



**National
Osteoporosis
Society**

Annual General Meeting 2011

Sunday 26 June 2011
12.00 – 13.00hrs

Assembly Rooms, Bath

Minutes

National Osteoporosis Society representatives:

Professor David Reid (DR), Chair, Board of Trustees

Mrs Claire L Severgnini (CLS), Chief Executive

Mr Philip Newborough (PN), Treasurer and Trustee

Item Number		
1.	<p>Welcome and Apologies</p> <p>On behalf of the Trustees and staff DR welcomed those members present to the 2011 AGM and briefly ran through the agenda.</p> <p>At this point DR took the opportunity to acknowledge the sad death of Iris Swain on 17 June, recognising that the enduring hard work and support during her long association with the charity will be greatly missed.</p> <p>DR passed on apologies from Jeremy Stern and Wendy Hull.</p>	Professor David Reid (DR)
2.	<p>Minutes of the last meeting</p> <p>The Minutes from the 2010 AGM held in Glasgow were approved by a show of hands. The Minutes are available on the National Osteoporosis Society website.</p>	Professor David Reid (DR)
3.	<p>Chairman's Report</p> <p>DR reminded the meeting about the role of the Trustees and thanked members and volunteers for their continued support of the charity.</p> <p>DR highlighted the various initiatives in 2010 that continue to raise the awareness of osteoporosis and the profile of the charity. Research funding, campaigning, engaging with health professionals together with fundraising activities and events will again form the basis for work in the charity's 25th Anniversary year.</p>	Professor David Reid (DR)

4.	<p>Chief Executive's Report CLS reiterated that the Charity's aim is to continue to design work programmes that flow seamlessly year on year with an emphasis on profile raising and fundraising activities during 2011 the 25th Anniversary year.</p>	Mrs Claire L Severgnini (CLS)
5.	<p>Treasurer's Report PN explained about the breakdown for the different areas of income and expenditure and conceded that in the current economic climate all charities were finding income generation difficult. PN thanked members for their continued membership as their fees allow income stability.</p> <p>PN talked through the 2010 restricted and unrestricted income and expenditure comparing them with 2009 figures.</p> <p>A copy of the 2010 Annual Report and accounts can be found on the National Osteoporosis Society website.</p>	Mr Philip Newborough (PN)
6.	<p>Appointment of Charity Trustees DR introduced the current Board of Trustees and thanked Mary Regnier-Leigh, Janine Chandler and Jeremy Stern for serving a second term of office.</p> <p>Two proposed new Trustees had been recruited to join the Board: Carole Walker and Carlyn Chisholm. By a show of hands the members present acknowledged these appointments.</p>	Professor David Reid (DR)
7.	<p>Auditors The Trustees recommended the re-appointment of the current auditors, Haysmacintyre. This was proposed by Dr Cyril Davies and seconded by Prof. Sue Lanham-New.</p>	
8.	<p>Any Other Business/Questions 2 questions had been submitted on-line prior to the meeting.</p> <p>Question submitted in advance of the AGM:</p> <p>Q1. In the 'New' National Health Service how is the Society going to engage with all, the 'local' GP Consortium (or whatever they will be called in 2013), for every grouping will be developing their own strategy and priorities to suit their own locality and individual GP's particular interests?</p> <p>A1. We have been working hard to see that the new NHS Outcome Framework reflects the needs of the hundreds of thousands of people who suffer fragility fractures each year. We are actively seeking to influence the Quality Standards which are being developed by NICE to support commissioners. These will include the topics of falls in care settings, hip fractures, and fractures (excluding the head and hip). We know that influencing commissioning consortia at a local level will be important. The information we have from</p>	Professor David Reid (DR) and Mrs Claire L Severgnini (CLS) and Mr Philip Newborough (PN)

national audits shows us where the UK's weak spots are, which will allow us to target our resources effectively. Where they are able to, we will empower our support groups, members and volunteers to engage with the new commissioning consortia directly. We will also help them to influence local HealthWatch groups, the replacement for LINKs, and their Local Authorities, who will be overseeing the provision of health and social care. We will support health professionals in their efforts to influence local commissioning.

Question submitted in advance of the AGM:

Q2. With the banks intention to phase out the use of cheques in the very near future, has the Society considered the implications regarding its funding, for the older members of the population are still using this method of payment. The elderly still fear the electronic age so it will become increasing difficult to raise sufficient funds to continue it's functions without such support?

A2. The Payments Council would like to stop cheque use from 31st October 2018, but only if adequate alternatives are developed. Some senior MPs are asking for the plan to be scrapped or at the very least, postponed. The charity is monitoring the situation carefully but is very aware of the potential impact, particularly on Individual Giving through Appeals and Raffles. There is some suggestion that a paper-based payment method will be retained, but this is still being reviewed. As we know more of the plans, we will put in place our own plans to promote alternative methods of payment such as debit cards, credit cards, direct debits and internet payments.

