South Staffordshire NHS
Primary Care Trust

Annual Report 2009/2010

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Message from…Chair, Chief Executive and Professional Executive Committee Chair

We are pleased to present to you the Annual Report for South Staffordshire Primary Care Trust (PCT) which covers the period from 1 April 2009 to 31 March 2010.

The report is designed to provide an overview of the activities undertaken during 2009/10 to provide safe, high quality healthcare that improves the health and wellbeing of local residents.

We recognise that our residents are the most important contributors to their own health and we have taken great strides this year to work more with local people by introducing a new patient engagement model – GP Practice Participation Groups feed into District Groups which then feed into a PCT Patient Council - is ensuring that patient experiences impact on the quality of the services that we provide and commission.

We are also undertaking more work to prevent ill-health by providing services to shift the balance from treating people when they are sick – to keeping people well. New services include Health Trainers and Life Style Teams that are helping people to make lifestyle changes and generally lead healthier lives.

In many cases the best place to look after someone is in their own home and we have continued this year to introduce services to provide care closer to home and reduce the need for hospital stays.

At the beginning of 2010 the NHS Constitution brought together for the first time values, principles, rights and responsibilities that underpin the NHS which have brought clarity about what patients and the public have a right to expect.

This year has also presented some significant challenges not least the intense scrutiny of Stafford Hospital. As a PCT we welcomed the Independent Inquiry Report published in February 2010.

We are greatly concerned by and deeply regret the unnecessary trauma which has been experienced by local patients and families as outlined in their testimonies within the report produced by Sir Robert Francis QC and his team. The findings have strengthened our determination to further improve the quality of healthcare services for the local population.

Alex J H Fox, MBE
Chair of the Trust Board

Stuart Poynor
Chief Executive

Dr. Phil Ballard
Chair of the Professional Executive Committee

Clearly much more needs to be done to ensure that patients have confidence in their healthcare services and we continue to work closely with Mid Staffordshire NHS Foundation Trust (MSFT) Management Team, patient groups and other partner organisations, to improve levels of care and ensure that patients receive the care that they deserve.

This work has included implementation of a programme of unannounced and announced inspections and site visits to assess quality and service delivery which involved talking to staff and patients. Themes and issues are immediately followed up including formal challenges to MSFT through regular Clinical Quality Review meetings.

Additional investment has been made to enable concentration on the recruitment and retention of staff, particularly into nursing roles. In addition, we have pro-actively listened to patients and have learnt from their experiences.

Spending on public services, including the NHS, will no longer grow at the rate we have become used to. In 2010/11 the PCT will focus on continuing to make improvements and transformational change in a tighter financial climate.

We are tackling this with a range of partners including nurses and doctors from across the whole health economy. By bringing together the imagination, commitment and innovation of health and social care staff with evidence about the health needs of our population we can meet our current challenge - concentrating on delivering high-quality care, prevention and early intervention to improve efficiency and save NHS resources.

About us, who we are and what we do

South Staffordshire PCT is one of the largest PCTs in the country serving a population of approximately 618,000 people, employing just over 2,000 staff with a net operating cost of £887 million.

The PCT is located within the geographical boundaries of Staffordshire County Council and contains a number of urban areas including Stafford, Cannock, Burton upon Trent, Tamworth, Lichfield, Rugeley, Uttoxeter and Wombourne, although the area is largely rural.

The PCT is a Commissioner of quality health and care services and a Provider of services supplying a range of community health services to local people. In addition Practice Based Commissioning (PBC) delegates a large amount of responsibility for the commissioning of local health and care services to GP practices.

The PCT also manages two community hospitals - Samuel Johnson Community Hospital in Lichfield and Sir Robert Peel Community Hospital in Tamworth, that both provide a wide range of services, including Minor Injuries Units.

The acute hospitals located within the PCT area are: Cannock Chase Hospital, Queen's Hospital (Burton) and Staffordshire Hospital (Stafford). South Staffordshire and Shropshire Healthcare NHS Foundation Trust provides care for adults and children including: specialised mental health; learning disability services and community services.

The following gives more information about the role of the PCT.

Commissioner

The commissioning process includes assessing population needs, prioritising health outcomes, procuring products and services and the management of service providers.

With 8% of the PCT's population living in the fifth most deprived area in England and a high number of people living in areas of deprivation, it is vital that we continue to work to improve the health and lives of local people.

Provider Services

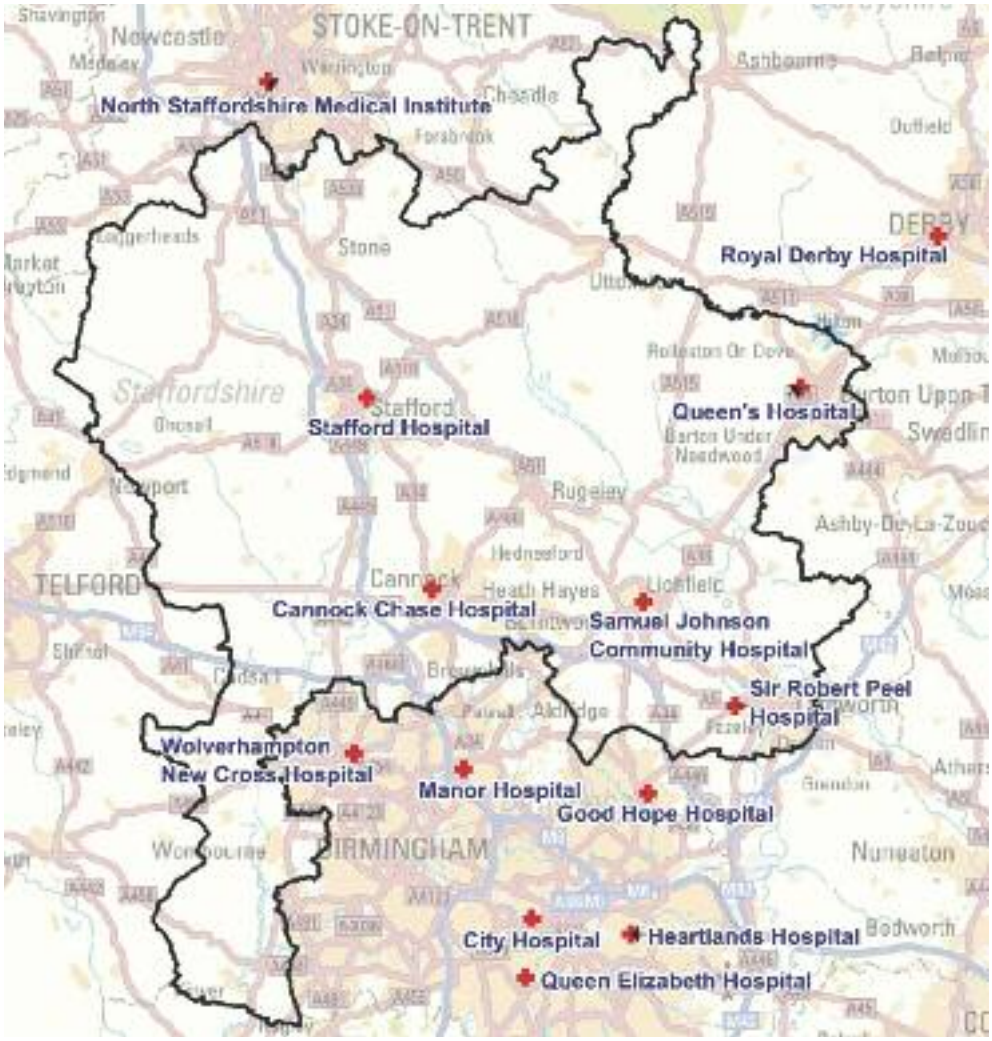
South Staffordshire PCT Provider Services employs over 1,800 staff and provides community services including: health visiting; school nursing; speech and language therapy; dieticians and physiotherapy.

Practice Based Commissioning (PBC)

Established PBC groups in five areas across the PCT receive a budget from the PCT to purchase health care for their registered patients and become more involved in commissioning decisions to provide healthcare that is based on prevention. This involves: identifying patient needs; designing effective and appropriate health service responses to those needs and allocating resources against competing service priorities.

South Staffordshire Primary Care Trust consists of:

- 98 General Practices
- 365 General Practitioners
- 83 Dental Practices
- 231 Dentists
- 120 Pharmacies
- 67 Optometry Practices
- 115 Optometrists
- 6 Prisons



The Trust Board

The role of the Trust Board is to take corporate responsibility for the organisation's strategies and actions.

Executive Directors

Stuart Poynor, Chief Executive

Geraint Griffiths, Interim Managing Director of Provider Services

Dr Phil Ballard, Chair of Professional Executive Committee

Dr Ken Deacon, Interim Medical Director (commenced 1 April 2010)

Yvonne Sawbridge, Director of Quality and Nursing

Dr Aliko Ahmed, Director of Public Health

Wendy Kerr, Interim Finance Director

John Wicks, Director of Commissioning and Strategy

Sue Price, Locality Director (East)

Mark Powell, Interim Locality Director (West)

Non Executive Directors

Alex Fox, MBE, Chairman

David Ibbs

Jeni Jobson

Philip Aldred

Lynne Smith

André Burns

Lindsey Fairbrother

John Yates

Dr Lynne Hulme

Professional Executive Committee

The PCT's Professional Executive Committee (PEC) is made up of clinicians and commissioners who play a big role in the design and development of local services and who understand the needs of patients, including GPs, Pharmacists, Dieticians and Medical Nurses.

The focus of the PEC is to support the PCT to embrace an ethos of excellence underpinned by innovation.

PEC Members

Dr Phil Ballard, Chairman

Dr James Shipman, General Practitioner

Dr Anne-Marie Houlder, General Practitioner

Dr Tim Dukes, General Practitioner

Dr Ruth Goldstein, Pharmacist

Dr Mohammed Huda, General Practitioner

Dr Peter Gregory, General Practitioner

Gillian Rudge, Dietician

Yvonne Sawbridge, PCT Director of Quality and Nursing

Dr Aliko Ahmed, PCT Director of Public Health

John Wicks, PCT Director of Strategy and Commissioning

The PEC, which enhanced its membership in 2009, is responsible for leading and guiding the PCT through detailed thinking on local healthcare services and future investment.

The PEC works closely with PCT colleagues to ensure clinical evidence and experience is the basis for all decisions made.

The group has a clear understanding of patients' needs and vast experience in their specific fields of expertise which is vital to change the way in which existing and new services are delivered in the future.

The group works closely with residents, frontline staff, patients and stakeholders to ensure the right decisions are made about the investment of public money and that patients receive high quality care.

How did we perform in 2009/10

The PCT is dedicated to the ongoing development of clinical governance and has focused on ensuring that we meet the Care Quality Commission's Standards for Better Health Core Standards.

These core and development standards cover all aspects of healthcare, including the safety of patients, clinical effectiveness and cost effectiveness.

Of the indicators which we have a full year's information for, the following have all been achieved.

18 weeks elective referral to treatment

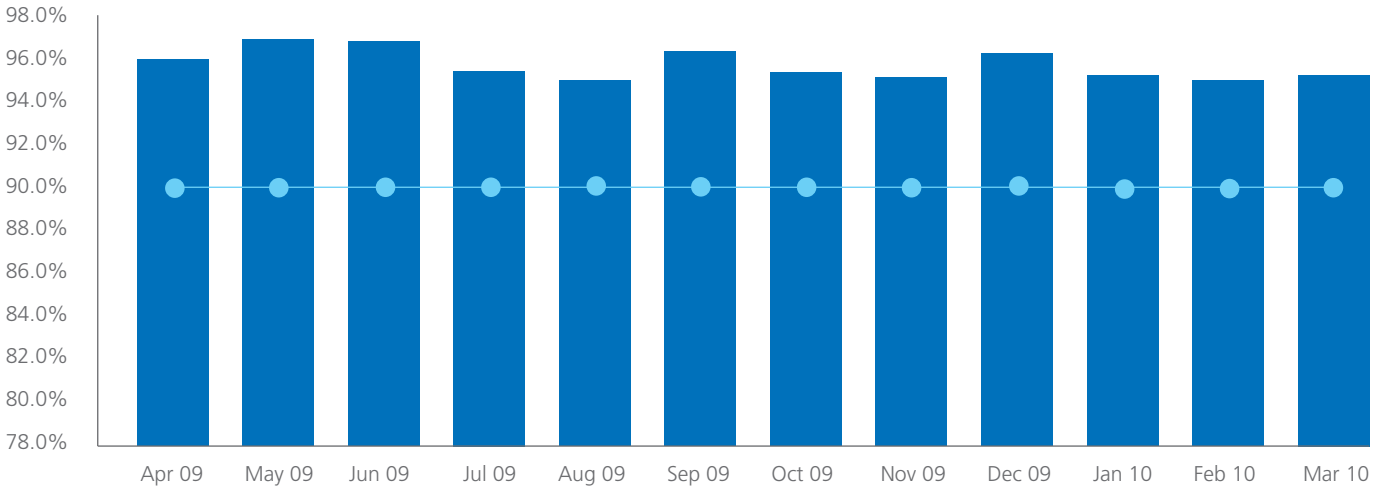
To deliver on the 18 weeks elective referral to treatment time required.

This included achieving the following waiting times milestones by the end of March 2010:

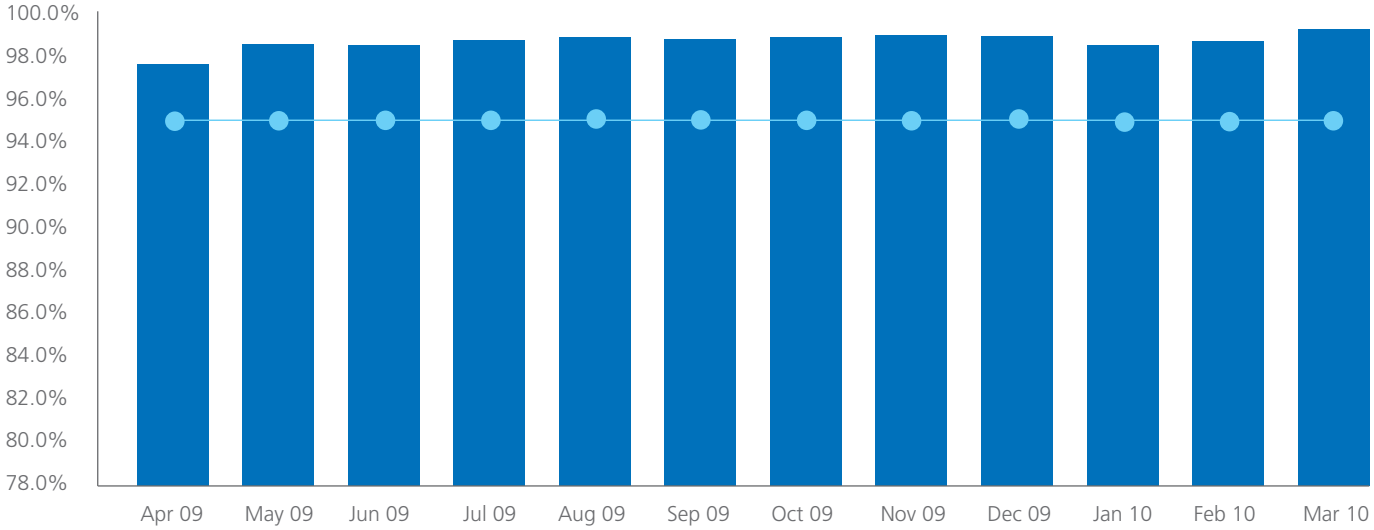
For admitted patients, 94.9% of patients started treatment in 18 weeks or less against a national milestone of 90%.

