NHS
Warwickshire

Legacy Document

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NHS Warwickshire Legacy Document

SECTION 1 - INTRODUCTION AND PURPOSE OF THIS DOCUMENT

1.1 The National Quality Board document “Maintaining and improving quality during the transition: safety, effectiveness, experience” Part One, published in March 2011, set out the requirement for effective handovers, in particular, capturing the organisational memory. In order to do this, each outgoing organisation (PCT and SHA) is required to provide a “legacy document” to feed into a Cluster - wide legacy document.

1.2 As part of the process of Consortia and Cluster development and the decommissioning of Warwickshire PCT, the PCT has a responsibility to ensure that in a period of considerable change it does not lose information that is important to the future commissioning of health and which has been accumulated over the years through managerial and clinical interactions.

1.3 It is intended that the legacy document will be updated at quarterly intervals until the abolition of the organisation, thus ensuring the most relevant and up to date information is available for incoming teams and new organisations.

SECTION 2 –WARWICKSHIRE BACKGROUND AND OVERVIEW

The County and Communities of Warwickshire

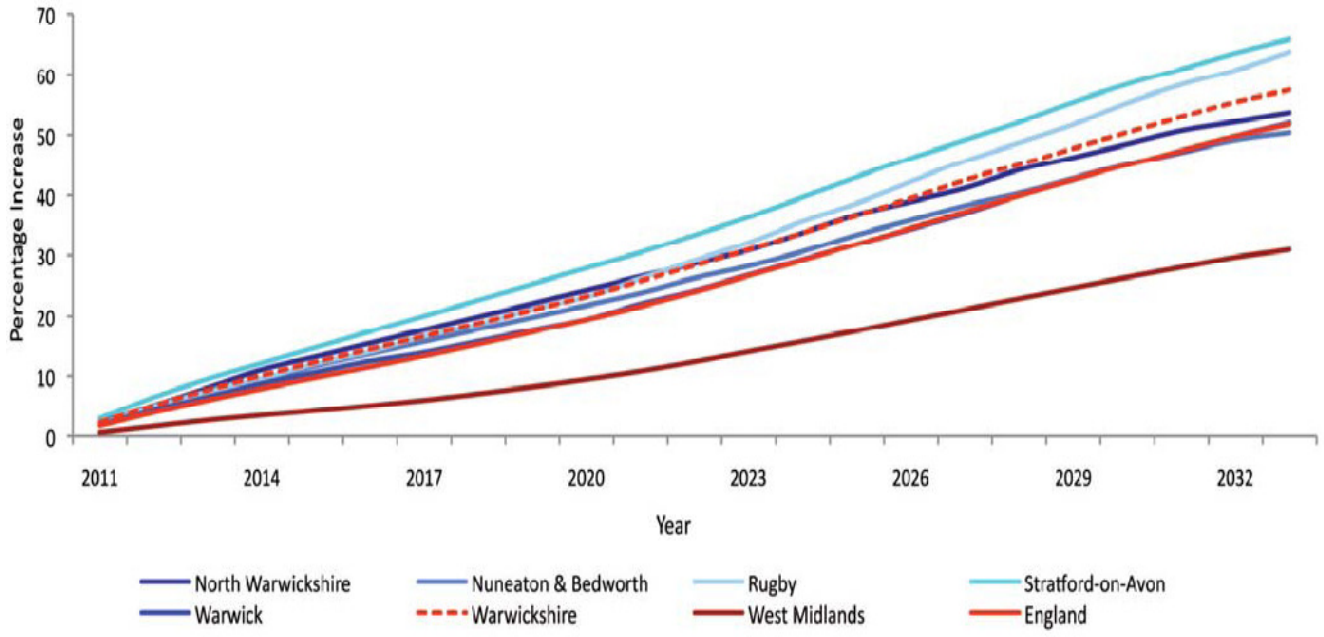
2.1 NHS Warwickshire (NHSW) is the Primary Care Trust for the County of Warwickshire and is responsible for commissioning health services for the approximate 550,409 people that currently make up the County's population.

