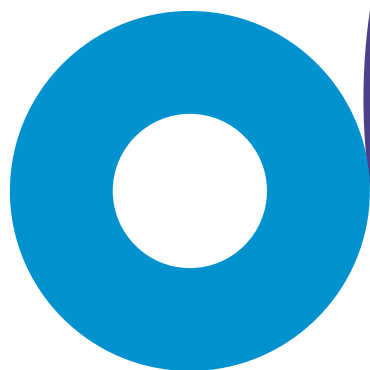


Annual Report 2009/10



This report aims to tell you more about the job we do as leaders of the NHS in West Sussex.

It is our job to help people to live healthily and stay well, and to ensure that everyone living and working in the area has access to high quality health services which meet their needs. To do this we commission (plan, buy, and check) health services from a range of providers including hospitals, GPs, community services, voluntary organisations

and the independent sector, ensuring that the best value for money is obtained. We also commission services such as flu immunisations, cancer screening and health visiting for the people of West Sussex. We listen to and learn from everyone who has a view on how NHS services should be provided.

You can find out more about what we do, and how you can get involved at www.westsussex.nhs.uk

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If you would like a copy of this report in another format such as large print, taped version or in another language please contact us on 01903 708440.

This document is also available on the NHS West Sussex website: www.westsussex.nhs.uk

Chairman and Chief Executive's introduction



This fourth annual report for NHS West Sussex covers the financial year 1 April 2009 to 31 March 2010 and aims to meet our statutory reporting requirements whilst giving an overview of what we have been doing during the year.

NHS West Sussex commissions healthcare for the 780,000 residents of West Sussex, with a budget of more than £1 billion. The 782 square miles we cover includes a primary care network of 95 general practices, 123 optometrists, 170 dentists and 152 pharmacies, working alongside acute hospital trusts and community health teams to ensure the delivery of healthcare for the people of West Sussex.

In 2009, we set 12 strategic goals for the period 2009-14, the key objectives to enable us to realise our vision of lifelong health and wellbeing for all. These goals were based on a detailed analysis of the needs of the local population carried out in conjunction with West Sussex County Council.

During 2009-10 our focus was on making progress against those 12 goals, and this report provides details about our performance in these areas. However, there were also other significant achievements.

We led the Sussex-wide NHS response to the swine flu pandemic, while still maintaining services and meeting our statutory responsibility to break even financially.

We devolved more resources to support GPs in their local Practice Based Commissioning groups, and entered into a management contract with South Downs Health, for them to take operational control of our provider arm West Sussex Health. We also made a good start towards our aspiration of becoming a world class commissioner, and the Care Quality Commission rated us as 'good' for managing our resources, and 'fair' for the quality of services we commission.

We are approving this Annual Report at a time of unprecedented change for the NHS. Although the NHS will continue to receive additional funding year on year, it will not be at the levels we have received over recent years. A key focus will therefore be placed on making the very best use of all our resources. At the same time, we will be helping to implement the NHS White Paper, with its focus on putting patients at the centre of everything we do.

Our thanks go to all our partners in primary care, community care, the acute sector, local government, the voluntary and third sector, patient and public representatives, and everyone else who contributed to our work during the year. Finally, thanks to the dedicated staff of NHS West Sussex for their hard work, commitment and skill.



Michael Harris
Chairman
NHS West Sussex



John Wilderspin
Chief Executive
NHS West Sussex

Who we are

On 1 October 2009, West Sussex Primary Care Trust became known as NHS West Sussex. In common with most other primary care trusts across the country we decided that the new identity better reflected our changing role.

We no longer directly deliver services. Instead our focus is on commissioning services, the prevention of ill-health, and primary care development. NHS West Sussex is the leader of the local health service, co-ordinating a complex network of healthcare providers – NHS trusts, voluntary and third sector organisations, the independent sector – to ensure that county residents can access high quality care whenever they need it.

NHS West Sussex also works as an advocate for local people, using their experiences to enable the NHS to learn lessons, and to engage in an ongoing dialogue about how health services can be improved.

Our role

Fundamentally the work of a commissioning organisation falls into three overall categories: planning, buying and checking. Public and clinical engagement underpins the whole cycle.

Planning

To deliver the right health services for people in West Sussex, we must fully understand the needs of the local population. This involves examining the latest medical evidence, working with local authority partners, talking to clinicians and experts, and engaging with patients.

Buying

Having planned what is needed NHS West Sussex then agrees contracts with a range of healthcare providers to buy in the right services, while securing best value.

Checking

NHS West Sussex must continually ensure patients are receiving the right services. This checking process involves contract monitoring with providers, public and clinical engagement, assessment against performance measurements, and evaluating how to respond to population changes or technological advances.

Our NHS partners

Hospitals

Patients now have the right to choose the provider they want for most hospital treatments, and NHS West Sussex commissions from an ever-widening range of organisations to facilitate this right. However, the main acute hospital providers remain those which are most local – Western Sussex Hospitals NHS Trust, Surrey and Sussex Healthcare NHS Trust, Brighton and Sussex University Hospitals NHS Trust, and Sussex Partnership NHS Foundation Trust.

Practice Based Commissioning

NHS West Sussex supports the eight Practice Based Commissioning (PBC) consortia in the county to assess the health needs of their local population, and to commission services to meet those needs. These GP-led groups are also being helped to recruit lay members to work alongside the clinicians, to strengthen public engagement.

Community care

The majority of community health services in the county are commissioned from West Sussex Health, the provider arm of NHS West Sussex. These services are delivered in a range of locations, including community hospitals, health centres, and in the patient's home.



Our strategic goals

In 2009 we published our Strategic Commissioning Plan, which set out our 12 overriding goals to be achieved by 2014. These goals include measurable targets, to show how we are making progress towards our objective of lifelong health and wellbeing for all.

<p>Tackle the causes of ill health</p> <p>Goal 1 - Improve people's health and wellbeing</p>	6 - 7
<p>Treat and support those with ill health</p> <p>Goal 2 - Improve the health of people living with long term conditions such as asthma or diabetes</p> <p>Goal 3 - Improve stroke and cardiac services</p> <p>Goal 4 - Reduce the number of deaths from cancer</p>	8 - 9
<p>Make sure that services are safe, high quality, accessible, and deliver a good patient experience</p> <p>Goal 5 - Ensure more health services, including those for older people, are available closer to home</p> <p>Goal 6 - Improve children's and maternity services</p> <p>Goal 7 - Reduce hospital infections</p> <p>Goal 8 - Ensure better access to specialist services such as renal and cancer</p>	10 - 11
<p>Reduce health inequalities</p> <p>Goal 9 - Reduce the variation and gaps in health services across West Sussex</p> <p>Goal 10 - Improve the quality of life, and increase life expectancy</p>	12 - 13
<p>Offer patients and service users more choice and control over their care and services</p> <p>Goal 11 - Allow some mental health patients greater freedom to buy their own care</p> <p>Goal 12 - Increase the number of people who may choose to die at home or in a setting of their choice</p>	14 - 15

To view the Strategic Commissioning Plan in full, visit: www.westsussex.nhs.uk/our-priorities



Tackling the causes of ill health

Increasingly the role of the NHS is to prevent illnesses from occurring in the first place, not simply treating people when they become unwell. This new focus supports people to enjoy longer healthier lives, and also helps the NHS to avoid still greater challenges in the future by tackling harmful lifestyle choices at an early stage.

To help more people to enjoy the opportunity of lifelong health and wellbeing, NHS West Sussex is focused on tackling the primary causes of ill health such as smoking, poor diet, and a lack of physical activity.

Notable achievements, 2009-10

Smoking success as thousands helped to quit

During the year more than 4,000 people in West Sussex were supported by the NHS to stop smoking for at least four weeks, meeting our target. This is an ongoing priority, because stopping smoking is the most important single step anyone can take to improve their health.

One of the new services introduced in West Sussex during 2009-10 was the 'drop and stop' initiative, aimed at pregnant women and new parents. The project is based in Children and Family centres across the county, to make it easy for mums-to-be and parents to find the help they need to kick the habit – they simply drop off the kids, and then get support to stop smoking.

This year also marked the 10th anniversary of local Stop Smoking services, with more than 25,000 people supported so far.

To take the first step to being smoke-free call the West Sussex NHS Stop Smoking helpline on 01903 708000.



Helping families to MEND their ways

Getting families healthy and active has been a priority, as demonstrated by the NHS West Sussex MEND programme – Mind, Exercise, Nutrition, Do it!

As part of the initiative families in Crawley were given the chance to put their tastebuds to the test, while getting tips on how to make easy healthy meals and keep their children active.

The free one-day family event at the K2 Centre in April 2009 was just one highlight of the MEND project, an ongoing 10-week programme designed to help families of children aged 7-13 who are above a healthy weight to get fitter, healthier and happier.



Helping people to go drug-free

During 2009-10 more than 1,000 people were helped to complete drug treatment programmes, with NHS West Sussex working alongside the county council on the West Sussex Drug and Alcohol Action Team (DAAT).

In January 2010 there was recognition for some of the superb work being carried out. The volunteers on the DAAT's Family and Friends Network, which organises drop-in centres and support groups to support the loved ones of those struggling with substance misuse problems, were given awards by the Mayor of Arundel and the High Sheriff of West Sussex for their valuable work.

Cooking up a recipe for healthier eating

New approaches have been developed to help the estimated 140,000-plus people in West Sussex who are overweight.

Among the new initiatives are 'Cook and Eat' classes, which set out to create an army of chefs ready and willing to pass on the secret of healthy, tasty and affordable food to family and friends.

The first session was held at Worthing in September 2009, teaching attendees how to organise their own cookery group, facts about nutrition, and tips for creating delicious meals on a shoestring budget.



For more information visit www.westsussex.nhs.uk/live-well-eat-well

Looking ahead

During 2010-11 NHS West Sussex will develop new services within primary care to help people to lose weight and stay healthy, while the NHS Health Check pilot scheme will provide a health 'MOT' to some people over the age of 40.

NHS West Sussex will work with partners to launch a major awareness campaign about the dangers of excessive alcohol consumption, while the effort to help people stop smoking will continue to be prioritised.



Treating and supporting those with ill health

Ensuring that those suffering ill health can access the best possible services remains a fundamental objective. This commitment applies whether the patient needs help to make a full recovery, or whether they require support to allow them to maximise their potential whilst living with a chronic condition.

To achieve this NHS West Sussex has set itself the goals of improving the health of those living with long term conditions, commissioning better stroke and cardiac services, and reducing the number of people dying from cancer.

Notable achievements, 2009-10

UNIQUE approach to improving care

The 'Unique Care' approach to supporting patients in primary care received a high-profile endorsement.

Professor Lord Darzi, then the Parliamentary Secretary of State at the Department of Health, visited the St Lawrence Surgery to find out more about their award-winning Unique Care. The approach involves identifying the needs of patients and allocating responsibilities to different members of an integrated, multi-skilled team with members drawn from both health and social care.

Lord Darzi said: "I firmly believe that by piloting new integrated care systems that bring together health and social care professionals we can achieve better, personalised and more responsive care, which will in turn achieve better health outcomes for patients."





Better stroke services a priority

Real progress was made in improving the care given to people who have a stroke.

In West Sussex, all acute hospitals now provide a 'clot-busting' thrombolysis service during normal working hours and good progress was made to ensure patients are cared for in dedicated stroke units.

Spreading the benefits of screening

Most West Sussex GP practices now achieve 80 percent uptake (the national standard) for cervical cancer screening.

During 2009-10 NHS West Sussex also signed up to the national bowel cancer screening pilot programme, which will allow people to conduct a simple home-test to see if they need further tests into whether they may have the disease. The scheme has been rolled out across West Sussex.

Thousands of secondary school-age girls were also able to arm themselves against cervical cancer – the second most common cancer to affect women under the age of 35 – by receiving the HPV vaccine.



Helping Olive Tree to grow

In July 2009 the new Olive Tree Cancer Support Centre at Crawley Hospital was officially opened by TV personality Nicholas Owen.

The charity is supported by NHS West Sussex, which provided the new premises effectively free of charge. The new premises allow the charity to double the number of therapy and counselling appointments it can offer, and are a vast improvement on the previous headquarters which was an ageing, temporary building.

The Olive Tree has a drop-in centre and other services, including complementary therapies, counselling and information for cancer patients and their families. Olive Tree President Nicholas Owen said: "Staff, volunteers and patients deserve the best facilities."



Looking ahead

In 2010-11 the work to further improve support for those living with ill health will go on, and significant advances are being targeted.

There will be the establishment of new community-based specialist nursing teams, to support those with a range of conditions, including Motor Neurone Disease,

diabetes, and Chronic Obstructive Pulmonary Disease.

Stroke services will develop, with the launch of a new Community Stroke Rehabilitation Team in the north, and the development of the new Early Supported Discharge service. Work will also continue to bring chemotherapy services closer to home.



Making sure that services are safe, high quality, accessible and deliver a good patient experience

Being a world class commissioner of services is about much more than simply signing contracts with providers to perform an agreed number of operations. It is about ensuring that healthcare is delivered to the highest possible quality, safely, and in a way which best suits the needs of the patient, not the NHS.

To this end NHS West Sussex has set itself the task of moving services closer to people's homes when

appropriate, particularly for older people, and also improving both child and maternity services. There is also a commitment to improving patient safety by significantly reducing the numbers of hospital-acquired infections, and to developing specialist services in the south east region to help patients avoid having to travel so far for certain treatments.

Notable achievements, 2009-10

Taking Patient Choice on the road

In June 2009 the 'NHS Choices Roadshow' visited West Sussex to showcase the increasingly wide range of choices patients now have in accessing care.