For non-admitted patients, 99.1% of patients started treatment in 18 weeks or less against a national milestone of 95%.

% Admitted patients treated within 18 weeks compared to plan



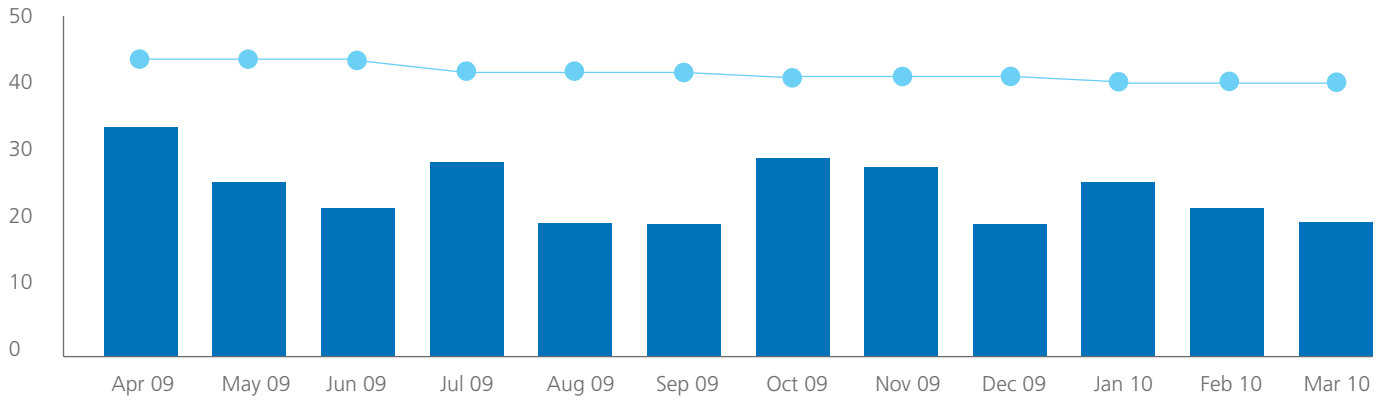
% Non admitted patients treated within 18 weeks compared to plan



Incidence of Clostridium Difficile infection

Tackling healthcare-associated infections continues to be a key patient safety issue and is a priority for the NHS. This requires effective working across health communities to tackle infections in both healthcare settings and the community. The PCT has delivered on reducing the incidences of Clostridium Difficile (C.Diff) infection for 2009/10. 282 actual cases compared to a threshold of 510 cases.

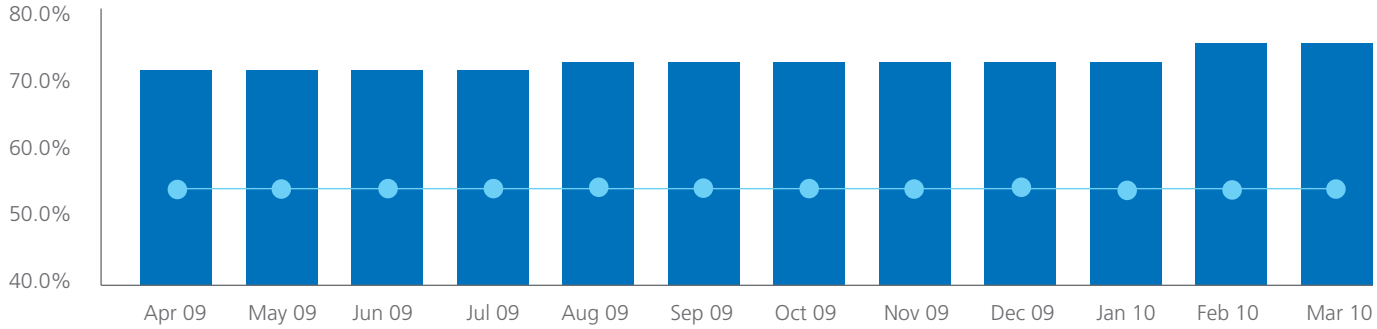
Incidence of Clostridium Difficile infection compared to plan



Practices offering extended opening hours

To improve patient experience of access to primary care by increasing the number of practices offering extended opening hours. This indicator has been achieved for 2009/10, with 75 of our 96 practices offering extended opening hours.

Practices offering extended opening hours compared to plan



The PCT has also achieved the following Care Quality Commission indicators in 2009/10:

- Achieved 70% of women aged 53-70 screened for breast cancer in the last three years
- Achieved 4,209 four week smoking quitters
- Achieved 33% prevalence of breast feeding in infants at 6-8 weeks
- Achieved 98% of patients offered access to genito-urinary medicine (GUM) clinics
- Achieved 95% of Ambulance Category A calls responded to within 19 minutes
- Achieved 100% Diabetic Retinopathy Screening

- Achieved Rate of Delayed transfers of care
- Achieved Cancer urgent referral to first outpatients appointment waiting times (2 week wait)
- Achieved Cancer diagnosis to treatment waiting times (31 day standard)
- Achieved Revascularisation waiting times (3 month standard)
- Achieved Outpatients waiting times (13 week standard)
- Achieved Inpatients waiting times (26 week standard)
- Commissioning of Early intervention in psychosis services
- Commissioning of crises resolution/home treatment services
- Commissioning of a comprehensive child and adolescent mental health service (CAMHS)

Achievements

This year has seen the successful delivery of activities identified in our strategic plan, including community projects and initiatives to benefit patients and public.

Our seven key strategic goals have shaped our work and ensured that we remained focussed on improving services and continue to provide the best quality of care.

This report demonstrates some of our achievements during the last twelve months, as commissioners, practice based commissioners and service providers.

Support for future parents

An innovative project was set up by the PCT and Torc Vocational Centre in Tamworth to give life skills, educational support and advice about the dangers of rough handling and shaking babies to help prevent Shaken Baby Syndrome.

'Stop That Shake – Babies Break!' is delivered with support from safeguarding teams, Staffordshire Police, paediatricians and students from Torc Vocational Centre.

The project was awarded £7,500 from the Queen's Nursing Institute and NHS West Midlands Innovation Fund to develop a DVD covering the cause, consequences, risks and prevention factors around Shaken Baby Syndrome.

Shaken Baby Syndrome is the most common cause of traumatic death in children under one year and often parents and carers are not aware that rough handling and shaking babies can be extremely dangerous.

The muilti-agency approach considers a life skill teaching method by involving students in the production of the DVD as an earlier pre-pregnancy education intervention. The DVD will be piloted in 5 high schools in the Tamworth area to benefit students, parents, clients, professionals and teachers.

Innovative children's physiotherapy service

The PCT developed a book to support schools and health organisations to identify non-specific motor co-ordination difficulties

The 'Jungle Journey' was developed in conjunction with Staffordshire County Council Education Department as a result of the Development of Early Motor Skills programme.

The Jungle Journey is a nine week programme that aims to develop motor skills in reception age children. The programme includes initial screening, weekly activity and lesson plans giving plenty of opportunity for extension into the wider curriculum and a classroom resource pack. The programme is suitable for children as young as 4 years with a whole range of physical abilities or disabilities.

Through the programme children have gained confidence and self esteem that has not only had a positive impact on physical attainment but also on speaking, listening, turn-taking, singing and coping with dressing.

Chlamydia testing 15-24 year olds

The PCT actively encouraged young people aged 15 to 24 years to take the opportunity to be tested for Chlamydia, as part of a national screening programme – 'Chlamydia: Worth Talking About.'

The PCT offered free self-testing kits, as well as contacting all young people within the age group in various locations including GP practices, pharmacies, some schools and Clinics for Contraception and Sexual Health (CaSH).

Working in partnership with Staffordshire County Council's Youth Service Young People's Forum – SHAFT (Sexual Health Advisory Forum4Teens) - the Police and the Emergency Department at Burton Hospital, the PCT offered free tests and advice on sexual health and contraception to people in pubs and clubs in East Staffordshire.

National figures show that 1 in 10 sexually active young people are tested positive for Chlamydia, but most do not know that they are infected. The PCT carried out 18,521 tests on young people aged 15 to 24 years during 2009/10.

Chlamydia is a silent infection as it does not leave any symptoms but if left untreated it can lead to infertility, long term pelvic pain and other serious problems. Testing and treatment for Chlamydia infection are quick, easy and painless.

For more information visit www.chlamydiascreening.nhs.uk or telephone South Staffordshire Chlamydia Screening Office on 01889 571440.

Human Papilloma Virus (HPV) implementation programme

The PCT continued to offer the routine HPV vaccination programme to all girls in Year 8.

A catch up programme took place for all girls in Years 10, 11, 12 and 13, whether they attend state, private, special/community schools, colleges, are home-tutored or attend Pupil Referral Units (PRU).

At the end of March 2010, 74% of eligible Year 8 girls had received their first HPV vaccination. The 2009/10 programme will be completed in August 2010 with a continued programme of routine vaccinations for all girls in Year 8 taking place in 2010/11. 'Mop up' sessions will also be held offering vaccinations to those girls that did not receive their vaccination during 2009/10.

HPV has been linked to 70% of cervical cancers; the second most common cause of cancer in women under the age of 35, after breast cancer. It is estimated that this vaccine will save the lives of 400 women each year, nationally.

For general information about the HPV virus and vaccine visit www.immunisation.nhs.uk/vaccines/hpv or call the national HPV Information Line on 0845 6023303.

Swine Flu vaccination programme

In October 2009 the PCT, in partnership with local GPs, commenced the Swine Flu vaccination programme for people at higher risk of severe illness or at increased risk of infection and transmitting infection.

The priority groups were:

- individuals aged 6 months up to 65 years in the current seasonal flu vaccine clinical at-risk groups;
- pregnant women, subject to licensing considerations on trimesters;
- people in regular contact with immunocompromised;
- people aged 65 years and over in the current seasonal flu vaccine clinical at-risks groups;
- front line health and social care workers.

In January 2010 the PCT made the Swine Flu vaccination available to children aged 6 months to 5 years.

The vaccination protects children from Swine Flu and its possible complications, particularly as children are vulnerable to severe illness that could result in hospitalisation. Vaccination will also protect children from future waves of infection caused by the Swine Flu virus and reduce the spread of disease.

Trainers to improve people's health

The PCT's programme to offer practical advice and provide support to keep people healthy and fit has grown throughout the year.

The Health Trainer Teams located in the West PCT area provides the service to people living in Cannock Chase, Stafford and the South Staffordshire Council area.

The programme offered in the East, is delivered by the Life Style Team to people living in Lichfield, Tamworth and the East Staffordshire District and has worked actively with Burton's Asian community to provide weekly lifestyle service sessions.

The service is one of the ways in which the PCT is helping people to make lifestyle changes and generally lead healthier lives.

19 year old **Ricky Maiden** from Eccleshall knows exactly what benefits can be gained from accessing the service.

"I found out about the service from my GP having spoken to him about how unhappy I was with my weight and how I desperately wanted help to address my poor eating and exercise habits."

"My Health Trainer was very supportive and motivated me from the very start. I was able to talk openly about issues that affected my eating and exercise habits."

Sandra Fowell from Uttoxeter takes everything in moderation.

"I feel fitter, much healthier and have more energy to do the things I want to do."

"Having hardly exercised in the past I decided to take up walking but soon wanted to increase the amount of exercise I was doing, so I joined a local gym where the instructor designed a personalised programme for me."

"The service is brilliant and I don't think I could have done it without the motivation and encouragement from my Lifestyle Advisor who kept me on track and has helped me to look at my lifestyle in a different way."

Weighing in at 15 stones and 3 pounds with high blood pressure, an addiction to chocolate, loss of breath when running for the train and his legs slowing down on the football pitch, **Norman Jones,** knew that it was time to make a change.

"There is no looking back for me – the Health Trainer Service has given me the motivation and support I needed to feel fit and healthy again."

Increasing life

"The results are fantastic as I start 2010 a shadow of my former self. At almost two and a half stone lighter, with healthy blood pressure and cholesterol levels, I feel fit and healthy."

Since her retirement, **Janis Allso** from Lichfield, has enjoyed an active social life, however with the amount of 'girlie lunches' increasing she found that she was eating and drinking more often.

"When I made my appointment to be assessed I thought it would be with someone who was patronising and 'finger wagging' – telling me what I was doing wrong. But, it wasn't like that at all."

"The confidential one-to-one sessions made me more self aware of not only what I ate and drank but also the lack of exercise in my life and the changes I needed to make."

The service aims to reduce the risk of diseases such as Cardiovascular Heart Disease (CHD), diabetes and cancers and aims to encourage and motivate behaviour change, leading to improved mental health and wellbeing.

To find out more about the Health Trainer and Lifestyle Service contact:

Burntwood, Lichfield, Tamworth, Burton and Uttoxeter **01827 306190**

Cannock Chase **01543 509740**

Stafford, Great Haywood, Eccleshall, Gnosall, Stone and Penkridge **01785 619167**

Perton **01902 758150**

Burntwood Health and Wellbeing Centre

Burntwood Health and Wellbeing Centre was offically opened in June 2009. The Centre provides a facility to meet the needs of the local population and was developed in partnership with NHSolutions and Extra Space and was fully supported by elected members who were instrumental in engaging with the local community.

Burntwood Health and Wellbeing Centre is open from 8.00a.m until 8.00p.m, 7 days a week, 365 days a year and offers bookable appointments and a walk-in service.

The Centre is a part of the PCT's strategy to improve local services for patients, not only for housing a GP Practice, but it also brings together a range of health and social care partners including: PCT Provider Services and Social Care; Children and Lifelong Learning and voluntary organisations.

Breastfeeding advice group launched

A Breast Feeding Support Group was launched in April 2009 by the National Child Birth Trust (NCT) and the PCT's Health Visiting Team in Stafford for mothers wanting to talk informally with other mothers about breastfeeding.

