<td>5,693</td>
</tr>
<tr>
<td>TOTAL TAXPAYERS’ EQUITY</td>
<td>126,104</td>
<td>120,349</td>
</tr>
</tbody>
</table>

Signed Chief Executive

Date 3 June 2009
### Statement of Total Recognised Gains and Losses for the year ended 31 March 2009

<table>
<thead>
<tr>
<th></th>
<th>31 March 2009 (£000)</th>
<th>31 March 2008 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the financial year before dividend payments</td>
<td>7,298</td>
<td>7,013</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unrealised surplus on fixed asset revaluations</td>
<td>0</td>
<td>19,799</td>
</tr>
<tr>
<td>Increases in the donated asset reserve due to receipt of donated assets</td>
<td>153</td>
<td>126</td>
</tr>
<tr>
<td>Reductions in the donated asset reserve due to depreciation, impairment and disposal of donated assets</td>
<td>(191)</td>
<td>(183)</td>
</tr>
<tr>
<td>Total recognised gains and losses for the financial year</td>
<td>7,260</td>
<td>26,755</td>
</tr>
</tbody>
</table>

### Cash Flow Statement for the year ended 31 March 2009

**Operating Activities**

<table>
<thead>
<tr>
<th>Note</th>
<th>31 March 2009 (£000)</th>
<th>31 March 2008 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net cash inflow from operating activities</td>
<td>16.1</td>
<td>13,989</td>
</tr>
</tbody>
</table>

**Returns on Investments and Servicing of Finance:**

<table>
<thead>
<tr>
<th>Note</th>
<th>31 March 2009 (£000)</th>
<th>31 March 2008 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest received</td>
<td>934</td>
<td>792</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>934</td>
<td>792</td>
</tr>
</tbody>
</table>

**Capital Expenditure**

<table>
<thead>
<tr>
<th>Note</th>
<th>31 March 2009 (£000)</th>
<th>31 March 2008 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(14,055)</td>
<td>(3,808)</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>(1,350)</td>
<td>(119)</td>
</tr>
<tr>
<td>Net cash outflow from capital expenditure</td>
<td>(15,405)</td>
<td>(3,927)</td>
</tr>
</tbody>
</table>

**Dividends Paid**

<table>
<thead>
<tr>
<th>Note</th>
<th>31 March 2009 (£000)</th>
<th>31 March 2008 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net cash inflow / (outflow) before management of liquid resources and financing</td>
<td>(3,828)</td>
<td>(9,221)</td>
</tr>
</tbody>
</table>

**Management of Liquid Resources**

<table>
<thead>
<tr>
<th>Note</th>
<th>31 March 2009 (£000)</th>
<th>31 March 2008 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of current asset investments</td>
<td>(136,050)</td>
<td>(119,700)</td>
</tr>
<tr>
<td>Sale of current asset investments</td>
<td>127,050</td>
<td>107,800</td>
</tr>
<tr>
<td>Net cash outflow from management of liquid resources</td>
<td>(9,000)</td>
<td>(11,900)</td>
</tr>
<tr>
<td>Net cash inflow before financing</td>
<td>(12,828)</td>
<td>(2,919)</td>
</tr>
</tbody>
</table>

**Financing**

<table>
<thead>
<tr>
<th>Note</th>
<th>31 March 2009 (£000)</th>
<th>31 March 2008 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public dividend capital received</td>
<td>1,841</td>
<td>232</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Loan</td>
<td>12,000</td>
<td>0</td>
</tr>
<tr>
<td>Other capital receipts</td>
<td>153</td>
<td>126</td>
</tr>
<tr>
<td>Net cash inflow from financing</td>
<td>13,994</td>
<td>358</td>
</tr>
<tr>
<td>Increase / (decrease) in cash</td>
<td>1,166</td>
<td>(2,321)</td>
</tr>
</tbody>
</table>
## 1 Private Patient Income

<table>
<thead>
<tr>
<th>Private patient income</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 March 2009</td>
<td>68</td>
<td>100</td>
<td>67</td>
</tr>
<tr>
<td>Base Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 March 2008</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Proportion (as percentage)

