



**NHS Telford and Wrekin**

Working towards a healthy future for all

[www.telford.nhs.uk](http://www.telford.nhs.uk)

**Annual Report**  
2010/2011



## Introduction

2010/11 was another successful year for NHS Telford and Wrekin. We are able to show development in a number of important areas, including:

- Giving the go ahead to the re-development of the Shelton site in Shrewsbury, to provide a new inpatient facility and to provide a greater breadth of community mental health services to be offered in Telford and Wrekin
- Opening the Wrekin Community Clinic which allows day case cataract surgery and cataract outpatients as well as a community based musculoskeletal service
- Approved the reconfiguration of hospital services across the Shrewsbury and Telford sites of the acute hospital. A women and children's centre of excellence will be centralised on the Telford site. Surgical services will be centralised at the Shrewsbury site, and A&E will be maintained at both sites. This is a significant step forward in maintaining safe clinical acute services in our local community, but also providing an opportunity to create better services in the future, which will attract high quality professionals to work in our area
- Approval for our provider arm to merge with the provider arm of Shropshire County Primary Care Trust (PCT) to create a new Community Health Trust from 1 July 2011. This will provide high quality community services to the whole of the county.

In terms of performance, we managed our finances efficiently, met statutory requirements and saw improvements in a number of key performance areas, including increased breastfeeding of new babies, further reduction from last year of alcohol related hospital admissions, sustained smoking quit rates, and a fall in obesity levels in four to five year olds.

Much of this has been achieved in partnership with local GPs, with Telford and Wrekin Council, with the Shrewsbury and Telford Hospital NHS Trust, and with other partners inside and outside the NHS. Our thanks go to all of those partners.

There have been a number of significant changes to the leadership of NHS Telford and Wrekin during 2010/11. The PCT saw the departure of the Chair, Mr Brian Taylor, the Chief Executive, Mr Simon Conolly, and the Director of Commissioning and Service Improvement, Mrs Claire Old.

**“...our biggest vote of thanks goes to the dedicated staff of NHS Telford and Wrekin. We would like to express our continued gratitude for all their hard work.”**

We extend our thanks for their invaluable contributions. As a result of these departures the PCT has seen the arrival of Dr Leigh Griffin as Chief Executive. As of 1 April 2011 Dr Leigh Griffin assumed the role of Managing Director for the PCT, directing day to day functions and accountable to Eamonn Kelly, Chief Executive of the West Mercia Cluster and Chief Executive of the PCT. The West Mercia Cluster has been created to provide strategic support to PCTs during the period of transition proposed in the Health Bill.

Focusing on the future, the PCT is facing a number of significant challenges during 2011/12, whilst continuing to maintain high quality commissioned services for the people of Telford and Wrekin. The constrained financial position of the NHS will require the PCT to deliver significant savings during the year, as well as, manage the impact of savings from other local partners like the local authority. This will mean that difficult decisions will need to be made in terms of which services continue to be provided in the future.

The PCT will have to manage the impact of the Health Bill, which proposes a number of fundamental changes that sees the dissolution of the PCTs in 2013, the movement of commissioning of local services from the PCT to local clinical commissioning groups, a number of PCT functions to the National Commissioning Board, the migration of Public Health to the local authority and the creation of Public Health England. NHS Telford and Wrekin is already working very closely with clinical commissioners on a number of service redesign projects, details of which are given later in the report. This will provide a very strong foundation for NHS Telford and Wrekin to support clinicians in the interim period, until they take over their full commissioning role.

The good work undertaken in 2010/11 is due to the skills and effort of our staff, who are facing an unsettling time at the moment. Despite this, members of staff together with the Board of the PCT will ensure that NHS Telford and Wrekin continues to deliver high quality services, to improve the health and wellbeing of local people during this transitional period.

As ever, our biggest vote of thanks goes to the dedicated staff of NHS Telford and Wrekin. We would like to express our continued gratitude for all their hard work, and to look forward to another successful year in 2011/12.



**Andrew Mason**



**Chair, NHS Telford and Wrekin**



**Eamonn Kelly**



**Chief Executive, NHS Telford and Wrekin**



## The vision and goals of NHS Telford and Wrekin

NHS Telford and Wrekin is the Primary Care Trust serving the area of Telford and Wrekin, which is aligned with the local authority boundary.

NHS Telford and Wrekin is responsible for deciding how best to use its annual allocation of money from the Department of Health towards improving healthcare services and the health of the population we serve, as well as providing some community services directly to the public. Telford and Wrekin is made up of a large urban area with significant areas of deprivation surrounded by sparsely populated rural environments.

NHS Telford and Wrekin has defined its vision as:

**“We will improve the health and life expectancy of the population of Telford and Wrekin, reduce inequalities and support people in improving their own health. We will meet people’s healthcare needs through the provision of safe, high quality services that are closer to home and achieve best value from NHS resources.”**

The goals to support the delivery of this vision:

- To improve the health and wellbeing of children
- To improve life expectancy and reduce health inequalities
- To improve access to quality care closer to home
- To improve patient and public involvement.

In addition to the vision and goals, we recognise the need for a set of foundations which will underpin all this work:

- We will value staff working within healthcare and support them in doing their work
- We will strive to secure a ‘fair share’ of NHS resources to support the health needs of the population of Telford and Wrekin
- We will increase the use of good quality information in all aspects of the work of NHS Telford and Wrekin.

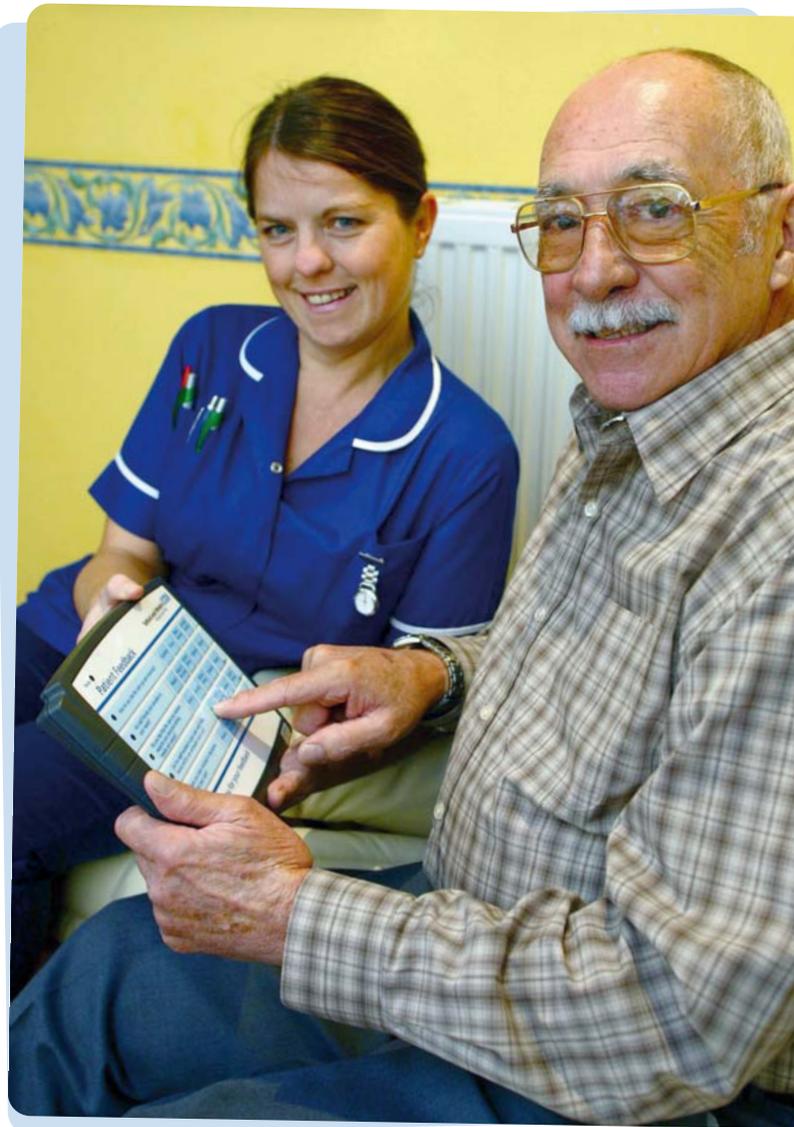
## Operating and financial overview

NHS Telford and Wrekin is the everyday name for Telford and Wrekin Primary Care Trust (PCT). Until the Government's proposed changes to the NHS take place (probably by March 2013), the PCT continues to be the NHS organisation which purchases NHS funded services for the population of the borough. It also carries out Public Health initiatives to improve health and reduce inequalities, while developing GP and other primary care services in the region.

During 2010/11, NHS Telford and Wrekin received a 5.9% uplift in its funding, increasing the available recurring resource by £14.1 million over the previous year. This is likely to be the final year in which an increase in funding of this scale will be received. The equivalent recurring uplift for 2011/12 to cover all increases, including inflation, has been notified to us at 2%.

Of central importance to all NHS organisations over the coming years, will be the successful implementation of the Government's Quality, Innovation, Productivity and Prevention (QIPP) initiative. This seeks to improve the delivery of healthcare by reviewing the way in which services are provided. During 2010/11 NHS Telford and Wrekin identified and achieved reductions in its expenditure of over £5.6 million through QIPP related schemes. Examples of such schemes include, avoiding unplanned inpatient admissions for people with long term conditions by supporting them in managing their condition, and avoiding smoking related admissions through the delivery of stop smoking services. Additional savings on a similar scale are planned for 2011/12.

NHS Telford and Wrekin has seen a significant reduction in its management costs in 2010/11. These reduced from £34 per head of population in 2009/10 to £29 per head in 2010/11. This represents a reduction of £851,000 in the organisation's expenditure on management between the two years.