2.2 Warwickshire is located in the West Midlands region it boarders a number of counties and metropolitan areas, these include Coventry, Solihull, Birmingham, Staffordshire, Leicestershire, Northamptonshire, Oxfordshire, Gloucestershire and Worcestershire. It is a large, predominantly rural County that covers an area of 1975 km2. Its population is concentrated into a number of significant towns including, Warwick, Stratford, Leamington Spa, Rugby, Nuneaton, Bedworth, Atherstone, Shipston, Bidford and Alcester, amongst others. There are also a large number of villages and hamlets that make up the County.

2.3 Warwickshire is characterised by its rich history, its cultural heritage and landscape as well as its close proximity to the West Midlands conurbation. The County has excellent transport links and is regarded as being a generally prosperous area with the south of Warwickshire having been identified in the Regional Spatial Strategy as a key area for economic growth. Within the overall picture of prosperous and affluent communities there are significant pockets of deprivation, especially in the north of the County around Nuneaton and Bedworth. This is reflected in a life-expectancy gap of 2 years between the healthiest and least healthy parts of the county.

2.4 Over the next few years the County's population is expected to increase quite significantly, rising to some 561,900 by 2015. The biggest increase is expected in the older populations – in the 65 to 74 age group, a forecasted growth of 18% from 2010, followed by 19% in the 85+, and 13% in the 75-84 age groups. The graph below illustrates the scale of increase in those aged over 65 in Warwickshire.

Figure1: Population Growth in Over 65s



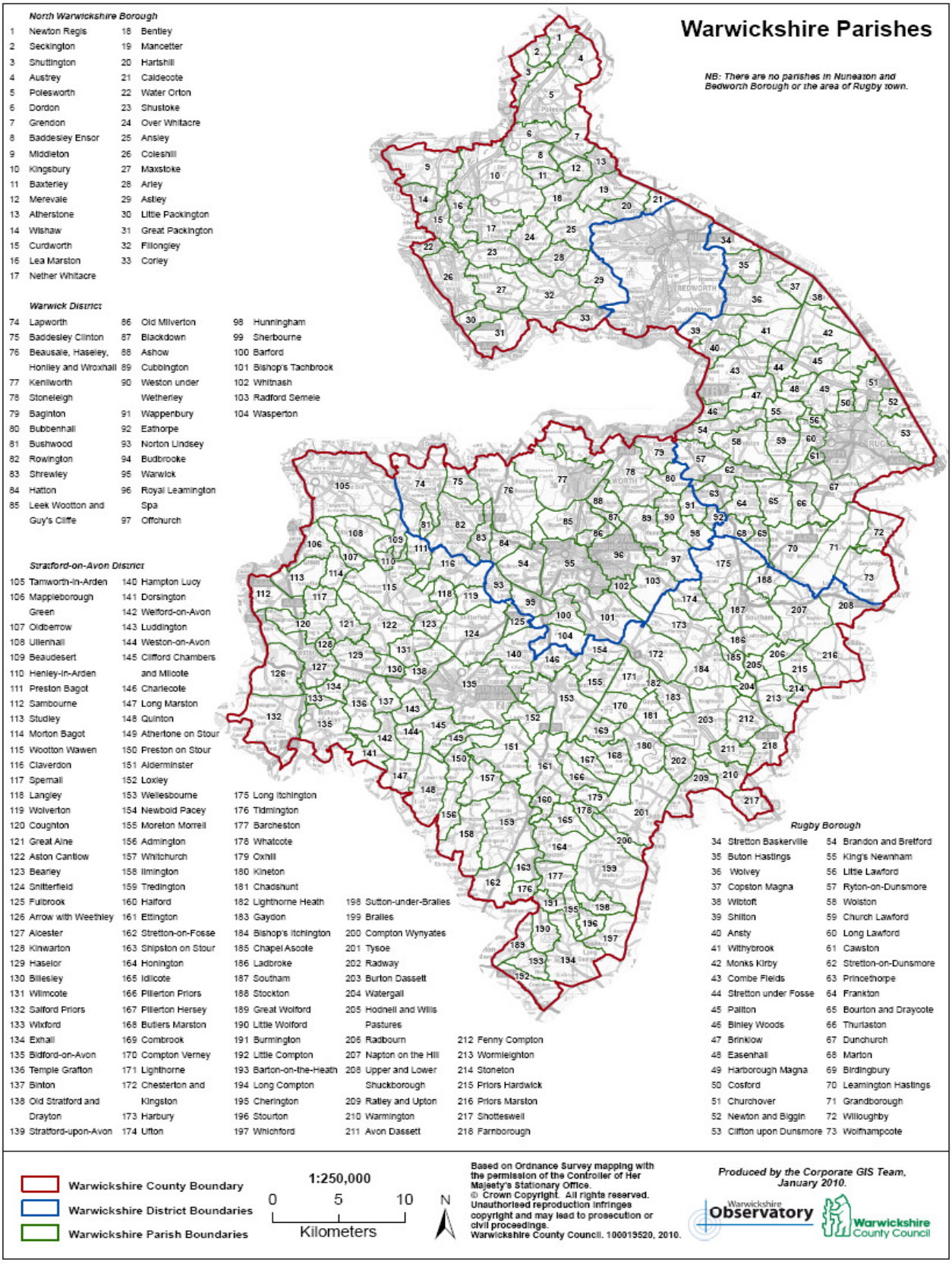
2.5 More detail on the social demographic makeup of the county and population projections can be found on the Warwickshire Observatory website: **www.warwickshireobservatory.org**

