



Halton and St Helens

Working together, with our partners.....

Listening to what local people have to say.....

Making sure we do all we can to make...

**“A Healthier
Halton & St Helens”**

.....for everyone

Foreword



**Andrew Burgess,
Chief Executive**
*(commenced in post
1 December 2009)*

Welcome to the Annual Report for NHS Halton and St Helens 2009/10.

This year we have focused on delivery of the Commissioning Strategic Plan – a five year plan to invest in the issues affecting the health and wellbeing of the communities we serve. The Plan was developed in partnership with our colleagues in the voluntary and statutory sectors and our resident population.

During the next five years we shall be investing our resources to reduce illness/deaths in a number of key areas; alcohol, tobacco, diet/obesity, depression. We shall also be focusing on unplanned and planned care - making sure our residents access the services they want/need from modern, purpose-built facilities at a time that best suits them. Developing services in partnership with our colleagues, our staff and patients is central to the Primary Care Trust's ambitions for the future.

Ensuring our patients and the public have access to high quality care, delivered by highly skilled staff from modern, purpose-built facilities lies at the heart of our principles and ambitions.

As custodians of a recurrent budget exceeding £530 million, and almost £580m in total, it is right and proper that we should be constantly seeking new, innovative ways to meet the healthcare needs of our communities.



**Ian Williamson,
Interim Chief
Executive**
*(until 30 November
2009)*

As a public body, NHS Halton and St Helens is committed to ensuring all its business is conducted in an open and transparent way. Its Board meetings are held in public and decisions regarding investments/expenditure are discussed openly so the public are assured that tax payers' money is being spent appropriately.

As an organisation, we require all staff and Board members to comply with and uphold the principles of public life which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

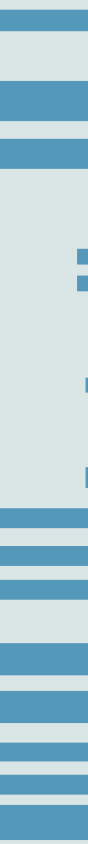
These values and principles underpin our relationship with our stakeholders and partners. It is important that if we are to deliver on our ambitions and aspirations, we consolidate and build on the progress made to date to demonstrate our commitment to serving the communities of St Helens, Runcorn and Widnes.



Jim Wilson,
Chairman



Dr Stephen Cox,
Chair Clinical
Executive
Committee





Working Together . . .

About NHS Halton and St Helens

NHS Halton and St Helens was formed on 1 October 2006 as a result of the reforms contained within 'Commissioning a Patient-led NHS'. It is one of the biggest Primary Care Trusts (PCT) in the North West area and replaces the former Halton PCT and St Helens PCT.

NHS Halton and St Helens provides NHS services to its resident population of 296,900 (119,500 in Halton and 177,400 in St Helens according to the 2007 mid year population estimates published by the Office for National Statistics) and to those who live outside the borough but who are registered with GPs in Halton and St Helens.

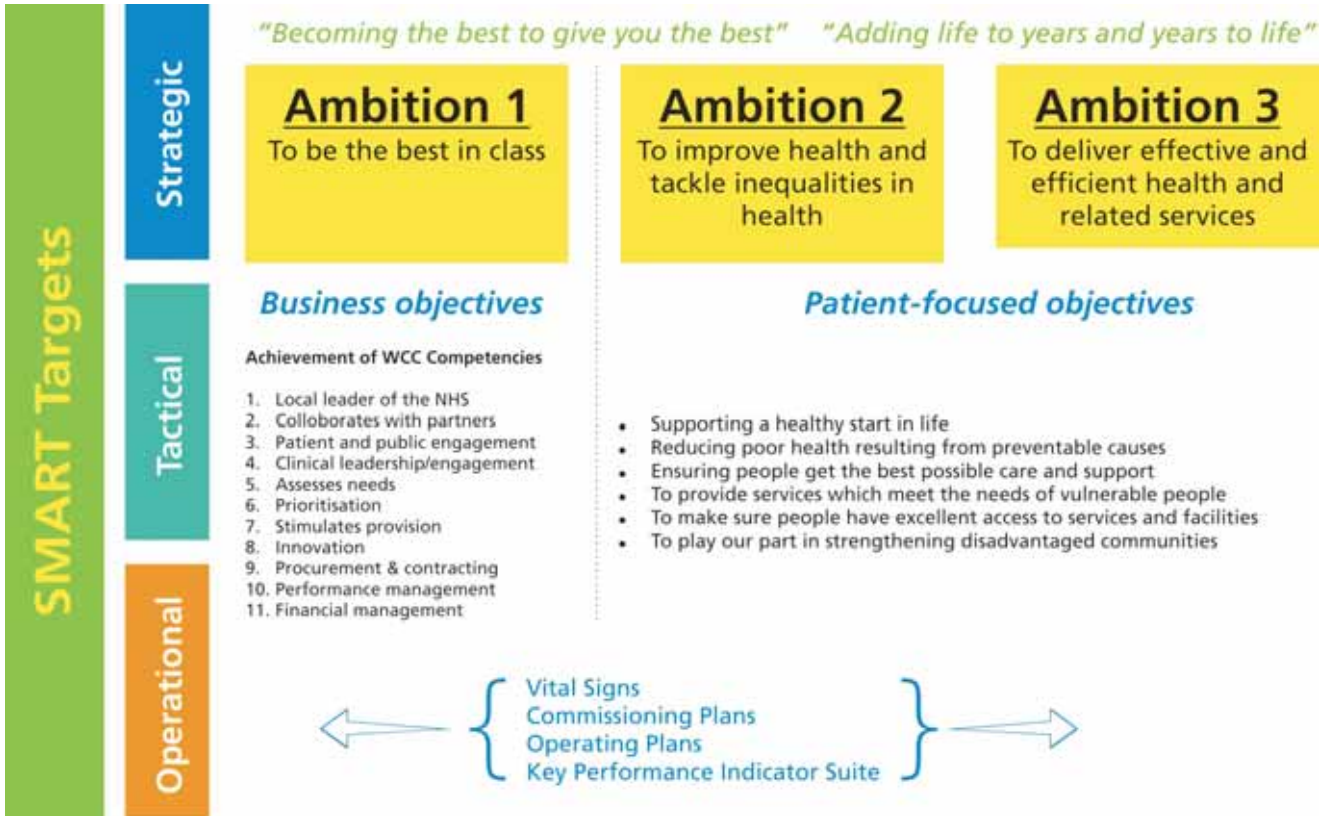
Over £500 million of our £537 million recurrent parliamentary funding is spent on commissioning (buying) care for our population, through contracts with more than 530 providers. Approximately £350m of this sum is spent on contracts with NHS providers.

The first point of contact with the NHS for most people is primary care, where diagnosis takes place and treatment is given for routine injuries and illness by a range of healthcare professionals including GPs, nurses, dentists, pharmacists and opticians. We also buy services from NHS Trusts such as St Helens and Knowsley Teaching Hospitals NHS Trust, Warrington and Halton Hospitals NHS Foundation Trust and 5 Boroughs Partnership NHS Foundation Trust and a variety of other healthcare organisations, including the independent sector.

The PCT has a highly dedicated workforce of almost 2,000 people. Many of these are frontline staff, such as district nurses and health visitors who provide services directly to local people.

Our Objectives

The following diagram illustrates the strategic objectives of NHS Halton and St Helens from 1 April 2009 to 31 December 2009.



The Board has adopted the following overarching objectives (for the period 2009-2010) to establish its commitment to change and health benefit for the communities of Halton and St Helens.

OBJECTIVES

- Successfully implement re-prioritised 2010 elements of Strategic Plan (and other commissioning priorities from the operating framework) using new programme management approach.
- Successfully achieve planned trajectories on all outcome indicators as detailed in Strategic Plan to improve health and wellbeing of population.
- Make definitive decision on future organisational form of Community Health Services by end of March and progress implementation by March 2011. Complete disinvestment from commissioning organisation of all other provider services.
- Ensure that clinical commissioning develops during 2010 and that clinical leadership and engagement plus public engagement are fully embedded in our process.
- Negotiate and incorporate quality metrics (measures) into all contracts.
- Re-evaluate and redesign PCT Clinical Governance structures and processes.
- Continue to develop clinical incident reporting system and programme.
- Ensure we continue to optimise quality and cost effectiveness of workforce.
- Review Commissioning and Engagement Strategy to support and fulfil overall objectives.
- Implement contracts with all providers by March 2010.
- Achieve our Quality Innovation Productivity and Prevention Plan to deliver real efficiencies.
- Improve our continuing health care funding arrangements through reference to national published guidance.
- Increase quality and quantity of patient experience data and ensure systems, process and procedure are in place to record and monitor.
- Implement plan to achieve level 3 on all World Class Commissioning competencies (minimum advance one level on everything) and greens for all governance elements by end of 2010 plus optimise performance in the April 2010 assessment.
- Implement new committee structure.
- Achieve at a minimum a good rating for both quality of commissioned services and quality of financial management in the Care Quality Commission annual ratings.
- 100% compliant for all aspects of emergency planning.
- Achieve financial balance for 2010-11 and deliver overall corporate objectives.
- Embed Quality, Innovation, Prevention and Productivity principles within Strategic Plan, commissioning process and overall organisational planning.
- Continue and broaden proactive public and stakeholder engagement and communication.

Our Directors



Ian Williamson,
Interim Chief Executive
(until 30 November 2009)



Andrew Burgess,
Chief Executive
*(commenced in post
1 December 2009)*



Mike Treharne,
Deputy Chief
Executive/Director of
Financial Strategy



Fiona Johnstone,
Director of Health
Strategy



Eugene Lavan,
Director of Strategic
Planning and
Development



Christine Samosa,
Director of Workforce
Strategy and
Organisational
Development



Seamus McGirr,
Executive Nurse/Director
of Clinical Quality and
Standards



Dr Stephen Cox,
Chair Clinical Executive
Committee

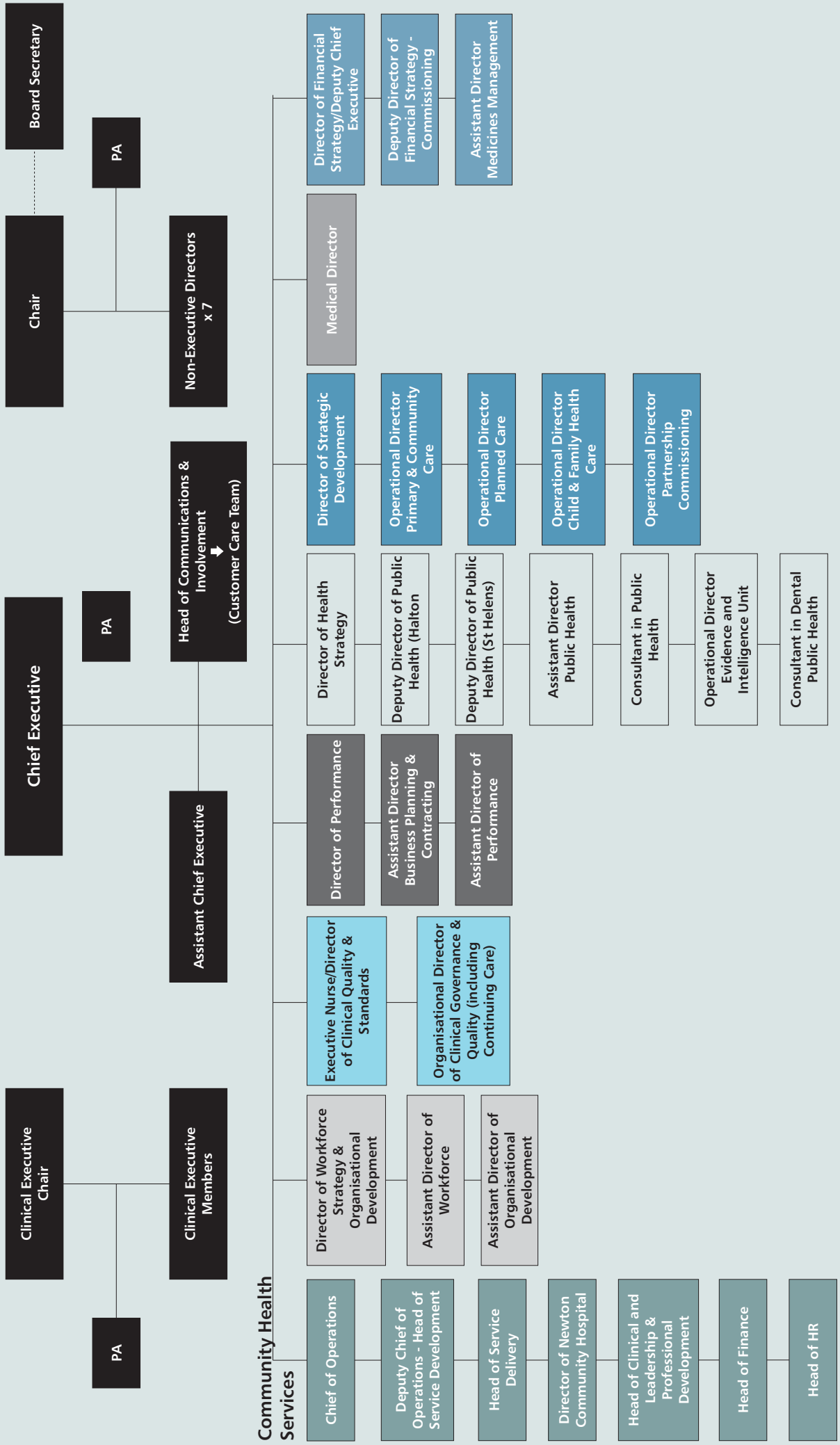


Rob Foster,
Director of Performance



John Jones,
Chief of Operations,
Community Health
Services

PCT Strategic Executive and Senior Management Organisational Chart



Our Performance

Care Quality Commission - Annual Performance Rating

This section summarises the results of the Care Quality Commission's (CQC) annual performance rating for 2008-09 for NHS Halton and St Helens and also provides an indication of the PCT's performance in 2009/10. The CQC exists to promote improvements in the quality of healthcare and public health in England and Wales. They are responsible for assessing and reporting on the performance of NHS organisations, to ensure that they are providing a high standard of care.

The CQC (previously the Healthcare Commission) annual 'health check' scores organisations on many aspects of performance, including the quality of the services they provide (quality of commissioning) and how well they manage their resources (quality of financial management). These scores are based on a range of information gathered throughout the year about whether NHS organisations are meeting the targets and standards set by the Government. Both parts of the rating are scored on a four-point scale of 'excellent', 'good', 'fair' and 'weak'.

2008-09 OVERALL RATING

The 2008-09 CQC scores were published in October 2009, in which NHS Halton and St Helens scored 'Good' for Quality of Commissioning and 'Fair' for Quality of Financial Management. This was an improvement from 'Fair' for Quality of Commissioned Services in 2007-08 which the PCT was delighted to achieve.

DETAILED RESULTS

Quality of Commissioning – GOOD

The score for Quality of Commissioning covers a range of areas within a healthcare organisation that affect the care and treatment a patient receives, including access to services, safety of the services provided and the way an organisation is run. In particular it reflects whether an organisation provides the standards of care needed and whether it strives to improve the care and treatment it provides for all of its patients.