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Further information on NHS Telford and Wrekin's plans for 2011/12 can be found in the 'Proposed PCT Financial Budget 2011/12' paper submitted to the Board on 12 April 2011. This is available at [www.telford.nhs.uk](http://www.telford.nhs.uk)



## Delivery of key targets during 2010/11

NHS Telford and Wrekin retained the key targets in respect to the 10 priority health outcomes, it set itself in 2009/10 for 2010/11. These outcomes were identified through the conclusions of the Joint Strategic Needs Assessment, which reviewed the health needs of our local population. Performance against these targets is monitored at board meetings monthly:

### Life expectancy

Female life expectancy at birth in Telford and Wrekin has increased by 0.7 years during 2007-09 to 82.2 years, compared to 2006-08. However, there was no change in male life expectancy in Telford and Wrekin during 2007-09 from the previous three year rolling average position of 2006-08.

The All-Age All-Cause Mortality target was exceeded for women in 2009 (2010/11 performance year) but the target for men was not achieved. However, premature mortality rates (under 75 years) for all causes of death decreased in both men and women compared to the previous year.

### Health inequalities

For addressing health inequalities, using the Slope Index of Inequity, which measures the gap in life expectancy between the most and least affluent in Telford and Wrekin, we are second best performing out of 152 PCTs in England for women (3rd in 2009/10 performance year) and 23rd best for men (46th in 2009/10 performance year).

### Teenage pregnancies

Our rate of under 18 conceptions increased by 3% in 2009 to 53.7 per 1000 girls aged 15-17, which represents 172 conceptions, 3 more than in 2008. Whilst this change in

numbers is small it represents an upward trend on the previous year. Overall, however, NHS Telford and Wrekin's rate remains 17.8% lower than compared to the 1998 baseline.

### Alcohol related hospital admissions

The number of people admitted to hospital with conditions related to alcohol was reduced by a further 6%, between 2008/09 and 2009/10, following the 5% drop seen in the previous year. Rates continued to fall in 2010/11 but more slowly.

### Breastfeeding

The breastfeeding Vital Sign target expectations for 6-8 weeks were exceeded, with the prevalence of breastfeeding maintained at 33%. This translates to almost 80 additional babies breastfed at 6-8 weeks above target expectations. Breastfeeding initiation increased to 68% during October 2010 to March 2011 compared to 62% during April to September.

### For smoking cessation

Smoking cessation rates remain one of the highest seen in the West Midlands, supporting 1,172 smokers to quit between April to December 2010. A total of 57 pregnant women were supported to quit smoking during April to December 2010, exceeding the target expectation for reducing smoking in pregnancy.

## Child obesity

Obesity levels amongst 4-5 year olds have fallen to 10.6% in 2010/11 from 11.7% in 2009/10, exceeding the Vital Sign target reduction expected. However, the prevalence of obesity in children aged 10-11 years old increased slightly and the target was not achieved.

## Cardiovascular disease (CVD)

The target for reducing premature mortality (under 75 years of age) from cardiovascular disease (i.e. heart disease and stroke) in Telford and Wrekin was met and exceeded for 2010/11. Despite this achievement, Telford and Wrekin remains above the national average for reducing CVD related premature mortality.

## 18 weeks

We have not achieved the target of 95% of patients seen, treated and discharged in the month they were seen, within 18 weeks. This is due to a combination of winter flu pressures and existing backlog pressures. NHS Telford and Wrekin is working closely with its main acute provider to address this underperformance.

## Public and patient engagement

The patient experience Vital Sign target expectations, for self reported experience of patients and users and measure of public confidence in the local NHS by acute trust, was met. This translates to an improvement in last year's results around:

- Access and waiting
- Better information, more choice
- Safe, high quality, co-ordinated care
- Building relationships
- Clean, comfortable
- Friendly place to be
- Focus on the person
- Dignity, privacy and compassion
- Organisations that learn from experience.

## Notable achievements in 2010/11

NHS Telford and Wrekin achieved an improvement in its Use of Resources assessment by the Audit Commission. Our position improved on the previous year in relation to Theme 1: 'Managing Finance' and Theme 2: 'Governing the Business'. In both cases our rating moved from 2 'adequate' to 3 'performing well'. Our score for Theme 3: 'Managing Resources' remained at level 2 'adequate', which was in line with the majority of PCTs in the West Midlands.

In the annual staff survey, over 80% of our scores were average or better than average for PCTs. We scored in the top 20% of all PCTs for many of the measures, including employee job satisfaction, employee motivation at work and staff recommendation of the PCT as a place to work or receive treatment.





## Activity during 2010/11

The following examples provide a snapshot of the activities that NHS Telford and Wrekin has been involved in during 2010/11:

### GP commissioning

During the course of 2010/11, there has been a significant increase in responsibility for commissioning services by local Telford and Wrekin GPs. GP practices have moved from being part of several Practice Based Commissioning (PBC) groups at the start of 2010 to a single Clinical Commissioning Group encompassing all practices in Telford and Wrekin by the start of 2011.

The clinical group has been successful in securing pathfinder status, which demonstrates approval by the Strategic Health Authority that the group has met standards in terms of governance and accountability.

Significant service redesign projects have been instigated by GPs via the vehicle of PBC and GP commissioning, including the development of the Wrekin Community Clinic, which came into use in January 2011 after 18 months of detailed planning. The development was led by the Wrekin Commissioning Group and now houses, day case cataract surgery using high tech equipment "Surgicube", which will allow such operations to be carried out in a community setting and cataract outpatients.

It also contains a community based musculoskeletal service. The development of the building and services at Wrekin Community Clinic has been through joint working with the acute trust, the provider arm, the local authority, patients and the PCT.

Other service redesign projects have been successfully delivered including a Pulmonary Rehabilitation service, which was a project giving advice and treatment to all patients with an MRC breathlessness score of 3 or 4.

The Rapid Access to Acute Medicine (RACAM) project was also initiated by GPs, which allowed same day urgent slots to be booked at the acute trust for urgent advice. This avoids the need to access the formal assessment units or A&E.

Another project was the Oakengates Health and Social Care project which ran for 18 months. The early findings indicate that joint routine assessments and proactive management of the elderly patient's illness by their GPs, reduce healthcare episodes and reduce emergency admissions to hospital in high risk patients over 85 years. The effectiveness of integrated working to improve peoples' outcomes, including health and wellbeing, support to continue an independent life while remaining at home, and the cost effectiveness of interventions and benefits, are a result of joint working across health and social care.

**Many other projects have been delivered to improve patient experience and care closer to home, such as:**

- Building additional clinical rooms, equipment and a gym facility
- Health and social care project - Citizens Advice Bureau, Home-Start, Families Project
- Redesigning clinical pathways such as deep vein thrombosis (DVT), chronic obstructive pulmonary disease (COPD)
- Hospice at Home
- Counselling services
- Why Weight for adults and children
- Osteopath
- Acupuncture
- Expansion of community dermatology, diabetes and endoscopy services
- Breast cancer booklet
- Ultrasound
- Paediatrics
- Practice Based Pharmacist
- Minor injury and minor illness courses for practice nurses

**Keeping it in the County, Securing the future of hospital services in Shropshire, Telford and Wrekin**

Some health services have to be planned across large populations to ensure high quality and sustainability. NHS Telford and Wrekin works as part of the “team” of NHS organisations in Shropshire and Telford and Wrekin. A key element of NHS Telford and Wrekin’s strategy is the Keeping it in the County, Securing the future of hospital services in Shropshire, Telford and Wrekin programme, which is a collaborative, clinically led programme of work. The programme’s strategic objective is the provision of sustainable and accessible acute hospital services. This objective, and in particular the options to address the needs of A&E, vascular surgery, acute general surgery and paediatric services, has in the past been the subject of extensive debate.

During 2010/11 partners, including both GPs and hospital doctors across Shropshire and

Telford and Wrekin, have worked together to determine how the challenges of providing sustainable and accessible acute hospital services can be addressed within the more difficult financial climate. The proposals coming out of this work were consulted upon with the public of Telford and Wrekin, Shropshire and Mid Wales in the later part of 2010. The proposals to create a centre of excellence for children and women on one hospital site and to centralise surgery on the other hospital site, whilst retaining A&E at both, were modified to take in account feedback both from doctors and nurses and patients. The proposals were approved by NHS Telford and Wrekin in March 2011. The next stage is that the Shrewsbury and Telford Hospital NHS Trust is now drawing up an outline business case for the proposals, which is expected to be presented to the boards of both NHS Telford and Wrekin and Shropshire County PCT in the middle of 2011.

**Modernisation of mental health services**

During 2010/11 NHS Telford and Wrekin with its partners, has driven the modernisation of mental health services in the county. It is expected that this will significantly improve clinical care by enabling earlier preventative measures, strengthening integrated community teams to give patients more co-ordinated care and providing additional community staff to help reduce the need for inpatient stays.

These proposals have been developed with clinical and stakeholder involvement to ensure that quality is improved. The clinical model is based on stronger, more proactive, recovery-based community services reducing hospital admissions and reducing lengths of stay by using evidence-based interventions that are more effective; more focused care in the new inpatient setting enabling a shorter stay in hospital.

Work was started in March 2011 to build the new inpatient facility with plans to occupy the new buildings in the autumn of 2012. Shropshire and South Staffordshire Foundation Trust has started to make service improvements, in line with commissioning intentions and feedback from consultation, in order to provide services in line with the modernisation proposals.



## Provider services - NHS Telford and Wrekin Community Health Services

NHS Telford and Wrekin made the decision that its provider arm: NHS Telford and Wrekin Community Health Services would merge with the provider arm of Shropshire County PCT, to create a new community services NHS Trust serving the whole of Shropshire, including Telford and Wrekin.

This is in line with the requirements of the NHS Operating Framework for 2010/11, which required the PCT to divest itself of responsibility of providing services to concentrate exclusively on the commissioning of services.

During 2010/11 staff in the PCT's provider arm and other PCT support staff, have undertaken a significant amount of work, developing the new Trust's business model, undertaking public and staff consultation and designing the governance structure. This was to ensure approval by the Department of Health for the creation of the new Trust on 1 July 2011.