The roadshow visited Crawley, Horsham, Midhurst, Bognor, and Worthing, and attracted hundreds of visitors. NHS staff were on hand to answer any questions people had. The 'Choice Bus' showed patients the care that is available to them, what rights they have, and how almost all GP surgeries in West Sussex now operate extended hours for their convenience.

For more information about NHS Choices visit:
www.nhs.uk/choices



Thumbs up for primary care

The 2009 Ipsos-MORI Patient Survey showed that West Sussex GP surgeries and out-of-hours care are rated very highly.

More than 24,000 West Sussex residents took part in the survey, with 93 percent of respondents satisfied with their GP practice, 95 percent having confidence in their doctor, and 87 percent able to see a doctor fairly quickly. More than two-thirds of respondents – above the national average – were satisfied with the quality and speed of out-of-hours care.



Helping babies get the 'breast' start

There was recognition of the peer support groups who work with new mums to help them to breastfeed.

At the 2009 Best of Health Awards, organised by NHS South East Coast, the West Sussex Coastal Strip Breastfeeding Peer Support Group won the Improving Health and Reducing Inequalities Award.

The service encourages, supports and trains mothers to offer new mums the support they need to breastfeed for the first six months of their babies' lives. Groups now operate county-wide, helping dozens of women to become peer supporters.



Looking ahead

In 2010-11 a major £3 million investment in new community-based memory assessment services to allow early, more effective intervention for dementia patients and their carers is planned.



Getting infection rates down

The number of cases of hospital-acquired infections fell in West Sussex in 2009-10.

NHS West Sussex, with service providers, has set up a Healthcare-Acquired Infection Taskforce to identify risks, and as a result there were 449 cases of Clostridium difficile recorded in 2009-10, well below the Department of Health limit of 720, and the local target of 533.

The MRSA target was also hit, with only 22 cases of MRSA bloodstream infection at West Sussex acute hospital trusts in the year.

Improving access to specialist care

During 2009 the Springfield Renal Care Unit became fully operational at Bognor Regis War Memorial Hospital, allowing many renal patients the chance to benefit from vital dialysis treatment in a much more convenient setting.

The new unit provides dialysis for up to 68 patients a week and has 14 fully equipped dialysis stations for renal consultants and their teams to see patients locally. It is the result of a partnership between NHS West Sussex and Portsmouth Hospitals NHS Trust, generously backed by The Friends of Bognor Regis War Memorial Hospital who donated £157,000 towards its development.

There was also progress towards the objective of repatriating some specialist services into the region, with the agreement of the Strategic Outline Case for the '3T's' project – Tertiary, Trauma and Teaching – in Brighton.



Reducing health inequalities

West Sussex is generally a healthy and wealthy county, but people living in some areas suffer markedly worse health outcomes than others. This is demonstrated by the wide variations in the average life expectancy of babies being born in West Sussex – up to 13 years, depending on where in the county their parents live.

NHS West Sussex cannot tackle this alone, because differences in life expectancy are due to a combination of factors such as deprivation, poor housing, and low educational attainment. However, the trust is working closely with its partners to reduce those inequalities, and to respond where there are gaps in service provision.

Notable achievements, 2009-10

Health trainers ready to help

In early 2009 there was the formal launch of the 'Health Trainers' scheme in West Sussex. Throughout the year the 24-strong team, initially recruited in 2008, worked to help local people to lead healthier lives.

Health Trainers are people recruited from their local communities, and given specialist training to enable them to support those living in their neighbourhood who want to become healthier. The team works with people to help them set small achievable goals and develop personal health plans. They offer help for people to improve all aspects of their wellbeing, from eating more healthily to stopping smoking.

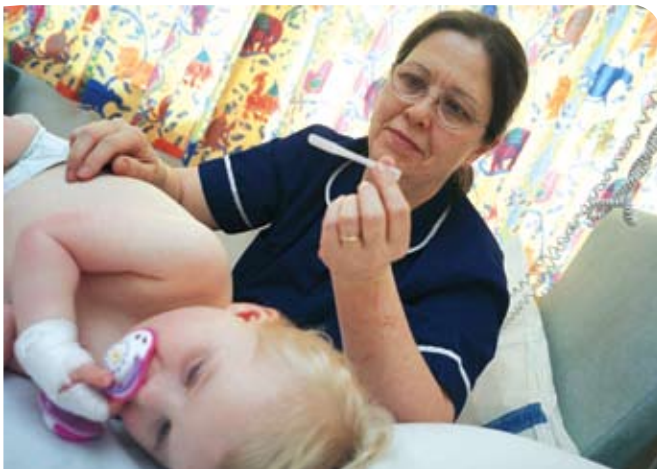
The service was the result of the joint efforts of NHS West Sussex, West Sussex County Council, and local voluntary organisations.



Reviewing services in the North East

During 2009-10 there was significant progress implementing the 47 recommendations of the North East Review Panel, set up by NHS West Sussex in 2008 and chaired by GMC president Sir Graeme Catto. The panel was established to assess whether there were gaps in healthcare provision in the north east of the county, and to suggest ways to address any shortcomings.

Early achievements included the new centralised children's services centre in Crawley, new paediatric nurses, and significant investment in primary care mental health services.



Investing in emotional wellbeing

During 2009-10 there was a major £5 million investment in primary care mental health services to fund new ways of offering support to those suffering mild to moderate anxiety, stress and depression. A recruitment campaign began to recruit and train 130 new therapists across the county, starting in the north east.

The scheme offers 'talking therapies' in convenient primary care settings, and is part of a wider drive to move more mental health care into the community, support people at an early stage in their illness, and to help people suffering mental health problems to be able to stay at work.

Brushing up on dental care

In 2009-10 NHS West Sussex invested an extra £1.5 million to allow an extra 20,000 people each year to access NHS dental care, and a brand new surgery was opened at Steyning Health Centre.

In addition the NHS staff who got thousands of pupils involved in the 2009 'Brushathon' were recognised for their efforts, with the Chichester-based West Sussex Oral Health Promotion team being 'highly commended' at the Dental Awards 2010.



Spreading the Wellbeing word

The Arun Wellbeing and the Crawley Wellbeing teams were established in 2009, bringing together NHS West Sussex and partners in local authorities, the independent sector, and the voluntary and community sector.

The primary goal of the teams is to improve the health and wellbeing of the local populations and to reduce inequalities in health. Priorities are agreed locally, and include tackling unhealthy eating, alcohol misuse, smoking and low levels of physical activity.

Health and Wellbeing Partnerships were also established in Horsham and Mid Sussex, working to promote healthy living within those communities through the joined up efforts of local organisations.

Stepping out to health

Hundreds of people were putting their best foot forward on the road to better health in 2009-10 thanks to the launch of a range of healthy walks.

Public health staff at NHS West Sussex, working with local authority colleagues, have developed a network of guided walks, led by volunteers, which are designed to offer some light exercise for anyone wanting to lose weight, or those looking to get active and meet new people.

Looking ahead

The work to reduce health inequalities will continue to be prioritised, with an extra £2 million invested in dentistry for an additional 25,000 people to access NHS care.

NHS West Sussex will work with our partners to launch the new Health and Inequalities Strategy, which aims to

allow a range of organisations to better understand how they can contribute to tackling health inequalities, and the work programmes of the Wellbeing partnerships will be taken forward.

Offering patients and users more choice and control over their care or services

NHS West Sussex fully understands the importance of offering patients greater influence in determining the care they receive, and how and where they receive it. It is clear that allowing people to have greater control of their treatment can be enormously beneficial – it empowers the patient, it strengthens the relationship between the patient and the NHS, and it means that

the NHS can improve its performance by listening and learning from the people who use the services.

NHS West Sussex is committed to giving patients opportunities to buy their own care, and to enable people nearing the end of their lives to die in a setting of their own choosing, whenever appropriate.

Notable achievements, 2009-10

A personal approach to health budgets

NHS West Sussex successfully bid to be part of a Department of Health pilot scheme to give small budgets to some of the carers of people with dementia.

The amount of money allocated is determined by the level of need, and the carer is supported by a health professional throughout the process. Initially this is a relatively small scheme but the trust is keen to expand this approach should it prove successful.

Improving mental health services

In March 2010 NHS West Sussex, working with Sussex Partnership Foundation NHS Trust and the two East Sussex PCTs, launched a major consultation exercise about future improvements to mental health services.

The consultation is about moving mental health care out of hospital settings where it is safe and appropriate to do so, and investing in high quality, community-based care instead. The new generation of mental health services will focus on 'self-directed support', giving patients far greater choice and control over the treatment they receive.



NHS Constitution spells out patient rights

Patient rights are at the heart of the NHS Constitution, first launched in January 2009. The document sets out what staff, patients and the public can expect from the NHS, making clear the rights that everyone has in relation to their healthcare, and also their responsibilities.

Alongside the right to prompt healthcare, dignity and respect, and a choice of location for treatments, the Constitution also enshrines the rights of patients to view their medical records, to be informed about the services available to them, and to have complaints dealt with fairly and effectively.



Better End of Life Care

In 2009-10 NHS West Sussex appointed an End of Life Care Co-ordinator, in response to one of the recommendations of the North East Review Panel. The task involves liaising between the many relevant providers – NHS trusts, hospices, voluntary and third sector organisations – to ensure that there is a comprehensive care network in place to support patients and their families and carers.



Praise for palliative care

In June the West Sussex Health Macmillan Service was honoured for its palliative care work at the regional Best of Health Awards, organised by the South East Coast Strategic Health Authority.

The team won the Transforming Services award, recognising its positive impact on the quality of life of patients and carers during the final stages of terminal illnesses. The team provides a virtual hospice that enables patients and their families to receive care in the community or in their own home.

Then in October more than 20 West Sussex volunteers were honoured for their dedication to supporting the Midhurst Macmillan Community Palliative Care Service at an awards ceremony run by the national Macmillan organisation.



Looking ahead

There are further significant advances planned in 2010-11 to allow patients greater choice and control over their treatment.

NHS West Sussex has been selected to be a pilot site to trial direct payments to some patients, including those recently diagnosed with dementia, and work is

underway to improve the 'death at home' percentage to 21 percent by the end of 2010.

There will also be further progress to implementing self-directed support for mental health patients, to give patients a role in determining the best care options for them.



Listening to local people

Involving the public in the work of their NHS is not only the right thing to do, it is also essential to ensure that services are effective, efficient, and accessible. As recognition of the importance of public involvement, NHS West Sussex has placed the need for dynamic public engagement and open communication with the people of West Sussex at the heart of its strategic commitments.

Involving local people in planning and giving feedback on health services is a vital part of our work. The commissioning process can only serve local people properly if the NHS fully understands and responds to

the patient experience. That means dealing positively with complaints, but it also means much more than that. It means ensuring that public engagement is embedded into the day-to-day work of NHS West Sussex, influencing our commissioning decisions and continual focus on service improvement.

There is a report detailing consultation activity carried out by NHS West Sussex in 2009-10 on pages 18 to 21. For the purposes of the report, consultation means 'asking a person for their views' and the report explains how their views have influenced our commissioning decisions.

Notable achievements, 2009-10



The new way to better customer services

The new Customer Services Unit (CSU) was formally launched in October, bringing together the Complaints, Customer Services, and Patient Advice and Liaison Service (PALS) into a new 'one-stop' service.

The service is free, confidential, and offers information and advice to the public. Team members act as advocates for the public, helping them to get the best possible service from the NHS.

In 2009-10 there were 229 formal complaints, and 4,364 PALS enquiries. Both of these figures are significantly higher than the year before, reflecting the fact that the trust can now handle complaints from services such as GPs or dentists, and also the considerable efforts made to raise public awareness of the CSU.

A key objective of the Customer Services Unit is to play an active part in improving services. The complaints and compliments received are shared – anonymously – with commissioning staff to enable them to see where services can be improved.

For example, following complaints about the wheelchair service, members of the public who had expressed their dissatisfaction were invited to take part in the work to redesign the service to make it more responsive to patient need.



Membership scheme on the up

The new membership scheme My NHS West Sussex was formally launched in April 2009, and within 12 months had hit the target of recruiting 1,000 members. The scheme is designed to create a large pool of people who are interested in the NHS, and who can play a role in influencing how services are developed.

Commissioners can approach the membership for input, whether it is simply asking them to respond to a survey, or to have a more ongoing role in shaping new services. So far, 90 members have been recruited to help review services, for example the redesign of urology and ophthalmology services. Members also elected their own representatives to the trust's Patient and Public Council, the chair of which has a seat on the NHS West Sussex Board. These 12 people represent the views and interests of patients and the public to senior managers and the Board, and the council is recognised as part of the organisation's governance structure.

Reaching out to the public

There has been a focus on developing public engagement at Practice Based Commissioning level. NHS West Sussex also started providing support to the Practice Based Commissioning consortia to help them recruit people to Public Reference Panels. These groups are effectively local arms of the My NHS West Sussex membership scheme, providing a pool of people who have a stake in the health services provided for their communities, and who want to be involved in making those services more responsive to local needs. The first of these panels to be recruited to was in the Worthing area, followed by Bognor Regis and Chichester, with the other consortia expected to follow suit.

NHS West Sussex has also worked with the National Association of Patient Participation and local GP practices to further develop Patient Participation Groups. More than half of all GP practices in West Sussex now have a Patient Participation Group, and the intention is to increase that figure significantly, to 90 percent, in coming years.



Looking ahead

Improvements to the process of public engagement will continue in 2010-11, with the My NHS West Sussex membership scheme moving towards reaching the new target of 1,500 members.