The score is worked out using three main elements:

Meeting core standards against which the PCT scored	Fully Met
Existing national targets against which the PCT scored	Fully Met
New national targets against which the PCT scored	Good

Use of Resources – FAIR (Level 2)

The score for Use of Resources is based on how well an organisation manages its finances. This includes how it plans and reports on its financial performance, how it monitors the money it spends and how it makes sure that the services it offers to patients represent good value for money. These scores were based on information received from the Audit Commission.

The score is calculated using the following three criteria:

Planned for financial health against which the PCT scored	2
Understanding costs and achieving efficiencies against which the PCT scored	2
Financial reporting against which the PCT scored	2

Each criterion is scored from 1 (weak) to 4 (excellent).

For further information about any of these ratings or to see more detail about any part of the 2008-09 score, please visit the CQC website at www.cqc.org.uk and the Audit Commission's website at www.auditcommission.gov.uk.

Alternatively, please visit the NHS Halton and St Helens website at: www.haltonandsthelenspct.nhs.uk which also contains further details about the 2008-09 scores.

2009-10 FORECAST

NHS Halton and St Helens has continued to work on all aspects of the Annual Health Check throughout 2009/10 and expects to maintain the scores achieved in 2008/09 by achieving 'Good' for Quality of Commissioning and maintaining a 'Fair' score for Quality of Financial Management.

With our Partners . . .



The Health of Halton and St Helens

As one of the biggest Primary Care Trusts (PCTs) in the North West, NHS Halton and St Helens has just under 300,000 people living in its boundaries, which is just under 4% of the population of the North West. The PCT has a higher proportion of White British residents (99%) than the England average (91%).

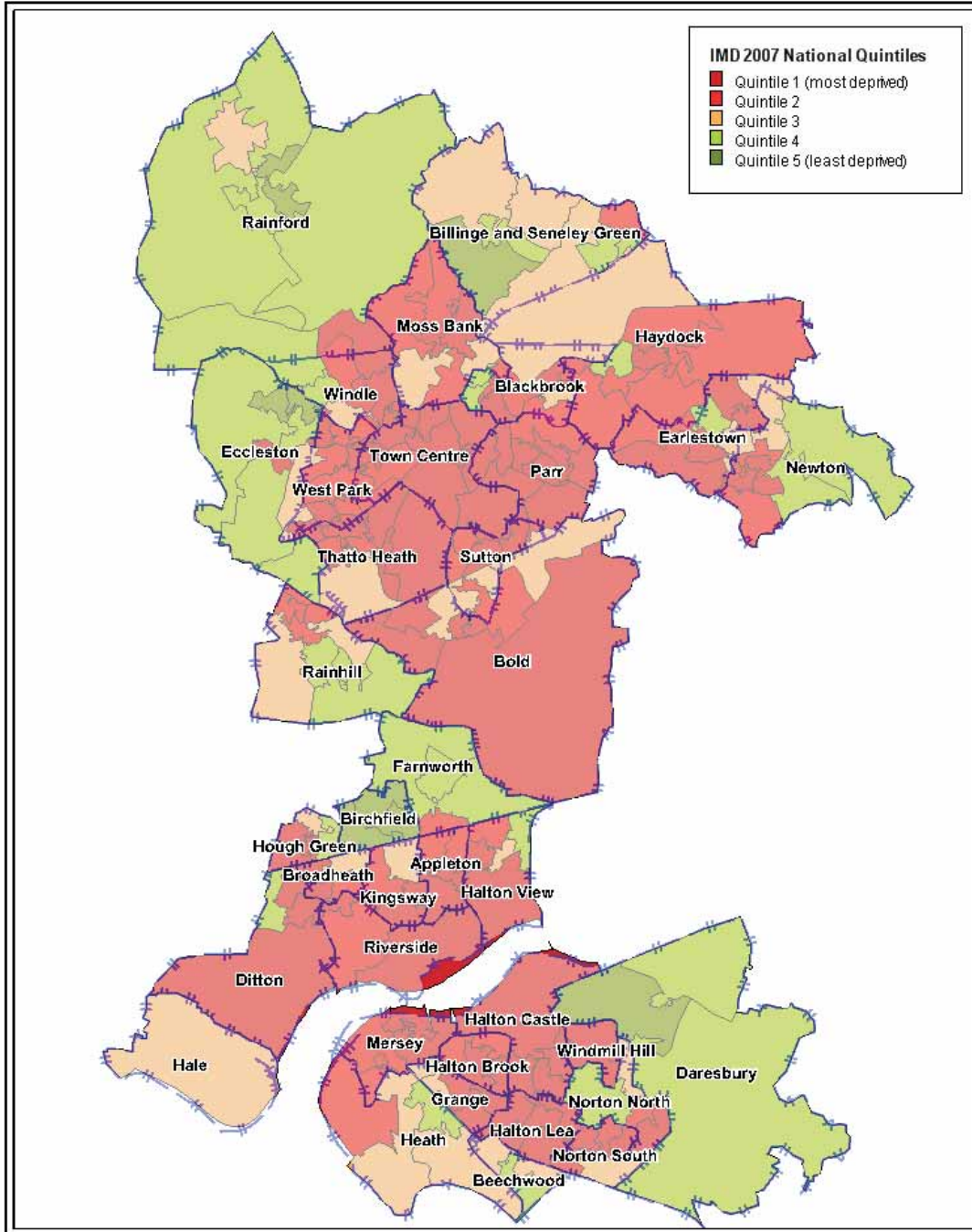
Fewer people in Halton and St Helens are in work and more have health problems than much of the North West and the rest of England. There are also inequalities between different areas within the PCT. Halton and St Helens was ranked as the 33rd most deprived Primary Care Trust area out of 152 in England in the Indices of Multiple Deprivation 2007. The map overleaf shows the deprivation profile of the PCT. The dark red areas represent those areas that are in the top 20% most deprived nationally, meaning residents face challenges in relation to income, education, health and disability.

However health is improving locally. Men are living an average of 3 years longer than they were 15 years ago (1993-2008) and women living 2½ years longer. This is still two years less than the England average and local data shows that people living in the most deprived parts of Halton and St Helens die around 12 years earlier than their more affluent neighbours within the PCT.

Major causes of death include circulatory diseases, which accounts for almost one third of deaths and cancers which count for one in four deaths. The number of people dying from heart disease and cancers has fallen locally over the last few years. The risk of getting these diseases can be reduced by having a healthy diet, taking exercise, drinking alcohol in moderation and stopping smoking. Much work is taking place locally to help people live healthier lifestyles across the Primary Care Trust.

Distribution of Deprivation in Halton and St Helens

Source: National Quintiles for Multiple Indices of Deprivation 2007
 Map produced by the Public Health Intelligence Team



Distribution of Deprivation in Halton and St Helens PCT
 by LSOA
 National Quintiles of IMD 2007

NHS
 Halton and St Helens

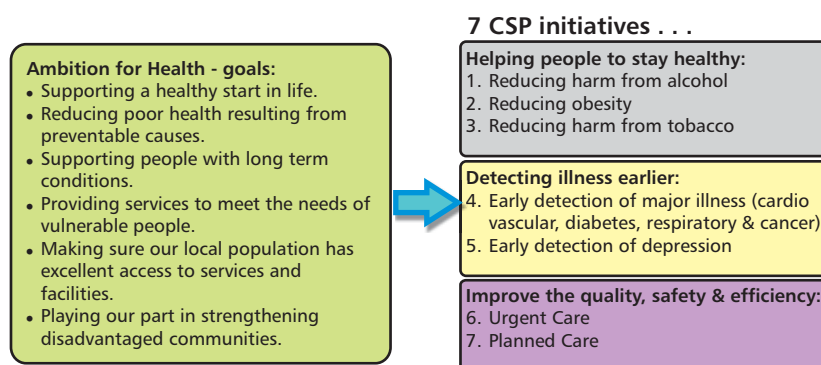
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Produced by Public Health Intelligence Team
 December 2009

Working with the community to improve health and wellbeing

NHS Halton and St Helens consulted widely with its patients, public, partners, GP colleagues and others to find out what were the main issues affecting health and wellbeing.

The results helped us to develop our Ambition for Health Strategy, and our 5 year 'Commissioning Strategic Plan (CSP)'. The CSP was published in March 2009 and has seven main CSP initiatives to address the priority areas identified.



During 2009/10 we have been working with our local communities to introduce schemes/initiatives that effectively tackle these areas. Our investments to date have significantly improved the number and availability of services to support people who are overweight, drinking too much and smokers. Improving access to these services, increasing the availability of screening in practices, via a mobile screening unit and proactively calling 'at risk' groups in for health checks will allow us to detect serious illness earlier and so improve outcomes for the patient.

During the last year we have made significant investments in our frontline services to ensure they are better able to deliver the care and support our patients need in settings which are closer to their homes and accessible outside of working hours.

Our investments in these key areas will continue throughout 2010/11 and our progress in reaching key targets will be reported on via our local media.

Commissioning



Like other PCTs, NHS Halton and St Helens has a commissioning arm - to secure the best value services for local people, and a provider arm - providing Community Health Services.

The section focuses on commissioning which means making sure the right patient receives the right treatment, at the right time, with the right provider, and at the right price.

We commission (buy/contract) NHS care from more than 530 service providers, including:

- St Helens & Knowsley Teaching Hospitals NHS Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- 5 Boroughs Partnership NHS Foundation Trust
- A large range of voluntary sector organisations

Key achievements this year are linked to delivery of our Commissioning Strategic Plan – CSP - which is our five year investment plan focussing on the seven areas of greatest health need facing our local communities.

Underpinning delivery of the Plan has been our prioritisation framework. Developed with the help of key stakeholders, including Patient and Public Involvement (PPI), voluntary sector, local authority (council) and hospital representatives, the framework has allowed us to score schemes/initiatives aimed at supporting delivery of the CSP.

CSP INITIATIVE 1: Reducing Harm from Alcohol

With our Local Authority Partners, we have established a **Tier 2 Alcohol Service in Halton**. The purpose of the service is to reduce alcohol related harm, and to assist people whose drinking presents an increasing or higher risk to their health, to reduce their drinking to within safe recommended levels.

With Cheshire Police, a **Conditional Cautioning Scheme** for people who have entered the criminal justice system has been set up in Halton. Conditional Cautions are intended to be a swift and effective means of dealing with straightforward cases where the offender is willing to admit the offence and agrees to comply with specified conditions.



The scheme aims to reduce alcohol related harm, and the likelihood of re-offending, by tackling alcohol misuse and promoting behaviour change. It aims to rehabilitate and offer clients access to the services available.

CSP INITIATIVE 2: Reducing Obesity

An integrated approach to the commissioning of weight management services supports our ambitions to reduce current levels of obesity within our communities.

Successes to date, include:

- Provide a service for overweight and obese teenagers from the Department of Health approved weight management provider The Weight Management Centre. This service started in March 2010.
- Provide a training service for children aged from 1 to 6 years from the Department of Health approved weight management provider HENRY (Health, Exercise and Nutrition for the Really Young). The service started in February 2010 and so far 10 staff have been trained.
- Brief Intervention Training and Delivery from Community Health Services after a full tender process. This service commenced in March 2010.
- Viking Rugby Club, Widnes and Saints Rugby Club, St Helens delivers Weight Management and Physical Activity interventions to school age children. This service started in March 2010.
- Developed Weight Management Services for adults and children, extra staff have been recruited.
- Commissioned and undertaken a peer review of infant weaning practice with other PCTs across Cheshire and Merseyside.
- Commissioned social marketing insight and campaign development for adult and child obesity. This work was finished in December 2009.
- Developed KPIs (key performance indicators) for each weight management programme.
- Developed service specifications for each service commissioned and procured.
- Developed a forward plan for 2010/11.

CSP INITIATIVE 3: Reducing Harm from Tobacco

The Tobacco Control Partnership Commissioning Group ensures a “whole person” approach to commissioning tobacco control services. It includes representatives from the PCT, both borough councils, the public and the provider arm. During this year it has:

- Developed a tobacco control strategy and action plan that was approved by the Clinical Executive Committee.
- Developed a business plan which was agreed by the joint PCT and Practice Based Commissioning Team.
- Developed a new pathway for pregnant smokers and their families which were ratified by the Clinical Executive Committee.
- Commissioned an expansion of current successful Stop Smoking services.
- Commissioned smoking prevention services to work with young people.
- Commissioned smoke free environment services to work with environmental health and local communities.
- Commissioned services to counteract illicit tobacco and underage sales.
- Commissioned social marketing insight and campaign development around hard to reach smokers, pregnant smokers and promoting smoke free lifestyles.

CSP INITIATIVE 4: Early Detection of Major Illness (*cardiovascular disease, diabetes, respiratory and cancer*)

- QOF - Quality Outcome Frameworks have been launched to drive up standards of care in General Practice. This will encourage improved performance in the detection and management of patients with vascular illness.
- The Get Checked Cancer Awareness scheme has been reviewed and the service re-commissioned with improved

performance measures.

- An update of the two week cancer referral guidelines has been launched and all GPs have received the new information developed from the latest NICE - National Institute of Clinical Excellence guidelines.
- NHS Health Checks Plus will invite for screening 20% of the adult population each year and will start with the most vulnerable and at risk patients, including carers, in the first two years. Assessments will cover:
 - Vascular, diabetes, renal, respiratory, depression, alcohol, smoking, family history, cancer indicators, Local Authority trigger questions (e.g. social care needs).
 - Blood pressure, pulse, height, weight, birth measurements and BMI will also be checked and, where indicated, Glucose, HDL, Cholesterol and Urea and Electrolytes will be analysed.

CSP INITIATIVE 5: Early Detection of Depression

MENTAL WELLBEING COMMUNITY RESILIENCE



Early detection of depression has been highlighted as one of Halton and St Helens' major priorities - locally 1 in 6 people will be suffering with some form of mental health problem. With this in mind, the PCT developed and commissioned its Community Resilience training. Led by a ground-breaking local social enterprise - The Wellbeing Project has trained 500 members of the public including hairdressers, bar staff and cab drivers.

The project aims to train a further 5,000 people in identifying stressed individuals needing signposting to help with difficult life problems. The project also encourages the general public to be more aware of their own mental wellbeing. Feedback from people who were trained has been very positive:

"I feel more able to tackle my everyday issues, more importantly I feel better skilled in supporting others with mental health problems." (26 year old male electrician.)

CSP INITIATIVE 6: Improving Safety, Quality and Efficiency of Service in Urgent Care

Significant progress has been made in 2009/10 towards carrying out the Urgent Care Work Streams identified in the CSP.

WALK-IN CENTRES

Since 1st April 2009 St Helens Minor Injuries/Walk-in Centre has provided care and treatment to 73,083 residents. It is predicted that by 31st March 2010 the centre will have seen and treated 76,433 people. To date 70% of people attending the centre have been assessed and treated within one hour of arrival, and the centre continues to achieve the national four-hour target. Furthermore 77.5% of people who attended the centre were treated without referral to any other health care provider.

The Widnes Walk-in Centre which opened in August 2008 has provided care and treatment to 41,175 residents, and it is predicted that by 31st March 2010 the total number will be 43,062. 81% of people who attended Widnes were seen and treated within one hour of arrival. Similar to St Helens this nurse led centre treated 73% of people without the need to refer to any other health care provider.

Discussions are currently taking place to develop an Urgent Care Centre based at the Halton Hospital site and it is hoped that this

centre will diagnose and treat residents of Runcorn without the need to travel to Warrington.

CSP INITIATIVE 7: Improving Safety, Quality and Efficiency of Service in Planned Care

Planned care services are those that patients do not require in an emergency or urgently but access following a referral from their GP or another health professional. The team has worked across a range of areas in the last year, these have included:

EAR, NOSE AND THROAT

We completed a review of ear, nose and throat (ENT) services and established a community based pilot service in Widnes to test our findings.