NHS Telford and Wrekin is confident that the new Trust will continue to deliver high quality services to patients in Telford and Wrekin into the future.

## Examples of health service developments during 2010/11:

### Health Trainers

The Health Trainer programme supports individuals to change their lifestyle behaviours. Health Trainers work with individuals to assess the factors that trigger their unhealthy behaviours, reinforce behaviours that clients wish to change, assist in setting goals and over a number of weeks build people's confidence required to achieve change.

During 2010/11 the Health Trainer team provided support to just over 400 adults. More than half of all clients have achieved or part achieved their lifestyle goals.

## Childhood obesity

In 2010/11 the focus for the reduction of childhood obesity has been on families with children under eight years old. A range of partnership initiatives have been developed to help families with children in this age group maintain a healthy weight including:

- **Community Food programme**

This project aims to encourage healthier food choices. In 2010/11 the Community Food team has supported local delivery of the Healthy Schools programme, delivered the Healthy Eating programme to over 1600 parents and carers of children under five and trained nearly 200 frontline staff to deliver Weaning and Cooking on a Budget courses.

- **HENRY**

(Health Exercise Nutrition for the Really Young)

The Health Improvement Commissioning team has worked with the HENRY organisation and wider partners (Telford & Wrekin Council Early Years Workforce Development, Sure Start children's centres and NHS Telford and Wrekin Community Health Services) to deliver HENRY, an initiative to tackle early childhood obesity.

To date 142 members of the Early Years Workforce from Sure Start children's centres, health visiting teams, nursery settings, and child minders have been trained, equipping them with the skills and confidence to embed obesity prevention into their daily roles working with families with children under five.

In addition, local facilitators from the Early Years Workforce have been trained to deliver the eight week 'Let's Get Healthy' courses for parents of children under five. These evidence based courses cover the most important lifestyle areas with groups of parents and carers.



## Diabetes self care information brochures

2010 saw the launch of the diabetes self care and education manual. This manual along with a DVD has been designed by patients and clinicians, to support people when they are newly diagnosed. It helps them understand different aspects of the illness and where to go to get further support. The DVD gives more detailed information for those who are interested in details. Practice nurses, who have used the booklet and DVD with patients, have given positive feedback and after requests for more booklets a further number will be printed early in June 2011.

## TIA pathways

A transient ischaemic attack (TIA) is similar to a full stroke, but the symptoms are temporary; lasting between a few minutes and 24 hours. A TIA is a warning sign that there may be a risk of a more major stroke in the near future. To assist with ensuring patients can access prompt medical care without needing to be admitted to hospital, which in the majority of cases is not necessary, there has been partnership working between NHS Telford and Wrekin and the Shrewsbury and Telford Hospital NHS Trust to develop a pathway. This means that when you visit a GP with the signs of a TIA they can contact the Care Co-ordination centre and arrange an appointment for you to be seen by specialists at the hospital as an outpatient, usually within 24 hours of you visiting the doctor. This may be at either hospital site, the important thing is that you have access to the specialist assessment as soon as possible after you have experienced symptoms your doctor thinks might be a TIA.



### Stroke awareness campaigns

Some strokes can be treated with a process called “thrombolisation”. This involves the patient having an injection of a clot busting drug and it can result in the effects of the stroke being much reduced. However, there is a time window for this procedure to happen in and it is very important that people get to a hospital as soon as possible after their stroke.

NHS Telford and Wrekin has worked in partnership with Shropshire County PCT to run a FAST campaign, which highlights both the symptoms of a stroke and the actions to take. It is hoped that as a result of this campaign, more people will recognise a stroke, get to the hospital quicker and be helped by the clot busting drug. Sometimes this drug will not be suitable for certain types of strokes but the hospital staff are fully trained in when to use it.

### GP lead for sexual health

A GP lead for sexual health was appointed in April 2010. This new role has made a considerable contribution to moving forward the development of sexual health services in primary care. The continuation of this post for a further year was agreed by the PCT in April 2011.

During 2010/11 a Contraceptive Implant sexual health service was added to the existing three sexual health services commissioned from GPs, Intrauterine Contraceptive Devices and System IUCD/IUS, sexually transmitted infection testing,

treatment and follow up and opportunistic chlamydia screening. In addition a GP Sexual Health Clinical Network has been established. This was recently used as the forum to seek GPs’ views on future developments of sexual health services in primary care.

### Family nurse partnership

The programme provides an evidence-based intervention to first time mothers under the age of 20, from 20 weeks gestation to the child’s second birthday. A submission made to the Department of Health to become a small scale permanent site was successful.

### Children’s palliative care

Telford led a joint Telford/Shropshire application for a non recurring grant from the Department of Health, for the financial year 2010/11, to develop information and invest in workforce training. This has been used in the following ways:

- Parents Information Pack: the pack contains information on local services and includes an emergency card which has been developed for children to carry with them in case of an emergency
- Workforce training: Hope House Children’s Hospice will deliver palliative care training to families and professionals.





## Key areas of focus in 2011/12

In addition to continuing to deliver our key performance targets, NHS Telford and Wrekin will focus on the following key areas in 2010/11:

### Clinical commissioning

2011/12 brings clinicians firmly to the forefront of clinical commissioning in Telford and Wrekin. A new Clinical Commissioning Board is being elected in 2011 to take the practices through the transition process to 2013, when clinical commissioners will assume responsibility of commissioning many services for its patients. Discussions will continue in terms of governance and authority, which is to be delegated by the PCT Board throughout 2011/12 and 2012/13. The PCT Board will retain all responsibility for commissioning services until 2013, but is expected to delegate some of the decision making to the clinical commissioners throughout the transition period. There will be an allocation of some PCT staff being aligned to clinical commissioning by June 2011, which will allow clinical commissioners to plan for future developments and lead the commissioning agenda.

In terms of service redesign, the MSK service at Wrekin Community Clinic will be developing services throughout 2011/12, including a pilot for GPs in Telford and Wrekin to have direct access to MRI scans. This aims to avoid unnecessary admissions to secondary care.

A formal review of the pulmonary rehabilitation project to ensure that there is sufficient capacity to meet the demands of patients going forward.

Other projects which are currently planned to be led by clinical commissioners are: a review of the

urgent care, dermatology and diabetes services and consideration of a urology service, which is to manage male lower urinary tract symptoms in a community setting.

Clinical commissioners will lead the contracting process for 2011/12 and will work with the PCT to ensure, that there is good quality information available to enable contract management to be assured. Accurate and timely information is seen as the main tool for ensuring the quality of services in Telford and Wrekin. All practices are now using a referral management tool, which will allow referral data for hospital services to be collected and benchmarked.

A key for success for clinical commissioners is, to continue redesigning services and not allow the transition to deflect from the fundamentals of improving services for the patients of Telford and Wrekin. The risks for clinical commissioning going forward to successfully deliver services are around: the significant financial challenge, a risk of loss of continuity by PCT staff who may leave or may already have left the PCT, governance arrangements and the time commitment for enough clinicians to deliver the clinical commissioning agenda in Telford and Wrekin.

### The flu immunisation programme 2011/12

2009/10 was the year of the flu pandemic, with the infection occurring in the community over a number of months. The 2010/11 influenza season was characterised by a return to the



more usual timing of illness in the community. Peak flu activity was seen in December and January, at the same time as the very cold weather that affected the UK.

The 2010/11 flu season was challenging for the National Health Service. Hospital admissions were increased and some normally fit people, including pregnant women, were very unwell with the infection. A late surge in demand for the seasonal immunisation meant that stocks of the pandemic immunisation needed to be made available, to ensure that all people that wanted to could be protected against the most common flu virus strain.

The NHS in Telford and Wrekin successfully immunised 69% of people over 65 years old, 61% of pregnant women, 52% of at risk people under 65 and one in three community healthcare staff. Plans are now to deliver better immunisation coverage in 2011/12. NHS Telford and Wrekin is working with GP practices to ensure that immunisation is available and offered to all people in at risk groups. Joint work with the local maternity services has started so that all pregnant women are fully aware of the benefits of immunisation against flu and are able to access the immunisation. Work is underway to improve both community and staff awareness of the benefits of the flu immunisation. Improving flu immunisation rates in Telford and Wrekin during 2011/12 will mean fewer people become unwell, fewer people will be admitted to hospital and lives will be saved.

### **Health promotion/disease prevention**

NHS Telford and Wrekin will continue to invest in initiatives to promote good health in our local population and to prevent ill health before it happens. Not only does this mean that people living in Telford and Wrekin become healthier, but that we can use the savings from the treatment we save to re-invest in other priority areas in the future.

**In partnership with Telford & Wrekin Council, the PCT leads on a wide range of successful health promotion programmes, including:**

**Why Weight? for children, young people and adults; breastfeeding promotion; alcohol-misuse prevention; smoking cessation, and Health through Warmth.**

## **NHS Constitution**

**In the conduct of its business, NHS Telford and Wrekin reflects the values of the NHS Constitution. NHS Telford and Wrekin will:**

- Value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits
- Earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes
- Respond with compassion to each person's distress, anxiety or need. We will search for the things we can do, however small, to give comfort and relieve suffering
- Strive to improve health and wellbeing and peoples' experiences of the NHS
- Put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS
- Use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we have a part to play in making ourselves and our communities healthier.



## Patient and public involvement (PPI)

The Communication and Engagement team continues to work in partnership with providers, to meaningfully engage with the public and patients, to shape services and improve health across Telford and Wrekin. This ultimately leads to the delivery of the Board's strategic goal (number five) on engagement and listening to the public.

Patient and public involvement is key to the effective design and delivery of services provided for patients. NHS Telford and Wrekin is a key partner in the Community Engagement commitment across Telford and Wrekin.

### Projects

#### NHS Telford and Wrekin Community Health Services.

A number of key projects were commissioned during 2010/11 including: community health champions and communication and engagement toolkit and training (to increase the number of staff with communication and engagement skills).