The PCT received £10,000 from the Community and Learning Partnership and support from the NCT to set up the group that meets weekly, providing a peer support network for mothers who may be encountering problems in the early weeks of breastfeeding. For more information contact the NCT on 0300 330 0771 or visit the website at www.nctpregnancyandbabycare.com

Expectations

Patients' Choice – Quality and Excellence Awards

The PCT launched the Patients' Choice – Quality and Excellence Awards in April 2009 to help increase its focus on quality and excellence and help to enhance the local services delivered.

The Awards, held in September 2009, recognised the high quality of care and excellence in healthcare services. Almost 100 nominations received from patients and members of the public recognised staff and teams who had demonstrated outstanding quality of care and that showed excellence in their work and dedication to the service and to patients.

Award winners:

Team Award –
Landywood District Voluntary Help Centre

The judges looked for local teams who consistently provided a high quality service that improved the way health and care was provided to patients. The winner also had to demonstrate flexible working, have a 'can do' approach and make the best use of resources.

Winning Team, Landywood District Voluntary Help Centre in Great Wyrley, is run wholly by volunteers and provides invaluable services to the community. Launched in 1976, the centre now boasts a volunteer register of around 70 people of varying ages who work with between 80 to 100 residents every week – providing transport to appointments and organising social events.

Individual Excellence Award – Rachel Golding
(Pictured-Rachel's colleague Beverley Daniels who collected the award on her behalf)

Finalists for the Individual Excellence Award were selected because they went the 'extra mile' and made a positive and significant difference through the quality of the care that they provided to patients.

Winner, Rachel Golding, leads the Communication and Social Development Assessment and Advisory Team at the Hockley Centre in Tamworth, which carries out assessments as part of the Autism Services for Children.

Innovation and Technical Excellence Award – Health Informatics Service

Innovation in the health service is essential to ensure it constantly adapts and develops to meet a need that's ever-changing as society develops.

Many of the best local innovations or inventions to improve patient services come from staff who constantly use knowledge, experience and skills to meet significant technical challenges from across the NHS. These challenges are in many areas – healthcare science, informatics or back-up operations that keep the health and social care service going around the clock.

South Staffordshire and Shropshire NHS Foundation Trust's Health Informatics Service Hybrid Implementation Team won the Innovation and Technical Excellence Award for their role in developing a paperless electronic patient record system.

Clinical Excellence Award – Dr Imad Soryal

When we visit our doctor, hospital, dentist, and see a nurse or the wide range of other health care staff, we want to be assured that we are being cared for, listened to and supported, allowing us to go away feeling less anxious in the knowledge that our health is in capable hands.

The Clinical Excellence Awards category received nominations from many patients who experienced high levels of healthcare support.

The winner, Dr Soryal a Neurology Consultant from Sir Robert Peel Community Hospital - qualified over 25 years ago and became a consultant in 1992.

He was awarded the Clinical Excellence Award for his commitment to continuous improvement and going above and beyond his role to ensure that his patients received a good service.

Public Involvement Award – Kinver Patient Panel

To benefit from the advances in medicine, technology and health care services depends on the energy, knowledge and skills of patients and the public and the ability of the health and social care system to engage successfully with local residents.

The Public Involvement Award recognised all of the people who support the PCT and the whole of the local health economy to address inequalities in the way services are delivered. The Kinver Patient Panel at Moss Grove Surgery - a team 30 volunteers won the award in recognition for their work in the community.

Carer of the Year Award – Vicki Harris

All carers do a very special job devoting a large part of their time and energy to caring for another person or people.

Vicki Harris was selected for her dedication and commitment to her work caring for residents for the last 15 years at Bridge Court Care Home in Burton.

She worked her way up from cadet to senior management and spends a lot of her own time making items to sell for the residents' comfort fund. She is described as always working above expectations and constantly caring.

Elephant kiosks

The PCT launched a further 27 Elephant touch screen information kiosks throughout the area this year to enable patients and the public to access details on services to help them live healthier and happier lives.

The kiosks are used by a wide cross section of people as a key form of information sharing, educating and signposting to healthcare services giving people improved access to information and choice and gives the PCT another way of receiving patient and public feedback.

NHS Dental Care

The PCT is responsible for providing funding for local NHS dental services; agree contracts with NHS dentists to provide services to local people, influence where new practices are opened and manage urgent and out-of-hours care.

The PCT is working with NHS dentists to provide an additional 18,000 places for new NHS patients by 2011, and has opened in 2010 four new dental practices in the Burntwood, Gnosall, Burton upon Trent and Tamworth areas.

83 dental practices in South Staffordshire now hold contracts with the PCT to provide NHS dental care with a budget of nearly £25 million.

During 2009/10 the PCT promoted oral healthcare and NHS places available through a marketing campaign called 'Why go miles for your smiles?' that helped 13,957 more new patients to register with an NHS dentist.

Patient Participation Groups and Patient Council

In November 2009 the PCT launched a new structure of patient engagement to enable the organisation to involve patients fully by listening to, understanding and learning from their experiences.

GP Practice Participation Groups feed into District Groups who in turn feed into a Patient Council which informs the PCT Board, Professional Executive Committee and various Board Committees. The information is then used to influence the PCT's decision–making process when planning the delivery or commissioning of health and social care services for the local community.

The structure enables a two-way flow of communication so that the District and GP Practice Participation Groups are aware of how the information and knowledge that they have provided has made a difference.

Senior Manager drop in sessions

The PCT introduced a series of drop-in sessions during the year at locations and times to suit local residents to enable them to come forward with information about their experience of local health services.

The Chief Executive and team of Executive Directors have held 11 events across the PCT area to hear from patients and members of the public about where things work well, where people think services could be improved and about the future provision of local health services.

Issues raised have been addressed and responded to directly by the Chief Executive or Executive Director, the PCT's Complaints Team, Performance and Quality Team and the Patient Advice Liaison Service (PALS).

Eliminated mixed sex accommodation at community hospital

The PCT was awarded a £300,000 grant from the Department of Health's Privacy and Dignity Challenge Fund to improve patient facilities on Andrew Ward at Sir Robert Peel Community Hospital to eliminate mixed sex accommodation and improve patient facilities.

The work commenced in September 2009 and was available to accommodate patients in January 2010. The improvements to the ward including new toilets, showers and wash areas are already guaranteeing that patients do not have to share bathroom facilities.

Award for maternity services

Samuel Johnson Community Hospital in Lichfield achieved national recognition in October 2009 for their work, by the Community Hospitals Association.

The 'Champions of Normality in Midwifery' project was chosen as the best example of good maternity practice in the 'Innovations and Best Practice in Community Hospitals' category for the quality of treatment, homely environment and caring attitudes of the midwives.

Dying Matters

The PCT joined the national Dying Matters Coalition which helps promote public awareness around death, dying and bereavement.

Many people do not die as they might have wished to or where they may have wanted. Around 70% of people say they want to die at home, yet around 60% currently die in hospitals. Less than a third (29%) of people have discussed their wishes around dying and only 4% have written advance care plans.

The Dying Matters Coalition has been set up by the National Council for Palliative Care (NCPC) to raise awareness and provide support and information needed to have these conversations with loved ones. It aims to help make dying well a natural part of a good life and through this help change attitudes and behaviours towards dying, death and bereavement and raise the profile and improve end of life care.

The PCT is committed to supporting a change in attitudes and behaviours and to encourage people to communicate more on this sensitive subject.

To find out more call Sheilah Blackwell, Pallative Care Consultant at the PCT on 07810 504841, email her at sheilah.blackwell@southstaffspct.nhs.uk or visit the Dying Matters website at www.dyingmatters.org

Improving care for patients with Chronic Obstructive Pulmonary Disease

One of the main projects the Westgate Practice in South East Staffordshire has been working on, is to improve care for patients with Chronic Obstructive Pulmonary Disease (COPD).

A specialist nurse has been running clinics in the practice to assess and advise patients with COPD and suspected COPD and the practice staff have also received training in the management of the condition. Patients feel better supported and as a result do not have to see their GP as often or attend hospital.

The practice has also set up an innovative 'virtual' public and patient participation group, run through the practice website which hopes to involve people in the commissioning of services.

Carers Association South Staffordshire

Support from the Stafford and Surrounds Locality Commissioning Group has enabled the Carers Association South Staffordshire (CASS) to offer unpaid carers free short workshops on topics such as healthy eating, simple ways to stay fit, relaxation techniques and coping with emotions.

34 carers benefited from 81 of the 'Take Good Care of Yourself' sessions.

The workshops support CASS' aims of improving the health and wellbeing of the local population and carers who perform an essential and vital role.

Health and fitness to help new mothers

Specialised exercise classes for women during and after pregnancy were introduced this year - The Bumpercise and Mums, Tums and Bums classes offered safe and effective exercise to local women to help them cope better with the demands of pregnancy and to recover and get back into good physical health and shape after having a baby.

Two eight-week courses were held in April and July 2009 with an average attendance of eight women per class and a total of 20 women benefitting from the programme.

Positive outcomes reported by all respondents included: improvements to posture; muscle pelvic floor strength; reduced symptoms from pelvic floor weakness or prolapse; reduced pelvis and back pain; stronger deep abdominal muscles; and increased activity levels.

Health bus advice to young people

Young people attending The Hollies short stay school (formerly the pupil referral unit), based in Stafford are being encouraged to board a Health Bus to get confidential health, advice and support on a range of health issues from their school nurse.

The Health Bus is an initiative that uses an innovative approach to meet the health needs of students who do not want to access a formal 'drop in' at the school. This initiative is a partnership venture with the Community Learning Partnerships and school nurses. The bus was purchased and equipped via the community learning partnership and was launched in November 2009.

The Health Bus is available at the same location fortnightly and support is available on a variety of topics including: healthy eating, physical exercise, smoking, alcohol, sexual health and social/mental health issues.

The bus is proving to be a success with positive feedback from the users and staff.

Improve the Access to Services

Practice Based Commissioning

The responsibility for commissioning local health services is shared between the PCT and GP Practices and is called Practice Based Commissioning (PBC).

PBC Groups ensure that services are designed to meet the needs of local people and are of a high quality.

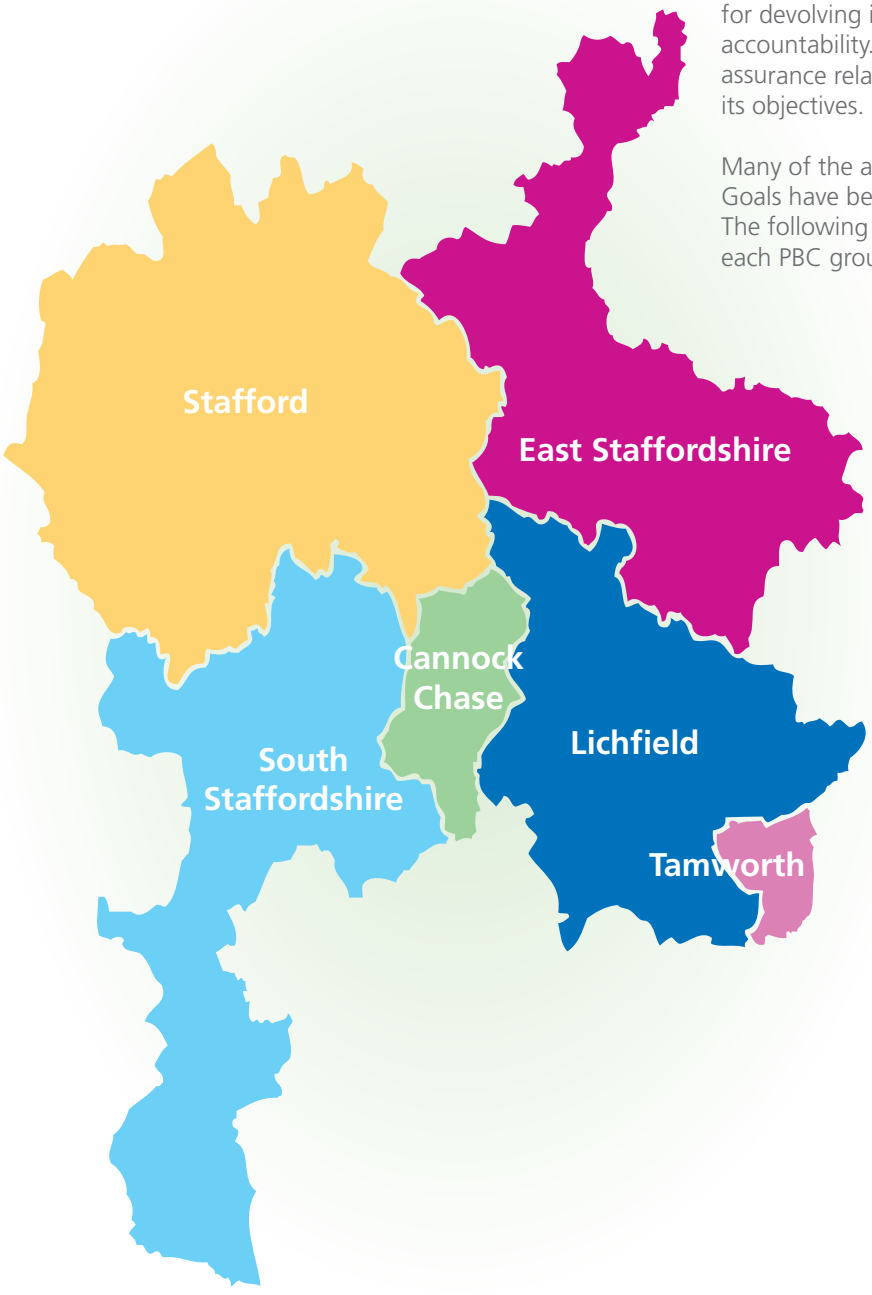
The majority of GPs in the South Staffordshire PCT area are members of local commissioning groups – each having its own Governing Board that has responsibility for a commissioning budget for their respective areas. Practices that have decided to remain independent have their own indicative budgets to manage.

The PCT has two locality PBC teams that support the process in the West and East areas of South Staffordshire.

The GP commissioning groups are responsible for the following areas:

A PBC Governance Committee provide a formal mechanism for devolving its responsibilities, applying governance and accountability. This group provides the PCT Trust Board with assurance relating to the operation of PBC and delivery of its objectives.

Many of the achievements under each of our Strategic Goals have been developed and implemented by PBC. The following pages outline a few more examples for each PBC group.



Seisdon Peninsula Local Commissioning Group

Seisdon Peninsula Local Commissioning Group is made up of 8 out of 10 GP practices in the area and covers a population of around 49,000 patients. The Commissioning Group is chaired by Sue Brookes, Practice Manager based at Dale Medical Practice, Wombourne.

The Commissioning Group achievements in 2009/10 have included:

Prioritisation Survey

To establish a base-line of information around what local residents thought about existing health services and where they thought there was room for improvement, the group commissioned an independent health questionnaire. The questionnaire was sent to a random sample of 4,500 patients registered with practices in the area, with a 30% response rate.