DERMATOLOGY

Following a review of dermatology services, we replaced the service provided by Warrington and Halton Hospitals NHS Foundation Trust to St Helens and Knowsley Teaching Hospitals NHS Trust.

MUSCULO-SKELETAL

We completed a review of musculo-skeletal service provision across the two boroughs. This has included reviewing access to surgery, physiotherapy and rheumatology services. The results of this review will be put in place in 2010/11.

SEXUAL HEALTH

We made advice, guidance and support more available around issues such as contraception and sexually transmitted diseases. This work has involved providing more clinics and delivering services closer to where people need them. A screening programme for Chlamydia has been rolled out across the two boroughs, targeted at people aged 15-24 years. This has been very successful, with 19.2% of this population being screened in 2008/09 (as of December 2009) against a national average of 13.8%.

CANCER SERVICES

There is a 2 week national referral to treatment standard for suspected cancer. NHS Halton and St Helens has worked with our key providers of cancer services to ensure that this standard has been met and is maintained.

EARLY DETECTION OF MAJOR ILLNESS

With the CSP lead for Early Detection of Major Illness, we supported the roll out of Health Checks Plus. 90% of practices in the PCT are now committed to this programme and a template for recording the outcomes of these checks will be in place for March 2010.

OPHTHALMOLOGY

We established, with St Helens Council, a low vision aids service to replace the one withdrawn by the previous provider. In the first month of operation (February 2010) the new service reduced the waiting list for low vision aids by half.

DIABETES

Working with patient groups we produced a Patient Information Booklet to provide information and advice to people diagnosed with diabetes.

MILITARY VETERANS POLICY

We developed a Priority Treatment of Military Veterans Policy to make sure that military veterans have appropriate access to health care services.

CARDIOLOGY

A review of services for those suffering chest pain has been completed and the results of this review will be put in place in 2010/11.

Child and Family Commissioning

The PCT is a key member of the Children's Trust Boards in each council. There is a Children's Trust Board in each Local Authority (council) area and from 1st April 2010 they become statutory boards with a responsibility for developing and delivering the Children's and Young People's Plan.

Transforming Community Services for children, young people and their families

During the year, an ambitious programme of activity started to develop a new approach to the way in which health services work together to meet the needs of children, young people and their families and carers.

Maternity Matters for the best start in life

The PCT has been working in partnership with service providers during the year to put into action the recommendations of Maternity Matters, choice, access and continuity of care in a safe service (Department of Health, 2007). The aim of the strategy is to make sure there are year-on-year improvements in quality, effectiveness and choice in maternity care and user satisfaction. The strategy and action plan aim to lead to the commissioning of excellent maternity care that meets the needs of women and their families.

Supporting the emotional health and mental wellbeing of children and young people

A needs assessment of people's emotional and mental health and well being has been carried out. The PCT and the two local authorities have jointly commissioned a comprehensive range of Child and Adolescent Mental Health Services (CAMHS) which has based its decisions on local need assessments, NICE Guidance and

consultation with children, young people, their families and carers.

The PCT has also worked to make sure that mental health services are available for the two secure units in St Helen; Red Bank Community Home for Young People, mainly boys aged up to 16 years within the criminal justice service, and St Catherine's Secure Home for Young Women aged up to 16 years.

Aiming High for Disabled Children

During 2009/2010, as part of Aiming High for Disabled Children and in partnership with the two Local Authorities, the PCT began work to support children and young people with additional health needs or disabilities and their families and carers to benefit from the provision of short breaks.

You're Welcome - making health services young person friendly

During 2009, the Acting Chief Executive of the PCT, along with the two Directors of Children's Services, signed up to the principles of You're Welcome to ensure that local health services and their venues are young person friendly. This has helped to improve local services by listening to the needs and suggestions of local people.

Young Offenders

The PCT has continued to work as a member of the local Crime and Disorder Reduction Partnership to identify and share information to support local action on reducing violent crime - especially serious youth violence, including knife crime, and violence against women and children.

Continuing Health Care

During 2009, the PCT has worked to review the systems, processes and criteria to meet the challenging continuing health care agenda.

Safeguarding Children and Young People

Safeguarding children and young people is an important part of all NHS work. The PCT is a central partner in the two Local Safeguarding Children's Boards (LSCBs) which contribute to effective partnership working locally. The PCT is a central partner in two Local Safeguarding Children's Boards which contribute to effective partnership working locally. In 2009 five Specialist Safeguarding Children nurses were recruited to support all health staff with/coming into contact with children and young people.

Child Safety

In the last year we have worked to improve the safety of young children by providing multi-agency training and resources. As a result, professionals will be more aware of safety issues in the home and can signpost parents to help and support, such as the home safety equipment schemes in each borough.

Breastfeeding

Breastfeeding protects babies from infection, obesity, poor speech and dental decay. Training and support for breastfeeding mums has improved and more women are choosing to breastfeed their babies, giving them the best start in life.

Human Papilloma Virus (HPV) Vaccine

Cervical cancer affects 18 local women each year. There is now a vaccine that prevents cervical cancer by acting against the Human Papilloma Virus (HPV) which causes it. Eighteen months ago we began our local campaign to offer the vaccine to girls in their teens. In the first full year nine out of ten girls completed the three dose course, and a further 1 in 20 had one or two doses. This meets the national target set by the Department of Health, but more importantly it offers a fantastic level of protection to local girls as they grow up.

Practice Based Commissioning

Highlights of their work in the year include the four groups of GPs developing schemes to cope with winter pressures by providing a range of additional clinics across the two boroughs and introducing a cost effective computer based computer based prescribing system.

Chronic Obstructive Pulmonary Disease (COPD)

Within StHealth Consortium, practices have focused on improving services for people with COPD.

A group of StHealth practice nurses have taken part in an intensive COPD educational programme over the past 12 months. In early detection, StHealth practices have so far screened 1072 patients who were thought to be at risk of COPD. Out of these, 142 patients have been diagnosed with COPD. This is 13.2% of patients screened. This early diagnosis will lead to improved outcomes for patients and reduced costs in the longer term due to education and their condition being made more stable.

Cardiology

Within United League (ULC), practices have used a practice based telemetry ECG and arrhythmia monitoring scheme, reducing the need to refer to secondary care and to Cardiology outpatient clinics. ULC has also commissioned blood testing services to help diagnose heart failure. A number of ULC Practices have taken part in the scheme to record and monitor the rhythm of the pulse. This is for patients 65 and over with an irregular pulse who will be referred for more tests to prevent stroke.

Diabetes

StHealth PBC Consortium commissioned further diabetic nursing support to help patients whose diabetes is difficult to control.

The Consortium has also conducted a training needs analysis for all StHealth practice nurses and has run further educational events as a result.

Mobile Screening Unit

Widnes PBC Consortium has commissioned a mobile clinic service across the Widnes area. The service focuses on hard to reach patient groups who do not attend GP Practices and will provide access to health screening as well as health and wellbeing advice and support.

Primary/Community Commissioning

General Practice

Better Access to GPs

EXTENDED HOURS

The PCT continues to increase the number of surgeries which offer routine appointments out of normal hours i.e. before 8 am, after 6.30 pm, or at a weekend. Presently 64% of practices, covering over 230,000 registered patients, offer an extra 110 hours of GP appointments per week.

NEW SURGERIES

Four new surgeries opened during the year, 2 in St Helens and one each in Widnes and Runcorn.

The St Helens practices are located in St Helens Hospital - Sherdley Medical Centre is a traditional GP service and the second,

Elder Care focuses on the needs of the elderly and provides a “virtual” service to elderly person's homes and elderly residents living in the St Helens area. Both are open 8 am to 8 pm and Saturday mornings.

The Runcorn practice is called Windmill Hill Medical Centre and is open 8 am until 6.30 pm and Saturday and Sunday mornings.

Widnes GP Health Centre, based in the Health Care Resource Centre on Moor Lane, offers a service to registered and unregistered patients and opens 7 days a week, 8 am to 8 pm. Patients can register at the surgery to receive all their care or, if unregistered, can book an appointment to see a GP. This is particularly helpful if a patient is working away from home or cannot get a routine appointment with their usual GP.

The new practices have been set targets to deliver on key performance indicators.

Improving Quality

IMPROVING CARE

The PCT prides itself on the quality of the services provided by its GP practices. Each year the **Quality Outcomes Framework (QOF)** is used by the PCT to assess the service being provided. The assessment looks at indicators, to measure how well a practice is meeting targets for the delivery of chronic diseases, such as diabetes, asthma and heart disease. Against a score of 1000 points in 2009, 32 practices achieved over 950 points.

To further improve the quality of the services, and reduce health inequalities, the PCT has developed an incentive scheme, **QOF plus**, which stretches those targets further. This will encourage an additional 2000 patients, who may be at risk of having a stroke or developing coronary heart disease, to have a healthy blood pressure or cholesterol. First results will be available in June 2010.

Prevention of disease is a major focus for general practice and during the year a number of initiatives have started and continued.

- In 2009/10, 47 practices agreed to provide a **Chlamydia screening** service. By October 2009 460 Chlamydia screenings had been carried out by practices. Based on this, practices are unlikely to meet the national target by their screening alone; however, with other services providing the service, the PCT will meet the national target. To increase the number of screens additional training around discussing screening with young people will be provided to practices.
- To increase improved choice of **contraception** in primary care, from January 2009 an enhanced service for contraceptive implants was introduced. One of the PBC Consortia (League) and the commissioner for sexual health is looking at how access to contraceptive services and thus choice of contraception can be increased.
- 43 (78%) practices agreed to provide the **alcohol screening** service in 2009/10 that monitors all new patients aged 16 and over for alcohol use disorders.
- From 1 April 2012 a national programme will be introduced to give eligible patients aged 40 -74 the right to an **“NHS Health Check”** every five years to see whether they are at risk from heart disease. The Primary Care Team has helped develop a broader screening programme that includes screening for heart disease. As at March 2010, 41 (74%) practices have opted to provide this service via the local enhanced service and 5 (9%) have agreed to support community health service teams to provide this service for their practice patients. The target is to deliver 44,000 health checks per year.

Improving Premises

The PCT offers small grant to surgeries to help them improve their buildings and access for patients. Refurbishment work has been undertaken at practices in Newton le Willows, Grove House in Runcorn and Burtonwood.

Beaconsfield Road Surgery, Widnes moved into their new surgery on Peelhouse Lane.

In St Helens we opened a new state of the art health care resource centre with five GP practices and a wide range of community services including physiotherapy, family planning and phlebotomy.

- **Practice Reviews**
All practices during 2009/2010 were reviewed.
- **Out of Hours**
Following the tragic death of a patient in Cambridgeshire, in January the Department of Health gave recommendations to PCTs to assure the safety of Out of Hours (OOH) providers. The PCT has worked with the two OOH providers to make sure that the recommendations are being met.

Community Optometry

Since August 2008 a requirement has been introduced for all providers of NHS eye care services in the community to have a national contract. The PCT is one of the first in the local area to undertake these reviews and the PCT has seen some improvements made as a result of them. The PCT will continue to undertake reviews in the future.

NHS Support for Carers Demonstrator Site

The PCT, alongside five partners (St Helens Council, Halton Borough Council, St Helens and Halton Princess Royal Trust Carers Centres, and St Helens and Knowsley Teaching Hospitals NHS Trust) has been successful in gaining Department of Health

'NHS Support for Carers' Demonstrator Site Status.

The site identifies and supports new carers within primary and secondary care. Carer Support Officers, and an Income Maximisation Officer, are now based at St Helens Hospital, and Primary Care link workers are based at local Carers Centres helping GP surgeries to support carers.

We aim to support carers whilst recognising their skills and knowledge and are evaluating this service.

The project started in October and is already achieving great results for local carers, such as:

- 470 new carers identified between October and December 2009 and of those, 199 had direct support from the Carer's Centres.
- 32 new carers had Benefits Support resulting in an additional £65,594 in benefits raised for these carers

For further information about our site please contact **Lucy Gartside, Community Commissioning Manager**, lucy.gartside@hsthpc.nhs.uk, 01928 593732.

“ I have been feeling confused and forgetful and was concerned about my health and my ability to continue caring for my son.

Because of my caring role I don't have much time for socialising and meeting my friends and cannot readily visit my relatives as they live a distance away and I would always need to arrange care for my son.

I feel very lonely at times; I feel that other people back off from me as I have no other topic of conversation than caring.

”

A carer, before having a respite break

Transforming Community Services (TCS)

The TCS programme in Halton and St Helens has been running throughout 2009/10.

December 2009 saw the publication of the NHS Operating Framework for 2010/11. This required PCTs, by 31 March 2010, to decide on the organisational structure of all current PCT-provided community services. As a result of this, we met with a number of key providers to understand their interest and capability to deliver community health services on behalf of the PCT in the future. In March 2010 the PCT Board approved these proposals, which were then submitted to the SHA and received agreement in principle. We await final approval from the Department of Health and have put in place a programme of work to ensure that the new organisational arrangements and service models are established by 31 March 2011.

Dental Commissioning

The Dental Commissioning team works to a PCT Board approved dental commissioning strategy, with three objectives:

1. Improve oral health
2. Improve NHS dental access
3. Effectively address the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

Improving Oral Health

£150,000 invested annually in evidence based dental prevention in children since 2008. There has also been a fall of 6% in the number of 5 year olds living within the PCT boundary with tooth decay. This is the first time child oral health has improved locally in 35 years and further improvement is expected next year as the dental prevention programmes progress.

Improving NHS Dental Access

The PCT has invested in the equivalent of 13 full time dentists locally (£1.8 million over 3 years). The funding has come from both national and PCT. As a result of this investment the PCT has achieved its national April 2011 NHS dental access target of 62%, 14 months ahead of schedule.

Effectively Address the QIPP Agenda

- **QUALITY**
All dental contracts include measurable quality elements (e.g. fluoride varnish), which improve the oral health of those attending.
- **INNOVATION**
The Dental Commissioning Team is involved in relevant research i.e. fluoride varnish research.
- **PRODUCTIVITY**
The PCT is working with the National Director for Dental Access on contract productivity.
- **PREVENTION**
The PCT leads the way nationally on the delivery of prevention. 32,000 children, aged 3 -11 years, receive twice yearly (through the post) a tube of fluoride toothpaste and a toothbrush.



Partnership Commissioning – Prevention, Hope and Resilience

The PCT is a key member of the Borough based Health, Community Safety and Wellbeing Partnership Boards. A range of partners who work with adults and old people and include representatives from the Police, Acute and Mental Health Trusts and voluntary sector as well as the Council.

The governance arrangements are contained within the Section 75 Partnership Agreement approved in 2008. This agreement was reviewed in 2009 resulting in a number of key recommendations currently subject to a joint (PCT and Councils) action plan to improve joint governance and commissioning arrangements.

Transforming Community Services for Adults and Older People: Mental Health and Rehabilitation

The joint commissioners have been working on new service specifications in a number of areas, including; Stroke, Long Term Neurological Conditions, Intermediate Care and Mental Health Services. These will provide a structure for services for people who need mental health and rehabilitation services as result of trauma and long term-conditions.

Third Sector Commissioning

The team has worked collaboratively with the Halton Voluntary Action and St Helens Council for Voluntary Services to streamline the commissioning of services from local and national third sector support.