#### Telford and Wrekin LINK

- LINK meets with the PCT Chief Executive and Chair bimonthly
- Questions generated by LINK were asked to patients and public via patient experience trackers (real time feedback electronic devices). Asking these questions was included within the Patient Experience Schedules 2010/11 of the provider Community Services and the Shrewsbury and Telford Hospital NHS Trust
- Consultation with the network around: urgent care pathways, Pharmacy Needs Assessment, ophthalmology review/cataract service and Malling Health walk-in centre audit
- Social networking website development: development of a social networking platform across Telford and Wrekin.

### Mystery shopper programme

A pilot project; where young people would be trained to assess health services in Telford and Wrekin against the NHS You're Welcome quality criteria. The criteria set out principles that will help health services, including pharmacies and sexual health services for young people, to improve practice and become more young people friendly.

During 2010/11 the Trust has also undertaken two formal consultations as defined in section 242 of the Health Act: Next steps for mental health care in Shropshire, Telford and Wrekin and Keeping it in the County, Securing the future of hospital services in Shropshire, Telford and Wrekin.



## Patient Advice and Liaison service (PALS)

The PALS service provides free, informal, confidential help and advice for patients, carers and their families around primary care services, including GPs, dentists, opticians, pharmacies, health visitors, district and school nurses and community services such as physiotherapy, podiatry and occupational therapy.

PALS are able to provide advice and support, help get the information needed about NHS services, listen and respond to concerns and sort out problems quickly on the patient's behalf.

During the past year we have been actively raising awareness of the service, by having local drop in surgeries at the civic offices at the town centre and local libraries on a monthly basis. We have received numerous invitations to go along and speak to local support groups. We have also attended many events throughout the borough.

**There were four PALS enquiries that have resulted in formal complaints and these were forwarded to and acted upon by the Complaints Manager.**

All concerns and queries are logged onto a database. There have been a total of 281 PALS logged during the period March 2010 to April 2011.

### These include:

- Access to GP surgeries (38)
- More information and having more choice (34)
- Secondary care – having more information and choice (12)
- Secondary care – safe, high quality and co-ordinated care (11)
- Dental – access and waiting times (6)
- General signposting (8)
- Commissioning and contracts (7).

Further information about NHS Telford and Wrekin's Patient Advice and Liaison service can be found on our website at [www.telford.nhs.uk](http://www.telford.nhs.uk) under the heading 'Have your say', or by contacting the PALS Lead on 01952 580 487, via email to [PALS@telfordpct.nhs.uk](mailto:PALS@telfordpct.nhs.uk)

## Complaints

We recognise that sometimes we don't meet patients' expectations or things don't go as planned. We value complaints and view them as a positive opportunity to learn lessons, to ensure that similar problems are prevented from reoccurring and that our services continue to improve.

During 2010/11 we received a total of 85 written complaints. This represents a 73% increase on the previous year, with a significant proportion choosing to request NHS Telford and Wrekin to investigate complaints about hospital and primary care services (i.e. GP and dental practices). This increase has in part been due to a combination of, awareness raising sessions relating to both the Patient Advice and Liaison service (PALs) and complaints, and more general familiarity with the current complaints process, which has now been in place for two years.

Throughout the year, complaints reports were provided to our Audit Committee, Quality Performance and Resources Committee and the Quality Assurance Group. This included details of the complaints received in the following service areas:

- Commissioning (including decisions relating to Continuing Health Care and cases relating to GP practices, dental practices and hospital trusts where complainants chose to request NHS Telford and Wrekin to investigate) **46 complaints**
- Children's Services (including Speech and Language Therapy, Child and Adolescent Mental Health Service, Community Children's Nursing) **16 complaints**
- Child and Family Services (including Health Visiting, School Nursing, Immunisations and Vaccinations, Health Improvement) **4 complaints**
- Adult and Older People's Services (including Shropshire Wheelchair and Posture Service, Community Rheumatology Service, District Nursing, Occupational Health, Health Improvement, Shropshire Enablement Team) **19 complaints.**

The subject areas into which those complaints fell are:

- Aids and appliances, equipment, premises **6 complaints**
- Attitude of staff **18 complaints**
- Length of time waiting for a response, or to be seen: walk-in centres **4 complaints**
- All aspects of clinical treatment **22 complaints**
- Communication/information to patients **8 complaints**
- Other **27 complaints.**

In respect of the complaints investigations completed during the year, we upheld **14 complaints** and partially upheld **11 complaints**. Some of the actions taken as a consequence included:

- An apology was given to the complainant directly from the member of staff concerned
- The clinician reflected on the care provided and advised that the experience would be used to improve the care of his patients in the future
- Reassurance was given that consent forms would be thoroughly checked in the future
- The case was used for training the whole team in conducting initial assessment and writing the subsequent report to the patient
- Reassurance was given that the complaint would be raised at the team meeting and that staff would be retrained in the best method of dealing with requests for appointments
- An assurance was given that since the time of the events both medical and nursing documentation had changed significantly, in order to prevent similar future incidents
- Members of staff were reminded to ensure that they signed in at locations and that their worksheets were completed
- The practice made adjustments to its process in dealing with prescription requests presented on Friday afternoons.



Parliamentary and Health Service Ombudsman communications. Following discussions with the Ombudsman's Office we agreed to undertake further investigation in relation to three complaints received during the year. These investigations are ongoing at the time of writing this report.

A total of 134 written complaints, (a decrease of 23% on the previous year) were dealt with locally by GP and dental practices in NHS Telford and Wrekin's area during 2010/11. The subject areas into which these fell are:

- General practice administration  
**21 complaints**
- Communications/attitude **33 complaints**
- Clinical **51 complaints**
- Practice/surgery management  
**19 complaints**
- Premises **1 complaint**
- Other **9 complaints.**

**People who wish to complain about NHS services are able to access free support and advice from the Independent Complaints Advocacy Service (ICAS).**

**ICAS can be contacted on 0300 456 2370 and information is available on their website at [www.pohwer.net](http://www.pohwer.net)**

Further information about NHS Telford and Wrekin's complaints procedure is available on our website at [www.telford.nhs.uk](http://www.telford.nhs.uk) under the heading 'Have your say', or by contacting the Complaints Manager, on **01952 580 471**, via email to [complaints@telfordpct.nhs.uk](mailto:complaints@telfordpct.nhs.uk), or by writing to the Complaints Manager at NHS Telford and Wrekin, Halesfield 6, Telford, TF7 4BF.

NHS Telford and Wrekin's Complaints Policy reflects the guidance contained in the 'Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling' and 'Principles for Remedy'.

## Partnership working

NHS Telford and Wrekin continues to build on its strong history of partnership working with a number of key partners:

- Working closely with the local authority and participating at all levels within the 'team' of organisations in Telford and Wrekin, to improve the lives of all people living in the borough
- We host the Joint Commissioning Team with Telford & Wrekin Council and a range of pooled budgets, including for example, substance misuse services, community equipment and joint commissioning team costs for both organisations. We work together not only to ensure, joint and consistent strategic plans to improve and develop services, but also the integration of health and social care service provision
- Working in greater collaboration with GPs as part of Practice Based and clinical commissioning. GP practices continue to be active in shaping a number of care pathways, transferring care from hospital based services into primary care, in areas such as dermatology, musculoskeletal services, gynaecology, diabetes and chronic obstructive pulmonary disease (COPD)
- Working in collaboration with the Specialised Commissioning Team (West Midlands), an organisation that works on behalf of the 17 West Midlands' Primary Care Trusts to commission specialised services. Specialised services are usually high in cost, low volume interventions and treatments that are not provided by every hospital.

**Key achievements for 2010/11 include:**

1. Service user engagement, with young people who live in and around the West Midlands with complex mental health and emotional needs. The young people were asked to give their views on the Child and Adolescent Mental Health Tier 4 Service (CAMHS). Beat, a leading national charity

worked with the young people to find out what they thought was good about the service and what could be improved. The report can be found on the WMSCG website: [www.wmsc.nhs.uk](http://www.wmsc.nhs.uk)

2. Supporting the National Specialised Commissioning Group to lead local work, to develop proposals that will deliver safe and sustainable Children's Heart Surgery services, to meet the needs of families everywhere in England. More information can be found at: [www.specialisedservices.nhs.uk/safeandsustainable](http://www.specialisedservices.nhs.uk/safeandsustainable)

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## Clinical governance

**Clinical quality:** the Clinical Governance team has worked with provider organisations on some key clinical quality issues. These include quality visits to the Shrewsbury and Telford Hospital NHS Trust (SaTH) around the assessment, use and monitoring of bed rails. This also included inspection of the documentation used to assess falls, nutritional status and pressure ulcers. In addition walkabouts have taken place to assess mixed sex accommodation, dignity and privacy.

Members of the team sit on various provider clinical quality groups and are able to offer their support, guidance and advice to the quality agenda.

From a commissioning perspective the team monitors quality and NICE standards, clinical audits and clinical risk. They seek to work with and gain assurance on all aspects of quality within a provider organisation.

Team members, with a clinical background, have also been involved in undertaking root cause analysis working with the Risk Management team.



**Clinical audit:** During 2010/11 a clinical audit prioritisation tool was developed and approved, in order to ensure a clear approach for the development of the clinical audit programme and its local application. In addition, a framework was developed to ensure that clinical audits are identified, prioritised and carried out, having been previously mapped to internal risks, Commissioning for Quality and Innovation and Care Quality Commission requirements.

In the last year NHS Telford and Wrekin has participated in two national audits and local audits that have been generated from a wide variety of services.

**NICE guidance:** The National Institute for Health and Clinical Excellence (NICE) provides guidance, sets quality standards and manages a national database to improve people's health, and prevent and treat ill health.

It makes recommendations to the NHS on new and existing medicines, treatments, and procedures, and on treating and caring for people with specific diseases and conditions.

NICE has a comprehensive programme to support implementation of the above recommendations and to help the NHS meet the Quality, Innovation, Productivity and Prevention agenda (QIPP).