2.6 In terms of local government Warwickshire is served by three tiers of local authority including the County Council, which is based at Shire Hall in Warwick, 5 District Council's – Stratford, Warwick, Rugby, North Warwickshire (based in Atherstone) and Nuneaton and Bedworth

Figure 2: Warwickshire Districts

2.7 The county also contains some 218 local town and parish councils. The maps above and overleaf show the location and boundaries of the various councils serving the county.

Figure 3: Warwickshire Parishes



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2.8 Local authorities provide many key services that interface with the NHS and are essential in supporting the delivery of health services and preventing ill health. The development of effective relationships and coordination of activities with local government is therefore vitally important to the effective commissioning of health services and delivery of health goals. In addition other key public services include Warwickshire Constabulary, whose headquarters are based at Leek Wootton and the Fire and Rescue Service which forms part of the County Council's responsibilities, with its the headquarters being located in Leamington Spa

Consortia

2.9 Within Warwickshire there are 4 emerging GP Commissioning Consortia which are geographically based, these are:

1: North Warwickshire

2: Nuneaton and Bedworth

3: Rugby

4: South Warwickshire Warwick and Stratford

2.10 The consortia are aligned with district council boundaries. The table below provides a brief resume of key facts relating to the Consortia

2.11 A map of the consortia boundaries is shown:

Figure 4: Consortia areas

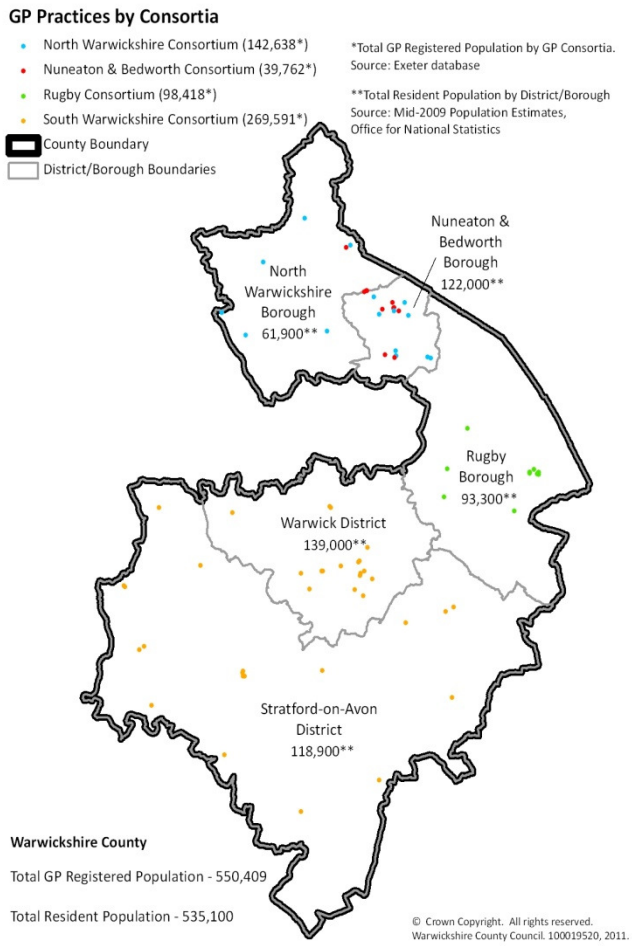


Table 1: Consortia Profile

	North Warwickshire	Nuneaton and Bedworth	Rugby	South Warwickshire
Populat`ion	142,638	39,762	98,418	269,591
Number of GP Practices	17	11	12	35
Consortia Lead	Dr. Gorringe	Dr. Ullah	Dr Canale-Parola	Dr. Spraggett
Chief operating Officer	Glen Charman	Richard Hancox	Sue Davies	Anna Burn

2.12 The Consortia have appointed their Chair, Board and Clinical Leads and the Cluster have recently appointed Chief Operating Officers to work with Consortia's to move services across in a consistent and efficient way.

2.13 Consortia are being encouraged to develop Strategic Plans to confirm their priorities and set timescales and to work with the cluster around aligning staff and services. A Training Needs Analysis is being undertaken to determine their readiness for commissioning and development needs which will inform what support they need. The Listening Exercise and subsequent changes to the White Paper will be incorporated into any future plans.