Debt Advice on Prescription

There has been a rise in poor mental health by 20 per cent since the recession. Partnership

commissioning with the Citizens Advice Bureau, funded more debt counsellors to support people in dealing with their debt problems and so relieve their levels of stress and anxiety. 85% of those who have used this service said that the service had improved their mental wellbeing.

Stroke Services

The PCT and its partners are continuing to develop services for people who have had a stroke.

St Helens and Knowsley Hospitals NHS Trust, in partnership with the PCT, has extended the mini stroke clinics to five days a week covering Monday to Friday. This service provides care and treatment to people who have experienced a TIA – Transient Ischaemic Attack – TIA and prevent the development of the more serious condition of a stroke.

New Eating Disorder Service in Halton

This was commissioned to meet the gap in service for people aged 16 plus with a severe eating disorder, and opened in October 2009. *"I never really felt that I could get on top of these problems until I came to the eating disorder service, and everyone has been helpful."* (23 year old female with severe anorexia and insulin-dependent diabetes.)

Older People's Mental Health

In response to the National Dementia Strategy, the PCT working collaboratively with Halton and St Helens Local Authorities has set up Dementia Peer Support Groups.



The Partnership Team commissioned a new Older People's Acute Psychiatric Liaison Team in 2008/9.

Falls Prevention

With key partners, St Helens has established a Falls Prevention Clinic at Newton Community Hospital. Older people at risk of falling, or who have a history of falls, may receive a falls prevention assessment at Newton. There is a well established Falls Clinic in Halton.

Adult Learning Disability



In response to *Valuing People Now*, the PCT has offered health checks to people with a learning disability known to adult social care. An Easy Read letter explaining how to book an appointment, and a DVD showing what happens during the health check, have been sent to patients.

Adult Safeguarding

The PCT is committed to safeguarding vulnerable adults. This has included active involvement with partners in revising and promoting the multi-agency policies, and ensuring our members of staff are aware of what to do if they suspect abuse.

Intermediate Care

The local intermediate care services are now measured against the following standards:

- Operating 24 hours a day and 7 days per week
- Open to adults aged 18 and over
- Intermediate care beds offering care for the people requiring registered nursing care available in both boroughs.

The new high dependency Intermediate Care unit that opened in Halton in April 2009 has supported 200 individuals during 2009/10.

Preventing Drug Misuse

Individuals who use substance misuse services in Halton often have a range of complex problems such as poor health, unemployment and discrimination. Halton

Drug Action Team, of which the PCT is an active partner, continues to develop its services in a joined up way so that individuals have an improved chance of getting a job, an education and a home; that they have fair access to help from health and social care services; that they receive the support they need to become an equal member of society; and that communities are more effectively protected from the harm caused by problematic drug use.

The Halton and St Helens Mental Wellbeing Survey

This survey helps us to understand more about the different aspects of people's lives that lead to better mental wellbeing in order that resources can be targeted more efficiently and effectively to improve the wellbeing of the population of Halton and St Helens and the North West.

This survey has explored the strong links between mental wellbeing and:

- Physical Activity
- Meaningful relationships
- Alcohol
- Pain or discomfort
- Smoking
- Age
- Place
- Education
- Employment

Listening to what local people have to say . . .



Community Health Services



The Provider arm of NHS Halton and St Helens is known as Community Health Services (CHS). CHS delivers a wide range of healthcare services to the population of Halton and St Helens.

Our mission is to provide excellent care close to, or at home.

Over the past twelve months, CHS has had a number of successes including reduced waiting times, improved access to care and the opening of new state-of-the-art facilities.

We have also enjoyed success at regional and national award ceremonies, highlighting a forward-thinking approach to improving the health of the local community we serve.

Currently CHS delivers a wide range of services from local venues such as clinics, GP practices, Walk-in-Centres and Access Centres as well as out in the community.

The current services delivered by CHS include:

ACUTE (CLOSER TO HOME)

- District Nursing
- District Nursing Out of Hours Service
- Treatment Rooms
- Tissue Viability
- Community Phlebotomy Service – St Helens
- Continence Promotion Service
- Intravenous Therapy
- Halton Integrated Community
- Equipment Service
- Wheelchair Service - Halton
- Halton Podiatry Service
- Falls Prevention Service
- Access Centres
- Walk-in-Centres
- Rapid Access and Rehabilitation Service
- Halton Integrated Therapy Services
- Primary Care Orthopaedic Service
- Community Dental
- St Helens Intermediate Care Assessment Team
- St Helens Intermediate Care Services

CHILDREN AND FAMILIES

- Safeguarding Children Service
- Health Visiting
- Community Midwifery
- School Nursing
- Paediatric Speech and Language and Therapy Service – Halton
- Children's Disability Services
- Audiology
- Primary Child and Adolescent Mental Health Service
- Sure Start Parr
- Sure Start Phoenix

END OF LIFE

- Macmillan Nurses

HEALTH IMPROVEMENT

- Wellbeing Team – Mental Health
- Lifestyle Team – Alcohol
- Lifestyle Team – Harm Reduction
- Lifestyle Team – Homeless Health
- Teen Advice Zone (TAZ) / Choices
- Community Sexual Health

- Specialist Weight Management Service
- Fresh Start
- Health Trainers
- GO Men's Health Programme
- Health Improvement Team
- Smoking Cessation
- Older People's Services
- Workplace Health and Wellbeing (Workwell)

LONG TERM CONDITIONS

- Integrated Cancer Care Programme
- Community Matrons
- Diabetic Retinopathy
- Pulmonary Rehabilitation Service
- Community Stroke Service
- Newton Community Hospital
- Healthy Heart Service – Cardiac Nurse
- Healthy Heart Service – Heart Failure Nurses

MENTAL HEALTH

- Primary Care Psychological Therapies – Halton
- Psychosexual Counselling
- Erectile Dysfunction
- Single Point of Access for Mental Health

REHABILITATION AND NEUROLOGICAL CONDITIONS

- Occupational Therapy for Assistive Technology
- Halton Neurological Rehabilitation Service
- Adult Speech and Language Therapy Service
- Chronic Pain Rehabilitation Service

Telehealth

Telehealth delivers remote health monitoring for patients with long-term conditions.



Sexual Health Social Marketing Project

The project which involved interviewing young people to understand their attitudes and behaviours has been extremely well received and achieved strong results. Pre and post-campaign analysis reflected the following shifts:

Do you use condoms?

Before: yes = 55%

After: yes = 73%

Do you use condoms to protect against STIs?

Before: yes = 55%

After: yes = 66%

Has any recent advertising altered your view of condom use?

yes = 56%

Feedback from the venues involved in the campaign has been excellent, and strong working relationships established which can be built on in future.

Chronic Pain Rehabilitation Service

A new approach has brought about the following benefits:

- Ability to treat more patients
- Reduced pressure on clinical space
- Provided more exercise opportunities
- Provided services in a non clinical environment
- Encouraged patients to be more healthy

Patient quotes (taken from formal feedback):

"...now I can go forward knowing that although the pain won't go away I am not likely to wake in the morning totally paralysed. This has been my biggest fear over the years"

Halton Intermediate Care Assessment Team

Halton Intermediate Care Assessment Team provides a single point of access for intermediate care in Halton and works with patients being discharged from hospital and into the local community.

Since beginning in June 2009, the number of referrals has increased by 62%, with 82% being seen within 24 hours of referral.

Patients, hospitals and community services have all commented on both the speed of response and the approach of the team to help patients receive the best possible services to support discharge home and prevent unnecessary hospital admission.

The service has been commended by the local Partnership Board and Halton Borough Council Health Overview and Scrutiny Committee.

Macmillan Palliative Care Service

Macmillan is a Specialist Palliative Care Nursing Service working within Widnes and Runcorn. The Service supports patients, family and carers living with cancer and other life threatening illnesses from the point of diagnosis and through the palliative phase, providing end of life and bereavement care where necessary.

The Team has established excellent working relationships with GPs and District Nurses, allowing patients who might otherwise have been admitted to hospital to remain at home during their illness and at the time of their death if this is their wish.

District Nursing

District Nursing offers high quality nursing care and support for the diverse health needs of those living in Halton and St Helens.

Community Midwifery

Halton Community Midwifery provides a full range of care including antenatal, home birth and postnatal, and is the only midwifery service based within a Primary Care Trust in the North West.

The service was recognised in 2009 by NHS Innovations North West for implementing a Grandparent Information Group in the Halton area to make sure grandparents were able to provide up to date and safe advice to their families.

A Breastfeeding Support Team has also been established this year in partnership with Public Health and Health Improvement. The Team has already noted a 6% rise in breastfeeding rates in the Halton area, exceeding the national expected rise of 2% per year.

School Nursing

School Nursing addresses health and wellbeing issues with school children and young people (including nursery infants and those attending special schools). This is seen as an important link between education, health and home.

There is a focus on preventative health care and health promotion and this provides community based responses to the needs of children and young people across Halton and St Helens.

Recent Achievements

Paediatric Speech and Language

Based on feedback from a pilot in 2006, a new model of service delivery has been rolled out across Speech and Language Therapy.

The scheme has attracted interest from regional advisors from ICAN (the charity working for children with speech and language difficulties) and Together for Children.

Get Checked Campaign - Health Improvement Team

The Get Checked campaign increases knowledge of the symptoms of breast, bowel and lung cancer in Halton and St Helens and encourages people to visit a GP if they have them. The project is delivered in the local community by volunteers from the area.



The campaign has brought about significant increases in the presentation of breast, bowel and lung cancer symptoms in the most deprived areas of Halton and St Helens. The results included urgent two-week referrals rising by 82% for bowel cancer, 19% for breast cancer and 16% for lung cancer.

The project was successful at several regional and national award ceremonies in 2009, including second place at the National NHS Communications Awards for 'Best Campaign'.



**Making sure
we do all
we can . . .**

New Equipment Storage and Decontamination Facilities

The Halton Integrated Community Equipment Service launched new storage and decontamination facilities during 2009, helping the Trust to meet the decontamination guidance set out by the Health and Safety Executive.

Additional Successes

- The accessibility of services has been improved with 100% of patients who attended our Minor Injury Treatment Centres being seen within 4 hours or less.
- Community Health Services (CHS) fully met all Healthcare Commission/Care Quality Commission core standards.
- CHS contributed significantly to improving the health of our local population by helping 2,858 people quit smoking in 2008/09, exceeding our local target of 2,200.
- The Health Improvement Team and St Basil's Primary School in Widnes won a National Award for Healthy Schools and Innovation.
- The Healthy Schools Programme also became one of only a few in the country to achieve a 100% sign up rate from local schools.
- Primary Mental Health Workers won a National Award for their work in Children's Services.
- Patient feedback for Adult Speech and Language Therapy reported that Widnes patients wanted to be seen as outpatients in Widnes rather than travelling over to Runcorn. As a result two treatment room sessions were put on at the Health Care Resource Centre in Widnes.

Corporate Business



INTEGRATED GOVERNANCE

The PCT strives to continuously improve its performance to make sure that it meets with all legal requirements, best practice and directives from the Department of Health.

The PCT has an established Governance Assurance Committee, which makes sure there are effective governance processes in place to manage the risks to the organisation.

Integrated Governance Department

The PCT has an Integrated Governance department to make sure there are effective processes in place to manage risks, measure compliance with local and national standards and drive forward improvements in governance within the Trust

The integrated governance team is made up of the following key functional areas:

- Clinical Audit and Quality
- Risk Management
- Health and Safety
- Information governance

CLINICAL AUDIT AND QUALITY

Clinical Audit Programme

2009/10 has seen significant developments within the PCT's Clinical Audit function. Changes in our processes have brought improvements in the way projects are identified and agreed, and in the way that activity is reported.

The Clinical Governance Team continues to encourage services to broaden their Clinical Audit Programmes and take into consideration National priorities as indicated within the National Clinical Audit and Patient Outcomes Programme. These priorities link closely with our local priorities, with current National audits covering topics such as: Lung Cancer, Diabetes, Bowel Cancer and Heart Failure.

The Clinical Audit Forward Plan 2010/11 will ensure that our clinical teams are providing the best quality clinical care.

NICE and National Guidance

A central system for the identification of relevant guidance, assessing compliance, implementing changes to practice and auditing adherence are well established within the PCT. During 2009/10 progress has been made in moving the NICE and National Guidance agenda out to clinical teams. An example of this is Newton Community Hospital. This service now has a clinician-led NICE and National Guidance structure, which agrees priorities, shares good practice and monitors audits.

Mersey Internal Audit Agency (MIAA) - Internal Reviews: Record Keeping Audit

MIAA reviewed the PCT's Annual Record Keeping Audit during November 2009, with a positive outcome. This is undertaken every year during December and involves every clinician actively working during that month, to audit their own practice against national and local standards of good practice.

NICE and National Guidance Systems Review

MIAA reviewed the PCT's NICE and National Guidance systems during December 2009, and made 13 recommendations for improvements; 2 of which were regarded as 'High'. Actions to address these and the other 11 medium/low risks identified are in place.

RISK MANAGEMENT

The PCT has continued to develop its Risk Management Arrangements within the financial year. The Board Assurance Framework has been reviewed and presented to the Board a number of times for ratification. The framework outlines all the key risks to achieving each of the PCT's strategic objectives, and the actions that have been or are being taken to mitigate these risks.

A corporate risk register has been maintained within Community Health Services to identify the key risks to the delivery of the provider arm's key objectives.

Incidents

All services can now report incidents via fax to the risk management department. All incidents are assessed then entered into the corporate incident management database. Monthly reports are produced on incidents that have occurred in the previous month.

Summary of Serious Untoward Incidents involving personal data as reported to the Information Commissioner's Office (ICO) in 2009-2010

There were 0 incidents that warranted being reported to the ICO.

Summary of Other Personal Data Related Incidents in 2009-2010

CATEGORY	NATURE OF INCIDENT	TOTAL
IV	Unauthorised disclosure	2

Standards for Better Health Declaration 09/10

At the end of October 2009 the PCT declared 'fully met' against all of the 24 Core Standards, as part of the Government's Standards for Better Health.

CARE QUALITY COMMISSION REGISTRATION OF NHS TRUSTS

All NHS Trusts were required to apply to the Care Quality Commission for registration to deliver health care services by 29th January 2010. The PCT will deliver the following 6 regulated activities from 24 registered locations:

- Treatment of Disease, disorder or Injury
- Nursing Care
- Surgical Procedures
- Diagnostic or Screening Services
- Midwifery or maternity care
- Family Planning Clinics

Health and Safety

Within 2009/2010 the health and safety team visited a range of services to monitor health and safety compliance.

The team continues to provide staff with health and safety and fire safety training both throughout the year and at induction. We also introduced more use of e-learning for staff.

A Local Security Management Specialist (LSMS) was appointed to provide advice to staff and managers on managing the risks from lone working/personal safety, and the management of physical security and assets. We have also purchased 750 lone worker devices for our staff to ensure they are safe while working away from base.

Information Governance

The Information Governance department makes sure that information is managed effectively across the organisation; and where appropriate, between us and external organisations.

In 2009/2010 the following key pieces of work were undertaken:

- A number of information sharing agreements have been signed between the PCT and external organisations
- A series of breakfast briefing workshops have been provided for staff on information governance
- Encryption software was installed on all laptops
- A revised code of confidentiality has been implemented
- An information asset register has been developed

In addition the Information Governance team manages requests under the Freedom of Information Act and Data Protection Act.