Updated NICE guidance is disseminated electronically, to commissioners and providers throughout the organisation on a monthly basis. Published NICE guidance is used by providers and commissioners to monitor local implementation and assess implications for the organisation.

**Records management:** work has been ongoing with all areas within NHS Telford and Wrekin, in order to maintain compliance with relevant records management related standards and to promote best practice in record keeping activities. These standards include: Care Quality Commission – Essential Standards for Quality and Safety, NHS Litigation Authority Risk Management Standards and Information Governance Toolkit Requirements.

**Support, advice and guidance to the local records managers and services have been given in the following areas:**

- Reviewing and updating records management policies and procedures
- Raising the awareness of records management throughout the organisation
- Reviewing and supporting the development of record management related training
- Supporting and monitoring clinical record keeping audits.

**Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS):** The MCA / DoLS team continue to discharge the PCT's obligatory duties, in line with current legislation, for all DoLS referrals. Statutory reports are submitted monthly to the Regional Lead and quarterly to the Department of Health.

The team provide mandatory training and advice, in relation to all aspects of MCA and DoLS to NHS Telford and Wrekin staff and also to other healthcare professionals and carers in a variety of settings. The team also provide ongoing training and support to Best Interest Assessors (BIA's) and Section 12.2 doctors, ensuring they retain their authorisation to assess under the DoLS legislation.

## Registration with the Care

**Quality Commission:** The provider organisation of the PCT became registered with the Care Quality Commission (CQC) without conditions as of April 2010. The essential standards of quality and safety have been monitored throughout the year, with lead officers identified and evidence to support compliance has been gathered. The provider organisation has continued to be compliant with all of the outcomes and has not been subject to an inspection by the CQC.

The CQC has produced a monthly Quality Risk Profile (QRP) which both providers and commissioners have access to. This flags up any perceived areas of risk of non compliance. From this, action plans can be developed to ensure ongoing compliance.

## Risk management

The Risk Management Strategy approved by Board in July 2010, is reviewed annually and describes the process for managing risk throughout the organisation. The process includes a Strategic Risk Register, which identifies the risks to achieving the corporate goals, together with the actions needed to mitigate these risks. This is underpinned by risk registers for commissioner and provider arms and below this, local service risk registers and business continuity plans.

Risks are identified, assessed and recorded on a management database in accordance with the Strategy and Risk Assessment Code of Practice. Risks on the risk registers are set against primary risk categories, including public confidence and financial management and are assessed and rated in the context in which they are being considered.

The following also fall under the remit of the Risk Management team:

### NHS Litigation Authority (NHSLA):

Following assessment in March 2010 the organisation retained compliance with level one of the NHSLA Risk Management Standards.



**Health and safety:** The Risk Management team has continued to provide support to all PCT staff, to make sure that the Health and Safety Policy and its supporting policies, codes of practice and guidance continue to ensure that the hazards staff face at work are effectively identified and managed.

### Fire, security and health and safety

**risk assessments:** All NHS Telford and Wrekin premises have been risk assessed to ensure that they provide safe environments for staff, patients and visitors.

### Business continuity:

A Business Continuity Plan supported by decision making flowcharts and separate plans for all services has been developed for the provider arm. This enables directors and managers to make prompt decisions following business disruption. This methodology is also being implemented for the commissioning arm.

**All strategies, policies, codes of practice and guidance relating to these areas are available on [www.telford.nhs.uk](http://www.telford.nhs.uk)**

# The PCT Board and its committees 2010/11

## Trust Board

Mr Simon Conolly – Chief Executive	To 31 October 2010
Mr Brian Taylor – Chair	To 30 June 2010
Dr Leigh Griffin – Chief Executive	From 1 November 2010
Mr Andrew Mason – Non Executive Director and Chair	Chair from 1 July 2010
Cllr Louise Lomax – Vice Chair	
Mr Dylan Harrison – Non Executive Director	
Mrs Brenda Thomas – Non Executive Director	
Mr John Snell – Non Executive Director	From 1 April 2010
Mr Geoff Braden – Non Executive Director	From 1 April 2010
Dr Peter Whittle – Non Executive Director	From 1 April 2010
Mr Peter Price – Director of Finance, Informatics and Performance Management	
Dr Catherine Woodward – Director of Public Health and Director of Infection Prevention and Control	
Dr Mike Innes – PEC Chair	
Mrs Margaret Blackmore – Allied Health Professional Member	
Mrs Lynda Randle – PEC Nurse Member	
Rev Pam Bickley – Director of Patient and Community Engagement	
Mrs Claire Old – Director of Commissioning and Service Improvement	To 31 December 2010
Mr Steve Jarman-Davies – Director of Commissioning Intelligence	From 1 January 2011
Dr Jo Leahy – Medical Director	
Mr Paul Donohue - Local Authority Observer (Acting Corporate Director, Adult and Consumer Care, Telford & Wrekin Council)	To 30 May 2010
Mr Paul Clifford – Local Authority Observer (Corporate Director, Telford & Wrekin Council)	From 1 June 2010
Dr Jim Hudson – PEC GP	From 1 November 2010
Dr Chris Pearson – PEC GP	From 1 November 2010
Dr Nick Tindall – PEC GP	From 1 November 2010

## Professional Executive Committee (PEC)

Dr Mike Innes – Committee Chair	
Mrs Margaret Blackmore – Allied Health Professional Member	
Mrs Lynda Randle – Nurse Member	
Dr Jim Hudson – GP	
Dr Chris Pearson – GP	
Dr Nick Tindall – GP	
Karen Kalinowski – Local Authority Observer	From 1 June 2010
Mr Paul Donohue – Local Authority Observer (Acting Corporate Director, Adult and Consumer Care, Telford & Wrekin Council)	To 30 May 2010
Mr Peter Price – Director of Finance, Informatics and Performance Management	
Dr Catherine Woodward – Director of Public Health and Director of Infection Prevention and Control	
Dr Jo Leahy – Medical Director	
Mrs Claire Old – Director of Commissioning and Service Improvement	To 31 December 2010
Mr Steve Jarman-Davies – Director of Commissioning Intelligence	From 1 January 2011
Mr Simon Conolly – Chief Executive	To 31 October 2010
Dr Leigh Griffin – Chief Executive	From 1 November 2010

## Audit Committee

Mr John Snell – Committee Chair and Non Executive Director	
Mr Geoff Braden – Non Executive Director	
Dr Peter Whittle – Non Executive Director	

## Quality, Performance and Resources Committee

Mrs Louise Lomax – Committee Chair and Non Executive Director	
Mrs Brenda Thomas – Non Executive Director	
Mr Dylan Harrison – Non Executive Director	
Mr Simon Conolly – Chief Executive	To 31 October 2010
Dr Leigh Griffin – Chief Executive	From 1 November 2010
Dr Jo Leahy – Medical Director	
Mr Peter Price – Director of Finance, Informatics and Performance Management	
Mrs Claire Old – Director of Commissioning and Service Improvement	To 31 December 2010

### ...cont: Quality, Performance and Resources Committee

Mr Steve Jarman-Davies – Director of Commissioning Intelligence From 1 January 2011

Mrs Helen Onions – representative of the Director of Public Health

## Provider Committee

Mr Rob Hill – Independent Lay Committee Chair

Mr Dylan Harrison – Non Executive Director To 15 November 2010

Dr Peter Whittle – Non Executive Director From 1 June 2010

Mrs Fran Beck – Managing Director Community Health Services

Mrs Jo Banks – Deputy Director Specialist Services for Children and Young People

Mrs Sara Vale – Deputy Director for Child and Family Support Services

Mr Kevin Moore – Deputy Director for Adult and Older People's Health Services

Mrs Andrea Davies – Nurse Development Manager

Mrs Hilary Adams – Intermediate Care Services Manager To 18 October 2010

Mr Alan Millar – Director for Human Resources

Dr Alistair Neale – Consultant Child and Adolescent Psychiatrist

Mrs Michelle Gordon – Associate Director of Finance (Provider Arm) To 30 December 2010

## Remuneration Committee

Mr Brian Taylor – Chair To 30 June 2010

Mr Andrew Mason – Non Executive Director and Chair Chair from 1 July 2010

Cllr Louise Lomax – Vice Chair and Non Executive Director

Mr Dylan Harrison – Non Executive Director

Mrs Brenda Thomas – Non Executive Director

Mr John Snell – Non Executive Director

Mr Geoff Braden – Non Executive Director

Dr Peter Whittle – Non Executive Director

All Board committees' terms of reference, which form part of Standing Orders can be accessed via the PCT website. The Remuneration Committee exists to advise the Board about remuneration policies and has delegated authority to make decisions on appropriate remuneration and terms of service for the Chief Executive, executive directors and other senior employees. If a decision is to be made that directly affects an individual, who would normally attend the committee meeting, then that person is not present.

Non Executive members and members of the Professional Executive Committee are paid in accordance with national guidance and remuneration of executive members of the Board is determined by the Remuneration Committee within national scales. The Board agreed that no awards to senior managers would be made by the PCT for 2010/11.

During the year the committee comprised of the Chair and Non Executive members. Meetings are also attended by the Chief Executive and Director of Human Resources.