People were asked their views on 10 areas and ranked the top 4 priorities as:

- social and practical support for isolated older people
- supporting people who are approaching the end of their lives
- supporting healthy lifestyles
- support for carers and their families

Findings will be fed into the work plan for 2010/11 and compliments the work the PBC group has undertaken already.

Lymphoedema service

A new community service to treat patients suffering from Lymphoedema was introduced in the Seisdon Peninsula area, in partnership with Compton Hospice in March 2010.

The service was previously available at the recognised specialist centre, Compton Hospice that helped people suffering with the condition during 2009/10.

Due to an increase in demand the service has been rolled out to make it easier for patients to access treatment.

The effects of Lymphoedema – a long term condition that causes swelling due to the retention of lymphatic fluids in the body - can range in severity from mild to severe and complex swelling that can lead to health threatening complications.

Child Weight Management Programme

Healthy Kid5 is an integrated child healthy weight programme developed in partnership with Seisdon Peninsula PBC, South Staffordshire Council and South Staffordshire School Sport Partnership.

The service delivers preventative activities, as well as providing individual advice and support, to children - and their families - who are at risk of becoming overweight or obese.

A variety of activities are undertaken, usually in partnership with other health workers involved in supporting children, e.g: school nurses, health visitors, Children's Centres, Community Learning Partnerships, local District Council. For example promoting healthy eating and activity at school sports days, healthy lunch box talks in schools and weaning talks.

The Team consists of a specialist school nurse, advanced paediatric dietician, physical activity workers and programme support worker.

HealthNET

A partnership project with Social Services called HealthNET was rolled out across the Seisdon Peninsula area.

The service offers advice and information to people worried about finance, housing, health, employment, education or experiencing difficulties in their day to day lives.

During the year the service has supported 290 individuals, including 69 people who were able to access a total of £172,492 of financial support as a result of the advice that they received.

Primary Care Mental Health Services

The team responsible for delivering community based sessions recruited more members in November and February, which made it possible to introduce weekly Emotional Wellbeing Workshops from January 2010.

These sessions have seen an average of 40 contacts per month by the team, enabling people to address issues such as anxiety and low self esteem. The Primary Care Mental Health Service took 431 new referrals with each patient being seen an average of 6 times which equal over 2,500 face-to-face contact sessions.

South East Staffordshire Consortium

South East Staffordshire Consortium has 23 out of the 25 GP practices in the area and covers a population of around 157,000 patients. The Consortium contact, Dr Gerbo Huisman, is a GP based at Spires Practice, Lichfield.

The Consortium achievements in 2009/10 have included:

Early Supported Discharge

The Consortium commissioned a team of therapists and support workers to assist patients in their own home. The service was set up for patients who experienced severe fractures and required further rehabilitation.

Since February 2010 the Hospital Liaison Nurse has seen an average of 22 patients per month and returns an average of 10 people every month to their homes or usual place of residence with community support from either the Rapid Response Team, District Nursing or Community Matrons for conditions such as urine infections, pain following a fall, and minor fractures.

Physiotherapy and Orthopaedic Medicine Service

The Consortium has worked with local clinicians and launched a new physiotherapy and orthopaedic medicine service which includes physiotherapy, sports injury service, assessments, joint injections and assessments for surgery.

Waiting times for physiotherapy and orthopaedic medicine have reduced from four months to under four weeks and 2,061 referrals have been made between the beginning of January 2010 to the end of March 2010.

Community Matrons

This year the local community matrons have changed the way they work to focus their time and skills working more closely with GP practices in Tamworth to help avoid the need for hospital admissions. Their focus has been on patients with long term conditions particularly Chronic Obstructive Pulmonary Disease and heart failure.

The community matron pilot focused for 6 months on patients living in the Tamworth area. During that time 68 patients were cared for by the team and 47 admissions were estimated to have been avoided when compared to other local practices.

As a result of the positive outcomes from the pilot there will be an increase in Community Matrons to ensure that all patients with complex long terms conditions in the South East Staffordshire area can be supported at home.

Stafford and Surrounds Locality Commissioning Group

Stafford and Surrounds Locality Commissioning Group has 13 out of 15 GP practices in the area (18 including branch practices) and covers a population of around 126,000 patients. The Consortium is chaired by Steve Powell, Business Partner at Weeping Cross Health Centre, Stafford.

The Consortium achievements in 2009/10 have included:

Pain Management

A Community Pain Programme was set up in Stafford to empower chronic pain patients with information and strategies to help them to cope with and understand their pain. The programme also provides the benefits of group support, improved quality of life and addresses any individual treatment highlighted by the assessment that could help towards the overall goal of self management.

The eight week course is open to patients who have been living with chronic pain for six months or more, have tried routine physiotherapy, can transport themselves to assessments and courses and are motivated to take on board the pain management strategies.

Healthcare professionals refer people to the service that is provided at Greyfriars Therapy Centre in Stafford.

Intermediate Care Team

In April 2009 the Intermediate Care Team (ICT) expanded and relocated enabling closer working with other specialist nurses and the Re-ablement Team from South Staffordshire Social Care to bring benefits to patients.

The co-location and expansion of the ICT has significantly increased capacity to handle an increase of almost 40% of admission activity within the first three quarters of 2009/10.

As part of the co-location a Single Point of Access for health and social care referrals has been developed and the team has visited all Practices to inform colleagues of the details of the service available.

In 2010/11 the PBC will continue to develop services with Mid Staffordshire NHS Foundation Trust and Social Care to support hospital admission avoidance.

Diabetes

A number of Patient Education sessions were delivered from July 2009 with 150 patients with diabetes attending to find out how they can 'self manage' their condition.

100% of respondents in their evaluation said that their overall rating of the session was excellent or good; 97% of people said that the information was presented in an interesting way and 99% said that the information given was easy to understand.

Free Community Swimming

A free swimming initiative introduced in 2008/09 continued to be supported by the Consortium in 2009/10 and saw an increase of 11,353 swims - demonstrating an increase of 21% over the two year period.

The sessions are held at Stafford Leisure Centre and Alleynes Sports Centre and support the PCT's Healthfit programme. The Consortium works in partnership with Stafford Borough Council to fund the free swim programme.

Signpost Centre

The Signpost Centre, Highfields, has continued to offer a range of services with the number of people attending averaging over 1,150 every month.

The Centre which houses a range of partners, extended its opening hours to include 3 evenings per week for some courses and events, including: computer classes, parenting course, dance class for teenage girls and Youth Offending Service restorative justice referral panels. The Centre has also supported a number of successful art workshops; an active elderly outreach programme; teenage parents; youth work and volunteering opportunities.

Improvementa
Learning Disab

East Staffordshire Commissioning Consortium

East Staffordshire Commissioning Consortium comprises of all 19 GP practices in the area and covers a population of around 130,000 patients. The Consortium is chaired by Dr. David Atherton, a GP based at Balance Street Practice, Uttoxeter.

The Consortium achievements in 2009/10 have included:

Bowel Screening Programme

The National Bowel Screening Programme was rolled out to patients in Uttoxeter and Burton in December 2009.

Invitation letters and information about the service were sent to patients aged 60 – 69 years who are registered with a GP Practice in the East Staffordshire area. Patients are asked to complete a home test in the comfort of their own homes and once returned, the results are sent back to them within two weeks.

98% of patients in East Staffordshire receive normal results and those with abnormal results are referred for further screening and procedures. Detection at the early stages of bowel cancer can lead to effective treatment and an 80% success rate of completely being cured.

Alcohol Detoxification

To address the serious issues surrounding excessive drinking in East Staffordshire a number of actions have been taken, including the recruitment of two Alcohol Detoxification Beds from the BAC O'Connor Centre in Burton that have accommodated 60 patients this year; funding for an Alcohol Liaison Worker in Accident and Emergency at Burton Hospital Foundation Trust; and funding for an Alcohol Arrest referral Worker.

94% of clients entered rehabilitation after detoxification and 87% of clients are achieving graduation through the service, ie. abstinent and are fully functioning members of the community.

The Consortium has also become an active partner in the Burton Local Strategic Partnership and was involved in the creation of the Burton 'Vampire Plus' project - tackling alcohol issues that occur in Burton Town Centre; and has undertaken work with Burton College to produce information cards for people looking for help concerning alcohol or drugs.

The Chairman from the Centre for Social Justice has taken a keen interest in this programme and would like to see it run as a National Model.

Junior Choices Weight Management Programme

A new programme was launched in April 2009 for children aged 8 – 12 years and who are overweight or who have a very high body mass index (BMI).

The 12-week programme called Junior Choices is run in partnership with East Staffordshire Borough Council's Sports Development Team. Parents and guardians are invited to attend a series of two-hour sessions including educational talks on nutrition, physical activity, bullying and self-esteem. It enables families to feel confident about changing their lives for the better.

All parents and carers of the 12 children that completed the first two programmes reported that they had benefitted from the service. The following quote is from the parents of a child that took part in the programme during 2009/10:

"The benefits of the sessions are rippling across the whole family who are now eating more healthily, allocating time for exercise and generally feeling happier and more energetic"

Healthy eating for people with diabetes

DESMOND (Diabetes Education and Self Management for ongoing and Newly Diagnosed) set up in Tutbury, Burton and Uttoxeter to provide patients with type 2 diabetes to access support to learn how to self manage their condition by acquiring skills to help them to identify areas where they want to make lifestyle changes.

320 people attended the DESMOND programme during the year – a quarter of whom were asked for feedback. 76.35% of the people surveyed had improved their *HbA1c result as a result of attending and making the changes they needed.

*A test to identify the average blood glucose level over the previous 2-3 months

Cannock Chase Commissioning Consortium

Cannock Chase Commissioning Consortium includes all 34 of the GP practices in the area and covers a population of around 130,000 patients. The Consortium is chaired by Dr. Tim Berriman, a GP based at Red Lion Surgery, Cannock.

The Consortium achievements in 2009/10 have included:

Community Beds

The Littleton Unit – a 27 bedded community bed facility based in Cannock Chase Hospital – was funded predominantly by Cannock Chase Commissioning Consortium in partnership with Mid Staffordshire NHS Foundation Trust and Cannock Health and Social Care.

The aim of the unit is to reduce hospital admissions, re-admission rates, delayed discharges and excess bed days; facilitate the safe and timely discharge of patients following a spell in hospital and to prevent medical and functional decline which may result in patients requiring acute inpatient admission.

The first twelve months of the existing community beds (2008/09) showed savings of:

- Hospital avoidance £607,402
- Unbundling fractured neck of femur £5,052
- Excess bed days £833,634
- Reduction in delayed discharges £99,300

The quality of the service has been monitored. 60 patients have been assessed upon admission to and discharge from the unit as at 31 March 2009. All patients have made an improvement upon discharge of which 36 (60%) have made a statistically significant clinical improvement. Not all of the patients who are admitted to the unit have rehabilitation needs - some patients require ongoing assessment with view to long term placement in nursing/residential homes. Therefore the overall improvement of all patients including the 60% who made a significant improvement is evidence that the unit is improving patients' abilities to function and therefore maximising their potential to maintain independence.

Delayed discharges

A programme to address the delay in patients being discharged from hospital was introduced that included a number of key activities, including: continuing care training; the appointment of a Capacity Team; improved timing of communication with patients over the age of 65 years with recognised long term conditions and the appointment in January 2010 of a Capacity Manager.

A newly appointed Head of Efficiency is developing a dependency model of discharge that will be piloted at Cannock Chase Hospital in 2009/10 with the support of Elderly Care Physicians and Capacity Planning Managers.

Primary Mental Health Service

Following a joint mental health needs assessment with Staffordshire County Council, results showed that 95% of mental ill health could be treated in primary care settings with the remaining 5% of severe and enduring mental ill health requiring acute services. The research also demonstrated that approximately 1,500 new referrals were made to secondary care every year and that the figure is on the increase.

To tackle these issues the Consortium appointed Starfish to commence the Chase Emotional Wellbeing service with local employees in September 2009. To date the service has received over one thousand referrals for people experiencing mental health problems. 51 of the 60 patients who had completed treatment have fully recovered (85%).

Stroke Care

The Consortium appointed a new provider, Walsall Community Health, to commence Stroke Care services in August 2009 and work closely with the hospitals who provide stroke services to ensure services are in place to capture all activity.

A range of services are offered to residents in the area to avoid hospital admissions, enable patients who have suffered a stroke to be supported within their own home or be allocated a 'step down' bed on the Littleton Ward.

A total of 130 referrals and 121 post stroke reviews were made to Walsall Community Health during the last twelve months.

Other Activities in 2009/10

Patient Advice and Liaison Service (PALS)

PALS focuses on improving services to NHS patients by providing advice, support and information to patients, their relatives and carers who have concerns about their NHS care and treatment. PALS can provide accurate information, listen to concerns, suggestions and queries and help sort out any problems quickly and efficiently.

Patient and relatives feedback is really important to the PCT so to provide an easy way to do this the PALS leaflet includes a tear off slip to provide comments, positive as well as negative, to give us an understanding of experience of using our services. Patients should ask at any healthcare premises for a copy of the PALS leaflet if they cannot find one in the main reception or waiting area.

During the first ten months of the year PALS dealt with just over 1286 enquiries from members of the public, patients, relatives and carers, members of staff and other organisations. They have supported a helpline for people wishing to make comments about other NHS organisations, supported the swine flu vaccination programme and regularly followed up comments posted on websites such as NHS Choices. As a result of listening to what people have told PALS they have successfully supported the following changes to services:

- a Health and Wellbeing Centre underwent changes to its reception desk area to ensure easier access for patients in wheelchairs
- at the same centre the number of parking spaces for disabled patients use has been increased
- following cleaning in patient bed areas a tick box form has been devised for use by the domestic staff, to ensure bed brakes are put back on correctly and checked by clinical staff
- additional training in infection control procedures was undertaken in one clinical area as a result of a reported incident by a patient who felt that standards were not appropriate
- following comments from a parent on the quality of a product being used by her son, the parent has agreed to test new products in the future, prior to use

For further information contact the PALS team on 01543 465106/412929 or e-mail PALS@southstaffspct.nhs.uk

Infection Prevention and Control

South Staffordshire PCT is firmly committed to reducing healthcare associated infections (HCAI); by ensuring Infection Prevention and Control and environmental cleanliness remain a high priority across the organisation. The PCT has registered with the Care Quality Commission to support the Department of Health (DoH) document 'The Health and Social Care Act, Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance'.

There is a Heath Economy Infection Prevention and Control Strategy in place agreed by all partners. The occurrences of both MRSA bacteraemia and Clostridium difficile associated diarrhoea have reduced across South Staffordshire PCT and targets have been set for the coming year. We are also

committed to reducing the incidence of MRSA within our population in line with DoH MRSA screening operational guidance enabling us to take measures to reduce the risks to individuals and prevent the possibility of spread to others.