Post Meeting Note - On 12th July 2011, The Payments Council announced that cheques will continue for as long as customers need them and the target for the possible closure of the cheque clearing system in 2018 has been cancelled. The Payments Council has confirmed that it will continue to focus on security, efficiency and encouraging innovation in all types of payments to ensure customers have options best suited to the 21st century.

Questions received from members attending the AGM

Q1. With a reduced income 2 years ago of £8.5m and income now less than £5m, will this mean the charity will be bankrupt in 3 years?

A2. The largest part of the difference between these two numbers is the income from the Mark Master Masons donation, which was a donation of £3m. Fundraising is challenging but with the new Fundraising Director, two new fundraisers and some of the Trustees lending their expertise,

this will help. The Reserves Policy states ideally between 6 months and 12 months unrestricted operating expenditure, with the charity currently running at 8 months. Asset values will recover but there is no doubt this is a challenging time.

Q2. Would Life Membership benefit the charity more than a Legacy?

A2. The Trustees will consider its viability and seek advice from Members.

Q3. In Linda Edwards' time, there was a lot of lobbying of MPs. How much response have we had over the years from MPs? With the cost of a hip fracture costing more than £2.3 billion per year in the UK, this equates to what is spent on junk food. Can we be assured that these meetings with MPs continue, and that they are aware that we need extra funding?

A3. We engage with all four UK parliaments in different ways, to raise awareness about osteoporosis and to query the provision of services. Anne Simpson, Country Development Manager for Scotland works closely with MSPs and holds an annual meeting in November. Our Public Affairs and Policy Officer, James Cooper, has solid plans in place, year on year to engage with MPs. He works with the All Party Parliamentary Osteoporosis Group (APPOG), made up from cross bench MPs with an interest in osteoporosis. There was an APPOG event in Westminster on 21st June, which launched the charity's APPOG Nutrition inquiry report, and also celebrated its 25th anniversary. This week we will be launching our "25 word campaign" for a break-free future to press for the inclusion of osteoporosis in QOF. Members can be assured that political lobbying is high up on our work programme.

Q4. Thank you to staff for all their help – raising funds for the National Osteoporosis Society. Thank you for inviting me to this event.

A4. A round of applause indicated how much this statement was appreciated by staff and Trustees alike.

Q5. I have some concern about the future of support groups having heard recently that there is likely to be a lack of encouragement in the formation of new groups or re-establishment of groups that have folded. I understand that this is due to the cost to the NOS of providing the necessary administration etc. Is this correct?

A5. It is not about charity resources, it is about time commitment of the committee members. A number of charities are experiencing the same issues. We are reviewing ways in which we can either start up or maintain a presence in an area, without a formal support group structure.

	<p>Q6. How much do you promote the local groups when people join the national organisation? Do you have a contact list available of the local chairpersons?</p> <p>A6. Yes, contact lists of all groups/chairs are in the membership packs sent out on joining, and are also sent each year when members renew their membership.</p> <p>Q7. Is there any progress on starting a support group for members in South East London? It has a big population but there is no support group at present and we keep being told that one is being planned, but it does not seem to happen.</p> <p>A7. There has been a support group which meets at Kings College Hospital, South East London for over 10 years. In the past two years the group have not met due to a lack of volunteer committee members. Caroline Johnson, Country Development Manager for England and Louise Fox, the Regional Development Manger for the area, recently met with Dr Cajé Moniz, the local consultant, to discuss the future of the South East London group. It was agreed to try to re-establish the group and Dr Moniz and Louise will work together to organise a Medical Update meeting in October. At the meeting volunteers will be asked to come forward to take on key committee roles. Support groups rely on volunteer committee members to organise meetings and other activities with the support of the Development Manager. Unfortunately, where we have no volunteers willing to take on committee roles we are unable to sustain a group.</p> <p>All members of the Charity living in the South East London area will receive a letter inviting them to the October meeting and it will be publicised widely in the local area, and will also be advertised on the National Osteoporosis Society website.</p> <p>Q8. As the Treasurer is here I have a finance question. Is it necessary for the forms to be quite so complicated?</p> <p>A8. CLS I cannot say 'yes' or 'no' at this point. It is currently being reviewed as it is necessary to strike the right balance. We have in post a new Finance Director simplifying the process, if possible with consideration to audit and governance requirements.</p> <p>PN It is a challenge but there has to be proper reporting of the finances for Support Groups as Trustees are responsible for that money - it is getting the right balance. PN will discuss with Rose Barker, the Finance Director and Nina Copping, the Operations Director.</p>	
<p>9.</p>	<p>Close of AGM There being no other business the Chairman thanked those present and declared the meeting closed at 13.00.</p>	