## Register of members' interests 2010/11

<b>Mrs Claire Old</b> – Director of Commissioning and Service Improvement	None
<b>Mr Andrew Mason</b> – Non Executive Director and Chair	None
<b>Cllr Louise Lomax</b> – Vice Chair	<ol style="list-style-type: none"> <li>1. Board Member of Severn Gorge Countryside Trust</li> <li>2. Member of Telford &amp; Wrekin Council</li> <li>3. Training Consultant for Citizens Advice</li> </ol>
<b>Dr Jo Leahy</b> – Medical Director	Sole Trader of Luminescence Coaching – coaching, mentoring and training
<b>Dr Catherine Woodward</b> – Director of Public Health and Director of Infection Prevention and Control	<ol style="list-style-type: none"> <li>1. Member of the BMA</li> <li>2. Member of the West Midlands Regional Council of the BMA</li> <li>3. Member of the National Association of Directors of Public Health</li> </ol>
<b>Mr Dylan Harrison</b> – Non Executive Director	1. West Bromwich YMCA, contracts with Sandwell PCT
<b>Mr Brian Taylor</b> – PCT Chair	None
<b>Rev Pam Bickley</b> – Director of Patient and Community Engagement	Vicar - Church of England
<b>Mr Simon Conolly</b> – PCT CEO	None
<b>Mr Peter Price</b> – Director of Finance, Informatics and Performance Management	None
<b>Dr Mike Innes</b> – PEC Chair	<ol style="list-style-type: none"> <li>1. Partner at Stirchley Medical Practice, Telford</li> <li>2. Member of Shropshire Doctors Co-operative</li> <li>3. Membership of the British Medical Association</li> <li>4. Chair of Trustees of the Shropshire Fiwila Partnership</li> <li>5. Member of the Telford and Wrekin Clinical Commissioning Group</li> </ol>

...cont: Register of members' interests 2010/11

<b>Mrs Margaret Blackmore</b> – Allied Health Professional Member (PEC Vice Chair)	None
<b>Mrs Lynda Randle</b> – PEC Nurse	None
<b>Mr Paul Donohue</b> – Local Authority Board Observer	<ol style="list-style-type: none"> <li>1. Telford &amp; Wrekin Council Nominee on the Board for Telford and Wrekin CVS</li> <li>2. "Partner Governor" for South Staffordshire and Shropshire Mental Health NHS Foundation Trust</li> <li>3. Interest in Pooled Funds held between NHS Telford and Wrekin and Telford &amp; Wrekin Council</li> </ol>
<b>Mr Paul Clifford</b> – Local Authority Board Observer	Telford & Wrekin Council pooled budgets
<b>Mrs Brenda Thomas</b> – Non Executive Director	Member of Staffordshire and West Midlands Probation Trust
<b>Mr John Snell</b> – Non Executive Director	None
<b>Mr Geoff Braden</b> – Non Executive Director	None
<b>Dr Peter Whittle</b> – Non Executive Director	None
<b>Dr Leigh Griffin</b> – Chief Executive	Director of Sefton for Africa
<b>Dr Jim Hudson</b> – PEC GP	<ol style="list-style-type: none"> <li>1. Shropdoc member</li> <li>2. Partner of Donnington Medical Practice, Telford</li> </ol>
<b>Dr Chris Pearson</b> – PEC GP	<ol style="list-style-type: none"> <li>1. Partner of Stirchley Medical Practice</li> <li>2. Shropdoc member</li> </ol>
<b>Dr Nick Tindall</b> – PEC GP	<ol style="list-style-type: none"> <li>1. Partner of Wellington Road Surgery, Newport</li> <li>2. Shropdoc member</li> </ol>
<b>Mr Steve Jarman-Davies</b> – Director of Commissioning Intelligence	None

## **Telford and Wrekin PCT Annual Accounts 2010/11**

### **Statutory financial duties**

The PCT has four financial duties:

1. A statutory duty to maintain expenditure within resource limits set by the Department of Health, one for revenue and one for capital. There was a revenue underspend of £467,000 (compared to the SHA control total of £500,000) and a capital underspend of £41,000.
2. An administrative duty to remain in operational financial balance, that is not to exceed its resource limit when unplanned resource brokerage is excluded. The PCT achieved its £467,000 surplus without any unplanned brokerage, and therefore fulfilled the duty.
3. A statutory duty to remain within the cash limit set by the Department of Health. The PCT drew down the notified cash limit, and therefore met this duty.
4. An administrative duty to achieve full cost recovery in relation to the provider function. There was an over recovery of £410,000.

### **Director's statements**

#### **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
- 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.

Signed: 

Chief Executive

Date: 7 June 2011

## Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 1977 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 organisation and the net operating cost, recognised gains and losses and cash flows for the year. In preparing these accounts, directors are required to:

1. Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
2. Make judgements and estimates which are reasonable and prudent
3. 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 organisation 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 health authority and hence for taking reasonable steps for the prevention of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the financial statements.

By order of the Board.

Signed: 

Chief Executive

Date: 7 June 2011

Signed: 

Director of Finance

Dated: 7 June 2011

## **Summary of the Statement on Internal Control (SIC) for Telford and Wrekin PCT for 2010/11**

The Chief Executive states that "The system of internal control has been in place in NHS Telford and Wrekin for the year ended 31 March 2010 and up to the date of the approval of the annual report and accounts."

The SIC does not identify any significant control issues for 2010/11.

The SIC also identified the following other control issues not deemed to be significant:

Four Serious Incidents of harm to individual clients of the PCT as a result of the commissioned care they received from NHS Telford and Wrekin's providers. One other was reported in relation to a deprivation of liberty incident. Investigations are being conducted into these cases and where necessary action plans will be drawn up to address lessons learnt. None of the Serious Incidents reported by NHS Telford and Wrekin involved data security incidents that led to data loss or confidentiality breaches.

The Board has concluded that expenditure in relation to Continuing Health Care through direct payments is outside the scope of the current Department of Health pilot scheme and was therefore unlawful. This did not present a significant weakness in internal control within the organisation. The process reflects the policy encouraged by the Department of Health to provide greater choice to patients receiving care through personal budgets, but with which legislation had not kept pace.

The PCT undertook an investigation which culminated in an action plan to identify changes in process required, which has been fully acted upon. The PCT has reviewed those cases affected by this issue during 2010/11, with a small number still to be reviewed following appeals.

At a general level, where weaknesses have been identified through the internal audit process the PCT has or will establish action plans that are or will be tracked via the Audit Committee to ensure improvement is made.

Signed: 

Chief Executive

Date: 7 June 2011

(on behalf of the Board)

A full copy of the 'Statement on Internal Control' is available on NHS Telford and Wrekin's website at [www.telford.nhs.uk](http://www.telford.nhs.uk)

## Independent auditors' report to the directors of Telford and Wrekin PCT on the summary financial statements

I have examined the summary financial statement for the year ended 31 March 2011 which comprises the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Cashflows and the Statement of Changes in Taxpayers Equity.

This report is made solely to the Board of Directors of Telford and Wrekin PCT in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

### Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

### Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Telford and Wrekin PCT for the year ended 31 March 2011. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (9 June 2011) and the date of this statement.

My opinion on the statutory financial statements (Regularity element) was qualified as follows: "As disclosed in Note 36 of the accounts, Telford and Wrekin Primary Care Trust has made direct payments to patients of £483,000 for NHS continuing healthcare for which it has no statutory power. In my opinion, except for expenditure on direct payments for NHS continuing care, in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them."



Tony Corcoran  
District Auditor and Officer  
of the Audit Commission

Opus House, Priestley Court,  
Stafford Technology Park,  
Beaconside, Stafford ST18 0LQ

Date: 20 June 2011

## Summary financial statements

These statements are a summary of the Annual Accounts produced by the PCT for the year ended 31 March 2011. The financial statements might not contain sufficient information for a full understanding of the PCT's financial position and performance. The full accounts may be obtained from the Finance Director.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2011	2010/11 £'000	2009/10 £'000
<b>Commissioning</b>		
Employee benefits	7,167	5,958
Other costs	248,397	233,471
Less: income	-5,957	-3,891
<b>Provider</b>		
Employee benefits	22,225	21,900
Other costs	10,398	10,251
Less: income	-13,100	-13,237
<b>PCT net operating costs before interest</b>	<b>269,130</b>	<b>254,452</b>
Investment income		
Other (gains)/losses	28	
Finance costs	18	40
<b>Net operating cost for the financial year</b>	<b>269,176</b>	<b>254,492</b>
<b>Other comprehensive net expenditure</b>		
Net (gain) on revaluation of property, plant and equipment	-290	-242
Net (gain) on revaluation of intangibles		
Net (gain) on revaluation of available for sale financial assets		
Receipt of donated or government granted assets	-83	
(Gain)/loss on other reserves		
Impairments and reversals	48	663
Transfers from donated and government grant reserves		
Adjustment for nominal cost of capital charge		313
Transfers (to)/from other bodies within the Resource Account Boundary		
Net actuarial (gain)/loss on pension		
<b>Total comprehensive net expenditure for the year</b>	<b>268,851</b>	<b>255,226</b>

The Statement of Comprehensive Net Expenditure shows the net operating costs of the PCT split between its provider and commissioning functions. Net operating costs consist mostly of expenditure less miscellaneous income from sources other than government funds. The PCT's biggest item of expenditure is for commissioning services from local NHS Trusts.

<b>Statement of Financial Position as at 31 March 2011</b>	<b>31 Mar 2011 £'000</b>	<b>31 Mar 2010 £'000</b>
<b>Non-current assets</b>		
Property, plant and equipment	8,195	8,236
Intangible assets		
Other financial assets		
Trade and other receivables		
<b>Total non-current assets</b>	<b>8,195</b>	<b>8,236</b>
<b>Current assets</b>		
Inventories	69	59
Trade and other receivables	2,009	2,983
Other financial assets		
Other current assets		
Cash and cash equivalents	6	42
Non-current assets held for sale	2,084	3,084
<b>Total current assets</b>	<b>2,084</b>	<b>3,084</b>
<b>Total assets</b>	<b>10,279</b>	<b>11,320</b>
<b>Current liabilities</b>		
Trade and other payables	-21,744	-18,050
Other liabilities		
Provisions	-1,696	-1,663
Borrowings	-9	-47
Other financial liabilities		
<b>Total current liabilities</b>	<b>-23,449</b>	<b>-19,760</b>
<b>Non-current assets plus/less net current assets/liabilities</b>	<b>-13,170</b>	<b>-8,440</b>
<b>Non-current liabilities</b>		
Trade and other payables		
Provisions	-776	-938
Borrowings		-2
Other financial liabilities		
Other liabilities		
<b>Total non-current liabilities</b>	<b>-776</b>	<b>-940</b>
<b>Total assets employed</b>	<b>-13,946</b>	<b>-9,380</b>
<b>Financed by :</b>		
<b>Taxpayers equity</b>		
General fund	-15,358	-10,747
Revaluation reserve	1,329	1,367
Donated assets reserve	83	
Government grant reserve		
Other reserves		
<b>Total taxpayers equity</b>	<b>-13,946</b>	<b>-9,380</b>

The financial statements were approved by the Board and signed on its behalf by:

Signed: 

Chief Executive

Date: 7 June 2011

The Statement of Financial Position summarises the assets and liabilities of the PCT.