GPs in the Practice Based Commissioning areas will be supported to recruit members of the public onto

their own local Public Reference Panels, and the new NHS West Sussex website will allow clearer communication with the public, and increase the opportunities for people to engage with the local NHS.

Report on consultations conducted between 1 April 2009 and 31 March 2010



As the lead commissioners of health services in West Sussex we need to be able to evidence that we have continuous and meaningful engagement with the public to shape services and improve health. We believe that involving local people in developing health services and listening to their experiences of care are vital steps in making services better.

We are already engaging the public in the commissioning process and now our challenge is to consolidate and build on this work in order to strengthen and improve our practice in this area. Our plan is to evolve public engagement in commissioning and become more vigorous in our methods by creating engagement practice that meets the needs of both commissioners and the public. This means engaging people in ways which suit their lifestyles and designing a 'menu' of engagement which combines traditional methods and new technologies.

Each one of our strategic commissioning programmes already has, or is developing, comprehensive public engagement activity. This is being done through a variety of engagement methods from having lay members on top level programme boards to setting up patient forums that are used as reference panels to test out new ideas or plans to improve specific services.

Our My NHS West Sussex public membership scheme is a crucial element of our public

engagement strategy. Launched in 2009, we currently have 1200 members representing a wide geographical spread of individuals from across the county. The scheme enables us to listen to the public voice in order to effect change and improvement.

The NHS has a legal duty to involve or consult patients and the public. The law requires NHS organisations to involve service users in the planning and provision of services, developing and considering proposals for changes in how services are provided and making decisions that affect how services operate.

In 2010 a new legal duty to report on consultations was introduced. Now all Primary Care Trusts have to publish an annual report on the influence people's views have had on commissioning decisions. This particular report covers consultations that occurred between the dates 1 April 2009 and 31 March 2010 and, where known, consultations planned after March 2010.

For the purposes of this report, 'consultation' means asking a person for their views on a proposal or issue, before a decision is made. It is not just limited to the big formal 12 week public consultations but encompasses the vast majority of public engagement activity undertaken by NHS West Sussex.

Details of consultations are shown in the following table.



Date or period of consultation	Subject area	Who was consulted and how?	Feedback received	In what way did the feedback influence commissioning decisions?
April 2009 to March 2010	Individual assessments for Continuing Healthcare (CHC)	Decision Support Tool - Patients are assessed as meeting CHC by the completion of a Decision Support Tool this is completed with patient and relative involvement. Commissioning Review - Commissioning reviews are completed on funded patients, patients relatives have an opportunity to provide feedback on care.	Relative and Patient feedback and involvement during the assessment period and once care is commissioned.	Feedback is used to develop and shape individual's care package as well as influencing how CHC commissions care for future patients.
April 2009 to March 2010	Darlington and Kingsland Interim Bed Contract	Lay member during evaluation process.	Gave view on the two bids for the interim bed contract.	Feedback given and taken into account when awarding contract.
April 2009	Continence services	Focus group comprising patients and clinicians.	Themes identified included: <ul style="list-style-type: none"> • The need for greater awareness and positive publicity to encourage earlier identification. • Joint working across other specialists. • Investment in specialist continence services and physiotherapy support. 	Feedback has been used to influence the development of the service specification.
Ongoing from May 2009	Non-urgent care in community settings (Planned Care Outside Hospital)	Patient Forum comprising lay members established. Meets bi-monthly.	The Patient Forum has been actively involved in the dermatology procurement.	Member of the Patient Forum was involved in assessing, evaluating and scoring the applications for the dermatology procurement.
May to July 2009	Development of Commissioning Intentions for Emergency Surgery, Inpatient Paediatrics and Maternity Services	Three Public Reference Panels (PRP) established. These met monthly and each PRP Chair sat on the appropriate clinical Commissioning for Quality Group.	An iterative process with PRP commenting on latest version of the Commissioning Intentions Framework (CIF).	Final version of CIFs contained standards and guidelines suggested by PRP. It was considered these enhanced the Frameworks to make them more robust from the patient perspective.
June 2009 June to	Proposed service model to deliver more specialist urology care closer to home	Urology stakeholder engagement event.	Themes identified included: <ul style="list-style-type: none"> • The need for improvements in communication between different providers. • Services that offer improved access to consistent levels of care. 	Feedback has been used to influence the development of the service specification.
September 2009	Ophthalmology Strategic Working Group	Patients Meetings with patients, NHS staff and clinicians.	The need to focus on improving the pathways of care for the long term conditions including cataracts, glaucoma and Age Related Macular Degeneration.	The meetings provided the future strategic framework for the specialty and informed the development of the service specification.
July to December 2009	Provision of primary angioplasty	Public Reference Panel (PRP) established.	PRP gave viewpoint on clinician's opinions; reviewed independent evidence and provided a written report.	PRP views taken account of as part of Options Appraisal. The PRP had strong views with regard to by-passing existing services in favour of specialist centres and this is likely to be taken into account when the final service model is agreed upon.

Date or period of consultation	Subject area	Who was consulted and how?	Feedback received	In what way did the feedback influence commissioning decisions?
July to September 2009	Access to dental services	Comments requested from NHS West Sussex membership.	Positive and negative feedback on access.	Feedback comments have been used in assessing and confirming demand assumptions from other data sources to assist in development of the requirements for dentistry tender exercise.
August 2009	Gynaecology	Questionnaires were sent to 38 branches of the West Sussex Women's Institute.	Themes identified included: <ul style="list-style-type: none"> • Women would be happy for their care to be managed by GPs that have had extra training and access to specialist advice. • Patients want to access care closer to home. 	Feedback has been used to influence the development of the service specification.
August 2009	Commissioning of Critical Care Paramedics (CCP)	Two lay members involved in event to agree location of CCPs.	Continue with existing group of CCPs but not to commission any further.	Supported Commissioner's viewpoint regarding the location of CCPs. Further consultation with the two lay members corroborated commissioner's views that further CCPs should not be commissioned at this time.
Ongoing from September 2009	Criteria used for the commissioning of radiotherapy services.	Patient Reference Panel, wider focus groups and workshops, on-line survey.	Themes identified included travel times and access to services. Further work is planned to broaden the responses.	Ongoing work, but is shaping the thoughts of both commissioners and clinicians within discussions.
September 2009	Reorganisation of physiotherapy referrals within Crawley Practice Based Commissioning group. The aims being to reduce appointment waiting times and reduce missed appointments.	Open meetings with NHS staff and self nominated members of the public.	Generally positive towards proposals.	The feedback directly influenced the commissioning decision to reorganise the way referrals are made and handled. Project aims have been achieved.
October 2009	Continuation to fund Community Transport Scheme	Lay members on Programme Board.	Gave views on proposal to stop funding scheme from April 2010.	Supported Commissioner's proposal to only fund the scheme until the end of the financial year.
October and November 2009	Investigate low uptake of Breast Cancer Screening (31% uptake for women in West Sussex who are called for their first mammogram).	Face to face interviews with 100 women in Arundel, Bognor Regis, Littlehampton and Chichester.	Different views as to why women would or would not attend a screening appointment.	The feedback showed us that people are happy with the service provided and it was of good quality, so at present there is no need to change the commissioning arrangements. However, when we do more work with the 'hard to reach' groups, including people with learning disabilities and mental health problems, there may be the need to provide the service which better meets their needs, therefore necessitating a change of the commissioning intentions.
March 2010	We were told Muslim women were reluctant to go for their cervical smears, as their results are sent to their home address and their husbands always open the wives post and would know they have attended for their smear.	Face to face discussions with the local groups of 20 Pakistani and Sri Lankan women.	All the women felt it was not an issue as their husbands were OK with them attending. However they acknowledged that there may be women living in the Crawley area who never leave the house, and their husbands would not allow them to have a cervical smear.	

Date or period of consultation	Subject area	Who was consulted and how?	Feedback received	In what way did the feedback influence commissioning decisions?
December 2009 and March 2010 (will continue throughout 2010/2011)	Development of Information Prescriptions for people with long term conditions (LTC) and their carers.	Initial meetings with people with LTC and ongoing liaison.	Themes identified included: <ul style="list-style-type: none"> • Which LTC to focus on, e.g. diabetes, asthma. • Which subject area to focus on, e.g. health conditions, support groups? • How people with LTC and their carers can access information. 	Commissioning decision not yet taken but feedback will be considered.
February to March 2010	Horsham Practice Based Commissioning group: Progress on 2009/10 Commissioning Intentions and identifying 2010/11 Commissioning Intentions.	Lay representative on the PBC Executive Board for Horsham and Chantconbury.	Input into the general discussions of the board.	The lay representative's input help to identify the key commissioning intentions for 2010/11.
March 2010	Quality and patient satisfaction of the Combined Down's Syndrome Screening Services, as the combined test has been rolled out across the county over the past two years.	Mothers who had given birth via an anonymous postal survey.	The survey results are still being received.	Survey responses will provide valuable feedback on service improvement which will be shared with providers, commissioners, primary care and maternity liaison groups.
March 2010 to June 2010	Improving Mental Health services in West Sussex – reducing inpatient beds by 25%; agreeing standards for better community services; and additional investment in new services for people with dementia.	Formal public consultation involving members of the public, staff, general practitioners, primary care staff, voluntary sector partners, community groups, members of ethnic groups, the Local Authority, the Health Oversight and Scrutiny Committee, and Members of Parliament. Formal public consultation document; six public meetings; website and media activity; 69 stakeholder meetings.	Feedback is being collated by the evidence centre but an interim report on the key themes is available and focuses on views and experiences of mental health services in West Sussex. General but not universal support for reduction in beds. Real concern about 'loss' of NHS services generally in some rural areas, e.g. Mid Sussex. Widespread dissatisfaction with performance of Community Mental Health Teams.	This is ongoing but it is expected that the feedback will influence the decisions on where beds will be closed; how commitments to improve community services measure up against the expectations of our population; and whether new services are investments which people are able to support. Specific examples include the need to include a range of commitments for carers, such as respite care; to focus on improving primary care mental health; and to formalise the role of voluntary sector partners in respect of case management.
May to July 2010	Draft countywide partnership health inequalities strategy, 'Promoting Health Equalities – Working together to improve quality of life in West Sussex'	Copy of the draft strategy sent to a wide range of stakeholders.	At the time of writing feedback is still being collated.	Feedback will influence the development of the health inequalities strategy.

Operating and Financial Review 2009/10



Introduction

In this section we provide information in how we operated in 2009/10 and our plans for 2010/11. More detail on our strategic commissioning plans and operating plans can be found on our website www.westsussex.nhs.uk/our-priorities

Governance

In Section 3 of our statement of internal controls below, we outline changes we have made to our governance structure to enable us to more efficiently discharge our duties. In doing this we have changed our Professional Executive Committee (PEC) to a Quality, Innovation, Leadership & Learning Committee which reflects our commitment to robust board assurance and ensuring quality outcomes are particularly important.

The Primary Care Trust Board

Our Board has confirmed its primary role in setting strategic direction and in obtaining assurance against delivery of plans. Details of Board members appear in the remuneration report (see pages 47 to 49) Voting board members appear below.

Voting Members

Michael Harris, Chairman
Jean Barclay, Non-Executive Director
David King, Non-Executive Director
Christopher Moore, Non-Executive Director
Norman Robson, Non-Executive Director
George Tainsh, Non-Executive Director
Stephen Turner, Non-Executive Director
Barbara Wilkins, Non-Executive Director (Vice-Chair)
Brian Angers, Non-Executive Director (until Oct 09)
Margaret Bamford, Non-Executive Director (until Sep 09)
Reverend Malcolm Liles, Non-Executive Director (until Sep 09)
John Wilderspin, Chief Executive
Sue Braysher, Director of Contracting & Performance and Deputy Chief Executive
Sue Dewar, Nurse Member, Quality, Innovation, Learning & Leadership Forum
Neil Ferrelly, Director of Finance
Dr Farhang Tahzib, Director of Public Health & Wellbeing (until Sep 09)
Dr Peter Hayward, Interim Director of Public Health & Wellbeing (until Sep 09)
Dr Judith Wright, Director of Public Health (from Sep 09)

Dr Andrew Foulkes, Chairman, Quality, Innovation, Learning & Leadership Forum (QuLL)
Dr Tim Fooks, GP Member, Quality, Innovation, Learning & Leadership Forum

Non-Voting Members

Sarah Creamer, Director of Strategy
Julia Dutchman-Bailey, Interim Director of Quality & Lead Nurse (from Feb 10)
Brian Hughes, Assistant Chief Executive
Steven Pollock, Director of Communications, Public Engagement & HR
Louise Watson, Director of Primary Care & Development
Mona Walker, Interim Director of Quality (until Jan 10)
Philippa Spicer, Director of HR & Organisational Development
Carole Gareze, Managing Director of Provider Services (until June 09)

Quality, Innovation, Learning and Leadership Committee (previously PEC)

The names and dates of service for executive directors and senior managers are listed in the tables of Salary and Pension Entitlements of Senior Managers at pages 48 to 51 of this report.

The Board had two other statutory committees:

The Audit and Assurance Committee (AAC) consists of four Non-Executive Directors (NEDs): Brian Angers (Chair, until 7 Oct 09 meeting), Stephen Turner (appointed on 20 Nov 09 and Chair of AAC from 12 Jan 10); Jean Barclay, Malcolm Liles (until 9 Jun 09 meeting), Christopher Moore (appointed on 10 Nov 09), Norman Robson, Barbara Wilkins (appointed as an interim Member of the Committee for the meeting held on 7 Oct 09). The Committee met bi-monthly to review the effectiveness of financial and governance controls and receive reports from the internal and external auditors. The Committee ensures there is an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities that supports the achievement of the organisation's objectives. In particular, the Committee reviews the adequacy of:

- all risk and control related disclosure statements together with the Head of Internal Audit Statement, external audit opinion or other appropriate independent assurances

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives and, the effectiveness of the management of principal risks
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
- the policies and procedures for all work related to fraud and corruption.