Effective prevention and control of HCAI has been embedded into everyday practice and applied consistently by everyone. It is particularly important to have a high awareness of the possibility of HCAI which should result in effective treatment and containment of the infection. All staff must demonstrate good infection prevention and control and hygiene practices in line with the NHS **cleanyourhands** campaign.

There is no single way of reducing HCAI but improving hand hygiene compliance can have a significant impact and it is imperative that everyone takes responsibility for Infection Prevention and Control.

The **cleanyourhands** campaign aims to improve the hand hygiene of healthcare staff at the point of patient/service user care. The campaign was developed by the National Patient Safety Agency (NPSA) to help the NHS to reduce HCAI.

Emergency Preparedness - Major Incident Planning

South Staffordshire PCT has a statutory responsibility under the Civil Contingencies Act to protect and promote the health of the community at times of serious incidents.

In order to achieve this we have to plan how we will respond in partnership with other NHS bodies, the emergency services, local authorities and a range of other organisations.

The recent pandemic of Influenza ('Swine Flu') required the emergency response plan to be implemented resulting in arrangements to distribute antiviral drugs and vaccinate those at greatest risk of complications.

Training and testing of our incident contingency plans is an ongoing programme. The major incident plan has also been refreshed.

Clinical Governance

Clinical Governance was originally established as the system through which NHS organisations, specifically NHS Chief Executives, were made accountable for continuously improving the quality of NHS services. Since its introduction over ten years ago, Clinical Governance has improved locally and South Staffordshire PCT has worked hard to continue to review Clinical Governance systems and processes alongside additional quality requirements resulting in the main focus of Clinical Governance activity now being much more aligned to quality assurance and improvement.

In the 2009 Annual Health Check, the Care Quality Commission gave the PCT a "good" rating for the quality of commissioning. This was an important development, not least due to the fact that it was an improvement on previous year's results but also in light of the fact that this was one of the best results amongst local PCTs.

Additionally, the PCT declared full compliance with all of the Standards for Better Health and has taken the drive for quality assurance and improvement further in preparation for the introduction of the new system of registration for all providers of health care from April 2010.

During the past twelve months, the existing programme of quality assurance and improvement, has included work around increased input to primary care research, clinical audit, increased safeguarding work in relation to both vulnerable adults and safeguarding children, inspection and review of all local hospitals (including those provided within the PCT).

We have strengthened links with general practitioners, dentists, pharmacists and optometrists. In addition, we have clinical quality review meetings with all providers and have significantly strengthened of the quality aspects of contracts to ensure the continued development of quality improvement activities within all providers.

Improving quality of care

South Staffordshire PCT is committed to continuing to meet the challenges associated with improving the quality of care for all and where issues are identified the PCT is also committed to acting to address such issues to ensure that the journey is a continuum to where things get better. Achieving the quality improvements required is a complex and challenging agenda due in part to the number and diversity of contracts held by the PCT.

The PCT has an established programme of clinical quality review meetings for all key providers and has recently been

commended by the Strategic Health Authority for the successful establishment and delivery of these meetings. In an attempt to drive this success further, the PCT is in the process of extending these meetings to include out of hours, GPs and in the coming months private providers. we will continue to use our strong governance structure to drive the clinical quality review meeting process and over the coming year will work to ensure that the contract is used to its full capacity to ensure that standards of safety are continuously reviewed and raised.

Our people

Over 2,000 people work for South Staffordshire PCT - 1,800 in the Provider Services and 200 in Commissioning. We are dedicated to developing our staff as the skills of our people will always be the key to success in meeting patient needs.

Ensuring the development of staff is a high priority with the production of Personal Development Plans (PDPs) and Training and Leadership Programmes all playing their part.

Consultation and communication with employees is a key principle within the PCT and a wide variety of channels are used in order to ensure ongoing two-way discussion takes places with all staff, i.e. monthly team briefing, weekly newsletter and staff roadshows delivered by Senior Managers.

During 2009 the PCT held 10 staff consultation events which involved over 1000 staff from the PCT and Social Care and Health partners. The focus of the events was to look at how services could be improved or changed to enhance the experience of patients and service users. Many of the ideas put forward by staff at the workshops are now being worked up into business models ready for implementation later this year.

The PCT has introduced a new role of Integrated Support Worker who will work across healthcare and social care settings to reduce duplication of activities, improve communication between professionals and enhance the patient/user experience.

All PCT staff are offered the opportunity to participate in the national NHS Staff Opinion Survey which identifies opportunities to make real and lasting improvements to working lives. 1,251 members of staff completed the survey in 2009 which monitors progress nationally against 36 key factors and the PCT was rated as improving significantly in 9 areas. There are 4 areas in which the score was lower than the previous year but the PCT remains above the national average. A staff working group (including trade union representatives) will look at how the PCT can improve on the 4 areas during the coming year.

The NHS prides itself on training high quality professionals whether this is within clinical or non-clinical areas. However, being trained once at the start of your career is not sufficient and the PCT's services require staff to keep up-to-date with current practices and new interventions.

In November 2009 the PCT held its first Staff Recognition Event which recognised 25 members of staff for 25 years dedicated continuous services in the NHS and celebrated the achievements of 27 staff who over the last 12 months have given their personal time and dedication towards studying for a recognised qualification, which will benefit themselves, their colleagues and the patients that they treat.

Some of these achievements included:

- 5 masters degrees (including Public Health, Physiotherapy/Pain Management and Neuromuscular Skeletal conditions)
- 12 first degrees (including Clinical Practice, Health Visiting and District Nursing)
- 4 post graduate diplomas (Radiology, Cognitive Behaviour and Human Resources Management)
- 3 diplomas (including Business Administration, Speech and Language Therapy and Orthopaedic Medicine)

- 50 National Vocational Qualifications (NVQs) across a variety of work areas (including Information Technology, Childrens Health, Customer Services, Health and Safety, Equality and Diversity and Health Trainers)

11 staff put themselves forward for a Counselling Skills course and 7 for a Dementia Awareness Course so that they can provide better support to patients and their carers in their day to day interactions.

Mandatory training is a requirement for all staff to ensure that they are competent to use skills specific to their role. During 2009/10, staff attended over 5,400 such training sessions.

The PCT has been working to progress developments around Work Experience, Apprenticeships and Volunteers.

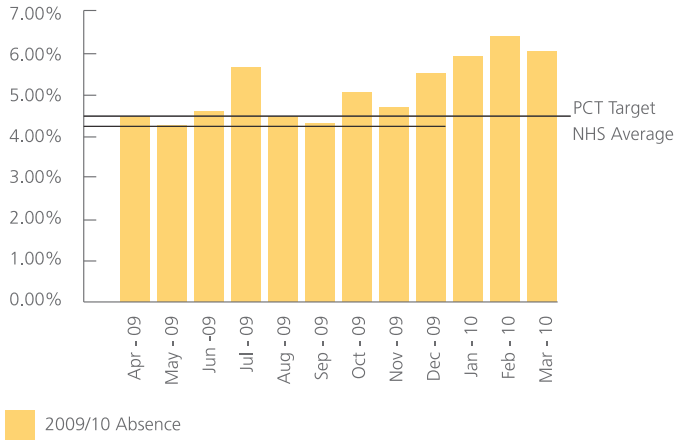
The PCT has offered over 100 work experience placements during 2009/10 across a range of our services and from a range of local schools and colleges. The aim is to give students an opportunity to work alongside professionals and to gain valuable experience in preparing them for the world of work.

In November 2009 the PCT launched a new Volunteer Scheme and was successful in recruiting 12 local people to work as volunteers at Sir Robert Peel Community Hospital, Tamworth providing support to our employed staff and our patients. Plans are underway to implement a similar scheme at Samuel Johnson Community Hospital in Lichfield.

The PCT recruited 7 apprentices in January 2010 on an 18 month development programme to give them experience across a range of professions. During their apprenticeship they will be given the opportunity to gain relevant qualifications and experience within a range of areas, enabling them to apply for permanent roles with the PCT in the future.

Sickness Absence

The Sickness Absence rate is defined as the amount of time lost through absences as a percentage of staff time available. This does not cover maternity leave, carers leave or any periods of absence agreed under family friendly/flexible working policies.



Equality and Diversity

The PCT Lifestyle Team in East Staffordshire worked in partnership with Burton's Asian community during 2009/10 to launch a Lifestyle Service in November 2009.

Drop in sessions were held weekly at the Pakistani Community Centre providing help to people looking to make changes to their lifestyles, including exercise classes.

The Lifestyle Team were joined by the PCT's Dental Team at the 'World of Opportunities' event held at the Community Centre in Burton, to talk to women about the importance and benefits of good dental care and hygiene and the positive changes people can make to their lifestyle.

By working in partnership with the Pakistani Community Centre, the PCT has provided culturally appropriate services, with the help of volunteers from the Asian community who speak several Asian languages.

Environmental Footprint

The PCT sees sustainability as another approach to efficiency and long term success and this year has embedded ambitions for better environmental performance in its approach to procurement of new health centres in Burntwood and Cannock.

The PCT used innovative ground source heating and cooling systems that operate free of fossil fuel in the build of Springfield Health and Wellbeing Centre in Rugeley and the Norton Canes Health Centre.

The electrical systems in older buildings have been fitted with controls and automatic switches to reduce electric consumption.

The management of suppliers presently draws 25% of the PCT's electricity supply from renewable resources and seek to increase this year on year.

Figures published by the Department of Health in respect of the PCT's Carbon Indicator, show a perfect score of zero for water, sewerage and waste management. This is a result of the excellent performance against the average of the PCT's waste and recycling contract with Briers which continues to show exceptional results.

Encouraging good environmental practice in the workplace is supported by poster campaigns and newsletter articles seeking to bring understanding of the impact of our individual behaviours at work on our use of natural resources.

Make your voice heard

We are always looking for innovative ways to engage with patients and the public and value input to measure satisfaction and improve our services.

Public and Patient Engagement

An annual work programme of patient and public engagement ensures that patients, service users and carers, the general public, staff and stakeholders are involved in the design, development, delivery and review of health services.

Activity undertaken in 2009/10 as part of the work programme included REACT– Real Experience of Actual Treatment Project. This was a programme of patient interviews undertaken at Stafford Hospital which provided 'real time' patient experiences.

In addition the PCT implemented a 'Mystery Shopper' programme where the public were invited to provide feedback on experience of local acute services

A postcard, to raise awareness about the PCT's role as a local commissioner and to allow patients the opportunity to independently feedback their experience of local health services via PALs and Complaints, was also widely circulated across South Staffordshire.

A number of communications methods also supported consultation and engagement which resulted in responses from the public via a variety of routes, which informed the PCT Trust Board in making decision to take improvements and developments forward.

Complaints

Complaints made to the PCT regarding the services we provide are taken seriously, as both a measure of patient satisfaction and an opportunity to learn lessons and improve services.

As a commitment to this, we actively seek feedback from across all services by providing all our sites and surgeries, including prison healthcare with information/comments leaflets entitled "How are we doing? Please let us know" together with patient leaflets detailing "How to make a complaint about local NHS services". Feedback is also obtained by complainants completing a Patient Satisfaction survey following the resolution of their complaints.

An explanatory leaflet for staff "Dealing with compliments, concerns, queries and complaints" has been sent to all PCT sites. In addition a leaflet explaining the conciliation process is also available.

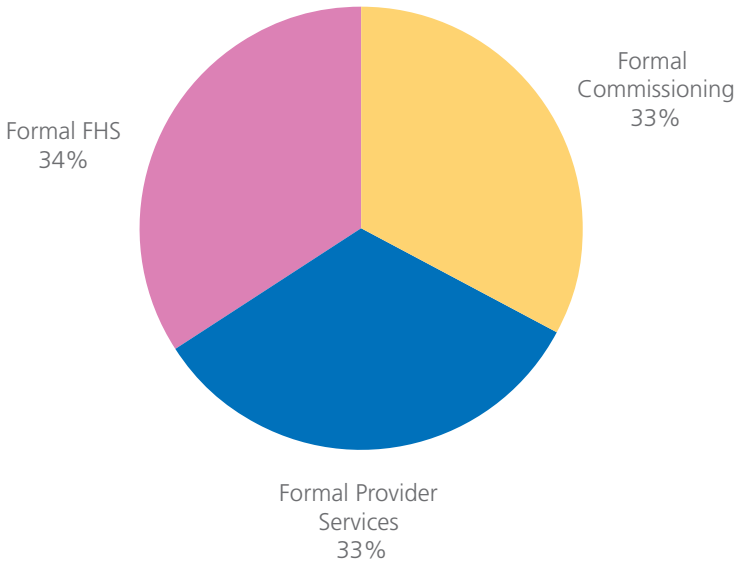
Leaflets containing information on the role of the Independent Complaints Advocacy Service (ICAS) and the Parliamentary and Health Service Ombudsman are routinely forwarded to patients as part of the complaints process. Copies are available from the Complaints Team by calling 01889 571810 or visiting the website at www.southstaffordshirepct.nhs.uk/HaveYourSay/complaints

During 2009/10 we received 171 complaints relating to either the services we provide (86) or our purchasing/commissioning decisions (85). During this period one complainant has approached the Ombudsman for a further review, which the Ombudsman did not pursue to investigate.

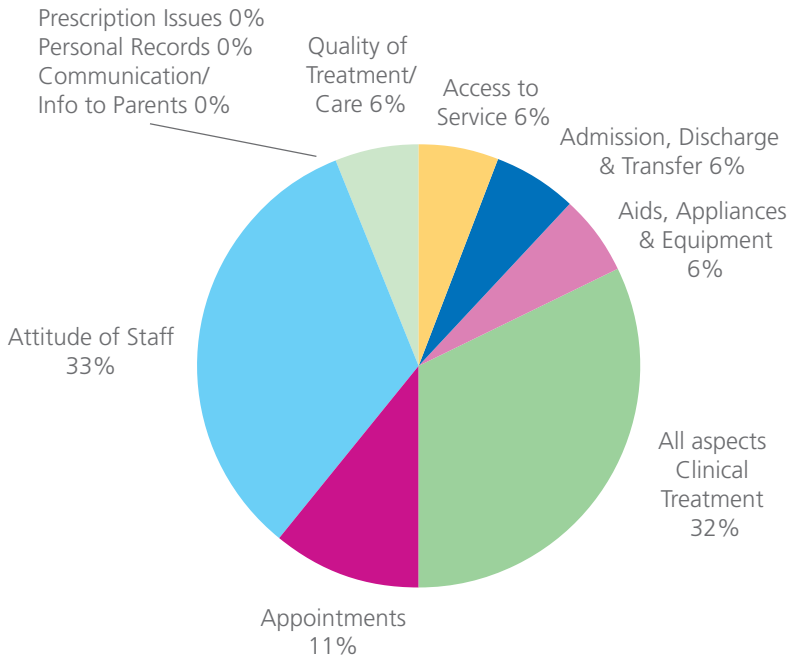
In addition, 87 complaints were received directly by the PCT about independent contractors, i.e GP's (54) dentists (29) pharmacists (3) and optometrists (1). During this period two complainants approached the Ombudsman for a further review on GP related cases, which the Ombudsman did not pursue to investigate and one complainant contacted the Ombudsman regarding a dental complaint which was upheld by the Ombudsman.