The non-current assets section shows the value of land, buildings and equipment that the PCT owns.

The receivables figure represents monies owed to the PCT and the payables figure represents monies owed by the PCT.

The provisions figure represents the estimated costs of settling future claims against the PCT.

Taxpayers equity shows the distribution of the financing of the PCT's net assets.

Statement of Cashflows for the year ended 31 March 2011	2010/11 £'000	2009/10 £'000
<b>Cashflows from operating activities</b>		
Net operating cost before interest	-269,130	-254,452
Other cashflow adjustments	1,757	1,318
Movements in working capital	4,423	2,933
Provisions utilised	-1,314	-1,625
Interest paid		
<b>Net cash inflow/(outflow) from operating activities</b>	<b>-264,264</b>	<b>-251,826</b>
<b>Cashflows from investing activities</b>		
Payments to purchase property, plant and equipment	-860	-2,506
Payments to purchase intangible assets		
Proceeds of disposal of assets held for sale	760	
Purchase of financial investments (LIFT)		
Sale of financial investments (LIFT)		
Loans made in respect of LIFT		
Loans repaid in respect of LIFT		
Payments for other financial assets		
Proceeds from disposal of other financial assets		
Interest received		
Rental income		
<b>Net cash inflow/(outflow) from investing activities</b>	<b>-100</b>	<b>-2,506</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>-264,364</b>	<b>-254,332</b>
<b>Cashflows from financing activities</b>		
Net parliamentary funding	264,285	254,338
Other capital receipts surrendered		
Capital grants received	83	
Capital element of payments in respect of finance leases, on-SoFP PFI and LIFT	-2	-3
Cash transfers (to)/from other NHS bodies		
<b>Net cash inflow/(outflow) from financing activities</b>	<b>264,366</b>	<b>254,335</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>2</b>	<b>3</b>
<b>Cash and cash equivalents (and bank overdrafts) at the beginning of the financial year</b>	<b>-2</b>	<b>-5</b>
Effect of exchange rate changes on the balance of cash held in foreign currencies		
<b>Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year</b>	<b>0</b>	<b>-2</b>

The Statement of Cashflows shows where the PCT's cash has come from, how it has been used and the net increase/decrease in cash during the year. Payments in respect of running costs and payments in respect of buildings and equipment were financed mainly by cash drawings from the Department of Health.

<b>Statement of Changes in Taxpayers Equity for the year ended 31 March 2011</b>	<b>General Fund £'000</b>	<b>Revaluation Reserve £'000</b>	<b>Donated Asset Reserve £'000</b>	<b>Total Reserves £'000</b>
Balance at 1 April 2009	-10,321	1,829		-8,492
Net operating cost for the year	-254,492			-254,492
Net gain on revaluation of property, plant and equipment		242		242
Net gain on revaluation of intangible assets				
Net gain on revaluation of financial assets				
Receipt of donated or government granted assets				
Movements in other reserves				
Impairments and reversals		-663		-663
Release of reserves to SOCNE				
Non-cash charges – cost of capital	-313			-313
Transfers between reserves	41	-41		
Transfers to/(from) other bodies within the Resource Account Boundary				
<b>Total recognised income and expense for 2009/10</b>	<b>-254,764</b>	<b>-462</b>	<b>0</b>	<b>-255,226</b>
<b>Net Parliamentary funding</b>	<b>254,338</b>			<b>254,338</b>
<b>Balance at 31 March 2010</b>	<b>-10,747</b>	<b>1,367</b>	<b>0</b>	<b>-9,380</b>
Balance at 1 April 2010	-10,747	1,367		-9,380
Net operating cost for the year	-269,176			-269,176
Net gain on revaluation of property, plant and equipment		290		290
Net gain on revaluation of intangible assets				
Net gain on revaluation of financial assets				
Receipt of donated or government granted assets			83	83
Movements in other reserves				
Impairments and reversals		-48		-48
Release of reserves to OCS				
Non-cash charges – cost of capital				0
Transfers between reserves	280	-280		
Transfers to/(from) other bodies within the Resource Account Boundary				
<b>Total recognised income and expense for 2010/11</b>	<b>-268,896</b>	<b>-38</b>	<b>83</b>	<b>-268,851</b>
<b>Net Parliamentary funding</b>	<b>264,285</b>			<b>264,285</b>
<b>Balance at 31 March 2011</b>	<b>-15,358</b>	<b>1,329</b>	<b>83</b>	<b>-13,946</b>

The Statement of Changes in Taxpayers Equity shows the movement of the General Fund (which is basically a balancing entry on the statement) and on other reserves (due to changes in asset values).

Better Payment Practice Code	2010/11 Number	2010/11 £'000	2009/10 Number	2009/10 £'000
<b>Non-NHS invoices</b>				
Total invoices paid	16,233	46,028	17,787	46,206
Total invoices paid within the target	15,550	43,607	16,811	44,074
Percentage of invoices paid within target	96%	95%	95%	95%
<b>NHS invoices</b>				
Total invoices paid	2,870	159,251	2,458	149,796
Total invoices paid within the target	2,609	156,494	2,218	145,486
Percentage of invoices paid within target	91%	98%	90%	97%

As required by the Department of Health, the Non-NHS trade creditor payment policy of the PCT is to comply with both the CBI Better Payment Practice code and Government Accounting Rules. This requires that all invoices are paid within 30 days of the receipt of goods or a valid invoice, whichever is later, unless other payment terms have been agreed with the supplier.

The PCT has signed up to the Prompt Payments Code. Suppliers can have confidence that signatories to the Code will pay them promptly.

Management costs	2010/11	2009/10
<b>Commissioning management costs</b>		
Management costs (£'000s)	2,806	3,454
Weighted population (number of units)	164,875	163,017
Management cost per weighted head of population (£ per head)	17	21
<b>Provider management costs</b>		
Management costs (£'000s)	1,925	2,128
Income (£'000s)	33,033	32,217
<b>Total management costs</b>		
Management costs (£'000s)	4,731	5,582
Weighted population (number of units)	164,875	163,017
Management cost per weighted head of population (£ per head)	29	34

## Audit

The PCT's external auditors are the Audit Commission. Fees for audit services during the year were £179,000 of which £128,000 related to the audit of the annual accounts and £51,000 related to other specific pieces of work such as on Payment by Results (PBR).

## Salary and pension entitlement of senior managers

Remuneration Name and title	2010/11			2009/10		
	Salary (bands of £5,000)	Bonus payments (bands of £5,000)	Benefits in kind (rounded to nearest £100)	Salary (bands of £5,000)	Bonus payments (bands of £5,000)	Benefits in kind (rounded to nearest £100)
Simon Conolly (Chief Executive)	£000	£000	£00	£000	£000	£00
Peter Price (Director of Finance, Informatics and Performance Mgt)	Up to Oct 10 65-70			115-120		
Catherine Woodward (Director of Public Health and Director of Infection Prevention and Control)	85-90		1,200	85-90		2,400
Claire Old (Director of Commissioning and Service Improvement)	145-150			145-150		
Pam Bickley (Director of Patient and Community Engagement)	65-70			85-90		
Fran Beck (Managing Director of Community Provider Services)	75-80			75-80		
Jo Leahy (Medical Director)	80-85		1,000	80-85		800
Steve Jarman-Davies (Director of Commissioning Intelligence)	65-70	From May 09 only		60-65	5-10	
Brian Taylor (Chair)	80-85	From Aug 09 only		50-55		
Andrew Mason (Chair/Non Executive)	5-10	Up to Jun 10 only		30-35		
Dylan Harrison (Non Executive)	25-30			10-15		
Marie Harrison (Non Executive)	5-10	Up to Feb 10 only		5-10		
Louise Lomax (Non Executive)	5-10			5-10		
Brenda Thomas (Non Executive)	5-10	From Mar 09 only		5-10		
David Ward (Non Executive)		From Mar to Nov 09 only		0-5		
John Snell (Non Executive)	10-15	From Apr 10 only				
Geoffrey Braden (Non Executive)	5-10	From Apr 10 only				
Peter Whittle (Non Executive)	5-10	From Apr 10 only				
Rob Hill (Chair of the Provider Committee)	5-10			5-10		

Notes:

1. Benefits in kind relate to the provision of lease cars
2. In 2010/11 bonuses were waived by all eligible directors. There was no remuneration waived by directors or allowances paid in lieu to directors in 2010/11 or 2009/10
3. The information in the remuneration table above has been audited by the PCTs external auditors.

Name and title	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 2011 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2011 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
<b>Simon Conolly</b> (Chief Executive) Up to Oct 10	0--2.5	-5--7.5	40-45	130-135	N/A	864	N/A
<b>Peter Price</b> (Director of Finance, Informatics and Performance Management)	0--2.5	-2.5--5	35-40	110-115	672	714	-82
<b>Catherine Woodward</b> (Director of Public Health and Director of Infection Prevention and Control)	0--2.5	0--2.5	45-50	135-140	941	780	117
<b>Claire Old</b> (Director of Commissioning and Service Improvement) Up to Dec 10 only	0--2.5	0--2.5	20-25	70-75	378	407	-52
<b>Pam Bickley</b> (Director of Patient and Community Engagement)	0--2.5	0--2.5	30-35	95-100	568	611	-78
<b>Fran Beck</b> (Managing Director of Community Provider Services)	0--2.5	0--2.5	25-30	80-85	562	571	-40
<b>Jo Leahy</b> (Medical Director)	N/A	N/A	15-20	45-50	340	N/A	N/A
<b>Steve Jarman-Davies</b> (Director of Commissioning Intelligence) From Aug 09 only	0--2.5	0--2.5	0-5	0	23	11	12

Notes:

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

## Staff involvement

We are committed to communicating and engaging with staff on a consistent and frequent basis, through local team meetings, staff consultation events, team briefings, staff newsletters and our Joint Staff Consultative Committee (JSCC) which provides a forum for Trade Union staff representatives to meet and contribute to service change and development.