Freedom of Information

The Freedom of Information Act allows the public to ask authorities for any information they hold that may be of interest (subject to a few legal exemptions). Personal data or health records are confidential and do not qualify to be released under the Act. All information requests should be dealt with within 20 days.

From 1st April 2009 to 31st March 2010 the PCT received 279 requests for information, under the Freedom of Information Act.

- 10 requests for information are still open
- 72% of all the requests dealt with were within the 20 day limit or within the agreed extension period.

There are a wide range of requests for information under the Act. Outlined below is a breakdown of the 'key requesters of information' from the PCT:

- 27% are from press/media organisations
- 26% are from commercial organisations; and
- 8% are received from Members of Parliament.

The top 3 types of information requested are outlined below:

- 35% of requests for information are about the services we provide
- 34% of requests for information relate to corporate information about the PCT
- 22% of requests for information relate to finance and funding.

The PCT continues to publicise much of its work and corporate performance on its website (Board minutes, publications, contact details, etc.), to encourage greater openness of how we operate. All managers and department heads are encouraged to review all the information they hold to decide whether it can be publicised widely on the internet site.

SUBJECT ACCESS REQUESTS UNDER THE DATA PROTECTION ACT

Under the Data Protection Act, patients have a right to view or receive a copy of the information which an organisation holds about them. The Information Governance team within the PCT manages requests for such 'subject access to medical records' and ensures that the individual receives the information that is held upon them by the PCT.

From 1st April 2009 to 31st March 2010, 126 individuals made requests to access copies of their health information.

INFECTION PREVENTION AND CONTROL SERVICE

All NHS organisations must make sure that they have effective systems in place to prevent and control healthcare associated infection.

NHS Halton and St Helens considers prevention and control of infection and basic hygiene as critical to good management and clinical practice.

The role of infection prevention and control is to reduce the risk of healthcare associated infection for all health care users and staff within NHS Halton and St Helens. This includes;

- Providing advice and guidance to staff, patients and the general public on all matters of infection control within Halton and St Helens.
- Providing evidence based policy and guidance.
- Providing decontamination arrangements in line with the national and local Decontamination Policy.

- Providing expert advice and compliance with hand decontamination.
- To maintain high standards of hygiene in clinical areas.
- Providing an Infection Prevention and Control Training Programme to meet the needs of all staff - clinical and non-clinical. Includes induction, mandatory infection prevention and control training, targeting training i.e., Pandemic Influenza. Training for special groups within the Community e.g. charities.
- To audit compliance with Infection Control guidance using established audit tools (ICNA community audit tool 2005) (Infection Control Guidance for General Practice Audit tool 2005).
- To provide advice at all relevant stages of the planning process for new estate buildings, conversions and refurbishments as directed by Infection Control in the Built Environment (NHS Estates 2002).
- To ensure that outbreaks of Infection within NHS Halton and St Helens are investigated, measures to close the outbreak implemented and the appropriate organisations informed.



MRSA

St Helens and Knowsley Hospitals NHS Trust and NHS Halton and St Helens have made sure that the numbers of MRSA both Hospital and community acquired have been low and St Helens and Knowsley Hospitals Trust has performed under (better than) the Department of Health target to date.

Clostridium difficile infections

The numbers of patients presenting with Clostridium difficile infection have continued to reduce in line with Department of Health targets.

Approximately 40% of CDIs in the boroughs of Halton and St Helens between April 2009 – March 2010 have been acquired in the community (identified within 72 hours of hospital admission/ identified in the community setting) The picture is similar nationally. There needs to be ongoing focus on antibiotic prescribing in the community and improving infection prevention and control in health and social care sectors.

Decontamination

NHS Halton and St Helens, in line with National and Local Decontamination Strategies aims to ensure that all risks associated with the acquisition and use of medical devices are minimised. All re-usable medical devices are properly decontaminated prior to use and the risk associated with decontamination facilities and processes are well managed.

The focus in 2009-2010 was on decontamination in dentistry.

Hand Decontamination

The PCT continues to promote hand hygiene.

Pandemic Influenza

Infection prevention and control played a major part in minimising the impact of the 09 H1N1v pandemic. One IPC lead acted as the IPC Flu lead for the duration of the

swine flu pandemic co-ordinating IPC activity as part of the core group.

Service Development

NHS Halton and St Helens is the first PCT in the United Kingdom to become registered with the Royal Institute of Public Health and Hygiene to deliver their new syllabus developed in conjunction with one of the PCT's Community Infection Prevention and Control Nurse Specialists. This course has continued to be delivered and a further 70 social care staff have attended. Pass rate continues to be above 98%.

Improvement Foundation Report

Twenty nursing homes from within NHS Halton and St Helens were invited in December 2008 to take part in a 12 month programme focusing on reducing Health Care Acquired Infections outside the Hospital setting.

COMPLAINTS AND COMPLIMENTS

The PCT is committed to delivering a very high standard of care but sometimes expectations cannot be met and things go wrong. In October 2007 the Parliamentary Health Service Ombudsman (PHSO) published '*Principles for Remedy*' which state that all complaints handling procedures are customer focused, open, accountable and fair and that they provide appropriate remedies. During 2008/09 these principles were formally adopted by the Board.


New Complaints Regulations were introduced on 1st April 2009 and training was provided to members of the Customer Care Team, staff and independent contractor groups.


Revised versions of posters and leaflets reflecting the changes have been produced

and circulated across the two boroughs. Issues and concerns are dealt with at first point of contact, with complaints being resolved within 24 hours, where possible. Managers are required to complete action plans for learning as soon as possible. During the year we received 91 formal complaints about the PCT services and Commissioning.

In the final response letter, complainants are invited to contact the Complaints Team if they have any queries following their complaint and wish to continue with Local Resolution. They can also contact the PHSO if dissatisfied with the PCT's complaints handling. To date there have been no notification that any complainant has been dissatisfied.

The following are just a few examples of action that has resulted from useful suggestions and complaints:

 **Learning Point** – Following a complaint about care of a patient, new systems and processes have been introduced around recording and reviewing patients' dietary intake and communication in the community hospital. Also shift handover has been changed and the reporting systems strengthened.

 **Learning Point** – As a result of a complaint about the length of waiting list for orthodontic treatment the PCT reviewed the current demands of the service and as a result reviewed the provision.

The PCT has a '*Being Open*' Policy which ensures that patients do not suffer hardship as a result of its actions.

Independent Contractor Complaints

The PCT received a further 65 complaints regarding services provided by GPs, dentists and pharmacists. These were taken up with the practices involved. No complaints were received regarding ophthalmic practitioners during the past year.

Compliments and Plaudits

Positive feedback is received across the PCT through evaluation exercises, by letter, greetings cards and "Your Views" forms provided in all premises and also local newspapers. This feedback is greatly valued, especially when these thoughts and feelings are expressed at difficult times.

Throughout the year PCT staff received 940 positive comments. Some examples of these comments are shown below:

Speech and Language Therapy	Just a big thank you for the past 12 weeks! I feel that I have learnt so much and my daughter is talking like a little star! I will continue with all the strategies and look forward to seeing you in 6 weeks. With many thanks.
Community Midwifery	Thank you for all your help over the last 6 weeks you have been fantastic, such a lovely midwife and you do a great job at it! It's been lovely to have met you.
Customer Care Unit	Thank you so much for helping to sort out the podiatry for my mother. It is very much appreciated.
Health Visiting	A small note just to say thank you for all your help and kind support over the last year. We are moving back to Warrington so sadly will no longer come under your clinic, but I really felt I couldn't leave without saying goodbye and letting you know how wonderful you have been through what has been a very difficult time for me and my family. Thank you again, warmest wishes xxx
St Helens Minor Injuries Unit/Walk-in Centre	The friendliness and enthusiasm of the nurse in triage was really lovely. She is a credit to the nursing profession. I hope my views are conveyed to her.
Newton Community Hospital	FANTASTIC. Cannot say a bad word, the care and love I got from the staff were out of this world. They are the best. I could not ask for better. God bless you all.
Neurological Rehabilitation	Thank you for everything you have done, you were a special part of my life and we owe you a lot.
Halton Wheelchair Service	My husband had just come out of hospital and needed an upgrade on his wheelchair. I did not have an appointment but was seen to and helped straight away. The lady I saw was brilliant and very helpful. Thank you.

PATIENT AND PUBLIC INVOLVEMENT

Adding years to life and life to years

As a World Class Health Care Commissioner, NHS Halton and St Helens PCT, has a responsibility to ensure that all our patients have a positive patient experience and patient journey through the health care system.

Whether you are a patient, carer or family member, our aim is to ensure that your experience is as pleasant as possible, that services are accessible and appointments conducted in a safe and clean environment and that you are always treated with the dignity and respect you deserve.

In addition to measuring patient experience it is also vitally important that we engage and involve our population when designing and planning the services that we commission on your behalf.

By utilising the e-cycle and constantly monitoring and measuring patient experience we can gain a true picture of the quality of services that we commission and provide. Subsequently, we can address any problems that are identified and work in partnership with our service providers to drive forward high quality care for all.

WHAT IS THE E-CYCLE?



The NHS Constitution - *the NHS belongs to us all* . . .



NHS Halton and St Helens is committed to implementing, upholding and supporting the NHS Constitution. During 2009/2010 we undertook a robust consultation gathering patient and

public views regarding amendments to the NHS Constitution and 'new patient rights'. We received responses and feedback from 250 of our patients, stakeholders, clinicians and the public. These views/experiences included providing feedback on major issues such as:-

- 18 week waiting times
- GP's providing information on Patient Rights
- A right to health checks every 5 years for those aged between 40-74
- Evening and weekend GP access
- NHS Dentistry
- Personal Health Budgets
- Choosing to die at home
- Waiting times for cancer diagnostics
- The role of a Constitution Champion

Some local views included:-

"Clear feedback to patients on test results within a time limit."

"Should be clear about what a health check is."

"Information available to manage future expectation of NHS that is not a bottomless pit and priorities have to be made."

"Needs to be developed nationally [NHS Constitution] and not with differing local interpretations. However, the ability to respond to local issues is important."

"Cancellations or delays are unavoidable but patients have the right to expect to be treated quickly during this stressful time"

Communications & Engagement Strategy

A new Communications and Engagement Strategy has been developed for 2010 – 2013 that will ensure NHS Halton and St Helens collects views and opinions of Patients, Carers, their families, stakeholders and the local voluntary and community sector including LINKs in Halton and St Helens.

Building LINKs

"The Halton LINK values the excellent working relationship with NHS Halton & St Helens. This relationship allows open and constructive dialogue between Halton LINK members and PCT commissioners and service planners. The Halton LINK has held several information workshops whereby PCT staff have given presentations and answered questions from members of the public in Halton. The main way that the PCT could improve their PPI activities is by having realistic expectations of how long public engagement takes. The LINK is not a 'corporate-style' organisation, that can react quickly to consultations and the statutory sector needs to acknowledge both the capacity of the LINK members to engage and the timescales necessary for meaningful and genuine engagement."

"St Helens LINK has a positive working relationship with the PCT especially the PPI team, Customer Care and commissioning staff of the various Programme Boards. There are regular information sessions between LINK host staff and PPI staff, as well as regular formal Involvement sub-committee meetings and opportunities for LINK members to offer their opinions on strategy and feedback on services. A LINK host member of staff and a LINK Board member are both part of the Lay Readers panel that suggests improvements to materials produced by the Trust and this is publically recognised by PCT staff." (St Helens Halton LINK, 2010)

However, there is work to do, and partnerships to build upon. LINK members are essential partners for us to identify areas of the PCT which we can improve upon, enabling NHS Halton & St Helens to provide World Class services for our local communities.

"Areas for attention include further simplifying of strategy documents so that people that haven't had an involvement previously in PCT business can have a thorough understanding and informed opinion on proposals." (St Helens LINK, 2010)

Patient Participation Groups (PPG's)/Patient Engagement

The PCT is keen to encourage GP practices to involve patients in the development of their services. Over 61% of practices have established Patient Participation Groups. Many were able to show how they had changed their service as a result. Examples included improving appointment systems and waiting room changes. Our aim is to have 100% coverage by the end of 2010.

Patient Participation Groups (PPG's) as they are commonly known, are growing enormously in popularity. They are a great way for patients and GP's to work together for the benefit of the local community.

PPG's are the patient's voice in their GP Surgery and contribute to the wellbeing of the population, promoting health initiatives, advertising important information and making sure patient views are heard.

"Patient Participation Groups make an important contribution to the wellbeing of their communities. Their activities include health promotion, information provision, service delivery, fundraising and strategic input to the practice." (National Association of Patient Participation (NAPP), 2010).

EMERGENCY PREPAREDNESS

NHS Halton and St Helens is classified as a 'Category 1' responder under the Civil Contingencies Act 2004. This means that it is required to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Arrange to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with local responders to enhance coordination and efficiency.

These responsibilities were further reinforced in The Operating Framework for the NHS in England 2009/2010, in which emergency preparedness was named as one of the national priorities for the NHS.

For the purposes of emergency preparedness, NHS Halton and St Helens is part of the command and control arrangements within Cheshire and contributes to the multi-agency emergency planning framework of Cheshire Local Resilience Forum (LRF). However, as the geographical area covered by NHS Halton and St Helens crosses two LRFs, links are also in place with Merseyside.

Local NHS organisations are represented on Cheshire LRF by the Lead PCT, NHS Western Cheshire, which has delegated responsibilities from NHS North West in respect of NHS emergency preparedness in Cheshire. NHS Liverpool has a similar role as the Lead PCT in Merseyside.

In 2009/10 NHS Halton and St Helens took part in several exercises aimed at testing

and reviewing its plans with partner organisations in both Cheshire and Merseyside.

The PCT has a Major Incident Plan which is reviewed and updated annually, as well as in response to any changes to national guidance and after any incidents or exercises.

When the H1N1 (swine flu) pandemic was declared in 2009 the PCT, with its partners, had already been making preparations for a possible influenza pandemic for five years and had in place a Pandemic Influenza Plan which had been approved by the Board, together with a Mass Vaccination Plan and other related plans. These preparations ensured that the PCT was well placed to respond to the pandemic.

Further information about emergency preparedness, including a copy of the current Major Incident Plan, is available on www.haltonandsthelenspct.nhs.uk.

SUSTAINING OUR ENVIRONMENT

NHS Halton and St Helens is committed to Carbon Reduction and commissioned a Carbon Footprint report in August 2009, following the launch of the NHS Carbon Reduction Strategy in February 2009. A Carbon Reduction Sustainability Group was set up to look at issues in the report including energy, transport, procurement and waste.

One of the main goals is to increase staff awareness and the PCT has launched a media campaign in order to do this. Screensavers which provide staff with Carbon Reduction related facts and figures were implemented across the PCT's PCs. Carbon Trust stickers and posters were

displayed in all buildings. A Carbon Reduction commitment clause has been drafted with a view to be included in all future staff employment contracts. A survey will be sent out to staff to ask what carbon reduction means to individuals.

The PCT is also looking into completing a PCT-wide energy and water audit, of which an energy and water management plan will follow. Staff will also be encouraged to conduct regular energy audits within their own buildings. A travel survey will ask staff about how they travel in order to produce a PCT – wide Green Travel Plan.

The group is also looking at buying office electronic appliances with low carbon generation and more recycled materials.



Workforce and Organisational Development



Our overall vision is to provide an organisation which is valued by everyone who works within it. This includes helping to generate a working environment that supports staff.

In this new environment, our contribution to the wellbeing of the people we serve in Halton and St Helens is to enable them to have the best possible health and healthcare.