The following charts give a breakdown on the complaints made against our Provider Services, our Commissioning Services and Family Health Services (FHS – which includes GPs, Dentists, Pharmacists and Optometrists)

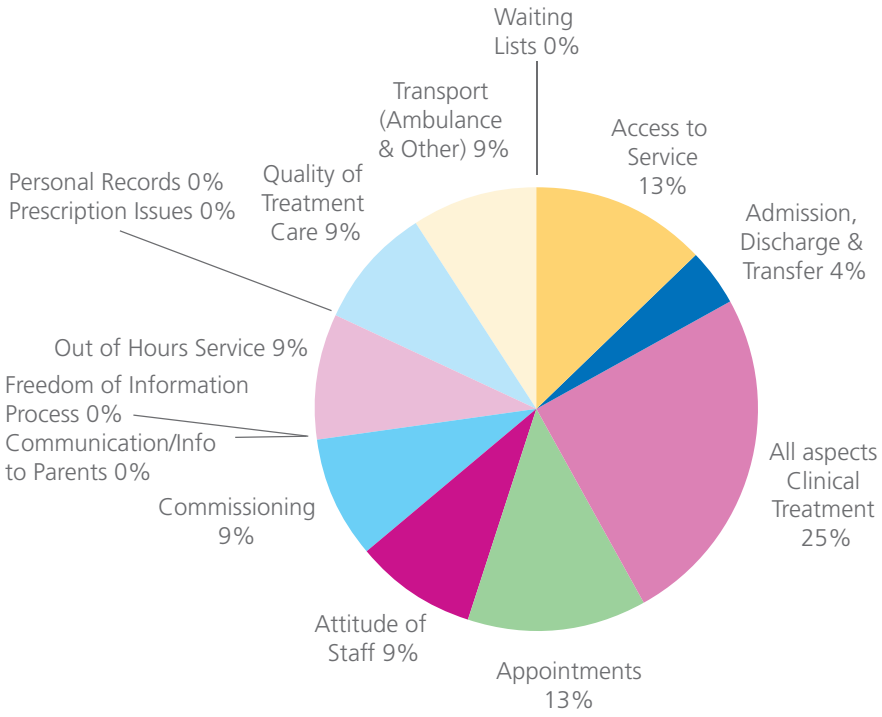
Type of complaints received 2009/10



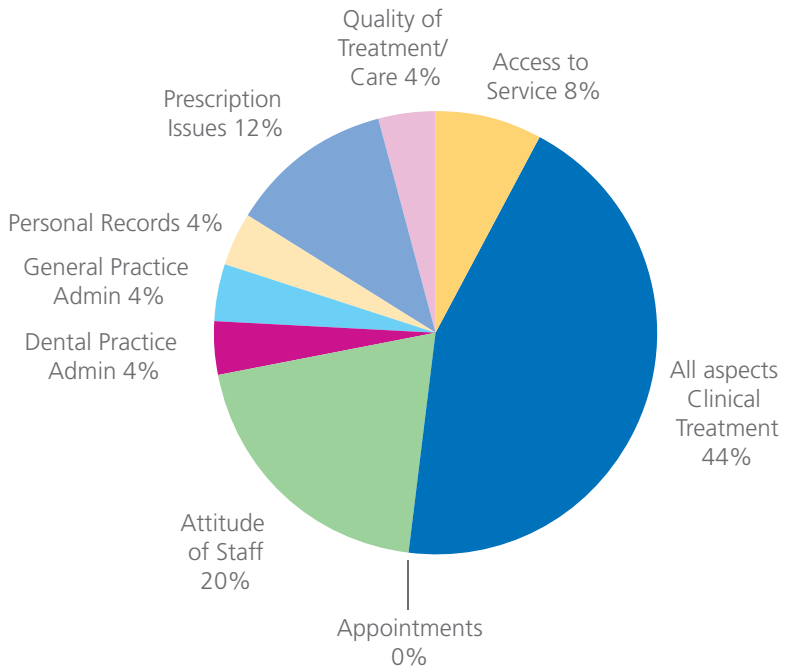
Provider Services 2009/10 by category



Commissioning Services 2009/10 by category



Family Health Services 2009/10 by category



The PCT adopted and incorporated the Ombudsman's Principles within the PCT's policy on Handling Complaints, which was approved by the PCT Board in April 2009.

Complainants are offered the opportunity to meet with the Complaints Manager to discuss their issues and agree how they would like their complaint processed.

A further meeting with a senior member of staff from the PCT is offered following receipt of the formal response to their complaint. Timescales for processing complaints are agreed at first contact with the complainant and any delay during the process is communicated appropriately.

Feedback from people who have accessed the complaints service since the new regulations were introduced has been positive. An example comment - 'It was so helpful to meet with someone who could take the burden and stress of processing the complaint away at what was already a very stressful time.'

For further information on how the complaints team can help call 01889 571826 where a member of the team will be happy to discuss your issues and offer advice.

Where a full investigation has been carried out the PCT will consider all forms of remedy, including financial reimbursement. This will only be paid where the PCT has been found at fault for any financial expense or loss as a result of maladministration or service failure. This will be in line with the PCT Standing Financial Instructions, Schemes of Delegation and relevant financial policies. It does not cover any legal claims arising out of the issues.

Consultations

The PCT undertakes a range of consultations with patients and the public every year. An example of consultation that took place in 2009/10 was about the future location of eight GP Practices in Burntwood, as these Practices had outgrown their accommodation and were unable to offer new or extended services.

The PCT carried out an appraisal of all potential sites between January and April 2009 and presented the options to patients and the public during the consultation period that began in August 2009.

A range of innovative activities took place to enable people to have the opportunity to air their views and ask questions, including three public meetings with 58 residents attending and 'on the street' drop in sessions that saw 400 people getting involved.

2,242 completed questionnaires that were sent to all households were returned to the PCT, along with written responses from Staffordshire County Council and Lichfield District Council scrutiny committees and Burntwood Town Council. Consultation was also carried out with the CVS, Social Care Services, Burntwood Library Children and Life Long Learning, Burntwood Youth Service

The results of the consultation demonstrated two preferred site options – Greenwood House and Burntwood Leisure Centre.

Working together to improve patient care

Specialised services, which tend to be high in cost and often only provided in specialist centres to a population of more than one million people, are constantly developing and changing; new specialised services are introduced whilst other services become commonplace and cease to be specialised.

The West Midlands Strategic Commissioning Group commissions specialised services on behalf of the 17 West Midlands Primary Care Trusts. Key achievements for 2009/2010 include:

- The introduction of the West Midlands Paediatric Retrieval Service which despatches specially trained doctors and nurses to provide specialist intensive care for critically ill children before, during and after their transfer to an available paediatric intensive care bed.
- Commenced the production of a region-wide strategy for children of the West Midlands to receive high quality, safe and most technologically advanced surgical services. Over 50 surgeons and anaesthetists and other key health professionals worked together at a deliberative event to fast-track the strategy.
- The development of a Secure Services strategy for the next five years to ensure that people from the West Midlands with complex specialised mental health needs can access the most appropriate services at the right time and as close to home as possible at the right price.

For more information about the specialised services we commission or if you would like to get involved in the work of the West Midlands Specialised Commissioning Team email: infor@wmsc.nhs.uk or visit www.wmsc.nhs.uk

The Future

Getting better for less

As we face up to the consequences of the worldwide recession and the need to cut the national debt, we must focus on how to continue to make improvements in a tighter fiscal climate.

The NHS is unlikely to receive additional funding over the next four years but will continue to experience increases in demand for healthcare funding arising from population increases, aging population growth, new technologies and drugs.

As part of our PCT strategy we are investing in a number of initiatives, in particular: Care Closer to Home; End of Life; Dementia; Primary Care Mental Health; healthier lifestyles and Children's Services.

Within the Care Closer to Home and End of Life agendas we are supporting the implementation of the quality, innovation, productivity and prevention agenda (QIPP). QIPP is all about 'getting better for less' – improving quality of care for patients by doing the right thing at the right time and in the right place. By doing this we will improve quality of services, generate efficiencies and eliminate waste.

Staff are thanked for their continued support, as the PCT faces the challenges ahead, and ask that everyone plays their part in ensuring that all expenditure is appropriately reviewed and controlled and that any opportunities for efficiencies and elimination of waste are identified.

Chronic Disease Self Management Programme

The PCT Provider Patient Experience Team is proud to support volunteer tutors in the promotion and delivery of the Chronic Disease Self Management Programme (CDSMP).

The free six week course, held for 2½ hours each week, is for anyone who is living with a long term condition and would like to better self manage their condition by increasing their general confidence, learning about relaxation techniques, the benefits of positive thinking, healthy eating and exercise tips, to name but a few. The action planning sessions teach people how to set realistic goals to suit them, rather than targets set by professionals.

The sessions are informal and relaxed at venues across South Staffordshire, where people can discuss their condition with ease and confidence.

During the forthcoming year we hope to encourage as many people as possible to attend these courses and welcome any expressions of interest. If we do not have a course running in your area at the moment we can take your details and contact you again when we do have a course. Please call the Patient Advice Team on 01543 412929 for further information.

End of Life Pathway

The Stafford and Surrounds Locality and Commissioning Group has worked with the local community, key stakeholders and the Katherine House Hospice to finalise a model to improve care at the end of a person's life and for patients with terminal illness giving people a choice of where to die and reduce stress for the patients' families and carers. A business case for a two-year pilot has been developed.

Intermediate Care Team

A single point of access for health and social care referrals has been developed by the Stafford and Surrounds Locality and Commissioning Group.

The team has proactively worked with practices to demonstrate activity and a capacity tool to identify future need for expansion or capacity that isn't being used.

Greyfriars Therapy Centre

Stafford and Surrounds Local Commissioning Group succeeded with its plans to lease and adapt a new building in Stafford for the provision of new services.

The additional space has allowed the Consortium to commission a number of new services that delivers better services to patients and makes savings. The following additional services will be delivered from Greyfriars Therapy Centre: pain management; rheumatology triage and pulmonary rehabilitation.

In 2010/11 orthopaedic triage and dermatology surgery will also be offered from the centre.

Mental Health

Following a review of the services available to patients with mental health needs, Stafford and Surrounds Local Commissioning Group identified a number of significant gaps in services to patients with mild to moderate mental health needs.

The Consortium has developed a specification for a primary care service to meet the needs of these patients that will commence in 2010/11.

The aim of the service is to: reduce the demand for secondary care mental health services and physical health services; and an increase in patient satisfaction levels.

Stroke Services

Stafford and Surrounds Local Commissioning Group developed a service specification for a Community Stroke Service to be delivered from Greyfriars Therapy Centre early in 2010/11. The majority of care will be provided in the patients' homes with a small number of patients being brought to the centre for therapy sessions.

Community Alcohol Team

The Community Alcohol Team was commissioned by Stafford and Surrounds Local Commissioning Group to deliver a home detox service. The service commenced in January 2010 and the team has worked with five new patients each month.

Campaigns planned for 2010/11:

- Safer Summer - Sexual Health July - August 2010
- Bowel Screening - September 2010 - to increase the awareness of bowel screening and promote local services for the over 60s.
- CVD/Diabetes - November 2010 - to increase awareness of risks to CVD with a particular focus on Diabetes.
- Mental Health - January 2011 - to raise awareness of poor mental health and what support is available.
- Weight management - March 2011 - to target children and adults on leading a healthy lifestyle by eating a balanced diet.

Summary Financial Statements and Remuneration Report

Operating and Financial Review

The following financial statements are a summary of a full set of accounts for the year 1 April 2009 to 31 March 2010.

The PCT achieved a planned surplus of £2.2 million, equivalent to 0.24% of the 2009/10 resource limit of £888.8 million. This surplus will be carried forward and reinvested to develop and improve services for patients.

During the year the following financial risks were identified:

- Implementation of HRG4 (new Payment by Results tariff).
- Availability of Impairment Fund from Strategic Health Authority.
- In year changes relating to treatments recommended by NICE.
- In year prescribing costs and activity variations relating to generic price changes and the introduction of the pharmacy white paper.
- Management of acute hospital activity over performance.
- Delivery of demand management initiatives.
- In year increasing costs and volumes of activity relating to Continuing Care and Free Nursing Care.

The above risks were mitigated by planned slippage on investments, not filling vacant posts, underspending on swine flu vaccinations and a contribution from Wolverhampton PCT relating to the transfer of patients due to the new facility at Essington.

During the year the PCT spent capital funds in the following areas:

GP Premises and equipment	£800,000
Community Hospitals	£700,000
General IT equipment	£400,000

In 2009/10, in line with HM treasury requirements, South Staffordshire PCT adopted International Financial Reporting Standards (IFRS). The main differences between the accounts under Generally Accepted Accounting Principles (GAAP) and IFRS accounts have been:

- The inclusion of the Treatment Centre on the PCT's balance sheet under IFRIC 12 combined with recognition of the Associate Long Term Creditor Liability
- The inclusion of Finance Leases for a number of PCT Third Party Lease agreements relating to the following premises:- Branston, Merlin House, Norton Canes, Hednesford, Langton, Springfield and Sandy Lane.

The PCT has established that approximately £3 million (value at time of grant) of legal charges existed. These legal charges relate to a number of Learning Disability, Mental Health and Elderly premises where predecessor organisations had made grants for the purchase of these premises, but were subject, following grant, to having legal charges against these premises to protect what is now PCT monies. These legal charges under IFRIC 12 are now classified as being an on balance sheet asset of the PCT due to the rights of control the PCT has, in particular with regard to disposal and utilisation of the asset.

By the nature of treatment under IFRS the above resulted in the PCT incurring additional depreciation costs, interest charges and capital charges being made to revenue expenditure, however, the offsetting cost was that the original lease charges the element relating to buildings was no longer charged to revenue but directly set against the PCT's long term creditor.

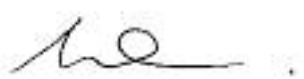
The other main changes under IFRS for the PCT relates to headings contained within the balance sheet which are in the main self explanatory e.g. Balance Sheet becomes Statement of Financial Position, Staff Costs become Employee Benefits, Fixed Assets becomes Non Current Assets.

In addition the PCT is required to provide significantly more disclosure information within the accounts along with segmental reporting.

Overall the PCT fulfilled its statutory financial duties and I would like to take this opportunity to thank all staff for their commitment in achieving this duty.