The Remuneration and Terms of Service Committee

This Committee meets to consider all elements of the remuneration for Directors and other associated issues. See separate Remuneration Report on pages 47 to 49.

Declared interests of PCT Board Members

The PCT is required to maintain a register of declared interests of the Board Members, details of which can be found on pages 24 to 27. Declarations of interest are invited at each Board meeting and formally minuted. During the period 1 April 2009 to 31 March 2010, the majority of Board Members, their immediate families, or members of the key management staff or parties related to them, did not undertake any material transactions with West Sussex Primary Care Trust. The only exception to this was that GP members of the Board and the Professional Executive Committee received income from the PCT for General Medical Services and Personal Medical Services.

Our Performance

The Board assesses performance against a range of targets and standards including those set out by the Department of Health. A detailed report of performance is received at each of our formal meetings and the board considers what further action is required. For 2010/11 this will be supported by a working group, with Non-Executive Director membership to review Finance and Performance. Our joint strategic needs assessment, prepared jointly with West Sussex County Council, is the key driver for our strategic commissioning plan and the 12 strategic goals are reflected in our Board Assurance Framework. Section 1 of this report gives some background and information on the PCT's performance.

In 2009/10 the PCT achieved two thirds of its key national targets some of which were achieved for the first time as a result of investment in services and close work with hospitals to improve services. These included reaching our target number of smoking quitters for the year, and ensuring that all diabetic patients have access to retinal screening once a year. However, a range of targets were narrowly not achieved and these include a number of key commitments to patients such as a maximum four hour wait in Accident and

Emergency departments and the 18 week maximum wait for patients who need to be admitted to hospital for a planned operation. Our challenge for 2010/11 will be to ensure these minimum standards are met as well as continuing to make progress with the indicators of prevention of ill health. A full picture of our achievement against targets can be seen from board performance reports available on our website. Overall the PCT's performance has remained at a similar level to 2008/09.

Our finance section on page 40 gives a review of financial performance. The analysis of significant accounting policies and the impact of these on financial performance going forward have been outlined in Note 1.0 on Page 7 of the Annual Accounts 2009/10. Issues regarding the valuation of land are covered in Note 1.6 on Page 9 of the Annual Accounts 2009/10.

Protecting our Environment

The PCT is assessed by the Audit Commission under the Use of Resources framework; within this the 'Managing Resources' element determines how well the organisation manages its natural resources, physical assets, and people to meet current and future needs and deliver value for money. In this first year of assessment, the Audit Commission acknowledged that the PCT has understood the sustainable development agenda in its broadest terms as is required by them. They noted the PCT had identified many actions and quick win solutions but had not calculated an energy use baseline and did not currently have the leadership and resourcing to co-ordinate, implement and monitor the sustainable development programme. They also recognised the strong partnerships the PCT has established with Local Authorities and other Trusts with regard to this agenda. The PCT has undertaken a Sustainable Development Commission self-assessment, using consultation with all directorates to assess current practices. This is being used as the baseline for a Sustainability Action plan, which will address all the key areas; transport, community engagement, facilities management, procurement, new buildings, employment and skills. The aim is to build sustainability into all PCT business.

The PCT has under taken several 'quick impact' measures to work towards reducing the impact on the environment or gain vital information to help us do so. These include; successful recycling policies at the headquarters, an online staff travel survey which will be a baseline for a travel plan, the launch of an energy policy and monitoring of energy consumption.

A strategic working group is also being established to aid the development of policies across the PCT to create a Carbon Reduction Strategy.

Declaration of Board Members' Interests 1 April 2009-31 March 2010

Name	Designation	Directorships, including non-executive directorships held in private companies or PLCs with the exception of those of dormant companies	Ownership or part-ownership of private companies, business or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholders in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary body or other body contracting for NHS services
Michael Harris (voting member)	Chairman	None	None	None	None	None
Jean Barclay (voting member)	Non Executive Director	I am no longer a trustee or company director of any organisations	None	None	None	Consultancy work funded by DH for National Association for Patient Participation (NAPP) and National Practice Management Network – the network for GP practice managers. Other consultancy work for British Red Cross, Worthing and Littlehampton MIND, and The Young Foundation/ NESTA's Health Launch Pad Programme
David King (voting member)	Non Executive Director	None	Sole Director, Optimo Solutions Limited (a private limited company in the UK providing management consultancy and related services. Director, JDE Investments Limited (as above, but the business transacted is property investment)	None	TRUSTEE, West Sussex Council for Voluntary Youth Services the WSx CVYS is a Horsham based Charity providing capacity building and other support services to local voluntary sector organisations involved with children and young people.	Lay Member, General Social Care Council (this is a public appointment to GSCC as a Committee Member. Part of the portfolio of the Secretary of State for Health)
Chris Moore (voting member)	Non Executive Director	None	None	None	None	None
Norman Robson (voting member)	Non Executive Director	Chairman and Director CTF Training Ltd Director, King's School, Bruton Ltd Director, Bremere Lane Management Company Ltd. (Co. No. 4836945) Non Executive Finance Director, Chichester Yacht Club Ltd. (Co. No. 1238153) Non Executive Director, KSB Foundation Ltd. (Co No 4314697)	None	None	None	Member of Council of Governors, Portsmouth Hospitals NHS Trust

Name	Designation	Directorships, including non-executive directorships held in private companies or PLCs with the exception of those of dormant companies	Ownership or part-ownership of private companies, business or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholders in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary body or other body contracting for NHS services
George Tainsh (voting member)	Non Executive Director	AYGEO Ltd	None	None	None	None
Stephen Turner (voting member)	Non Executive Director AAC Chair	None	None	None	None	None
Barbara Wilkins (voting member)	Non Executive Director	Director Knabsind (Brighton) Ltd – Property / Building Director – Furzeffield Investments Ltd – Property and Investments	None	None	Honorary President – Friends of Henfield Medical Practice	None
John Wilderspin (voting member)	Chief Executive	None	None	None	None	My wife runs a consultancy which works in the NHS but never with organisations in West Sussex to avoid conflicts of interest
Sue Braysher (voting member)	Director of Contracting & Performance	None	None	None	NHS West Sussex Governor representative of Sussex Partnership Trust	None
Neil Ferrelly (voting member)	Director of Finance	None	None	None	None	Governor at Royal Surrey County Hospital, Guildford
Dr Farhang Tazhib (voting member until Sept 09)	Director of Public Health & Wellbeing	None	None	None	None	None
Dr Peter Hayward (voting member until Sept 09)	Acting Director of Public Health & Wellbeing	None	None	None	None	None
Judith Wright (voting member from Sept 09)	Director of Public Health and Wellbeing	None	None	None	None	None

Name	Designation	Directorships, including non-executive directorships held in private companies or PLCs with the exception of those of dormant companies	Ownership or part-ownership of private companies, business or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholders in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary body or other body contracting for NHS services
Andrew Foulkes (voting member)	Clinical Board Member Chairman QuILL	None	Partner in Avisford Medical Group	None	None	Wife a paediatric physiotherapist at Worthing Hospital
Susan Dewar (Voting member)	Clinical Board Member Nurse member, QuILL	None	None	None	None	NHS post as joint clinical lead for Midhurst Macmillan Service, financially supported by Macmillan Cancer UK
Tim Fooks (voting member)	Clinical Board Member GP member QuILL	Director, Sussex Apothecary Ltd Spiro Close Pulborough West Sussex RH20 1FG	Partner, Pulborough Medical Centre (an AWP for vasectomy service and sexual health service)	None	None	None
Brian Angers (voting member until Oct 09)	Non-Executive Director	None	None	None	None	None
Margaret Bamford (voting until Sept 09)	Non- Executive Director	None	None	None	Lay member GMC Fitness to Practice Panels	Chairman, 'Leaves of Hope', a charity involved in promoting the health and welfare of children's hospitals and orphanages in Belarus.
Reverend Malcolm Liles (voting member until Sept 09)	Non- Executive Director	None	None	None	Trustee, Crawley Open House and Resource Centre	None
Sarah Creamer (non-voting member)	Director of Strategy	None	None	None	None	None
Julia Dutchman-Bailey (non-voting member)	Interim Director of Quality & Lead Nurse	None	None	None	None	None
Mona Walker (non-voting member until Jan 10)	Interim Director of Quality (Contractor)	-	-	-	-	-

Name	Designation	Directorships, including non-executive directorships held in private companies or PLCs with the exception of those of dormant companies	Ownership or part-ownership of private companies, business or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholders in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary body or other body contracting for NHS services
Brian Hughes (non-voting member)	Assistant Chief Executive	None	None	None	None	None
Steven Pollock (non-voting member)	Director of Communications, Public Engagement & HR	None	None	None	None	None
Louise Watson (non-voting member)	Director of Primary Care & Development	None	None	None	None	Partner is an associate of Durrow, a specialist healthcare consultancy company. MDBA Ltd are a wholly owned subsidiary of Durrow and are bidding to undertake tier three work for West Sussex.
Philippa Spicer (non-voting member until June 2009)	Director of HR & Organisational Development	None	None	None	None	None
Carol Gareze (non-voting member until June 09)	Managing Director of Provider Services	None	None	None	None	None



Additional Operating and Financial Matters

Emergency preparedness

Every PCT has the responsibility under the Civil Contingencies Act 2009 to ensure it is prepared for and capable of responding to a major emergency 24 hours a day, including major transport incidents, severe weather, flooding or pandemic flu. NHS West Sussex is the lead NHS organisation for Emergency Planning across Sussex and has the responsibility of representing Sussex NHS on the Sussex Local Resilience Forum, (a multi agency forum preparing for, training for and responding to emergencies).

The PCT continually reviews its Major Incident Plans to reflect the roles of the PCT as a commissioning organisation and is developing a new plan for the West Sussex Health services to maintain compliance with the requirements of the NHS Emergency Planning Guidance 2005, all associated guidance, and the Civil Contingencies Act 2009.

Serious Untoward Incidents involving Data Loss or Breach of Confidentiality

The PCT closely monitors the way in which it manages personal information and ensures that it is kept in line with the Data Protection Act 1998. All staff are required to report any incidents where personal information of either patients or staff have been lost or confidentiality breached.

During 2009/10 there were no serious incidents in which more than 20 personal records were involved or where the information was of a highly sensitive nature. However four incidents did occur of a less significant nature and these are shown in the table below.

Summary of other personal data related incidents

Category	Nature of incident	Total 2009/10	Total 2008/09
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	3	0
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	1	2
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0	1
IV	Unauthorised disclosure	0	4
V	Other	0	1
	Totals for year	4	8

Freedom of Information

The PCT acknowledges its obligation to disclose all information it holds subject only to the reasons for exemption in the Freedom of Information Act. Between January and December 2009 a total of 383 requests for information were made to the PCT and all but one received a response within the deadline of 20 working days, the average response time being nine and a half working days.

Research Governance

The PCT is a member of both the Comprehensive Clinical Research Network and the Sussex NHS Research Consortium, both of which oversee the research governance processes on behalf of the PCT. The Sussex Research Consortium is hosted by Western Sussex Hospitals NHS Trust.

Assurance Framework and Internal Audit

The assurance framework describes in some detail the PCT's approach to ensuring the effectiveness of its controls (see our Statement of Internal Controls on pages 31 to 39). Regular review of the assurance framework by the Audit and Assurance Committee and then the Board provides evidence of the effectiveness of controls that manage the risks to the organisation achieving its principal objectives. The Board Assurance Framework (BAF) is regularly updated through discussions with the responsible Executive Directors.

The purpose of the BAF may be summarised as:

To provide a comprehensive method for the effective and focused management of the principal risks to achieving principal objectives and strategic goals.

The PCT Board had an agreed Internal Audit Plan to ensure that there were proper and independent assurances given on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes.

Severance Payments

See separate Remuneration Report on pages 47 to 49.

Principles for Remedy

The Parliamentary and Health Service Ombudsman has published two documents (Principles of Good Administration and Principles for Remedy) about how public bodies should remedy injustice or hardship resulting from poor administration or poor service (see www.ombudsman.org.uk). Examples of remedy include an apology, an explanation, remedial action or financial compensation. Any remedy agreed should be fair and proportionate to the injustice or hardship suffered. The six Principles of Remedy have been adopted by West Sussex PCT as part of its process

for handling individual complaints and are referred to as required. The Treasury has also issued guidance on this topic (see the Managing Public Money section at www.hm-treasury.gov.uk for more details).

Better Payment Policy

The Better Payment Practice Group was established to promote a better payment culture within the UK and urges all firms to adopt a responsible attitude to paying on time.

Organisations can support the work of the Group by signing up to the Better Payment Practice Code, and agreeing to uphold the four cornerstones of prompt payment:

1. Agreeing payment terms at the outset of a deal and stick to them
2. Explaining payment procedures to suppliers
3. Paying bills in accordance with any contract agreed with the supplier or as required by law
4. Telling suppliers without delay when an invoice is contested and settle disputes quickly.

By agreeing to these terms and signing up to the Code, businesses send a clear signal to their customers and suppliers of their commitment to good credit management and paying on time.

Evidence of the PCT's compliance with the code is reported in Note 8.1 on page 25 of the Annual Accounts 2009/10.

NHS West Sussex PCT is signed up to the Prompt payments code.