This section gives you an insight into the Human Resources and Organisational Development Directorate, its aims and objectives and more importantly, its achievements. Our top 5 priorities were:

1. Employee Attendance, Health and Wellbeing and Improving Working Lives
2. Staff Satisfaction and Engagement
3. Equality and Diversity
4. Organisational Development
5. Innovation

2009 Activities

The information gathered from the survey was analysed and Action Plans were put into place in order to address our areas for development and maintain our strength areas. This involved:

- Reviewing a portfolio of evidence provided by the PCT
- Observation of the Wellbeing Steering Group
- Group interview with Senior HR team
- Focus group with wider HR team
- Focus group with front-line staff, managers and a member of staff side.

Following the visit, they submitted a report with recommendations and we told staff what we were going to do.

The key improvement areas were:

- Improved communication
- Staff Attendance, Health and Wellbeing
- Majority of HR Policies ratified
- HR Skills Programme for Managers
- Take up of Personal Development Reviews (PDRs)
- Robust absence management framework

Future Plans

The World Class HR and Organisational Development project is a continuous one and we will continue to work on the feedback that we have from our staff.

ORGANISATIONAL DEVELOPMENT

The organisational development programme, Best in Class, has to date focussed on the values and behaviours required by our workforce in our strive to provide quality outcomes for the residents of Halton and St Helens.

In response to Lord Darzi's report on 'High Quality of Care for All' and to ensure our staff are equipped to work within the current economic climate, our focus has aligned to the QIPP (Quality, Innovation, Productivity and Prevention) agenda which is now the driver for all organisational development activity.

We have seven work programme areas as part of our approach to organisational development:

- Supporting delivery of the Commissioning Strategic Plan
- Achieving financial balance through implementation of the Better Care, Better Value tool
- Supporting delivery of the QIPP action plan
- Developing our approach to innovation
- Reframing our values and behaviours
- Developing our approach to engaging with our patients and the local population
- Strengthening transformational leadership for commissioning.

Learning and Development

The Learning and Development Team have led a programme of improvement during 2009/10 around the uptake of Personal Development Reviews (PDRs) for staff. This has resulted in 81% of our workforce participating in a PDR with their line Manager, a significant increase on the previous year's activity.

The next phase of PDR delivery has seen the implementation of the knowledge and skills framework for staff with a schedule of workshops to increase awareness and the methodology to be applied in completing a KSF outline.

KEY ACHIEVEMENTS, ACCREDITATIONS AND AWARDS

The PCT Annual Awards Ceremony and AGM was an opportunity to showcase some of the teams/individuals who, each day, are making a difference to health and wellbeing of the communities they serve.

The Winners this year were:

- **Clinical Team of the Year** – *The Widnes Walk in Centre*
- **Improving the Patient Experience** – *The Health Improvement Team: Get Checked*
- **Innovation of the Year** – *Pam Worrall and the Health Improvement Team: Healthy Schools Programme*
- **Leadership for Improvement** – *Lorraine Downey and the Haydock District Nursing Team*
- **Non-Clinical Team of the Year** – *The Admin, Clerical and Porter Security Team at Newton Hospital*
- **Star of the Year** – *Karen Worthington*
- **Award for Improving Staff Resources** – *Steve Devine*

Key Achievements

- Development of a Staff Engagement Framework, including the launch of 'Listening to You' (L2U)
- A Strategic Workforce Plan and the launch of an organisation -wide Workforce Planning Framework
- Electronic Staff Record 'ESR' – Implementation of the Manager Self Service Project and improved absence reporting and management/workforce information
- Organisational Development Plans for the respective Commissioning and Community Health Services arms of the organisation
- The design, development and implementation of an Essential Skills Training Programme
- The development and agreement of key HR Policies
- The design, development and implementation of an in-house HR Skills Programme
- Promotion of attendance, health and wellbeing initiatives and services for staff, including the publication of a 'Mental Health and Wellbeing Booklet'
- Personal Development Reviews (PDRs) - 81% take up
- Our second Annual Awards Ceremony recognising staff achievements

POSITIVE ABOUT DISABLED PEOPLE' SYMBOL USER

This is awarded annually by Jobcentre Plus to organisations who can demonstrate progress against five key commitments in relation to employing and retaining disabled staff.



'AGE POSITIVE EMPLOYER CHAMPION' SYMBOL USER

This is awarded to employers who employ people regardless of their age.

'IMPROVING WORKING LIVES' PRACTICE PLUS STATUS

The PCT has achieved IWL 'Practice Plus' Status which requires good practice in seven areas:

- Human Resources Strategy and Management
- Equality and Diversity
- Staff Communication and Involvement
- Flexible Working
- Healthy Workplace
- Training and Development
- Flexible Retirement, Childcare and Support for Carers

NHS Employers Equality and Diversity Partner Site

This is the third year running the PCT has achieved the status, and is one of only 20 PCTs to do so.

Listening to our Staff – Staff Engagement Activities

Staff satisfaction and engagement was one of the five NHS priorities for 2008/9. This remained for 2009/10.

L2U Listening to You! Putting Staff at the Centre of Change

As part of our Framework we launched the 'Listening to You' to engage with staff at all levels, with the aim of delivering better outcomes for patients and increasing levels of staff satisfaction.

- It is simple, with a clear aim to transform the way the organisation works, putting staff at the centre of change.
- It is based on evidence of the link between engagement and outcomes – engaged staff deliver better care.
- It connects with staff in relation to 'what matters' and then tackles areas for

development, implementing change and improvements as a result

- It publicises results and improvements
- It recognises and rewards innovation, achievement, awards and accreditations
- It raises awareness and shares the learning outcomes
- It communicates and shares the lessons learned
- It includes management focus on supporting, encouraging and unblocking the way
- It will build on the Staff Survey and World Class HR and OD results, 'What Matters to Staff in the NHS' Research, etc
- It will encompass the staff pledges and responsibilities as outlined in the NHS Constitution and Handbook
- It plans for sustainability from the offset.

L2U What Matters to Staff?

- We analyse feedback to identify what matters to staff – key themes
- When themes emerge we progress the 'quick wins' with longer term activities being scoped out for further action
- Our Project Way of Working (PWoW) and Quality Action Teams (QATs) are utilised to work on a number of projects and problem solving areas
- Initiatives are to be developed
- We use information gathered to set the tone in staff events, including ways to further involve staff and get regular feedback
- We use the information gathered to inform our strategies and organisational development plans
- We focus attention on the patient experience
- We focus attention on staff satisfaction
- We use feedback to continuously improve

L2U Measuring our Success

- We monitor our progress and measure success by way of our Staff Survey
- Other data is to be referred to such as staff turnover, absence levels, patient satisfaction, etc
- Snap Surveys are carried out periodically to assess progress and/or gather views on current issues.

L2U "Listening to You"... "You said" ... "We did" ...

- We seek staff views
- Feedback is acted upon
- We refer to the feedback we receive from staff and identify what we have done about it
- Areas for further development are prioritised and put into Action Plans, PWoWs, etc
- Progress is featured in as many communications as possible
- We publish case studies and other examples of good practice in relation to staff engagement
- We recognise and promote innovation, achievements, awards and accreditations.

The Staff Engagement Framework also includes The NHS Constitution – the Staff pledges and responsibilities within.



The NHS Constitution has been developed through a wide process of consultation and is based on research into what matters to

the public, patients and staff. Taking into consideration the views of over 9,000 employees, it has specific focus on areas of interest for staff. All those providing NHS services are to take account of it. The NHS Constitution has a number of pledges to staff in relation to their roles, working environment and conditions. Furthermore,

it outlines what staff can expect from the NHS, their duties to it and vice versa. Consultation on the Staff Guide ended on 17th October 2008. The final version was published in January 2009.

We have:

- produced an Action Plan to demonstrate our commitment to the 4 staff pledges within The NHS Constitution.
- taken ownership of the delivery of the pledges and see them as a means of supporting our workforce agenda and improving organisational performance.
- ensured that the Constitution and Handbook are communicated to Staff regularly, accepted and understood by them.
- incorporated the NHS Constitution in a Staff Charter.
- utilised the NHS Staff Survey, Patients Satisfaction Survey and Complaints Reports to measure the Constitution's pledges, where possible.

NHS STAFF SURVEY RESULTS 2009 AND ACTION PLANS

Staff were once again given the opportunity to share their views and opinions with us by completing the annual Staff Survey.

An Action Plan was devised drawing on the survey with the aim of continuously improving and addressing areas requiring further development identified within the results.

Based on the feedback we received from 2008 staff survey results we introduced the following during 2009/10:

- The PCT sourced an external training provider to conduct training around Equality and Diversity. Equality and Diversity also forms part of the Management Development Programme.
- Health and Safety – A “REPORT THAT INCIDENT” poster campaign has been launched.
- A Leaflet sent to all staff introducing and explaining new incident reporting arrangements.
- A 'smart card' is to be sent to all staff detailing the procedure to follow to report an incident.
- Safe Working Environment - A Learning Brief is being implemented throughout the PCT.
- Extensive work has gone into rolling out more training courses to ensure maximum accessibility to staff.
- Introduction and implementation of 'Listening to You' 'You said, We Did...Are Doing....campaign to ensure feedback is two-way.
- Comprehensive HR Skills programme in progress for Managers.
- Roll out of '1 Hour Briefings'. These are aimed at highlighting key HR processes and policies that help Managers to manage their teams more effectively.
- A project group was established to further improve the coverage of personal development reviews (PDRs) and personal development plans (PDPs).
- A system to capture PDR activity has been developed and revised paperwork will enable more robust training needs analysis. PDR activity is monitored and is reported to the Chief Executive.
- We are raising awareness of the standards of conduct and behaviour expected in the workplace, our values and beliefs. We have designed and developed Bullying and Harassment Training for Managers and Staff alike. The training is being rolled-out PCT-wide.
- A Bullying and Harassment “Pulse” Survey was carried out and the results were analysed and communicated to staff.

- An internal 'Mediation' Scheme has been launched. Mediation is a means of sorting out disagreements or disputes. A neutral third person works with those in disagreement or dispute to help them reach an agreement that will sort out their problems. It encourages discussion between the individuals involved. In conjunction with ACAS we trained a number of employees to become Mediators.
- A Wellbeing Policy (Stress Management) has been developed and ratified in conjunction with our Health and Safety colleagues. This was rolled-out PCT-wide and supported by a comprehensive training package, which will include a 'stress risk assessment' approach.
- A 'Stress Survey' using the Health and Safety Executive Standards/Tool. The results of this will be analysed and communicated during 2010.

The results from the Survey and our Action Plans are widely shared with staff ensuring that they are aware their views are being listened to and acted upon.

RELATIONSHIPS WITH TRADE UNIONS – JOINT STAFF GROUP (JSG)

The PCT recognises several Trade Unions. The PCT has a Joint Staff Group (JSG) which meets formally. We will continue to promote and support the benefits of Trade Union membership and the JSG Representatives will continue to play an essential role in promoting good employee relations, supporting effective change management, the learning and development agenda, the negotiation of terms and conditions and developing best practice in employment.

During 2009, a Transforming Community Services (TCS) Steering Group was set up which delivered staff road-shows, conferences and newsletters.

Partnership Approaches – Staff Working Groups

We have a number of groups in operation. These are run in partnership with the Trade Unions. Our Staff are kept informed on developments by way of newsletters, Trust Times, Team Brief and the Intranet.

Our 'Staff Matters' Group

We have achieved IWL 'Practice Plus' status which required good practice in seven areas: Human Resources Strategy and Management, Equality and Diversity, Staff Communication and Involvement, Flexible Working, Healthy Workplace, Training and Development, Flexible Retirement, Childcare and Support for Carers.

As in previous years, The 'Staff Matters' Group:

- promote initiatives which support and encourage staff to achieve a reasonable work/life balance.
- continue to embed IWL as we strive to become a 'Model Employer' and 'Employer of Choice', taking into consideration Standards for 2009.
- analyse Staff Survey results and incorporate them into Action Plans, highlighting the positives and identifying areas for development to be improved upon, further gathering staff views and their input.
- promote 'Family Friendly and Flexible Working' policies, practices and procedures.
- continue to raise awareness of Staff Benefits and widen the pool of benefits available to staff.
- capture, share and publicise areas of good practice, staff achievements and successes.
- engage staff with regard to 'innovation' and 'ideas', taking this forward for further development and recognition.

The wellbeing steering group:

- Promotes good practice in both physical and mental health and wellbeing and share successes across the organisation.
- Provides training for Managers in good management practices.
- Identifies those circumstances that may contribute to inappropriate levels of work related stress and conduct risk assessments to eliminate or control the risk from such stress. These circumstances and risk assessments will be kept under regular review.
- Engaging and involving staff on all proposed actions relating to staff wellbeing.
- Providing Occupational Health Services and confidential counselling for staff whose wellbeing is affected by work or external factors.
- Working towards the MINDFUL EMPLOYER Charter which is awarded to organisations for showing a positive and enabling attitude to employees and job applicants with mental ill health.

EMPLOYEE ATTENDANCE, HEALTH AND WELLBEING

'Working Towards Positive Mental Health'



This is a Charter that Employers sign up to who are positive about Mental Health and is a tangible display of commitment to

improving the working lives of staff. The Charter recognises that policies and good

practice are not necessarily currently in place – it is a set of aims: something to work towards. Work as already commenced to achieve the aims below via a robust Action Plan.

As an employer we aim to:

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature. Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.
- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health issue will enable both employee and employer to assess and provide the right level of support or adjustment.
- Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- Provide non-judgemental and proactive support to individual staff that experience mental health issues.
- Ensure all line managers have information and training about managing mental health in the workplace.

Managing Attendance, Health and Wellbeing in the Workplace

We aim to provide healthy, safe working environments that support staff in their wellbeing.

Despite the work of the Wellbeing Steering group, staff absence has been increasing in 2009 and the cumulative sickness absence figure as of December 2009 was 6.19%. This was an increase compared to a December 2008 figure of 5.23%. With effect from October 2009, the organisation

set an absence target of 3.3% to be achieved within an 18 month time frame.

All managers refer to Occupational Health immediately if absence is attributed to Stress or Musculo-Skeletal or for other sickness absence after 28 days. Return to work interviews are conducted for every person following every period of sickness absence.

A number of recommendations were approved by the Board during 2009 as follows:

- Absence Management Training is now regarded as essential training for all managers.
- A business case to fund a training programme on staff mental health and wellbeing. Surveys have been sent out to help in this training being relevant and targeted to need.
- Endorsement for Return to Work Interviews to be conducted following every period of sickness absence.
- Directors are responsible for reducing absence levels in their work areas against the agreed target of 3.3%.
- Random audits will be carried out on Stress Risk Assessments (via the Health and Safety Department) and on Return to Work Interviews (via the Human Resources Department). The focus being on Departments whose absence levels are high. Support will be offered to pinpointing areas of concern and action plans will be developed accordingly.
- Staff can self refer to Occupational Health Services (Mediscreen).

Working Families Advisory Service

This promotes a suitable work/life balance and provides support and advice about.

- Carers and Childcare Issues
- Finding appropriate, affordable quality childcare
- Information on Childcare Vouchers and other initiatives

- Maternity, Paternity and Adoption Leave
- Family and Child Tax Credits
- Flexible Working Options
- Family Friendly Policies
- Staff Benefits and Discounts
- School Holiday Childcare Subsidies
- Carers Subsidies

EQUALITY AND DIVERSITY

The ambition for NHS Halton and St Helens is to improve the health and wellbeing of the communities we serve to enable them to have the best possible health and healthcare. We are committed to being innovative and dynamic in tackling the issues that have a direct impact on our residents' quality of life. To make that vision a reality, we are determined to promote equality of access and eliminate inequalities in everything we do.