The contacts that have been established over many years have proved beneficial in creating a stable employee/employer relationship that has proved invaluable in the last year with the major changes impacting on the NHS, in particular on PCTs.

**Our annual NHS staff survey has had a consistently high response rate over the years, this year 64% of staff responded.**

Significant improvements have been achieved since the 2009 staff survey, in particular in the number of staff appraisals completed. Many of the measures that the NHS staff survey provides information on, places the PCT in the top 20% of PCT's in England, including:

- Staff feeling valued by other work colleagues
- The PCT's commitment to work-life balance
- Staff affected by work related stress
- Staff reporting good communication with management
- Staff feeling that they can contribute towards improvements at work
- Staff job satisfaction
- Staff recommending the PCT as a place to work or receive treatment.

Our sickness absence levels from the calendar year 2010/11 are as follows: 6,551 total days lost, total staff years of 740 (number of staff is equivalent to 740 whole time equivalents) and average working days lost is 0.11.



Our staff turnover level for the year to the end of March 2011 is 13.1%, a slight increase on the previous year (12.9%). This compares well with other NHS organisations.

Services continue to be provided to staff including our own highly regarded Occupational Health service and staff counselling support.

**All staff employed by NHS Telford and Wrekin have the opportunity to become members of the NHS Pension Scheme.**



## Developing and training our staff

NHS Telford and Wrekin continues to provide and commission learning and development interventions, to ensure the workforce has the right skills and competencies to meet the needs of the service.

The PCT has a strong record of working in partnership, with a wide range of agencies and invests in joint training initiatives, which enables learning across health, social care, housing and the independent and voluntary sector. Partnerships also exist with the West Midlands Strategic Health Authority, Shropshire County Primary Care Trust, the Shrewsbury and Telford Hospital NHS Trust, the Learning and Skills Council, the Care Workforce Development Partnership, local universities and local colleges. NHS Telford and Wrekin continues to work closely with Telford College of Arts and Technology (TCAT) to provide the Healthtec facility which is used by schools across Shropshire.

NHS Telford and Wrekin aims to provide a fair and consistent approach to supporting its staff to continually learn and develop. The PCT expects each member of staff to have an annual employee development review/Knowledge Skills Framework review.

The uptake of appraisals has significantly increased this year. Through this approach the PCT ensures that funding, available through the West Midlands Strategic Health Authority is allocated in a fair and transparent way.

**A range of interventions have been provided by NHS Telford and Wrekin to identify both team and individual development needs, with regard to leadership skills, including bespoke workshops:**

- NHS Telford and Wrekin delivers the Insight Into Leadership programme for staff at Bands 1 to 4 to enable leadership at all levels. 60 delegates completed the programme this year - across Shropshire and include staff from health, social care and the independent sector.
- A one year pilot rotation programme has just been completed. This innovative programme saw three recently qualified nurses work in rotation, across acute and primary care, as well as across the independent sector. This pilot helped to identify and expand skills in these staff and the teams working with them, to enable the development of services to allow our patients to have better care, closer to home.

- NHS Telford and Wrekin is currently engaging with staff to develop a Supervision Framework to support the established microsite, which provides information about supervision support available. This will ensure that staff and managers in the PCT know what is expected of them and what they can expect from the PCT to support them in their roles.
- We have been involved in the regional 'Talent Management' and 'Aspiring Directors' programmes. These are aimed at identifying staff who have the potential to develop their roles into more senior positions or into positions in complementary areas and providing support to those to enable them to achieve their goals.
- Uptake of mandatory training by staff has increased this year, with the average attendance of the relevant staff increasing to 95%.



NHS Telford and Wrekin remains committed to ensuring that staff receive up to date and relevant training. The training consists of an online package (focusing on legislation) and a face to face session where issues can be debated via case studies and other scenarios. NHS Telford and Wrekin also has an Equality and Diversity group where members consider a wide range of aspects, from the monitoring of Equality Impact Assessments to how to deal with issues that staff are experiencing. Members of the Equality and Diversity group are also supporting the Development Education Learning service in the delivery of training, ensuring that staff understand the link between legislation and how it can affect their work practice.

## Equal opportunities

NHS Telford and Wrekin is working on a Single Equality Scheme which will cover all strands of equality and diversity – race, age, disability, gender, sexual orientation, religion and belief, human rights and carers. This scheme will be shared with members of the public, stakeholders and staff in 2011.

As part of the clear, longstanding, requirement from the Department of Health and the Equality and Diversity Council, that the introduction of the Equality Delivery System is a 'must do', the Strategic Health Authorities will co-ordinate implementation across their regions. NHS Telford and Wrekin, as part of the Regional EDS Governance Group, are working towards the introduction and implementation of the EDS (Equality Delivery System).

## Disabled employees

NHS Telford and Wrekin, in its policy and procedure on Equal Opportunities, recognises that everyone in the organisation has a role in ensuring fairness towards people with any disability. Emphasis will be placed on the individual's ability rather than disability and we will endeavour to support disabled employees and prospective employees in the work place with reasonable adjustments.

NHS Telford and Wrekin has been re-accredited as a 'Positive about Disabled' employer. This is a recognition given by Jobcentre Plus, to employers who have agreed to meet five commitments regarding the recruitment, employment, retention and career development of disabled people.

## Health and safety

NHS Telford and Wrekin is committed to providing a healthy and safe workplace for all employees and contractors and to providing a safe environment for its patients, clients and visitors. Monitoring of our health and safety systems is through the Quality Assurance Group for the provider arm and for significant issues through the Commissioning Executive Team for the commissioning arm.

**A copy of the Health and Safety Policy, together with the related codes of practice and guidelines, is available at [www.telford.nhs.uk](http://www.telford.nhs.uk)**



## Sustainability

### Environmental

NHS Telford and Wrekin recognises that sustainability is a cornerstone to ensuring that the organisation continues to meet its goals in the future. Key developments in this area during 2010/11 have been:

The Sustainable Development Management Plan (SDMP), which was approved by Board in March 2010. This outlines the actions NHS Telford and Wrekin is taking to address the requirements of the Climate Change Act 2008 and reduce the level of carbon dioxide equivalent emissions resulting from its operations. A Carbon Reduction Steering Group has been established under the chairmanship of a Non Executive Director to implement and continue to develop the SDMP. Green Teams have also been set up looking at specific areas such as Transport and Travel, IT and Telephony, etc.

**The Green Teams have already started to have an impact on sustainable development within the PCT, most notably:**

1. The establishment of a video link between meeting and training rooms in Halesfield 6 and William Farr House, to enable staff to have "virtual training" or video-conferencing. This reduces the need for staff to travel between these two headquarter sites
2. Following a survey of staff travel, a draft Transport and Travel Plan has been developed, and will be further refined and implemented across the Telford and Wrekin/Shropshire health organisations as they are established during 2011/12.

These actions, together with a small capital investment to improve the thermal performance of the PCT's buildings, has resulted in the organisation achieving a level of CO<sub>2</sub> emissions of 55.54 Kg/m<sup>2</sup> which is well within the lower quartile of 60.67 Kg/m<sup>2</sup> for its peer group, reflecting reductions in CO<sub>2</sub> emissions across the PCT.



## Procurement

NHS Telford and Wrekin approved its Procurement Strategy in July 2009. The strategy includes a commitment that when we make purchasing decisions we will consider the opportunities for additional social, economic and environmental benefit to the community, whilst working within our procurement rules and principles. The intention being to develop links with and utilise local providers wherever possible.

As part of this process, a procurement team has been established for the whole Shropshire health community under the management of the Shrewsbury and Telford Hospital NHS Trust. We are currently working with this team to develop and enhance the existing Procurement Strategy. This has seen the inclusion of an "Environmental Considerations" section within our tender documentation for services, and the intention is that this will be further developed during 2011/12.

## Emergency planning

Whilst no major incidents were formally declared by NHS Telford and Wrekin, the Trust's Emergency Response Arrangements plan has been tested on numerous occasions during 2010/11.

The Trust has exercised and tested resilience arrangements in line with both the Civil Contingencies Act 2004 and NHS Emergency Planning Guidance 2005 requirements. Audits conducted by the Cabinet Office and Strategic Health Authority show the Trust to have excellent compliance with legislative requirements and emergency planning guidance. Business continuity arrangements in place are currently being reviewed to ensure compliance with BS25999.

Resilience planning and support is being maintained during transitional arrangements across Shropshire and Telford and Wrekin, as well as, the Trust leading resilience on behalf of the Strategic Health Authority and new cluster arrangements across the West Mercia footprint. Closer partnership arrangements with local authorities have been established to provide a more seamless response in an emergency, between providers of health and social care.

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## Data protection

NHS Telford and Wrekin has complied with the Treasury's guidance on setting charges for information. The PCT's charging policy for Subject Access Requests is in accordance with the Data Protection legislation and can be found in the Data Protection Policy on [www.telford.nhs.uk](http://www.telford.nhs.uk)



## Contact us

A copy of this report is also available in large format and Compact Disc by contacting:

Jenny Fullard  
Communications Officer  
NHS Telford and Wrekin  
Halesfield 6  
Telford  
TF7 4BF

Tel: 01952 580 476

If you would like help to understand this report in your own language, please telephone 01952 580 472.



[www.telford.nhs.uk](http://www.telford.nhs.uk)