Our Staff

During 2009-10 a programme of organisational development work (Let's Work Together) was introduced to look at how we could change and develop to become a more effective commissioning organisation. This involved partnership working with Practice Based Commissioning consortia to drive forward the development and improvement of local services. This programme emphasised the importance of a timely and consistent approach to staff engagement and consultation, thus ensuring that staff are kept informed and feel valued by our commitment to supporting their development.

The PCT continues to ensure adherence to good practice through a programme of statutory and mandatory training. In December 2009 we gained reaccreditation of the IIP Standard as a result of our investment in staff training and the introduction of a Core Management Skills programme for every member of staff to introduce new skills and refresh skills in effective communication, coaching and feedback.

We continue to be committed to ensuring equality of opportunity and embracing diversity. In common with all NHS organisations, we are striving to eradicate discrimination, promote equality and respect for human rights and commission services which enable all members of the population to access high quality health care. In line with the Equalities Act 2010, a new Equalities Scheme has been produced which encompasses all strands of discrimination.

The Scheme includes an action plan which sets out the commitments the organisation has made to ensure that we continue to meet our moral and legal duties under this legislation. We continue to be committed to both employing and retaining people with disabilities and retain our Two Ticks symbol.

In line with other organisations in the South East Coast area, we are required by the Strategic Health Authority to significantly reduce our management costs, with demonstrable progress during 2010/11. This includes HQ and Corporate pay and non pay, the latter including scope for savings in areas such as agency, consultancy costs and legal fees.

Sickness Absence

We monitor sickness absence rates and benchmark our performance. Our average rate of sickness absence for the financial year April 2009 to March 2010 was 3.7% (3.9% last year).

Pension Liabilities

A full explanation of the accounting treatment of the organisation's pension liabilities is set out in the West Sussex Primary Care Trust Annual Accounts 2009/10 in Note 7.5 on page 24. Details of the pension liabilities in relation to senior managers is set out in our remuneration report on pages 47 to 49.

Statement of the Chief Executive's responsibilities as the accountable officer of the primary care trust



The Chief Executive of the NHS has designated 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:

Date: 8 June 2010

John Wilderspin
Chief Executive

Statement of Directors' responsibilities in respect of the accounts



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

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the primary care trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the primary

care trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the board.

Signed:

Date: 8 June 2010

John Wilderspin
Chief Executive

Signed:

Date: 8 June 2010

Neil Ferrelly
Director of Finance

Statement on internal control 2009/10

1. Scope of responsibility

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

My formal accountabilities as Chief Executive are described and approved by the Board in the PCT's Governance Framework, Standing Orders and Standing Financial Instructions. The PCT is performance managed by NHS South East Coast, principally through the submission of budgets, plans and strategies and through performance management meetings.

2. The purpose of the system of internal control

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

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

The system of internal control has been in place in West Sussex Primary Care Trust for the whole year ended 31 March 2010, and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The PCT has Chief Executive, Board and Director level commitment to risk management, supported by the work of risk specialists in the Corporate Affairs Department and within the Risk Management team of West Sussex Health. Risk champions and risk administrators have been identified throughout the organisation and are provided with specific training. Specific reference to risk management responsibilities is included in job descriptions. Risk management training is part of the overall strategy and the training programme, revised in December 2009, which includes induction and specific courses for Board members, managers and other staff, have been ongoing throughout the year.

Actions against principal objectives are assigned to Directors in the PCT's Assurance Framework. West Sussex PCT has achieved accreditation at level 1 of the NHS Litigation Authority's Risk Management Standards for PCTs in March 2009. The PCT proactively sought this independent assurance from the NHSLA at a time of national transition when it was an optional assessment and as good practice. The PCT will remain at level 1 until it is reassessed following the integration of West Sussex Health (the PCT's provider services) with South Downs Health NHS Trust.

The revised Risk Management Strategy was endorsed by the Board on 25th February 2009. This was reviewed by the Risk Management Committee in December 2009 and is available on the PCT's intranet. The Strategy sets out the systems, processes and accountability for risk management within the PCT, promoting high quality, safe, accountable healthcare, minimising risks to patients, staff and the PCT and maximising available resources.

Since September 2009 the Risk management processes of the Provider Arm (West Sussex Health) and the Commissioning PCT (NHS West Sussex) have been split. The Commissioning PCT processes are managed through the Risk Management committee for corporate risk management and through the Quality Management Committee for clinical risk management. These committees are accountable to the Executive Committee and provide assurance to the Audit & Assurance Committee and to the Quality, Innovation, Learning and Leadership Committee.

The Provider arm is now managed through a management contract with South Downs Health NHS Trust. The Provider arm has a Clinical Risk and Patient Safety Committee that reports into the governance structures of South Downs Health NHS Trust, who report to the PCT via the Integration Programme Board.

The structure of the PCT's Risk Registers has been revised to include organisation-wide risks within the Corporate Risk Register. These link to actions taken by responsible Directors within their own directorate risk register. From 1st September 2009, risk registers were split between the Commissioning and Provider arms to facilitate the provider arm integration with South Downs Health NHS Trust.

Two independent reviews of the PCT's governance arrangements have been carried out, one by Humana & Capsticks, the other by the Audit Commission. Implementation of the recommendations has been undertaken in 2009/10. As a result the PCT Board approved a paper entitled 'Better Governance' which laid out a new approach to PCT internal governance.

The key recommendations were:

(i) Reduction in number of Board sub-Committees and clarification of remit.

Board Sub-Committees now are:

- Audit and Assurance Committee
- Quality, Innovation, Leadership and Learning Committee (QuILL)
- Remuneration Committee

(ii) Clarifying the role of the Board and the role of the Executive and establishing a clearer separation of functions.

The Board has confirmed its primary roles as:

- Setting strategic direction
- Ensuring delivery of agreed plans
- Obtaining assurance on the management of PCT business
- Engaging with communities as customers

A number of Board workshops have been held to clarify and strengthen this view.

The Executive has confirmed its primary roles as:

- Delivering the strategy and vision of the PCT
- Aligning resources
- Planning ahead to mitigate risks
- Engaging with stakeholders to support delivery

The Executive has been through a Development Programme led by Cap Gemini to clarify functions and best way of working.

(iii) Establishing a robust process for Board Assurance

Audit and Assurance Committee which has been in place since PCT inception and has recently refreshed its approach to assurance by an Annual Assurance Work-plan.

The Quality, Innovation, Learning and Leadership Committee (QuILL) was established in December 2009 and now has an agreed Charter and a draft Annual Assurance Workplan that was agreed at its February meeting.

Both Committees ran from end February and provide evidence of their assurance workplans by reporting to the Board.

(iv) Agree Advisory Machinery for the PCT

The Patient Advisory Forum role was covered by the Interim Patients Council. This is shortly to be replaced by a Patient and Public Council with members elected from amongst the PCT membership scheme.

The Clinical Advisory Forum has not yet been put in place but should be up and running by end March 2010 as a support manager for the Medical Director post has been agreed.

(v) Strengthen the role of the Executive

In addition to the Executive Committee which meets monthly (and other less formal meetings of the Executive Team) a monthly Senior Managers Team has also been set up involving the most senior tiers of PCT managers below ET. Occasional joint meetings of ET and SMT are held on major issues e.g. agreeing the 2010 Operating Plan content.

The important new committee is the Commissioning Executive comprising the members of ET and the GP Practice Based Commissioning leads from each consortium across the county. This has met monthly since September 2009 and has been successful at tackling key issues.

4. The Risk and Control Framework

The PCT's Risk Management Strategy, Policy and Procedures describe a systematic method for identifying, evaluating and communicating risks associated with business activities. Delegated authority to approve formal policies has been given to the Executives, unless such policies are politically sensitive, have cost implications or where there is a legal requirement for Board approval. The PCT can demonstrate the communication of risk processes throughout the organisation.

The PCT's Assurance Framework has been reviewed by the Board, the Audit and Assurance Committee and the Executive Team. The assurance framework identifies the PCT's strategic goals, principal objectives and the principal and associated risks that may prevent their achievement. Where gaps have been identified, actions have been put in place to have them addressed and progress regularly reviewed. This provides the basis for the Board and its Audit and Assurance Committee to regularly assess the effectiveness of, and assurances on, the controls to manage these risks.

Internal Audit reviewed the Board assurance framework and our risk management processes and provided the PCT Board with Significant Assurance for 2009/10.

Information Governance

In March 2010 the PCT submitted its annual Information Governance Toolkit return along with a signed statement of compliance (SOC) document. Both of these documents are mandatory requirements. During 2009/10, two baseline assessments had been undertaken in July and October. This ensured that Information Governance was taken into consideration throughout the year. We are currently awaiting confirmation that we have achieved the required levels and that the Information Governance SOC has been accepted by the NHS Connecting for Health Information Governance team.

Security has been enhanced within the PCT with the encryption of all laptops and mobile computing devices. Every effort has been made to keep information secure so that even when theft or loss takes place the information cannot be accessed.

The information data flows exercise was repeated in 2009/10. Whenever a new flow was introduced during the year the services were able to update their spreadsheet immediately on the PCT intranet. This exercise ensured that the PCT did everything possible to prevent breaches of confidentiality and/or loss of data, and to ensure that patients, staff and the public could have every confidence that their records and other personal information are safe.

The Information Governance action plan is up to date, as also is the log kept by the Caldicott Guardian and Information Governance Manager of any queries raised by staff and members of the public about the management of personal information. The Action plan is a standing item on the agendas of the Information Governance Working Groups, both in the Commissioning and Provider arms of the PCT and is kept closely under review. The PCT is in the process of identifying leads within each directorate to take the lead on Information requests and managing records. This will streamline how the PCT holds, uses and shares both clinical and corporate records.

Information Governance training is provided to staff within induction and the risk management sessions; all staff are expected to complete the information governance e-learning tool provided by Connecting for Health.

Under the terms of the Department of Health guidance on reporting of personal data related incidents, there were no serious untoward incidents relating to information governance within the PCT during 2009/10, which resulted in data loss or breach of confidentiality leading to damage to the reputations of the PCT, its services or the NHS as a whole.

Shared Business Services

National Shared Business Services (SBS) provides financial accounting services for the West Sussex PCT. This includes supplier payments, cash management, customer accounts, VAT and general ledger. The Finance Director delegates responsibilities in respect of Standing Financial Instructions in the areas covered by SBS, but the Finance Director remains accountable for financial control.

Payroll & Charitable Funds

Western Sussex Hospitals NHS Trust provided payroll processing services and administers charitable funds for the West Sussex PCT. The Finance Director delegates responsibilities in respect of Standing Financial Instructions in the areas covered by Western Sussex Hospitals NHS Trust, but the Finance Director remains accountable for financial control.

Sussex Health Informatics Service

The Sussex Health Informatics Service (HIS) is a shared service, and operated by the host organisation, West Sussex PCT, on behalf of NHS member organisations across Sussex. The Sussex HIS Audit and Risk Committee reports to West Sussex PCT Audit & Assurance Committee. The Chief Executive of West Sussex PCT is Chairman of the HIS Board and is responsible for defining the accountability relationship with the HIS Director. This incorporates all governance and accountability issues, including the financial performance of the HIS. The Finance Director of West Sussex PCT is a member of the HIS Board. Statutory arrangements such as those required for financial and employment purposes are vested in West Sussex PCT as host organisation. The PCT endeavours to exercise its powers within the relevant legal and NHS framework and the common interest of all the Members expressed through the decisions of the HIS Board. The Sussex HIS Board reports to the West Sussex PCT Board.

Sussex Area Commissioning Service (SACS)

SACS provides a management function to the four Sussex PCTs with the purpose of improving the effectiveness of commissioning acute hospital services. It operates as a shared service consortium and is hosted and managed by West Sussex PCT. SACS is governed by the SACS Joint Committee having senior membership from each PCT. The CEO of West Sussex PCT is the accountable officer for this service.

Partnership Working - Section 75 Pooled Budgets

Section 75 of the National Health Service Act 2006, enables the pooling of money between health bodies and health-related local authority services, and the integration of resources and management structures. Local interpretation and implementation of Section 75 is achieved through the commissioning and scrutiny role of the West Sussex Health Joint Commissioning Board; a partnership between West Sussex County Council and West Sussex PCT. Each organisation has six voting members on the Joint Commissioning Board. The chairmanship rotates annually between Health and West Sussex County Council.

West Sussex Chief Executives Strategy and Performance Group

The PCT Chief Executive meets once a month with the Chief Executives of Acute Trusts serving West Sussex - Queen Victoria Hospital NHS Foundation Trust, Brighton and Sussex University Hospitals NHS Trust, Surrey and Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, Western Sussex Hospitals NHS Trust and the Deputy Chief Executive of West Sussex County Council to discuss overall strategy and performance issues, particularly where there is a risk of not achieving targets.

West Sussex Commissioning Executive

The purpose of the West Sussex Commissioning Executive is to ensure the PCT delivers its compelling strategic objectives to improve the health and wellbeing of the West Sussex population.

The key tasks of the Commissioning Executive are:

- Within the Board approved Strategic Commissioning Plan to determine commissioning priorities and resource investment/disinvestment, based on objective assessment of needs and health benefit across all health and wellbeing programmes.
- Making investment decisions, in line with delegated authority from the PCT Board, to support the agreed strategic commissioning priorities.
- Ensuring the PCT commissioning resource is used to best effect, reflecting needs, supporting the PCT strategic objectives and ensures high quality safe services and improved patient experience.
- Reviewing West Sussex commissioning performance and agree remedial action as it relates to West Sussex.
- Making commissioning decisions, on behalf of the PCT on the basis of presented business cases/plans from other commissioning working with the PCT.