Given that the majority of the workforce is local, we also work with the Local Strategic Partnerships of each Borough to ensure that Social Inclusion and Health Indicators are progressed within the workforce as this will influence the population as a whole.

The PCT seeks to engage with voluntary sector and community groups and has established links with the Local Authorities and its partners. The views of the local community are important to us and with this in mind we are seeking to obtain feedback on PCT initiatives on the Equality and Diversity Agenda.

Equality Impact Assessment (EqIA) is the process by which organisations examine their activities in order to minimise the potential for discrimination. The PCT carries out the EqIA process on an annual basis across all services.

During 2009, the organisation adopted the North West SHA's 5 year Equality and Diversity Strategy – “Narrowing the Gaps”. The strategy has a number of goals within whereby you develop, achieve and/or are excellent. We are at a 'developmental' stage with plans to be achieving during 2010/11.

SOCIAL AND COMMUNITY RESPONSIBILITIES AS A LOCAL EMPLOYER

As a local employer we work in partnership to support local people into employment by providing opportunities for pre-employment work placements, Modern Apprenticeships, student placements via the local Colleges to complement formal qualifications and studies being undertaken, voluntary work and local outreach work with schools to support school leavers entering the workplace.

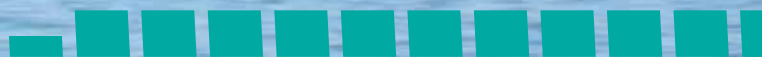


'Pennies from Heaven' – A scheme that enables staff to donate to a chosen charity directly from their monthly pay. We are committed to helping charities within the communities we serve. A charity is voted for by staff on an annual basis. The chosen charity for 2009/10 was Halton Haven Hospice in Runcorn.

to make . . .

***A healthier
Halton and
St Helens***

. . . for
everyone



Operating Financial Review

The following pages contain the Summary Financial Statements of the Primary Care Trust for the financial year 2009-10, together with the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the trust and the Statement of the Directors' responsibilities in respect of the Accounts.

Achievement of Statutory and other Financial Duties

These statements show that the PCT achieved its statutory financial targets and specific attention is drawn to the following key points in respect of the PCT's statutory financial targets and other financial performance measures.

The PCT's performances against financial targets are consistent with the forecasts submitted to the Board and are as follows:

- ✓ The PCT operated within its revenue resource limit of £579,491k by achieving a planned favourable variance of £295k (£420k in 2008/09), this delivers the financial duty to at least break even and is within the surplus Control Total set by the SHA (£300k)
- ✓ The PCT operated within its Capital Resource limit of £11,126k by achieving a planned favourable variance of £6k (£2k in 2008/09).
- ✓ The PCT reported an over-recovery of £1,396k (£0k in 2008/09) against its duty to fully recover its provider costs. The net costs met within own PCT allocation was reported as £55,518k (£49,552k in 2008/09).
- ✓ The PCT is reporting a management cost per head of weighted population of £29 (£26 in 2008/09). The 2008/09 figure was the same as the average figure for NW PCT's.
- ✓ The PCT reported a better payment practice code compliance figure of 85.6% (88.2% in 2008/09) in respect of non NHS creditors and 68.2% (72.0% in 2008/09) in respect of NHS creditors.
- ✓ The PCT balanced its cash position to meet its total cash limit.

Summary Financial Statements

The PCT's summary financial statements have been reproduced in pages 61-67. Detailed copies of the PCT's full accounts, are published on the website at www.haltonandsthelenspct.nhs.uk or alternatively contact Michelle Lloyd on 01928 593738 or e-mail Michelle at Michelle.Lloyd@hsthpcnhs.uk to request a full copy of the accounts.

Accounting Policies

The Secretary of State for Health has directed that the financial statements of PCTs shall meet the accounting requirements of the PCT Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2009/10 PCTs Manual for Accounts issued by the Department of Health. From the current year, the accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. The PCT has adopted all relevant accounting policies during the year and its comparative 2008/09 information has been restated under IFRS requirements and audited accordingly.

2009/10 Investment in Healthcare

The PCT has continued to invest in all sectors of healthcare and during the financial year significant investments were made in increasing patient access, particularly within the primary care sector. The PCT continued to work with secondary care partners to ensure that key targets were delivered and supported the opening of a brand new hospital on St. Helens and Knowsley NHS Trust Whiston site.

Additionally the PCT has increased its investments in the voluntary sector particularly in supporting local hospices, and care in the community providers, together with the health investment programmes associated with its Ambition for Health strategic policy which targets improvement in key health outcomes for our population and aims to reduce health inequalities.

Looking forward to 2010/11

The PCT has a challenging agenda to deliver in 2010/11 as it aims to continue to invest in its Ambition for Health strategy and deliver its World Class Commissioning intentions and outcomes. Key strategies will provide a focus on developments within early detection and prevention services, targeting the main morbidity areas for the population and making the best contribution to improved healthcare through prioritised investment.

The PCT's agenda will need to be delivered within a balanced financial plan and investment plans will need to demonstrate that this criterion continues to be met, whilst also meeting the strategic objectives outlined in the policy documents of World Class Commissioning, Ambition for Health and the NHS Operating Framework. Additional pressures will be evident from the expected continuation of the economic downturn, which will require the PCT to develop robust financial plans which are risk assessed in order to effectively manage its business. Specific challenges include the successful delivery of the PCT's Transforming Community Services Programme and ensuring the continued health improvement of our population whilst simultaneously ensuring appropriate usage and affordability of the new PFI hospitals within the local economy.

External Auditor

The PCT's external auditor is Mr M Thomas who is appointed by the Audit Commission. Services provided by the Audit Commission include the statutory audit reporting of the final accounts as well as other statutory services provided under the Code of Audit Practice. Grant certification work is also undertaken and is separately billed. The Audit Commission were also appointed to validate the restatement of the PCT's 08/09 financial position under IFRS requirements. The fees incurred (Net of VAT) during the year were;

	£000's
Audit of the Financial Statements	205
<u>Other Services:</u>	
Payment by results audit	33
IFRS restatement	10
Total	248

Internal audit

Internal audit services are provided by Mersey Internal Audit Services (MIAA), who provides internal audit services and consultancy to a range of NHS organisations, predominantly in the North West. The internal auditors are appointed by the Board following recommendation from the Audit Committee. Internal audit services are carried out in accordance with the Government Internal Audit Manual and provide assurance on Corporate Governance and business critical systems. During the year, 370 days of internal audit work were delivered across the PCT's commissioning and provider arms.

Counter Fraud Services

A robust programme of counter fraud audit is provided by our Local Counter Fraud Security Specialist under guidance issued by the NHS Counter Fraud Service. This service is also provided by MIAA. The work programme covers promotion of an anti fraud culture and procedures for the prevention, detection, deterrence and investigation of fraud. Where fraud has been discovered, it is the PCT's policy to sanction in accordance with NHS Counter Fraud Service Guidance through disciplinary action, civil proceedings or criminal prosecution. During the year, 101 days of Counter Fraud work were delivered across the PCT's commissioning and provider arms.

Sickness Absence

The PCT recorded 18,478 working days lost through sickness absence during the financial year. This equated to 12.9 days per staff member.

Directors Statements

Each of the directors at the date of approval of this report confirms that:

- So far as the director is aware, there is no relevant audit information of which independent external auditors are unaware; and
- The director has taken all the steps that he/she ought to have taken as a director to make him/her aware of any relevant audit information and to establish that the independent external auditors are aware of that information.

Pension Liabilities

Details regarding the PCT Pension Scheme Costs and valuation are described in detail in the notes to the Statutory Annual Accounts.

Better Payments Code of Practice

The PCT is a signatory to the Prompt Payments Practice code. Its performance is reported on page 67.

Related Party Transactions

During the year none of the Board members or members of the key management staff for parties related to them has undertaken any material transactions with the Primary Care Trust (see Annual Accounts, Related Party Transactions, note 33).

The PCT has established a Register of Interests which records any declarations made by the Chair, Board members and relevant members of staff concerning an appointment, business interests, and position of authority in a charity or voluntary body in the field of health and social care, and any connection with a voluntary or other body contracting for NHS services. The register is available for inspection in the Chief Executive's office at the **Executive Headquarters, Widnes Healthcare Resource Centre, Oaks Place, Caldwell Road, Widnes, WA8 7GD.**

Mike Treharne

Executive Director of Financial Strategy/Deputy Chief Executive

8 June 2010

Summary Financial Statements

	2009/10 £000	2008/09 £000
OPERATING COST STATEMENT		
FOR THE YEAR ENDED 31 March 2010		
<hr/>		
Commissioning		
Employee benefits	11,029	11,779
Other costs	545,490	489,724
Income	(33,648)	(27,820)
Provider		
Employee benefits	41,704	35,087
Other Costs	20,334	22,451
Income	(7,916)	(7,986)
PCT Net Operating Costs before interest	576,993	523,235
Investment income	(14)	0
Other (Gains)/Losses	15	0
Finance costs	5,190	4,432
Net Operating Costs for the Financial Year	582,184	527,667

Summary Financial Statements

31 March 2010 31 March 2009 1 April 2008
 £000 £000 £000

STATEMENT OF FINANCIAL POSITION AS AT 31 March 2010

NON-CURRENT ASSETS

Property, plant and equipment	55,634	60,900	56,932
Intangible assets	120	90	76
Other financial assets	908	950	882
Trade and other receivables	0	0	0
Total non-current assets	56,662	61,940	57,890

CURRENT ASSETS

Inventories	0	0	0
Trade and other receivables	12,612	8,560	8,811
Other financial assets	0	0	0
Other current assets	0	0	0
Cash and cash equivalents	44	40	192
	12,656	8,600	9,003
Non-current assets classified "Held for Sale"	0	0	0
Total current assets	12,656	8,600	9,003

Total assets

69,318 70,540 66,893

CURRENT LIABILITIES

Trade and other payables	(40,986)	(31,048)	(97,092)
Other liabilities	0	0	0
Provisions	(450)	(271)	(3,752)
Borrowings	(4,061)	(3,192)	(2,554)
Other financial liabilities	0	0	0
Total current liabilities	(45,497)	(34,511)	(103,389)

Non-current assets plus/less net current assets/liabilities

23,821 36,029 (36,505)

NON-CURRENT LIABILITIES

Trade and other payables	0	0	0
Provisions	(2,238)	(2,025)	(1,584)
Borrowings	(57,433)	(47,265)	(33,159)
Other financial liabilities	0	0	0
Other liabilities	0	0	0
Total non-current liabilities	(59,671)	(49,290)	(34,743)
Total Assets Employed:	(35,850)	(13,261)	(71,248)

Summary Financial Statements

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
FINANCED BY: TAXPAYERS' EQUITY			
General fund	(44,737)	(24,934)	(86,140)
Revaluation reserve	8,407	10,068	13,128
Donated asset reserve	0	0	1
Government grant reserve	480	1,605	1,763
Other reserves	0	0	0
Total Taxpayers' Equity	(35,850)	(13,261)	(71,248)

Summary Financial Statements

	2009/10 £000	2008/09 £000
STATEMENT OF CASH FLOWS		
FOR THE YEAR ENDED 31 March 2010		
Cash flow from operating activities		
Net operating cost before interest	(576,993)	(523,235)
Other cash flow movements	14,213	6,276
Movements in Working Capital	5,885	(63,280)
Provisions utilised	(280)	(2,825)
Interest paid	(2,487)	(4,432)
Net cash outflow from operating activities	(559,662)	(587,496)
Cash flows from investing activities		
Payments to purchase property, plant and equipment	(2,965)	(2,267)
Payments to purchase intangible assets	(113)	(35)
Proceeds of disposal PPE & intangible assets	155	0
Loans made in respect of LIFT	0	(68)
Proceeds from disposal of other financial assets	42	0
Interest received	14	0
Net cash inflow/(outflow) from investing activities	(2,867)	(2,370)
Net cash inflow/(outflow) before financing	(562,529)	(589,866)
Cash flows from financing activities		
Net Parliamentary Funding	563,237	590,294
Capital element of payments in respect of finance leases, on-SoFP PFI and LIFT	(704)	(580)
Net cash inflow/(outflow) before financing	(562,533)	589,714
Net increase/(decrease) in cash and cash equivalents	4	(152)
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	40	192
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	44	40

Summary Financial Statements

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2010

Changes in taxpayers' equity for 2009/10

Balance at 1 April 2009									
Net operating cost for the year									
Net gain on revaluation of property, plant, equipment									
Movements in other reserves									
Impairments and reversals									
Release of reserves to OCS									
Non-cash charges - cost of capital									
Transfers between reserves									
Total recognised income and expense for 2009/10									
Net Parliamentary funding									
Balance at 31 March 2010									

General Fund £000	Revaluation Reserve £000	Donated Asset Reserve £000	Govt Grant Reserve £000	Other Reserve £000	Total Reserves £000
(24,934)	10,068	0	1,605	0	(13,261)
(582,184)	4,643	0	0	0	(582,184)
	(5,519)	0	(1,097)		4,643
	(785)	0	(28)		0
(856)					(6,616)
0	0	0	0	0	(813)
(583,040)	(1,661)	0	(1,125)	0	(856)
563,237	8,407	0	480	0	(585,826)
(44,737)					563,237
					(35,850)

Summary Financial Statements

Financial Performance Targets

2009/10
£000

2008/09
£000

REVENUE RESOURCE LIMIT

The PCT's performance for 2009/10 is as follows:

Total net operating cost for the financial year	582,184	519,789
Less: Non-discretionary Expenditure	2,988	2,775
Operating Costs less non-discretionary expenditure	579,196	517,014
Final Revenue Resource Limit for year	579,491	517,434
Under/(over) spend against Revenue Resource Limit	295	420

CAPITAL RESOURCE LIMIT

The PCT is required to keep within its Capital Resource Limit

Gross Capital Expenditure (including IFRS impact)	11,332	2,370
Less: Net book value of assets disposed of	(170)	0
Less: NBV of Financial Instruments disposed to non-NHS Bodies	(42)	0
Charge Against the Capital Resource Limit	11,120	2,370
Capital Resource Limit	11,126	2,372
(Over)/Under spend against Capital Resource Limit	6	2

2009/10
£000

2008/09
£000

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:

Provider gross operating cost	62,038	57,538
Less: Miscellaneous income relating to provider functions	(7,916)	(7,986)
Net Operating Cost	54,122	49,552
Less: Costs met from PCT's own allocation	55,518	(49,552)
Under/(over) recovery of costs	(1,396)	0

Summary Financial Statements

	2009/10	2008/09
MANAGEMENT COSTS		
Management costs (£000s)	10,403	9,580
Weighted population (number)	363,588	363,613
Management cost per head of weighted population (£)	29	26
Commissioning Management costs (£000s)	6,924	6,020
Weighted population (number)	363,588	363,613
Management cost per head of weighted population (£)	19	16
Provider Management costs (£000s)	3,479	3,560
Weighted population (number)	363,588	363,613
Management cost per head of weighted population (£)	10	10

The PCT measures its management costs according to the definitions provided by the Department of Health.