| Proportion (as percentage) | 0.05% | 0.10% | 0.05% |

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>Year to 31 March 2009</th>
<th>Year to 31 March 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary (£000)</td>
<td>Other Remuneration (£000)</td>
</tr>
<tr>
<td>Prof W. Al-Wali, Chief of Division for Medicine / Medical Director</td>
<td>80-85</td>
<td>0</td>
</tr>
<tr>
<td>Mrs J Bird, Chief of Quality and Standards / Chief Nurse</td>
<td>95-100</td>
<td>0</td>
</tr>
<tr>
<td>Mr G Bloomer, Non-Executive Director</td>
<td>15-20</td>
<td>0</td>
</tr>
<tr>
<td>Mr A S Hercock, Non-Executive Director</td>
<td>15-20</td>
<td>0</td>
</tr>
<tr>
<td>Mrs J Hickton, Non-Executive Director</td>
<td>15-20</td>
<td>0</td>
</tr>
<tr>
<td>Mr B James, Chief Executive</td>
<td>160-165</td>
<td>0</td>
</tr>
<tr>
<td>Mr A Jones, Chief of Division for Surgery 1</td>
<td>45-50</td>
<td>0</td>
</tr>
<tr>
<td>Mr M Looney, Chief Financial Officer</td>
<td>125-130</td>
<td>0</td>
</tr>
<tr>
<td>Mrs M Oldfield, Chairman</td>
<td>45-50</td>
<td>0</td>
</tr>
<tr>
<td>Mr N MacDonald, Non-Executive Director</td>
<td>15-20</td>
<td>0</td>
</tr>
<tr>
<td>Mr N Pickerton, Chief of Business Development</td>
<td>100-105</td>
<td>0</td>
</tr>
<tr>
<td>Mr N Ruff, Non-Executive Director</td>
<td>15-20</td>
<td>0</td>
</tr>
<tr>
<td>Mrs S Wilson, Chief Operating Officer</td>
<td>100-105</td>
<td>0</td>
</tr>
<tr>
<td>Dr Mark Withers, Chief of Division for Clinical Support Services</td>
<td>135-140</td>
<td>0</td>
</tr>
</tbody>
</table>

1 Left 31st October 2008

* Indicates consent to disclosure withheld in accordance with the Data Protection Act 1998
### 2.2 Salary and Pension entitlements of Senior Managers

#### B Pension Benefits

<table>
<thead>
<tr>
<th>Name and title</th>
<th>(bands of £2,500)</th>
<th>(bands of £5,000)</th>
<th>(bands of £000)</th>
<th>(bands of £000)</th>
<th>(bands of £000)</th>
<th>(bands of £000)</th>
<th>Plan</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof W. Al-Wali, Chief of Division for Medicine / Medical Director</td>
<td>0-2.5</td>
<td>2.5-5</td>
<td>20-25</td>
<td>70-75</td>
<td>546</td>
<td>389</td>
<td>147</td>
<td>0</td>
</tr>
<tr>
<td>Mrs J. Bird, Chief of Quality and Standards / Chief Nurse</td>
<td>2.5-5</td>
<td>7.5-10</td>
<td>30-35</td>
<td>95-100</td>
<td>529</td>
<td>374</td>
<td>145</td>
<td>0</td>
</tr>
<tr>
<td>Mr R. James, Chief Executive</td>
<td>0-2.5</td>
<td>7.5-15</td>
<td>60-65</td>
<td>190-195</td>
<td>1,423</td>
<td>1,028</td>
<td>399</td>
<td>0</td>
</tr>
<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>5-7.5</td>
<td>15-20</td>
<td>55-60</td>
<td>247</td>
<td>171</td>
<td>71</td>
<td>0</td>
</tr>
<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>462</td>
<td>348</td>
<td>106</td>
<td>0</td>
</tr>
<tr>
<td>Mrs J. Wilson, Chief Operating Officer</td>
<td>2.5-5</td>
<td>2.5-5</td>
<td>20-25</td>
<td>70-75</td>
<td>546</td>
<td>389</td>
<td>147</td>
<td>0</td>
</tr>
<tr>
<td>Dr Mark Withers, Chief of Division for Clinical Support Services</td>
<td>2.5-5</td>
<td>7.5-10</td>
<td>25-30</td>
<td>75-80</td>
<td>432</td>
<td>292</td>
<td>44</td>
<td>0</td>
</tr>
</tbody>
</table>

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

1 Left 31st October 2008

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. The increase in CETV is due to a change in the factors used to calculate this, which came into force on 1st October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations.

# 3 Prudential Borrowing Limit

<table>
<thead>
<tr>
<th>31 March 2009</th>
<th>31 March 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prudential borrowing limit set by Monitor</td>
<td>£32,300</td>
</tr>
<tr>
<td>Working capital facility</td>
<td>£10,600</td>
</tr>
<tr>
<td>Actual borrowing in period</td>
<td>£12,000</td>
</tr>
</tbody>
</table>

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

- 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.
- The amount of any working capital facility approved by Monitor.

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 Hospital
Moorgate Road
Oakwood
Rotherham S60 2UD
Telephone 01139 304500
Email kerry.rogers@rothgen.nhs.uk

www.rotherhamft.nhs.uk