The complete set of accounts for 2009/10 is available on request from the Finance Department.

This summary financial statement does not contain sufficient information to allow as full an understanding of the results of the NHS body and state of affairs of the NHS body and of its policies and arrangements concerning directors' remuneration as would be provided by the full annual accounts and reports. Detailed information is available free of charge in the NHS body's last full accounts and reports.



Wendy Kerr, ACMA
Acting Finance Director.

PCT Statutory Duties

The PCT has certain statutory duties to perform in respect of its accounting and financial standing. The government requires the PCT to achieve financial balance by not exceeding its revenue and capital resource limits. It is also required to work within its cash allocation, and to recover all costs for its own provider services. For 2009/10 all these duties have been fulfilled as shown below:-

- Keep within revenue resource limit – Achieved. Actual spend of £886.6 million against resource limit of £888.8 million. Achieved surplus in 2009/10 of £2.2 million (08/09 £4.6 million).
- Keep within capital resource limit – Achieved. Net capital spend of £1.87 million against resource limit of £1.97 million.
- Keep within cash limit of £872.7 million – Achieved.
- Realise full cost recovery of provider functions of £88.3 million – Achieved.

Better Payment Practice Code

The Better Payment Practice Code requires the PCT to pay 95% of all invoices by the due date or within 30 days of receipt of a valid invoice, whichever is the later. Overall this was achieved in terms of invoice value, with a performance of 96.7% (08/09 95.7%). The performance on the number of invoices was 83%, although this is not a statutory duty. Whilst the PCT has improved performance under each of the criteria, the PCT is committed to continually improving performance in this area.

Management Costs

The PCT management costs per weighted head of population (£ per head) is £23.93. This is an increase of 3.4% compared to last year.

The main reason for the increase in the cost per weighted head of population is staff salary inflation and incremental increases.

Statement of Directors' Responsibilities in respect of the accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Primary Care Trust and the net operating cost, recognised gains and losses and cashflows for the year. In preparing these accounts, Directors are required to:

i. Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the treasury

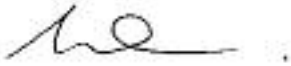
ii. Make judgements and estimates which are reasonable and prudent

iii. State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at anytime the financial position of the Primary Care Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Primary Care Trust and hence for taking reasonable steps for the prevention of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

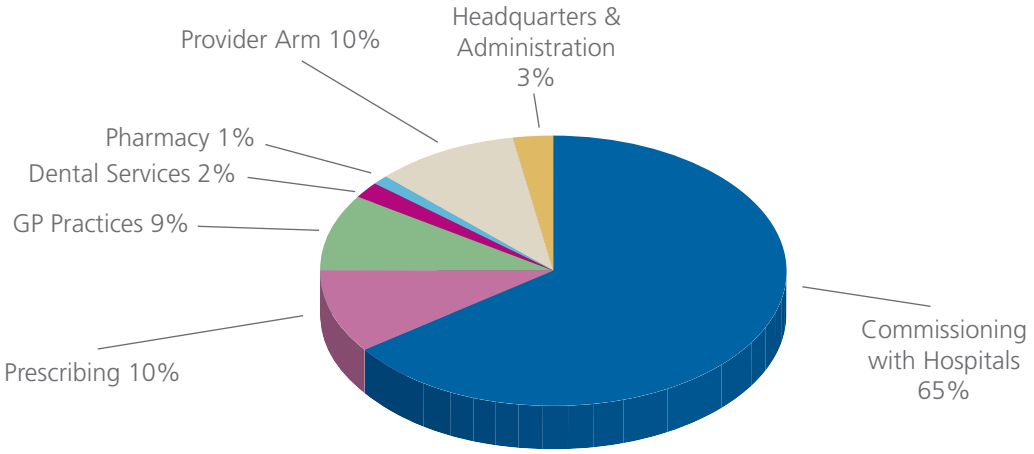
By order of the board.



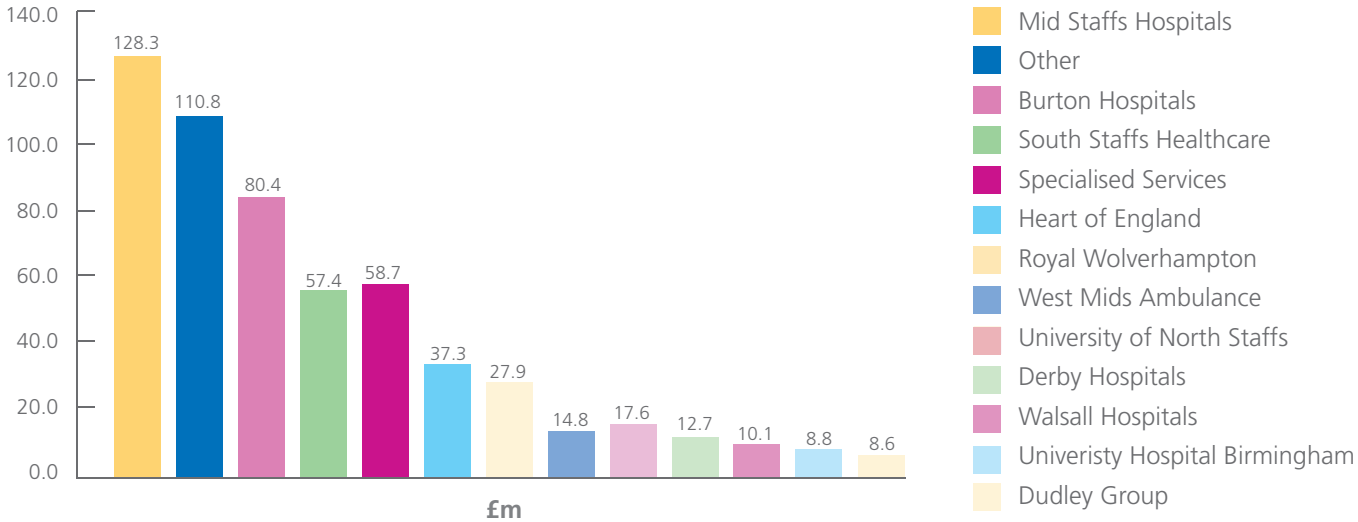
Chief Executive:
Stuart Poynor
Date: 23 April 2010

Acting Finance Director:
Wendy Kerr
Date: 23 April 2010

How your money was spent 2009/10



Commissioning Expenditure by Hospital



Notes

'Other' includes Continuing Care, Free Nursing Care and Complex Cases, plus any other contracts under £5m.

Specialised Services includes a variety of services commissioned from different hospitals.

STATEMENT OF INTERNAL CONTROL 2009/10

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I have overall responsibility for risk management within South Staffordshire Primary Care Trust (PCT). The Executive Team support me with this and the Director of Quality & Nursing leads on risk management, which includes clinical governance, incident reporting, complaints and performance management. The Director of Finance leads on Corporate Governance and is the nominated Senior Information Risk Officer for the PCT. The Director of Quality and Nursing is ultimately responsible but the Managing Director of Provider Services takes the lead on risk management and governance within the Provider Services Directorate. In addition, Provider Services have a Provider Management Board where all areas are monitored prior to submission to the PCT Board and associated committees.

Risk management is led through the implementation of the PCT's Risk Management Strategy & Policy, which has been updated and approved by the PCT Board in January 2010. The policy highlights organisational and individual responsibilities for the management of risk. This is further supported by comprehensive series of committee and other specialist meetings and a robust system for recording, evaluating and monitoring risks on the corporate risk register.

The PCT has ensured that Terms of Reference for the overarching risk management sub committee and sub groups have again been refreshed during 09/10 to ensure the functions meet the requirements of the PCT's quality assurance agenda. The role of the Non-Executive Directors has also been re-evaluated to enable focus on areas which could be influenced, particularly patient quality and safety.

The PCT works in partnership with other NHS Organisations and the Local Authority to support the risk management agenda, enhanced by the Strategic Health Authority working with the PCT on the delivery of the Local Delivery Plan and key plans for World Class Commissioning. Robust and challenging clinical review meetings are also held with all providers. The PCT is involving public stakeholders in the management of risks by the inclusion of a Patient's Council representative on most Board sub-Committees. This will facilitate both stakeholder input to the PCT sub-Committee and feedback from there to the Patient Forum.

As Accountable Officer, I can confirm that within South Staffordshire PCT there is a sound system of internal control that supports the achievement of the Organisations policies, aims and objectives, and which is regularly monitored and reviewed. No significant gaps have been identified from World Class Commissioning or Standards for Better Health self-assessments. The PCT has reported one serious untoward incident relating to disclosure of patient identifiable information rated as category 3. This has been reported to both the Strategic Health Authority and the Information Commissioner. Following a thorough investigation by the PCT, procedures were immediately reviewed to prevent any recurrence.

This statement is an accurate and honest reflection of the actual position within the Trust

Signed

Stuart Poynor
Chief Executive

(A full copy of the Statement of Internal Control (SIC) is available on our website at www.southstaffordshirepct.nhs.uk)

Serious Untoward Incidents involving Data Loss or Confidentiality Breach

The PCT is undertaking continued action to ensure the adequacy of our systems, procedures and working practices involving data and confidentiality.

In 2009/10 there was one incident classified as severity rating 1-2 as defined below:

i) Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises
ii) Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS
iii) Insecure disposal of inadequately protected electronic equipment, devices or paper documents
iv) Unauthorised disclosure
v) Other

Summary of serious untoward incidents involving personal data as reported to the information commissioner's office in 2009/10

Date of Incident (month)	Nature of Incident	Nature of data involved	Number of people potentially affected	Notification steps
February	Disclosure of patient information – the address letter sent included incorrect patient name and recorded weight	Name Address Weight	31 (however, subsequent investigation listed 24 people affected)	Letter sent to all affected families One family visited at home following contact made with PCT. Additional on call arrangements put in place to deal with patient queries
Further action on information risk	Urgent alert issued to all school nursing staff to advise of the incident. IM&T lead has undertaken investigation of encrypted memory stick, and reviewed the database which was used. Incident caused by one change of surname on database causing other fields to move out of alignment			

Independent auditors' statement to the Directors of the Board of South Staffordshire Primary Care Trust

We have examined the summary financial statement for the year ended 31 March 2010 which comprises the Operating Cost Statement, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, the related notes and the information in the Directors' Remuneration Report of the annual report, which consists of information on salaries, allowances and pension entitlements.

This statement, including the opinion, has been prepared for and only for the Board of South Staffordshire Primary Care Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies published by the Audit Commission in April 2008. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report, in accordance with directions issued by the Secretary of State.

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 and the Directors' Remuneration Report and its compliance with the relevant requirements of the directions issued by the Secretary of State.

We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements. The other information comprises only the Message from the Chairman, Chief Executive and Professional Executive Committee Chair and the unaudited part of the Directors' Remuneration Report.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements the Directors' Remuneration Report and the Directors' Report.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements and the Directors' Remuneration Report of the PCT for the year ended 31 March 2010 and complies with the relevant requirements of the directions issued by the Secretary of State.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements and the date of this statement.

Alison Breadon 18 August 2010
Engagement Lead
For and on behalf of PricewaterhouseCoopers LLP
Appointed Auditors
Donington Court
Pegasus Business Park
Castle Donington
East Midlands
DE74 2UZ

Audit Committee and Fees

South Staffordshire PCT undergoes scrutiny from a combination of audit mechanisms which includes the Audit Committee, Internal and External Audit.

The PCT has an established Audit Committee with terms of reference agreed by the Board:

- Mr J T Yates (Chair) Non Executive Director
- Mr P A Aldred Non Executive Director
- Mr A L Burns Non Executive Director
- Mrs J Jobson Non Executive Director

In 2009/10 South Staffordshire PCT paid £316,000 incl. VAT in respect of audit fees to PricewaterhouseCoopers LLP, Docklands, 161 Marsh Wall, London E14 9SQ and £38,000 to the Audit Commission.

Remuneration

Policy on the remuneration of senior managers for current and future financial years

Senior Managers within the PCT are paid under one of two national frameworks. Directors are covered by the Very Senior Managers Pay structure and other managers are paid under the Agenda for Change pay structure which relates to all other staff groups except for Medical and Dental staff.

For the year 2009/10 Directors were awarded a 1.2% cost of living increase and other managers 2.4% in line with other staff on that pay framework. For the year 20010/11 Directors will not receive a cost of living increase but other senior managers will receive 2.25% in line with other staff as this is the final payment in a 3 year pay deal negotiated nationally.

Future pay increase for managers will be in line with national policy.

Policy on the duration of contracts, and notice periods and termination payments.

All Directors within the PCT are employed on permanent contracts with a three month notice period on either side. The Chief Executive as the accountable officer is entitled to receive and required to give a six month notice period. No contracts have an entitlement to a termination payment other than by reason of redundancy or their contractual entitlement to the notice period.

Significant awards made to past senior managers

There have been no payments, outside of contractual entitlements, made to PCT senior managers in this financial year.