BETTER PAYMENT PRACTICE CODE

Measure of Compliance

	2009/10 Number	2009/10 £000	2008/09 Number	2008/09 £000
Non- NHS Creditors				
Total bills paid in the year	40,175	106,256	33,967	92,046
Total bills paid within target	34,382	85,652	29,959	79,678
Percentage of bills paid within target	85.58%	80.61%	88.20%	86.56%
NHS Creditors				
Total bills paid in the year	2,711	329,433	2,489	369,916
Total bills paid within target	1,848	314,262	1,791	287,004
Percentage of bills paid within target	68.17%	95.39%	71.96%	77.59%

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



Remuneration Report

The tables on pages 69 and 70 identify the remuneration details for the executive directors of the PCT.

Other than the Interim Chief Executive, all listed managers are on permanent Very Senior Manager contracts, subject to 3 months notice.

Additional performance related pay conditions apply, although none was paid in 2009/10. All other terms and conditions, including termination details are subject to current guidance as per NHS employer regulations.

The PCT's Remuneration committee consists of the PCT Chair, Chair Executive, Director of Human Resources and the non executive directors.

All Directors are entitled to a lease car, to which a personal contribution is made. The individual's benefit in kind assessment is shown below. Mr S McGirr and Mr E Lavan receive the equivalent cash allowance in lieu of taking a lease car.

The information in the following tables has been subject to Audit Committee review.

Remuneration Report

Remuneration entitlements 2009/10

Name and Title	2009/10			2008/09		
	Salary (bands of £5,000) £000	Other Remuneration Bands of £5,000 £000	Benefits in kind (bands of £100) £00	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (bands of £100) £00
Mr A Burgess *	50-55	0	0	0	0	0
Mr I Williamson **	150-155	0	0	125-130	0	0
Mr M Treharne	100-105	0	44-45	100-105	0	44-45
Ms F Johnstone	85-90	0	34-35	85-90	0	28-29
Ms C Samosa	80-85	0	52-53	80-85	0	52-53
Mr R Foster	80-85	0	33-34	75-80	0	33-34
Mr E Lavan	85-90	0	0	85-90	0	0
Mr S McGirr	100-105	0	0	95-100	0	0
Dr S Cox	5-10	0	0	5-10	0	0
Mr J Wilson	35-40	0	0	35-40	0	0
Mr P Lloyd-Jones	5-10	0	0	5-10	0	0
Ms F Smith	5-10	0	0	5-10	0	0
Mr D J Merrill	10-15	0	0	10-15	0	0
Ms H Greaves	5-10	0	0	5-10	0	0
Mr P Donaldson	0	0	0	0	0	0
Mr M Arnold	5-10	0	0	0	0	0
Mr T Hughes	5-10	0	0	0	0	0
Mr D Mills	5-10	80-85	0	5-10	75-80	0
Ms M Geoghegan	5-10	60-65	0	5-10	55-60	0
Dr J Holden	0	0	0	0	0	0
Mr M Wyatt ***	0	0	0	0	0	0
Ms S Richardson	0	0	0	0	0	0
Ms L Butcher ***	0	0	0	0	0	0
Ms A Williamson ****	0	0	0	0	0	0
Dr S Kumar	5-10	0	0	5-10	0	0
Dr C Woodforde	5-10	5-10	0	15-20	0-5	0
Dr A Frith	5-10	5-10	0	5-10	5-10	0
Mr P Flaherty	5-10	0	0	5-10	0	0
Ms C Casey-Hardman	5-10	60-65	0	5-10	60-65	0
Dr S Pitalia	0	0	0	0	0	0
Dr C Richards	0	0	0	5-10	0	0
Dr K Beeby	0	0	0	0	0	0
Ms Y Poon *****	5-10	0	0	0-5	0	0
Mr D Stearne *****	0	0	0	0	0	0
Dr I Schofield *****	0	0	0	0	0	0

Employee of St Helens Council, receives no remuneration from the PCT
 Employee of St Helens Council, receives no remuneration from the PCT
 Employee of Halton Borough Council, receives no remuneration from the PCT
 Employee of Halton Borough Council, receives no remuneration from the PCT

- * Commenced December 2009
- ** Ceased November 2009
- *** Commenced March 2009
- **** Commenced January 2010
- ***** On Maternity Leave from September 2009
- ***** Covering Maternity Leave from September 2009
- ***** Commenced April 2009

The benefits in kind relate to lease cars and are represented in 'hundreds' of pounds.

Pension entitlements 2009/10

	Real increase in pension at age 60 (Bands of £2,500)	Real increase in pension lump sum at age 60 (Bands of £2,500)	Total Accrued pension at age 60 at 31 March 2010 (Bands of £5,000)	Lump Sum at age 60 related to accrued pension at 31 March 2010 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension (Rounded to nearest £00)
	£000	£000	£000	£000	£000	£000	£000	£
Mr A Burgess *	-2.5-0	-2.5-0	0-5	10-15	67	0	-5	0
Mr M Treharne	0-2.5	2.5-5	25-30	85-90	523	459	42	0
Ms F Johnstone	0-2.5	-2.5-0	15-20	45-50	279	237	30	0
Ms C Samosa	-2.5-0	0-2.5	25-30	85-90	496	466	6	0
Mr R Foster	0-2.5	2.5-5	5-10	25-30	88	68	17	0
Mr E Lavan	0-2.5	0-2.5	20-25	65-70	383	321	46	0
Mr S McGirr	-2.5-0	-5--2.5	25-30	85-90	507	483	-0.2	0

* Commenced December 2009

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

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior

capacity to which disclosure applies. The CETV figure, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Self-employed GPs who are members of the Clinical Executive Committee (CEC) have pension entitlements. However, the proportion of those

entitlements that relates to their membership of the CEC is not significant compared to the proportion that relates to their work as practitioners independent of the PCI. It is not, therefore, appropriate to disclose their pension entitlements.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of period.

Andrew Burgess
Chief Executive

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE PRIMARY CARE TRUST

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the primary care trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the primary care trust;
- the expenditure and income of the primary care trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Andrew Burgess
Chief Executive

STATEMENT OF DIRECTOR'S 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 cash flows for the year. In preparing these accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- 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 any time 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 and detection 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.

Andrew Burgess
Chief Executive

Mike Treharne
Finance Director

STATEMENT OF INTERNAL CONTROL (SUMMARY VERSION)

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.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in NHS Halton and St Helens for the whole year ended 31 March 2010, and up to the date of approval of the annual report and accounts.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work.

For the year 2009/2010 the overall Head of Internal Audit opinion states that "An Assurance Framework has been established which is designed and operating to meet the requirements of the SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation."

Based on these findings, I can conclude that a sound system of internal control has been operating at the PCT throughout 2009/10. Two significant control issues were identified during the year for which corrective plans have been put in place;

- The PCT experienced a data breach in which patient sensitive data was sent in error to a third party organisation. The organisation involved was fully aware of the requirement to deal with this type of data and immediately informed the PCT without the data being cascaded further. The PCT has reviewed its procedures and, following a full investigation, has commissioned a corporate solution to reduce the risks associated with information-sharing. Each department will now store documentation for sharing with external agencies in a designated internal document library. This will then be synchronised with the host's server, which will provide a secure Internet facing read only copy of the library. Personnel from the external agency will then be able to access the information via the Internet. They will not be able to delete or change any of the information in this library and can only view what is there. The PCT and many Local Authorities already use this type of service to provide access to public facing information, such as minutes and agendas. Authorised external agency and PCT staff will be provided with a URL (link), which when followed will prompt them for a user name and

password, thus ensuring only authorised personnel see the information in the library. Additionally, the PCT has taken steps to limit the use of USB drives to share data until a more robust technical system designed to prevent this has been implemented later in the year. The governance arrangements associated with leavers and movers, from and within the, organisation is being revised to aid data security;

During the course of the year, an incident occurred when 59 children were given an incorrect dose of the swine flu vaccination. When the mistake was realised, the PCT's serious incident reporting process was implemented, an incident team was formed, and a full investigation undertaken. Meetings were subsequently held with the parents and carers of the children affected. As a result of the incident, the PCT has reviewed its processes and reminded all clinical staff involved in the vaccination of patients to ensure the patient group directions and vaccination protocols are strictly adhered to.

The Board remains committed to continuous improvement and development of the system of internal control to support the delivery of this challenging agenda.

Signed

Chief Executive NHS Halton & St Helens (on behalf of the Trust Board.)

A full version of the PCT's Statement of Internal Control is available on the PCT's web-site **www.haltonandsthelenspct.nhs.uk**.

A copy may be requested in writing from:

The Chief Executive's Office at the Executive Headquarters, Widnes Healthcare Resource Centre, Oaks Place, Caldwell Road, Widnes, WA8 7GD.

The Role of the Audit Committee

The aim of the Audit Committee is to provide one of the key means by which the PCT Board ensures effective internal control arrangements are in place. In addition, the Committee provides a form of independent check upon the executive arm of the Board.

As defined within the 'Audit Committee Handbook (2005)', the Committee has responsibilities for the review of governance, risk management and internal control covering both clinical and non-clinical areas. In discharging these duties the Committee is required to review:

- Internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information.
- Risks regarding disclosure statements (Statement on Internal Control and Standards for Better Health) which are supported by the Head of Audit Opinion and other opinions provided.
- The underlying assurances as detailed in the Corporate Assurance Framework.
- The adequacy of relevant policies, legality issues and the Codes of Conduct.
- The policies and procedures related to fraud and corruption.

The delivery of such a remit is achieved firstly, through the Committee being appropriately constituted, and secondly, by the Committee being effective in ensuring internal accountability and the delivery of audit and assurance services.

This report outlines how the Committee has complied with the duties delegated by the PCT Board in its Terms of Reference.

The Constitution of the Audit Committee

The membership of the Committee currently comprises four Non-Executive Directors. One of the members is a qualified Accountant. The Director of Financial Strategy is invited to attend, and the Committee may request the attendance of the Chief Executive and any other officer of the PCT to answer any points which may arise. In addition, representatives of the PCT, Internal and External auditors attend along with the Local Counter Fraud Specialist.

Meetings are required 'not less than three times a year'. During the year up to 31 March 2010 six meetings of the Audit Committee have taken place 5 of which related to the Committee's normal business and 1 for the adoption of the 2008/09 Annual Accounts

The Chairman of the Audit Committee reports and comments on key issues to the Board as and when required.

Committee Process

The key function of the Committee is to establish the following:

- Assurance Framework is fit for purpose
- Systems for risk management identify and allow for the management of risk
- Organisation has robust governance arrangements
- Organisation has self-assessed against the Standards for Better Health.
- Organisation has robust systems of financial control

There is a close link between risk management and the Audit Committee: the Chair of the Audit Committee is a member of the Governance Assurance Committee.

Programme of Work

In discharging its duties the Committee has met its responsibilities through self assessment and review, requesting assurances from PCT officers and directing and receiving reports from its auditors and fraud specialists.

Self Assessment: During the period to end of March 2010 the Committee have complied with 'good practice' recommended through:-

- *Agreement of Audit plans*
- *Regular review of progress and outcomes i.e. risks identified and action plans agreed*
- *Private meetings with External and Internal Audit*
- *Regular review of Audit Committee workplan*

As part of the quality assurance process, a standing item at each Committee now provides for a review of the meeting to be discussed.

Audit Committee Business: During the period, the Audit Committee has made progress towards fulfilling its extended remit to cover financial and non-financial matters. This is evidenced by the span of matters it has considered. The following areas of risk have been considered.

Governance and Corporate Risk Management
Assurance Framework & Statement on Internal Control
Standards for Better Health Declaration
Corporate Governance Manual Review
Information Governance Assurance
Critical Back Office Applications
Internal Validation Process
Use of Resources Assessment

Fundamental Financial Systems
Annual Accounts
Adoption of IFRS Reporting Requirements
Asset Management
Budgetary Control
Financial Reporting and Ledger
Income and Debtors
Non-pay Expenditure
Treasury Management

Organisational Management
ESR/HR Review
LIFT Review
Review of Localities
Commissioning Arrangements
Acute Hospital Discharge Arrangements
NICE and National Guidelines
Sickness absence
Estates - Core Standards Action Plan

Strategic Planning and Service Delivery
Tendering and Contracts
TCS Self-Certification and Evaluation
Practice Based Commissioning
World Class Commissioning

Future Work

During 2010/11 the Audit Committee will focus on a number of key areas:

- Key controls, robustness, resilience, and operation of the Financial ledger and fundamental financial systems
- Actions arising from key internal and external audit recommendations.
- Embedding risk management and fraud awareness throughout the organisation.
- Use of Resources key lines of enquiry, particularly VFM issues.
- PCT's governance arrangements to support World Class Commissioning assessment
- Review of Contract Management arrangements and performance reporting
- Self assessment and review of the Audit Committee workplan.
- Financial plans particularly in light of the economic climate and potential impact on allocations for PCT's.
- Review of arrangements to support the Transforming Community Services Programme

Appendix I

The PCT Board, Clinical Executive Committee, Executive Team and Audit Committee Members 2009/10

Members April 2009 - March 2010

Name	Position	Board	CEC	Exec Team	Audit Committee
Jim Wilson	Chair	C			
Mark Arnold	Non Executive Director	✓			
Paul Donaldson	Non Executive Director	✓			
Heather Greaves	Non Executive Director	✓			✓
Tom Hughes	Non Executive Director	✓			
Peter Lloyd-Jones	Non Executive Director	✓			✓
David Merrill	Non Executive Director	✓			C
Fiona Smith	Non Executive Director	✓			✓
Andrew Burgess *	Chief Executive	✓	✓	✓	
Ian Williamson **	Interim Chief Executive	✓	✓	✓	
Mike Treharne	Director of Financial Strategy	✓	✓	✓	
Fiona Johnstone	Director of Health Strategy	✓	✓	✓	
Eugene Lavan	Director of Strategic Development	✓	✓	✓	
Christine Samosa	Director of Workforce & Org Development	✓		✓	
Seamus McGirr	Executive Nurse/Dir of Clinical Qual & Stds	✓	✓	✓	
Rob Foster	Director of Performance	✓		✓	
Dr Stephen Cox	Medical Director	✓	C	✓	
Debbie Fairclough	Assistant Chief Executive			✓	
Angela Green	Head of Communications and Involvement			✓	
Dr Shikha Pitalia	GP				
Audrey Williamson	Operational Director - Adults of Working Age: Halton BC		✓		
Margaret Geoghegan	Deputy Head of Medicines Management		✓		
David Mills	Clinical Director of Primary Care Dental Services		✓		

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Name	Position	Board	CEC	Exec Team	Audit Committee
Corina Casey-Hardman	Head of Midwifery		✓		
Dr Surendra Kumar	GP		✓		
Dr Anthony Frith	GP		✓		
Yeung Poon ***	Community Pharmacist		✓		
Dr Karen Beeby	GP		✓		
Dr Cliff Richards	GP		✓		
Paul Flaherty	Dental Surgeon		✓		
David Stearne ****	Community Pharmacist		✓		
Dr J Holden	GP		✓		
Sue Richardson	Director of Children's Services, St Helens Council		✓		
Dr Ian Schofield *****	GP		✓		
Mike Wyatt *****	Director, Adult Social Care and Health, St Helens Council		✓		
Peter Stevens *****	Independent Lay Member, Community Health Services				✓

- C = Chairman of the Committee
- * Commenced December 2009
- ** Ceased November 2009
- *** On Maternity Leave from September 2009
- **** Covering Maternity Leave from September 2009
- ***** Member from April 2009
- ***** Joined Committee in February 2010

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