Public and Stakeholders

The Patients Council is the major stakeholder forum for the PCT to share information about the organisation and strategic commissioning plans. The PPC which meets every two months has already and will continue to discuss the operating plan, the financial position of the organisation and the constraints over the next couple of years. This will also include any risks that are identified as part of this process in order that the Council is able to understand these and discuss how to communicate Trust decisions to patients and the public.

Eleven people from a variety of backgrounds and who have a full range of skills have now been appointed to the new Patient and Public Council and have a say in how NHS West Sussex is run. The Council represents the views and interests of patients and the public to senior managers and directors. Council members are elected by the My NHS West Sussex membership and the Council's duties include:

- Regularly feeding back information and seeking views of the My NHS West Sussex membership
- Actively supporting the promotion of the My NHS West Sussex membership scheme
- Ensuring that members' and the public's views are represented on the Board of NHS West Sussex and other senior committees and working groups.

The My NHS West Sussex membership scheme was launched in April 2009 and serves as a forum for discussion and dialogue regarding the way in which NHS West Sussex carries out its work. It ensures the membership has real influence over the quality and types of services purchased.

Regular discussion and communication is held with other key stakeholder and scrutiny forums, including the West Sussex Local Involvement Network (LINK) and the West Sussex Health Overview and Scrutiny Committee (HOSC).

Customer Services

The newly established Customer Service Unit (CSU) provides a free, confidential service for members of the public who need advice, information and help, or may have a concern about the care provided or commissioned by the PCT. This team has brought together the previous PALS, Complaints and Customer Services team into one unit. The service provides a central point of contact for patients with the NHS and aims to deliver prompt resolutions for patients and carers to a high standard of customer care. CSU works closely with staff at all levels of the organisation to resolve complaints and patient issues and to provide patient feedback to the PCT Board and management to inform commissioning decisions.

The CSU has produced customer care standards that apply to all staff in the organisation to ensure they are clear about what is expected of them in terms of patient and public contact and managing queries and complaints.

Management of complaints has been reviewed to ensure compliance with the complaints regulations 2009.

Correspondence with MPs and Councillors

MPs and councillors receive briefing, collectively or individually, on major issues facing the PCT. All correspondence received from MPs or Councillors is logged and tracked to ensure timely response, and any risks identified are added to the Risk Register.

Compliance with Equality, Diversity and Human Rights obligations

The PCT has had both Race and Disability Equality Schemes in place and has established an Equality and Diversity Steering Group. Both Schemes have been assessed by the EHRC and were found to be compliant. The PCT has now put in place a Single Equality Scheme after stakeholder and staff consultation. Both general E&D training, as well as specific training in Equality Impact assessment is being provided for staff and a rolling programme to review corporate, clinical and HR policies has been established. The PCT therefore has control measures in place to ensure that its obligations under the legislation are complied with.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Compliance with Climate Adaption reporting to meet requirements under the Climate Change Act

The PCT has been successful in its bid for funding and consultancy support on the 10 month NHS Carbon Management Programme, commencing June 2010. This will assist the PCT in developing its Sustainable Development Management Plan, which will influence current Climate Change Mitigation and Adaptation strategies. In line with a review of legal, national and regional requirements, risk assessments have taken place, from which the draft Sustainable Development Action Plan was produced. This will be discussed

at the inaugural meeting of the PCT's Sustainable Development Steering Group on 15th June 2010. An analysis of the UKCP09 climate projections has been recommended within this document and Executive approval will be sought following the Steering Group Meeting. The PCT currently reports on Sustainable Development to the DH Sustainable Development Unit via the SHA and directly to the Audit Commission.

The PCT's Energy Management Progress Review identified opportunities for reduction in its CO₂ footprint via its associated capital plans. These plans are due to be submitted to the PCT's capital approval group to seek funding for this year.

The PCT has undertaken energy surveys and recorded recommendations in the associated Advisory Reports. This is another significant source of potential whereby we can meet our carbon targets. We have also put in place robust monitoring and control of our utility expenditure.

In accordance with emergency preparedness and Civil Contingency Act 2004 statutory requirements, the PCT, along with all Sussex Category 1 Responders, assess the risk of Heatwave and other associated risks relating to climate change, these risks are recorded on the Sussex Community Risk Register (SCRR).

Core Standards Assessment

The PCT's compliance with core standards in healthcare as set out by the government in July 2004 was assessed in April 2009 and provided assurance that these core standards were met except in standards C4b, C9 as at May declaration. For these two standards insufficient assurance was declared. As part of its submission to the Healthcare Commission, the PCT put in place action plans to gain assurance of compliance. The PCT's self assessment position was confirmed through the cross checking data made available by the Healthcare Commission and through internal audit.

Following two external reviews commissioned by the PCT, relating to its provider services, the PCT, in its December mid term declaration, accepted there was insufficient assurance on four other standards, these were C1a, C5b, C20a and C21. Action plans were put in place, agreed by the Care Quality Commission (CCQ) and the PCT has been working with them as part of the provider services registration process, to ensure that these plans are implemented and completed by the agreed timescales.

In April 2010 the PCT declared its final position for its provider services at end of year, the above six standards were still insufficiently assured. However, action plans agreed by the CQC were in place and work continues to achieve full compliance.

Care Quality Commission Registration Requirements

Following national consultation, the new Care Quality Commission (CQC) regulations were published in late 2009. These regulations replace the previous 44 'standards' under Standards for Better Health (S4BH). They contain 28 'outcomes' each of which is mapped to a specific legal regulation. 16 of these outcomes/regulations apply to all types of provider and reflect most directly the quality and safety of care. The remaining 12 apply differently, or not at all, to different types of provider.

Under this new system, the PCT registered its Provider Services in January 2010. Our bed-based services were registered as individual 'regulated activities', the remainder of the PCT provider services were registered together.

The PCT was required to register its provider services with the Care Quality Commission in January 2010 and declared non-compliance with five key outcomes:

- 10. Safety and suitability of premises;
- 11. Safety, availability and suitability of equipment;
- 14. Support for workers;
- 16. Assessing and monitoring the quality of service provision;
- 21. Records.

Working with the CQC, action plans were agreed and put in place to ensure implementation by the due dates to achieve full compliance.

Our application was assessed by the CQC during February and early March and registration can be:

- Without conditions
- With conditions
- Refusal to all or part of our application

The PCT received notification of the CQC's decision on 17 March 2010 that confirmed that West Sussex PCT was granted registration 'Without Conditions'.

World Class Commissioning

In the first year of the World Class Commissioning (WCC) assurance process, following national calibration, the PCT's scores were as follows:

- In the Governance element the PCT achieved a Green for Strategy, Amber for Finance, and Green for Board Governance;

- In the ten competencies the PCT scored level 2 in nine with a level one in competency 7, 'Stimulating the market'
- The panel acknowledged that the PCT has developed an ambitious strategy, and has demonstrated leadership, courage and commitment in pushing forward the Fit for the Future service review programme. As the PCT moves forward, the panel recommended that it build on its innovations in public, patient and clinical engagement to focus on implementation. Over the next 12 months, the PCT will aim to further align its governance, processes and systems around the delivery of its ambitions, developing the organisational culture, capabilities and knowledge to drive change in the local health economy. The panel observed that the PCT has strong potential for improvement, and would expect the PCT to continue to build on achievements to date over the next year.

For 2009/10, the PCT had submitted its self assessment to the SHA by the deadline date of 3 March 2010. The Panel assessment date was 5 May 2010; the PCT expects to receive its report and final assessment in June 2010. Working with the SHA, the PCT will agree a Commissioning Development Plan, which will set and monitor the development agenda for the coming year. Existing SEC-wide initiatives and new issues arising from the current year's assessment will be taken forward through the newly established SEC Commissioning Development Forum.

The organisation's self assessment against WCC assurance elements, outcomes, competencies and governance

Following the publication of the DH WCC Assurance Handbook, a cross-Directorate work group was established to undertake the self-assessment. Director and manager leads were involved in meetings with the coordinator lead, and the workgroup met weekly. A local database had been set up to enable rating against the competencies; this provided the Executive Directors with a summary of the self-assessment position. Access to the web-based WCC toolkit enabled the submission of all required documents, assessments and narrative against the competencies, governance elements and health outcomes.

The final submission was collated in to a Powerpoint summary, which was circulated widely across the PCT senior management team, Executive Team and other Board members.

The self assessment against the governance elements was:

- Strategy – Green against all elements apart from Amber for ‘Achievement of milestones to date’
- Finance – Green against all elements
- Board – Green against all elements apart from Amber against ‘Performance’ and ‘Delegation’
- The self-assessment against the 11 competencies indicates improvements in competencies 2, 4, 5, 6, 7, 8, 9 and 10; no elements have been self-assessed below level 2.

5. Review of effectiveness

As Accountable Officer, the Chief Executive is responsible for reviewing the effectiveness of the system of internal control. This review is informed in a number of ways:

- The head of internal audit provides an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work.
- Executives within the organisation who have responsibility for the development and maintenance of the system of internal control provide further assurance.
- The Assurance Framework itself provides evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The review is also informed by:

Internal Audit Opinion

Internal Audit have provided an independent and objective opinion to me as Accountable Officer, to the Board and the Audit and Assurance Committee on the degree to which risk management, control and governance support the achievement of the organisation’s agreed objectives. Overall the Internal Audit opinion is that ‘Significant assurance’ was given. The PCT has agreed management actions in response to recommendations arising from internal audit reports issued by Internal Audit during 2009/10 and continues to use its audit recommendation tracking system, which is regularly reviewed by the Audit and Assurance Committee at each of its meetings.

External Audit

In 2009/10 the Audit Commission confirmed that the PCT achieved a score of ‘Good’ in the Use of Resources element of the Annual Health Check in 2008/09. The PCT has agreed management actions in response to recommendations arising from external audit reports issued by Audit Commission during 2009/10 and continues to use its audit recommendation tracking system, which is regularly reviewed by the Audit and Assurance Committee at each of its meetings.

NHSLA Assessment Level

The PCT is currently assessed as meeting level 1 of the NHSLA Litigation Authority’s Risk Management Standards. The PCT will remain at level 1 until it is reassessed following the integration of West Sussex Health with South Downs Health NHS Trust.

Assurance Framework

The assurance framework describes in some detail the PCT’s approach to ensuring the effectiveness of its controls. Regular review of the assurance framework by the Board provides evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. The Board assurance framework is regularly updated through discussions with the responsible Executive Directors, where gaps have been identified, actions have been put in place to address them. This provides the basis for the Board and its Audit and Assurance Committee to regularly assess the effectiveness of, and assurances on, the controls to manage these risks.

A plan to address weaknesses and ensure continuous improvement of the system is in place. This includes a review of the principal objectives in the Assurance Framework, and for 2009/10, these have been aligned to the objectives central to the PCT’s 5 year Strategic Commissioning Plan and are cross referenced with the PCT’s Risk Register.

The following five paragraphs describe important roles taken in maintaining and reviewing the effectiveness of the system of internal control:

The Board

Receipt of formal reports and minutes from the Audit and Assurance Committee (AAC) and the Professional Executive Committee (now the Quality Assurance, Learning and Leadership Committee, QUILL); formal review and ratification of the PCT’s Assurance Framework, including identification of principal objectives, principal risks, controls and assurances in place to manage them; discussion and ratification of relevant policies or delegation of the same where appropriate.

The Audit and Assurance Committee

The Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities that supports the achievement of the organisation's objectives. In particular, the Committee reviews the adequacy of:

- all risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the Standards for Better Health), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service
- Financial risk is discussed and addressed at the Audit and Assurance Committee.

Other Committees Addressing Risk

- The Risk Management Committee oversees the management of organisational and operational risk.
- Organisational risk is also discussed at the Commissioning Executive. At the West Sussex Health Patient Safety Committee, the latter reported to the SDHT Integrated Governance Committee. The Executive Team review these risks on a regular basis.
- The PCT's Executive Team discusses and agrees management procedures and reviews risks on a regular basis.
- The West Sussex Joint Commissioning Board considers and addresses Section 75 risks.
- The Quality Management Team oversees the management of clinical risk and patient experience and has an oversight of serious untoward incidents (SUIs). The PCT has established a scrutiny team to carry out its role of monitoring SUIs across West Sussex providers.

Internal Audit

A formal review for 2009/10 examined how the Board ensured that there were proper and independent assurances given on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes through ongoing use and development of its assurance framework. Internal Audit gave Significant Assurance on the PCT Board Assurance Framework and Risk Management Processes.

Financial Position

The PCT continued to achieve financial stability, recording a surplus position for 2009/10.

Business Assurance Team

The PCT has an established a Business Assurance Team to streamline the PCT's response to the assurance and compliance agenda. The team ensures that the wide ranges of assessments are coordinated and that evidence of compliance and improvement are accessible and effectively utilised.

Care Quality Commission - Healthcare Associated Infection Registration Requirements

The PCT provider services were granted conditional registration with the Care Quality Commission (CQC) with regard to Healthcare Associated Infection within its provider services. The conditions were that "the Healthcare provider must by 31st May 2009 implement all the actions identified in its application for registration". These actions related to criterion 1, 2 and 9. Action plans were put in place to implement actions identified by CQC. The PCT's provider services were audited again by the CQC in August 2009; this resulted in the conditions being removed and therefore the gaining of full registration for HCAI.

Compliance with Statutory Duties

The Business Assurance team has again carried out a major exercise, reviewing how the PCT complies with its statutory duties. The results of this work have been scrutinised by the Audit and Assurance Committee and there is a continuing programme of review throughout 2010 in the Committee's work plan.