Operating Cost Statement for the year ended 31 March 2010

	2009/10 £000	2008/09 £000
Commissioning		
Employee Benefits	11,600	10,271
Other Costs	816,717	740,201
Less: Miscellaneous Income	(26,192)	(21,855)
Commissioning Net Operating Costs	**802,125**	**728,617**
Provider		
Employee Benefits	57,363	51,024
Other Costs	43,249	30,744
Less: Miscellaneous income	(12,334)	(9,921)
Provider Net Operating Costs	88,278	71,847
PCT Net Operating Costs before interest	**890,403**	**800,464**
Finance Costs	1,867	1,814
Net operating Costs for the financial year	**892,270**	**802,278**

Cashflow Statement for the year ended 31 March 2010

	2009/10 £000	2008/09 £000
Cashflow from operating activities		
Net cash outflow from operating activities	**(875,305)**	**(800,105)**
Cash flows from investing activities		
Payments to purchase property, plant & equipment	(1,866)	(3,836)
Net cash inflow/(outflow) from capital expenditure	**(1,866)**	**(3,836)**
Net cash inflow/(outflow) before financing	**(877,171)**	**(803,941)**
Cash flows from financing activities		
Net Parliamentary Funding	878,284	805,043
Capital element of payments in respect of finance leases	(1,132)	(1,030)
Net cash inflow/(outflow) from financing	**877,152**	**804,013**
Increase/(decrease) in cash	(19)	72

Statement of Financial Position as at 31 March 2010

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
Non-current assets			
Property, plant & equipment	82,569	94,403	96,901
Intangible Assets	232	240	153
Total non-current assets	**82,801**	**94,643**	**97,054**
Current assets			
Inventories	1,708	1,451	1,626
Trade & other receivables	9,125	8,951	10,685
Cash at bank and in hand	71	90	18
Total current assets	**10,904**	**10,492**	**12,329**
Total assets	**93,705**	**105,135**	**109,383**
Current Liabilities			
Trade & other payables	(54,617)	(47,722)	(55,818)
Other liabilities	0	0	(954)
Provisions	(1,666)	(3,392)	(2,886)
Borrowings	(1,219)	(1,147)	0
Total current liabilities	**(57,502)**	**(52,261)**	**(59,658)**
Non current assets plus/less net current assets/liabilities	**36,203**	**52,874**	**49,725**
Non-current liabilities			
Provisions	(2,014)	(2,151)	(2,279)
Borrowings	(28,853)	(30,072)	0
Other liabilities	0	0	(26,267)
Total non - current liabilities	**(30,867)**	**(32,223)**	**(28,546)**
Total Assets employed	**5,336**	**20,651**	**21,179**
Financed by:			
Taxpayers equity			
General Fund	(12,245)	926	(3,166)
Revaluation reserve	17,429	19,514	24,096
Donated asset reserve	152	211	249
Total taxpayers equity	**5,336**	**20,651**	**21,179**

Signed

Stuart Poynor
Chief Executive

Statement Of Changes In Taxpayers' Equity

For the year ended 31 March 2010

	General Fund	Revaluation Reserve	Donated Asset Reserve	Govt. Grant Reserve	Other Reserves	Total Reserves
Changes in taxpayers' equity for 2009/10	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Balance at 1 April 2009	926	19,514	211	0	0	20,651
Net operating cost for the year	(892,270)	0	0	0	0	(892,270)
Net gain on revaluation of property, plant, equipment	0	4,846	0	0	0	4,846
Impairments and reversals	0	(6,566)	0	0	0	(6,566)
Release of reserves to OCS	0	0	(59)	0	0	(59)
Non-cash charges – cost of capital	450	0	0	0	0	450
Transfers between reserves	365	(365)	0	0	0	0
Total recognised income and expense for 2009/10	**(891,455)**	**(2,085)**	**(59)**	**0**	**0**	**(893,599)**
Net Parliamentary funding	878,284	0	0	0	0	878,284
Balance at 31 March 2010	**(12,245)**	**17,429**	**152**	**0**	**0**	**5,336**

Reconciliation of operating costs to net cash flow from operating activities:

	2009/10 £000	2008/09 £000
Net operating Cost	(890,403)	(800,464)
Depreciation charge (including amortisation)	4,961	5,239
Cost of capital charge	450	722
Fixed asset impairments	7,027	430
Non-cash movement in provisions	(1,288)	1,015
Transfer from donated asset reserve	(59)	(37)
(Increase)/decrease in inventories	(257)	175
(Increase)/decrease in trade & other receivables	(174)	1,734
Increase/(decrease) in trade & other payables	6,880	(6,468)
Increase/(decrease) in provisions	(575)	(637)
Interest paid	(1,867)	(1,814)
Net cash inflow/(outflow) from operating activities before restructuring costs	**(875,305)**	**(800,105)**
Payments in respect of fundamental reorganisation/restructuring	0	0
Net cash inflow/(outflow) from operating activities	**(875,305)**	**(800,105)**

Better Payment Practice Code - measure of compliance

The Better Payment Practice Code requires the PCT to pay 95% of all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later

	2009/10 Number	2009/10 £000	2008/09 Number	2008/09 £000
Non-NHS Payables				
Total bills paid in the year	25,358	72,038	29,337	73,590
Total bills paid within target	21,079	64,093	23,879	63,863
Percentage of bills paid within target	83.13%	88.97%	81.40%	86.78%
NHS Payables				
Total bills paid in the year	4,811	520,425	5,028	479,499
Total bills paid within target	3,955	508,636	4,014	465,209
Percentage of bills paid within target	82.21%	97.73%	79.83%	97.02%

Operational Financial Balance

The PCTs' performance for 2009/10 is as follows:

	2009/10 £000	2008/09 £000
Total net operating cost for the financial year	892,270	802,278*
Less: Non-discretionary Expenditure	5,641	5,806
Operating Costs less non-discretionary expenditure	**886,629**	**796,472**
Revenue Resource Limit	888,829	800,082
Under/(over) spend against Revenue Resource Limit	2,200	3,610

*2008/09 has been restated to comply with the adoption of IRFS

Provider full cost recovery duty

The PCT is required to recover full costs in relation to its provider functions. The performance for 2009/10 is as follows:

	2009/10 £000	2008/09 £000
Provider gross operating cost	100,612	81,882
Less: Miscellaneous income relating to provider functions	(12,334)	(9,921)
Net Operating Cost	**88,278**	**71,961**
Less: Costs met from PCT's own allocation	(88,278)	(71,961)
Under / (over) recovery of costs	**0**	**0**

Management costs

	2009/10	2008/09
Management costs (£000s)	13,673	12,161
Weighted population (Number)	571,307	525,625
Management cost per head of weighted population (£)	**23.93**	**23.14**

Related Party Transactions

South Staffordshire Primary Care Trust is a body corporate established by order of the Secretary of State for Health.

During the year the Board Members or members of the key management staff or parties related to them as listed below, have undertaken material transactions with South Staffordshire Primary Care Trust

	Payments to Related Party £	Receipts from Related Party £	Amounts due from Related Party £	Amounts due to Related Party £
Hfma West Midlands (H Simpson,Finance Director)	680			
Burton College (L Smith, Non-Exec Director)	2,247			
Hednesford St Surgery (L Hulme, Non-Exec Director)	1,826,149	144		4,765
John Amery Drive Dr El-Alfy (L Hulme, Non-Exec Director)	291,497			1,143
NHS Alliance (Y Sawbridge Director)	1,045			
Peel Medical Practice (P Ballard, Trust/PEC Chair)	1,443,485			11,808
Wetmore Road Surgery (J Shipman, PEC Member)	930,694	72		2,472
Chadsmoor Medical Practice (A Selvam, GP PEC Member)	498,393			949
South Staffs Local Medical Committee (A Selvam, GP PEC Member)	201,668			
Salters Meadow (P Gregory, PEC Member)	1,518,146			4,240
Gravel Hill Surgery (T Dukes, PEC Member)	735,592			1,607
Improvement Foundation (T Dukes, PEC Member)	8,500	3,500		
Aelfgar Surgery (M Huda, PEC Member)	499,278	36		1,371
Sandy Lane, Brewood (A Houlder, PEC Member)	1,014,632			3,053
J Carr - Pharmacy	11,940			
R Goldstein - Pharmacy	19,288			

The Department of Health is regarded as a related party. During the year South Staffordshire Primary Care Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below;

- Birmingham Childrens Hospital NHS Trust
- Birmingham East and North Primary Care Trust
- Burton Hospitals NHS Foundation Trust (previously NHS Trust- Foundation Trust from 1/11/2008)
- Derby Hospitals NHS Foundation Trust
- Heart of England NHS Foundation Trust
- Mid Staffordshire General Hospital NHS Foundation Trust
- NHS Litigation Authority
- North Staffordshire Combined Healthcare NHS Trust
- North Staffordshire Primary Care Trust
- Nottingham University Hospital NHS Trust
- Royal Orthopaedic Hospital NHS Foundation Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- South Staffordshire and Shropshire Health Care NHS Foundation Trust
- The Dudley Group of Hospitals NHS Foundation Trust (previously NHS Trust-Foundation Trust from 1/10/2008)
- The Royal Wolverhampton Hospital NHS Trust
- University Hospital Birmingham NHS Foundation Trust
- University Hospital of Leicester
- University Hospital of North Staffordshire NHS Trust
- Walsall Manor Hospital NHS Trust
- West Midlands Strategic Health Authority
- Business Services Authority Prescription Pricing Division

In addition, the Primary Care Trust has had a significant number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with

- Cannock Chase District Council
- Dudley Metropolitan Borough Council
- East Staffordshire Borough Counci
- HMRC
- Home Office (Including Prisons)
- Lichfield District Council.
- Pensions Agency
- South Staffordshire District Council
- Stafford Borough Council
- Staffordshire County Council
- Stoke on Trent City Council
- Walsall Metropolitan Borough Council

Remuneration Report

Remuneration Committee – the PCT has a Remuneration Committee which is a sub-committee of the Trust Board. The terms of reference of the committee are:

1. To make such recommendations to the Board on the remuneration, allowances and terms of service of the Chief Executive, Executive Directors and senior managers of the PCT. This committee will have proper regard for the PCT's performance and particularly the provisions of any national pay and performance arrangements, where appropriate.

2. To monitor and evaluate the performance of individual Executive Directors and senior managers.

3. To advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of payments taking account of such national guidance as is appropriate.

The membership of the Remuneration Committee is made up of the following Non-Executive Directors:

Alex Fox, PCT Chairman

David Ibbs

John Yates, FCA

Directors' Remuneration

South Staffordshire PCT	2009/10 Salary (bands of £5,000) £000	2009/10 Other Remuneration (bands of £5,000) £000	2009/10 Benefits in kind (bands of £100) £00	2009/10 Expenses claimed (bands of £100) £00	2008/09 Salary (bands of £5,000) £000	2008/09 Other Remuneration (bands of £5,000) £000	2008/09 Benefits in kind (bands of £100) £00
Executive Directors							
Stuart Poynor, Chief Executive	135-140	5-10	32-33	13-14	135-140	0-5	38-39
Helen Simpson, Finance Director (left 31 12 09)	75-80	5-10	19-20	4-5	100-105	0-5	23-24
Wendy Kerr, Interim Finance Director (appointed 1 1 10)	25-30		3-4				
Judith Wright, Director of Public Health (left 6 9 09)	45-50	5-10	7-8	5-6	105-110	0-5	24-25
Aliko Ahmed, Director of Public Health (appointed 24 8 09)	50-55			14-15			
Susan Price, Locality Director	85-90	0-5	4-5	19-20	85-90	0-5	21-22
Geraint Griffiths, Locality Director/Interim MD Provider Services	110-115	0-5		28-29	110-115	0-5	
Mark Powell, Interim Locality Director (appointed 1 11 09)	35-40		6-7	0-1			
Phillip Ballard, Medical Director	45-50				45-50		
John Wicks, Director of Commissioning & Strategy	90-95	0-5	21-22	13-14	85-90	0-5	30-31
Yvonne Sawbridge, Director of Quality & Nursing	90-95	0-5	19-20	7-8	85-90	0-5	24-25
Anne Heckels, Managing Director of Provider Services	100-105				120-125	0-5	
Non Executive Directors							
Alex Fox, Chair	35-40			25-26	35-40		
David Ibbs, Non Executive Director	5-10				5-10		
Andre Burns, Non Executive Director	5-10				5-10		
Lynne Smith, Non Executive Director	5-10				5-10		
Jeni Jobson, Non Executive Director	5-10				5-10		
John Yates, Non Executive Director	10-15				10-15		
Philip Aldred, Non Executive Director	5-10				5-10		
Lyndsey Fairbrother, Non Executive Director	5-10				5-10		
Lynne Hulme, Non Executive Director (appointed 1 5 09)	5-10						
Professional Executive Committee							
Dr P Ballard PEC Chair	30-35				30-35		
Dr R Goldstein, PEC Member	15-20				10-15		
Dr P Gregory, PEC Member (appointed 1 11 09)	10-15						
Dr A Selvam, PEC Member (left 31 1 10)	5-10				10-15		
Dr J Shipman, PEC Member	15-20				10-15		
J Carr, PEC Member (left 30 9 09)	5-10				10-15		
G Rudge, PEC Member	15-20				10-15		
C Ward, PEC Member (left 31 10 09)	5-10				10-15		
Dr A Houlder, PEC Member (appointed 1 10 09)	10-15						
Dr M Huda, PEC Member (appointed 1 11 09)	10-15						
Dr T Dukes, PEC Member (appointed 1 10 09)	10-15						

Notes. Salary is the total paid at South Staffordshire PCT during the financial year.
Director of Public Health post is jointly funded by Staffordshire County Council - £30,000 received 2009/10.
Locality Director West has element of salary recharged to Sandwell PCT - £18,840 received 2009/10.
Managing Director Provider Services has element of salary recharged to North Warwickshire PCT - £37,438 received 2009/10.
The aggregate emoluments paid to Directors (excluding PEC) 2009/10 was £1.076m (2008/09 £1.019m).

Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age at 60 at 31 March 2010 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2010 £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension (rounded to nearest £00) £
Stuart Poynor, Chief Executive	0-2.5	2.5-5	45-50	145-150	835	743	55	0
Helen Simpson, Finance Director	0-2.5	2.5-5	30-35	100-105	569	493	39	0
Judith Wright, Director of Public Health	0-2.5	0-2.5	30-35	90-95	654	572	23	0
Susan Price, Locality Director	0-2.5	5-7.5	30-35	95-100	581	496	60	0
Geraint Griffiths, Locality Director / Interim MD Provider Services	0-2.5	0-2.5	25-30	80-85	398	351	30	0
John Wicks, Director of Commissioning & Strategy	0-2.5	0-2.5	25-30	75-80	425	381	25	0
Yvonne Sawbridge, Director of Quality & Nursing	-0-2.5	-0-2.5	30-35	100-105	662	605	26	0
Aliko Ahmed, Director of Public Health	0-2.5	2.5-5	5-10	25-30	132	95	19	0
Wendy Kerr, Interim Director of Finance	0-2.5	0-2.5	10-15	35-40	228	168	13	0
Mark Powell, Interim Locality Director	0-2.5	2.5-5	5-10	25-30	102	67	13	0
Anne Heckels, Managing Director of Provider Services	-2.5-5	-12.5-15	30-35	100-105	658	676	-52	0

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

The Directors' Remuneration table and the Pension Benefits table are the only areas of the remuneration report which have been subject to audit.

Acknowledgements

South Staffordshire PCT would like to thank everyone who has supported the production of the Annual Report for 2009/10.

In particular we would like to thank patients who have allowed us to publish their experiences of services and use their comments and feedback. In addition we would like to thank our Practice Based Commissioning for their participation in collating the content of the report and to NHS staff for their comment which has helped us to plan and collate the Annual Report.

If you would like to comment on the Annual Report please email sue.venables@southstaffspct.nhs.uk or call 01889 571704.

Notes

If you require a copy of the report in this language please contact the address below

إذا أردت المعلومات بلغة أخرى أو بطريقة أخرى، نرجو أن تطلب ذلك منا.

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

اگر این اطلاعات را به زبانی دیگر و یا در فرمتی دیگر میخواهید لطفا از ما درخواست کنید

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઇતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ, ਤਾਂ ਇਹ ਸਾਥੋਂ ਮੰਗ ਲਓ।

यदि आपको सूचना किसी अन्य भाषा या अन्य रूप में चाहिये तो कृपया हमसे कहे

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w inr
prosimy dać nam znać.

Nëse dëshironi të merrni informacion në një gjuhë apo format tjetër, ju lutemi
na pyesni.

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