6. Significant Control Issues

Final Core Standards position where insufficient assurance had been identified:

Following the PCT's self assessment as part of its submission to the Healthcare Commission in May 2009, there was insufficient assurance on two Core Standards, C4b and C9. The PCT put in place action plans, agreed by the CQC to gain assurance of compliance. The PCT's self assessment position was confirmed through the cross checking data made available by the Healthcare Commission in August 2009 and internal audit.

However, in October 2009, following two external reviews commissioned by the PCT, prior to declaration to the CQC mid term in December 2009, in the PCT's declaration for its provider services, required as part of CQC registration, the PCT declared insufficient assurance on 4 additional standards. These were, C1a, C5b, C20a and C21. Action plans were put in place following these external reviews. The PCT worked with the CQC, during the registration process of our provider services and continues to do so, to ensure that these plans are completed by the agreed timescales.

In April 2010 the PCT declared its final position at end of year for its provider services, declaring the above 6 standards were still insufficiently assured. However, the action plans agreed by the CQC were in place and work continues to achieve full compliance.

World Class Commissioning

In the first year of WCC, the PCT scored level 2 in nine of the ten competencies, with a level one in competency 7, 'Stimulating the market'. Aiming to increase its score in the second year, the PCT has taken the following actions:

- Head of Market Management leading Sussex CSU work stream for market management and procurement and participating in SEC-wide market management network
- PCT team and area user groups to promote choice through Choose and Book IT system.
- PBC/Programmes development of care pathways
- Use of Any Willing Provider procurement model with close PBC engagement to support choices available to patients
- Patient involvement on PBC Boards
- Participation in DH Personal Health Budgets Pilot 2009-12 – joint with WSCC
- Working towards market management plans signed off by patient engagement and provider groups
- Working towards joint market management strategy with local authority.

Following the implementation of above actions the PCT has completed its 2009/10 self assessment and has scored itself at level 2 for competency 7. Following national calibration, final results will be published in June 2010.

Statement by the Chief Executive

With the exception of the internal control issues that I have outlined in this statement, my review confirms that West Sussex PCT has generally a sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Signed and dated on behalf of the Board:



John Wilderspin
Chief Executive
8 June 2010

Financial Review 2009/10

The PCT achieved the four financial targets in 2009/10

- The revenue expenditure was within the resource limit of £1,230,769k by £725,000
- The capital expenditure was within the capital resource limit of £7,395,000 by £6,000
- The cash drawings were within the cash limit by £856,000
- The PCT over recovered the full cost of its provider functions by £5,000.

For 2010/11 the PCT has set a balanced financial plan, as part of its agreed Operating Plan that incorporates


- The Revenue Resource Limit of £1,257m, including a recurrent increase of £60.2m
- Investment to fund tariff, pay and price inflation of £2.4m
- Growth / Capacity investment to reflect volume growth of £25m
- Service development proposals of £23m
- Cost improvement and demand management savings of £23m
- The PCT plans to maintain a 0.5% contingency reserve of £6m and plans to retain a surplus of £725,000 in 2010/11.

Summary of Financial Statements 2009/10

These statements have been subject to audit as part of the review on the annual accounts for 2009/10.

The following statements represent a summary of financial information for West Sussex Primary Care Trust for the year ended 31 March 2010. The full accounts are available of request from; Director of Finance, NHS West Sussex, 1 The Causeway, Goring-by-Sea, Worthing, West Sussex BN12 6BT.

Signed on behalf of the Board:



John Wilderspin
Chief Executive
8 June 2010



Neil Ferrelly
Director of Finance
8 June 2010

Performance against Resource Limits

Revenue Resource Limit

	2009/10 £000	2008/09 £000
The PCTs' performance for the year ended 31 March 2010 is as follows:		
Total Net Operating Cost for the Financial Year	1,236,479	1,115,728
Non-Discretionary Expenditure	6,435	5,819
Net Operating Cost less Non Discretionary Expenditure	1,230,044	1,109,909
Revenue Resource Limit	1,230,769	1,106,901
Under/(Over)spend Against Revenue Resource Limit (RRL)	725	(3,008)

Capital Resource Limit

	2009/10 £000	2008/09 £000
The PCT is required to keep within its Capital Resource Limit.		
Total Gross Capital Expenditure	8,974	9,326
Loss in Respect of Disposals of Donated Assets	0	0
less: Net Book Value of Non-Current Assets Disposed of to NHS Bodies	0	
less: Net Book Value of Non-Current Assets Disposed of to non-NHS Bodies	(1,585)	(261)
less: Net Book Value of Financial Instruments (Investments) Disposed of to NHS bodies	0	0
less: Net Book Value of Financial Instruments (Investments) Disposed of to Non-NHS bodies	0	0
less: Capital Grants Received	0	0
less: Donations	0	0
Charge Against the Capital Resource Limit (CRL)	7,389	9,065
Capital Resource Limit (CRL)	7,395	9,069
(Over)/Underspend Against CRL	6	4

Provider full cost recovery duty

	2009/10 £000	2008/09 £000
The PCT is required to recover full costs in relation to its provider functions. The performance for 2009/10 is as follows:		
Provider gross operating costs	105,498	104,804
Provider Operating Revenue	(7,984)	(12,904)
Net Provider Operating Costs	97,514	91,900
Costs Met Within PCT's Own Allocation	(97,519)	(91,902)
Under/(Over) Recovery of Costs	(5)	(2)

The PCT has a statutory duty to keep its expenditure within its resource limits for revenue (revenue resource limit) and capital (capital resource limit). These resource limits are set by the Department of Health.

The PCT must also demonstrate that it has achieved full cost recovery in relation to its provider functions i.e. that its expenditure on services it provides are covered by the income it receives for these services. The performance against these targets is analysed above.

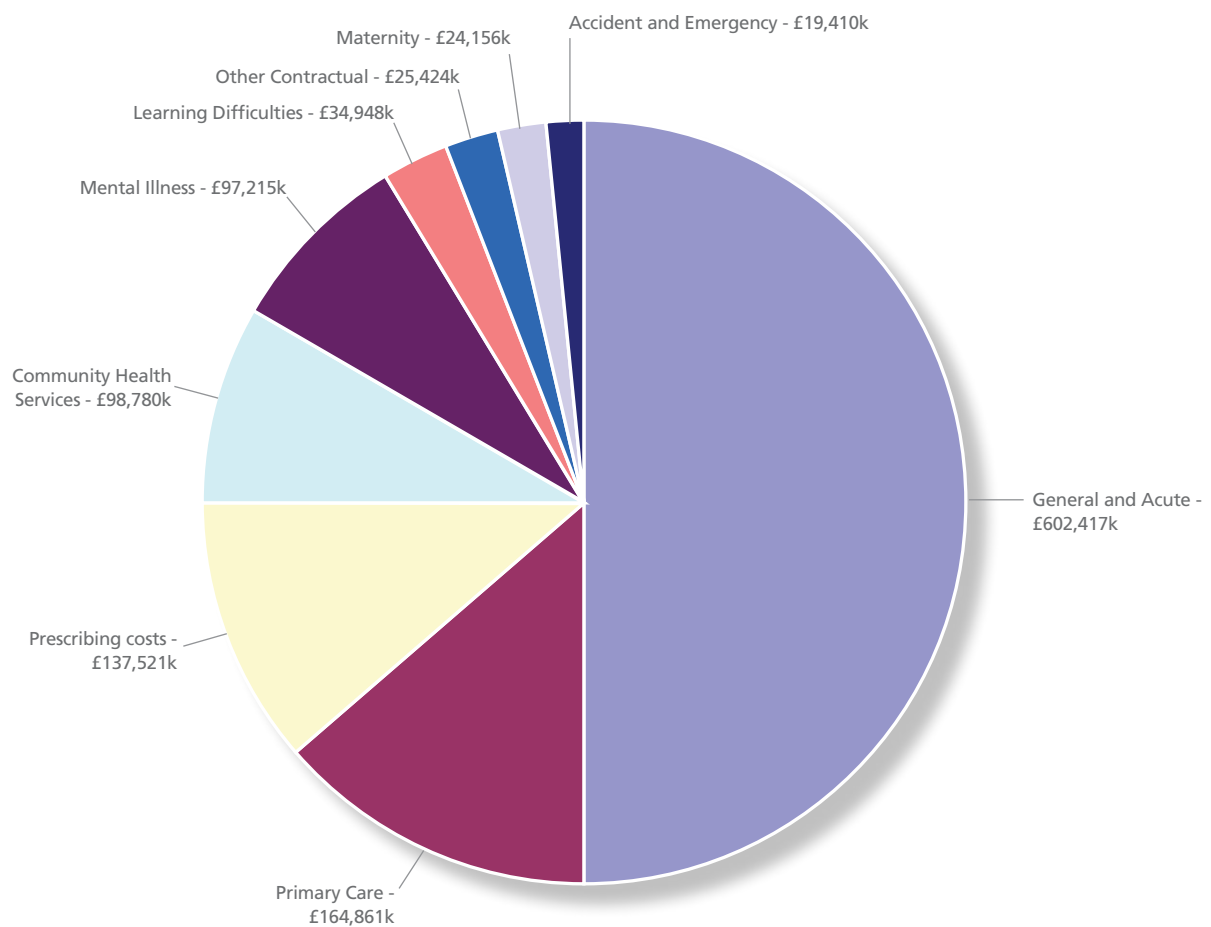
Where resources were spent



In 2009/10 West Sussex PCT's net operating costs were £1,236.5m to commission and provide healthcare for the population of West Sussex.

The Analysis of Operating Expenditure 2009/10, analyses healthcare spend by service area as per Note 5.2 on page 21 of the Annual Accounts. This comes to a subtotal of £1,204.7m.

Analysis of 2009/10 Operating Expenditure by Expenditure classification £000's 2009/10



Annual Accounts 2009/10 – Summary Analysis

The **Operating Cost Statement (OCS)** records the costs incurred by the PCT during the year, net of the miscellaneous income (which is the income other than the PCT's main resource allocation from the Department of Health). It includes cash expenditure on staff and supplies as well as non-cash expenses such as depreciation (a charge that reflects the consumption of the assets used in delivering Healthcare). The PCT's resource allocation (Parliamentary funding) is not treated as income, but is credited to the general fund on the Balance Sheet.

The OCS is split between the commissioning and provider function. The commissioning function pays for primary and secondary healthcare from GPs, other NHS bodies, and the private sector, while the provider function provides healthcare for patients of the PCT and other PCTs. The miscellaneous income for the provider function is the income that it earns from other PCTs.

Under government accounting rules the OCS shows the net resources used by the PCT in commissioning and providing healthcare rather than the surplus or deficit for the year as shown in the income and expenditure account by NHS trusts (or profit and loss account in the private sector). The net operating costs are debited to the general fund.

The **Statement of Changes in Taxpayers Equity** provides a summary of the PCT's gains and losses for the year other than those shown in the OCS. The OCS provides details of operating costs and reports on some gains and losses such as impairment losses or profits from the sale of fixed assets. These are gains and losses that have been realised.

The Statement of Gains and Losses provides a summary of gains and losses that are taken straight to reserves and are not shown in the OCS. For example, it includes unrealised gains and losses (ie gains and losses which have not yet had any cash consequences) arising from the revaluation of property.

The **Statement of Financial Position** provides a snapshot of the PCT's financial condition at a specific moment in time – the end of the financial year. It lists assets (everything the PCT owns that has monetary value), liabilities (money owed to external parties) and taxpayers' equity (public funds invested in the PCT). At any given time, assets minus liabilities must equal taxpayers' equity.

The **Statement of Cash Flows** summarises the cash flows of the PCT during the accounting period. These cash flows include those resulting from operating and investment activities, capital transactions and financing. The transactions shown in the OCS do not necessarily involve cash flows nor include all cash transactions so it is not possible to understand the PCT's cash position from the OCS. For example while depreciation is included as a charge on the OCS, it does not involve an outlay of cash. Similarly any capital purchase will involve an upfront outlay of the full purchase price, while the OCS will only record the depreciation of the asset – spreading the full cost over the lifetime of the asset. The impact of an organisation's operating performance on its cash position can only be gleaned from the Cash Flow Statement and Balance Sheet.

Operating cost statement for the period ended 31 March 2010

	2009/10 £000	2008/09 £000
Commissioning		
Employee benefits	33,123	30,631
Other costs	1,664,540	1,480,487
Income	(558,681)	(487,318)
Provider		
Employee benefits	79,439	71,022
Other costs	26,059	33,782
Income	(7,984)	(12,904)
PCT net operating costs before interest	1,236,496	1,115,700
Investment income	(2)	0
Other (Gains)/Losses	(132)	(104)
Finance costs	117	132
Net operating costs for the financial year	1,236,479	1,115,728

Statement of changes in taxpayers equity for the year ended 31 March 2010

	General Fund	Revaluation Reserve	Donated Asset Reserve	Govt. Grant Reserve	Other Reserves	Total Reserves
Changes in taxpayers equity for 2009/10	£000	£000	£000	£000	£000	£000
Balance at 1 April 2009	24,895	18,913	1,837	0	0	45,645
Net operating cost for the year	(1,236,479)					(1,236,479)
Net gain on revaluation of property, plant, equipment		4,030	0	0	0	4,030
Net gain on revaluation of intangible assets		0	0	0	0	0
Net gain on revaluation of financial assets		0	0	0	0	0
Net gain on revaluation of assets held for sale		0	0	0	0	0
Receipt of donated or government granted assets			0	0		0
Movements in other reserves					0	0
Impairments and reversals		(5,824)	0	0		(5,824)
Release of reserves to OCS		0	(60)	0		(60)
Non-cash charges – cost of capital	1,480					1,480
Transfers between reserves	0	389	(389)	0	0	0
Transfers to/(from) other bodies within the Resource Account Boundary	0	0	0	0		0
Total recognised income and expense for 2009/10	(1,234,999)	(1,405)	(449)	0	0	(1,236,853)
Net Parliamentary funding	1,234,257					1,234,257
Balance at 31 March 2010	24,153	17,508	1,388	0	0	43,049

Statement of cash flows for the year ended 31 March 2010

	2009/10 £000	2008/09 £000
Cashflow from operating activities		
Net operating cost before interest	(1,236,496)	(1,115,700)
Other cash flow adjustments	13,778	8,184
Movements in Working Capital	(3,483)	1,255
Provisions utilised	(963)	(951)
Interest paid	0	0
Net cash outflow from operating activities	(1,227,164)	(1,107,212)
Cash flows from investing activities		
Payments to purchase property, plant and equipment	(7,728)	(8,323)
Payments to purchase intangible assets	(305)	0
Proceeds of disposal PPE & intangible assets	1,730	365
Purchase of financial investments (LIFT)	0	0
Sale of financial investments (LIFT)	0	0
Loans made in respect of LIFT	0	0
Loans repaid in respect of LIFT	0	0
Payments for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Interest received	0	0
Rental Income	0	0
Net cash inflow/(outflow) from investing activities	(6,303)	(7,958)
Net cash inflow/(outflow) before financing	(1,233,467)	(1,115,170)
Cash flows from financing activities		
Net Parliamentary Funding	1,234,257	1,112,851
Other capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leases, on-SoFP PFI and LIFT	0	0
Cash transfers (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	1,234,257	1,112,851
Net increase/(decrease) in cash and cash equivalents	790	(2,319)
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	66	2,385
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	856	66

Statement of financial position as at 31 March 2010

	31 March 2010 £000	31 March 2009 £000
Non-current assets		
Property, plant and equipment	105,432	112,539
Intangible assets	12	16
Other financial assets	0	0
Trade and other receivables	0	137
Total non-current assets	105,444	112,692
Current assets		
Inventories	89	84
Trade and other receivables	26,824	10,383
Other financial assets	0	0
Other current assets	0	9,512
Cash and cash equivalents	856	66
	27,769	20,045
Non-current assets classified "Held for Sale"	884	0
Total current assets	28,653	20,045
Total assets	134,097	132,737
Current liabilities		
Trade and other payables	(85,355)	(37,078)
Other liabilities	0	(44,011)
Provisions	(933)	(774)
Borrowings	0	0
Other financial liabilities	0	0
Total current liabilities	(86,288)	(81,863)
Non-current assets plus/less net current assets/liabilities	47,809	50,874
Non-current liabilities		
Trade and other payables	0	0
Provisions	(4,760)	(5,229)
Borrowings	0	0
Other financial liabilities	0	0
Other liabilities	0	0
Total non-current liabilities	(4,760)	(5,229)
Total Assets Employed	43,049	45,645
FINANCED BY TAXPAYERS EQUITY		
General fund	24,153	24,895
Revaluation reserve	17,508	18,913
Donated asset reserve	1,388	1,837
Government grant reserve	0	0
Other reserves	0	0
Total Taxpayers Equity	43,049	45,645

Remuneration Report

The policy of the PCT covering remuneration of senior managers for current and future financial years, including notice periods required is covered by the national policy 'Pay Framework for very senior managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts – updated 26 July 2007'. There is a national contract as part of this framework. Executive Directors are appointed on permanent contracts with a six month notice period. The provision for compensation for early termination of contracts of senior managers is as laid out in the national policy detailed in the 'Agenda for Change handbook', covering NHS redundancy and early retirement pension arrangements.

The PCT sets reward packages for Directors and senior managers based on national guidance, and taking into account local market circumstances as appropriate. The PCT is mindful of the use of public funds in the remuneration of senior managers and has clear processes of performance management, led by the Chair and the Chief Executive, in place to ensure value for money. HM Treasury has issued clear guidance on severance packages for the public sector and the PCT can confirm that no severance packages for Executive or Non Executive Directors were agreed or required in the past year.

Membership of the Remuneration Committee:

Michael Harris, PCT Chairman,
 Jean Barclay, Non Executive Director
 David King, Non Executive Director
 Norman Robson, Non Executive Director
 Barbara Wilkins, Non Executive Director
 Stephen Turner, Non Executive Director
 George Tainsh, Non Executive Director
 Christopher Moore, Non Executive Director

The Department of Health has in place a 'Pay Framework for Very Senior Managers in Strategic Health Authorities, Special Health Authorities, Primary Care Trusts, and Ambulance Trusts,' and mandates levels of annual increase, as well as levels of other compensation. The PCT has been compliant with the guidance in this pay framework.

Remuneration for all Executive Directors followed the pattern of national NHS pay awards and is expected to continue to do so in future years. During the year, Executive Directors received a performance related bonus of 5% of base salary in 2008/09.

It was agreed by the remuneration committee when it met in July 2010 that no performance related bonus would be made for 2009/10 in line with policies of other organisations within the local health economy.

To meet statutory requirements the PCT lists in the tables following the salary and pension entitlements of senior managers. This report has been subject to audit as part of the review of the annual accounts for 2009/10.



Remuneration Report

Salaries and Allowances

Name and title	Salary (bands of £5000)	Other remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £000)	Salary (bands of £5000)	Other remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £000)
	£000	£000	£000	£000	£000	£000
John Wilderspin - Chief Executive	155-160	-	-	150-155	-	-
Steven Pollock – Director of Communications and PPI	80-85	-	-	85-90	-	-
Neil Ferrelly - Director of Finance and Performance	130-135	-	-	125-130	-	-
Philippa Spicer - Director of HR and Organisational Development	90-95	-	-	90-95	-	-
Dr Farhang Tahzib - Director of Public Health and Well-Being	105-110	-	-	115-120	-	-
Dr Peter Hayward - Acting Director of Public Health and Well-Being (until 6 Sep 2009)	45-50	-	-	105-110	-	-
Judith Wright - Director of Public Health and Well-Being (from 7 Sep 2009)	60-65	-	-	-	-	-
Sara Creamer – Director of Strategy	90-95	-	-	80-85	-	-
Carol Gareze - Managing Director of Provider Services (until 30 Jun 2009)	65-70	-	-	105-110	-	-
Louise Watson - Director of Primary and Community Care	90-95	-	-	65-70	-	-
Sue Braysher - Director of Contracting and Performance	110-115	-	-	90-95	-	-
Brian Hughes - Assistant Chief Executive	75-80	-	-	75-80	-	-
Mona Walker - Acting Director of Quality (until 31 Jan 2010)	125-130	-	-	-	-	-
Julia Dutchman Bailey - Acting Director of Quality and Chief Nurse (from 1 Feb 2010)	10-15	-	-	-	-	-
Eileen Clark - Managing Director of Provider Services (from 1 Jul 2009)	65-70	-	-	-	-	-
Sue Giddings - Director of Nursing and Patient Safety	75-80	-	-	-	-	-
Brian Angers – Non Executive Director	5-10	-	-	10-15	-	-
Michael Harris – Chair	35-40	-	-	35-40	0-5	-
Norman W Robson - Non Executive Director	5-10	-	-	5-10	0-5	-
Reverend Malcolm Liles - Non Executive Director (until 30 Sep 2009)	0-5	-	-	5-10	-	-
Stephen Turner - Non Executive Director	0-5	-	-	-	-	-
Margaret Bamford - Non Executive Director (until 30 Sep 2009)	0-5	-	-	5-10	-	-
Jean Barclay - Non Executive Director	5-10	-	-	5-10	-	-
Christopher Moore - Non Executive Director (from 1 Oct 2009)	0-5	-	-	-	-	-

Remuneration Report

Salaries and Allowances

Name and title	Salary (bands of £5000)	Other remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £000)	Salary (bands of £5000)	Other remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £000)
	£000	£000	£000	£000	£000	£000
George Tainsh - Non Executive Director	0-5	-	-	-	-	-
David King - Non Executive Director	10-15	-	-	10-15	-	-
Barbara Wilkins - Non-Executive Director	5-10	-	-	5-10	-	-
Andrew Foulkes – PEC Chair	70-75	-	-	70-75	-	-
Sue Barrett - Nurse Member (until 30 Sep 2009)	5 - 10	20 - 25	-	10 -15	40 - 45	-
Sue Dewar - Nurse Member	5 - 10	35 - 40	-	5 -10	30 - 35	-
Judy Durrant - Nurse Member	0-5	-	-	0-5	35 - 40	-
Dr Tim Fooks - GP Member	15-20	-	-	15-20	-	-
Dr Sara Kelly - GP Member	0-5	-	-	10-15	-	-
Chris McKrill - Nurse Member	5-10	-	-	5-10	10 - 15	-
Paul Mellings - Dentist Member	0-5	-	-	5-10	5 - 10	-
Dr David Skipp - GP Member	-	-	-	5-10	-	-
Nicky Sullivan - Allied Health Professional Member	-	25-30	-	0-5	45 - 50	-
Geoff Lowry - Social Services representative Member	N/A	-	-	N/A	-	-
Sue Carter – Social Services Representative Member	N/A	-	-	N/A	-	-
David Clark – Pharmacy Representative (from 1 Oct 08 until 30 Sep 2009)	0-5	-	-	0-5	-	-
Dr Liz Tayler – Director of Quality, Patient Safety and Infection Control (until Feb 2009)	-	-	-	-	-	-
Stuart Henderson – Lay Member	-	-	-	-	-	-
Margaret Morris – Lay Member	-	-	-	-	-	-
Michael Morris – Lay Member	-	-	-	-	-	-

Benefits in kind represent the monetary value of benefits received in kind such as the provision of lease cars.

All salary values are calculated Pro Rata. Also included are reimbursement of expenses incurred for travel and subsistence.

Pension entitlements

Name and title	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2010	Lump sum at age 60 related to accrued pension at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder's pension (rounded to £000)
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(rounded to £000)	(rounded to £000)	(rounded to £000)	(rounded to £000)
John Wilderspin - Chief Executive	0 - 2.5	0 - 2.5	45 - 50	145 - 150	940	890	19	-
Steven Pollock - Director of Communications and PPI (Secondment)	-	-	-	-	-	-	-	-
Neil Ferrelly - Director of Finance and Performance	0 - 2.5	0 - 2.5	45 - 50	140 - 145	863	817	18	-
Philippa Spicer - Director of HR and Organisational Development	0 - 2.5	0 - 2.5	40 - 45	25 - 30	158	136	13	-
Dr Farhang Tahzib - Director of Public Health and Well-Being	0 - 2.5	2.5 - 5	20 - 25	65 - 70	586	523	35	-
Dr Peter Hayward - Acting Director of Public Health and Well-Being (until 6 Sep 2009)	0 - 2.5	5 - 2.5	45 - 50	135 - 140	1,066	978	44	-
Judith Wright - Director of Public Health and Well-Being (from 7 Sep 2009)	0 - 2.5	5 - 7.5	30 - 35	90 - 95	654	592	33	-
Sarah Creamer - Director of Strategy	2.5 - 5	5 - 7.5	20 - 25	60 - 65	287	238	30	-
Carol Gareze - Managing Director of Provider Services (until 30 Jun 2009)	0 - 2.5	2.5 - 5	35 - 40	110 - 115	-	853	-	-
Louise Watson - Director of Primary and Community Care	2.5 - 5	7.5 - 10	15 - 20	50 - 55	246	198	30	-
Sue Braysheer - Director of Contracting and Performance	2.5 - 5	7.5 - 10	30 - 35	90 - 95	517	446	42	-
Brian Hughes - Assistant Chief Executive	0 - 2.5	2.5 - 5	30 - 35	95 - 100	-	-	-	-

Mona Walker - Acting Director of Quality (to 31 Jan 2010)	-	-	-	-	-	-	-	-
Julia Dutchman Bailey Acting Director of Quality and Chief Nurse (from 1 Feb 2010)	-	-	-	-	-	-	-	-
Eileen Clark - Managing Director of Provider Services (from 1 Jul 2009)	5 - 7.5	17.5 - 20	20 - 25	65 - 70	421	291	86	-
Sue Giddings - Director of Nursing and Patient Safety	0 - 2.5	5 - 7.5	20 - 25	65 - 70	447	375	44	-

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

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

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

Self-employed GPs who are members of the Professional Executive Committee (PEC) have pension entitlements. However, the proportion of those entitlements that relates to their membership of the PEC is not significant compared to the proportion that relates to their work as practitioners independent of the PCT. It is not, therefore, appropriate to disclose their pension entitlements.

Real Increase in CETV

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

Auditors of the PCT

The PCT's External Audit fee in 2009/10 was £356k. The External Auditors were:

Audit Commission, Bicentennial House, Southern Gate, Chichester, West Sussex PO19 8SQ

The PCT's internal auditors were:

South Coast Audit, Regent House, Station Approach, Battle, East Sussex TN33 0BQ



health & wellbeing, for life

It is the job of NHS West Sussex to help people to live healthily and stay well, and to ensure that everyone living and working in the area has access to high quality health services which meet their needs.

To do this we commission (plan, buy, and check) health services from a range of providers including hospitals, GPs, community services, voluntary organisations and the independent sector, ensuring that the best value for money is obtained.

We also commission services such as flu immunisations, cancer screening and health visiting for the people of West Sussex.

We listen to and learn from everyone who has a view on how NHS services should be provided. You can find out more about what we do, and how you can get involved at www.westsussex.nhs.uk

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NHS West Sussex is the working name of West Sussex Primary Care Trust