Health Issues

Overview

2.14 The Director of Public Health Annual report details the key health issues faced by Warwickshire's population. Copies of the annual report for 2011 along with previous years' documents can be found at: www.warwickshire.nhs.uk .

2.15 Amongst the main determinants of ill health identified in the report are:

- Social Demographics: The population of Warwickshire is ageing at a faster rate than England. This will lead to increased pressure on our public services. It raises many concerns, including will we have enough carers and young people to support the economy in the future?
- Housing: The demand for social housing has increased across the County. We need to consider if there will be enough housing, and more importantly, the right housing at the right standard in the right location, to support the changing demography and rise in the number of households as we move forward.
- Education: Educational attainment, whilst generally above the England average, is actually low when we consider the relatively affluent nature of the population of Warwickshire. There are also areas, especially in the North of the County, where exam results are poor.
- Unemployment: Warwickshire has experienced a faster than average rise in the number of people claiming Job Seekers Allowance. This may be explained by the County having a higher proportion of people employed in the most vulnerable sectors. This could have implications for the mental health of the population who are unemployed or at risk of losing their job.

2.16 Analysis of these, along with other health data and public health outcomes for Warwickshire, reveals that there is a need to prioritise and focus on five main areas of concern ; obesity, alcohol, cancer and screening, mental health and well-being, and health protection – sexual health) key aspects of which are explored below

Obesity

2.17 The increasing prevalence of obesity amongst adults and children is a major public health challenge, placing significant strain on budgets and resources. It is estimated that approximately 8% of premature adult deaths could be reduced if the population maintained a healthy weight. In Warwickshire, an estimated one in four adults is obese, which equates to nearly 110,000 people. In statistical terms however, Warwickshire's prevalence is not significantly different to that for England.

- The estimated prevalence of obese adults in North Warwickshire (27%) and Nuneaton & Bedworth Boroughs (29%) are significantly higher than the national average.
- Where as the estimated prevalence in Warwick District is significantly lower than the England average at 22%.

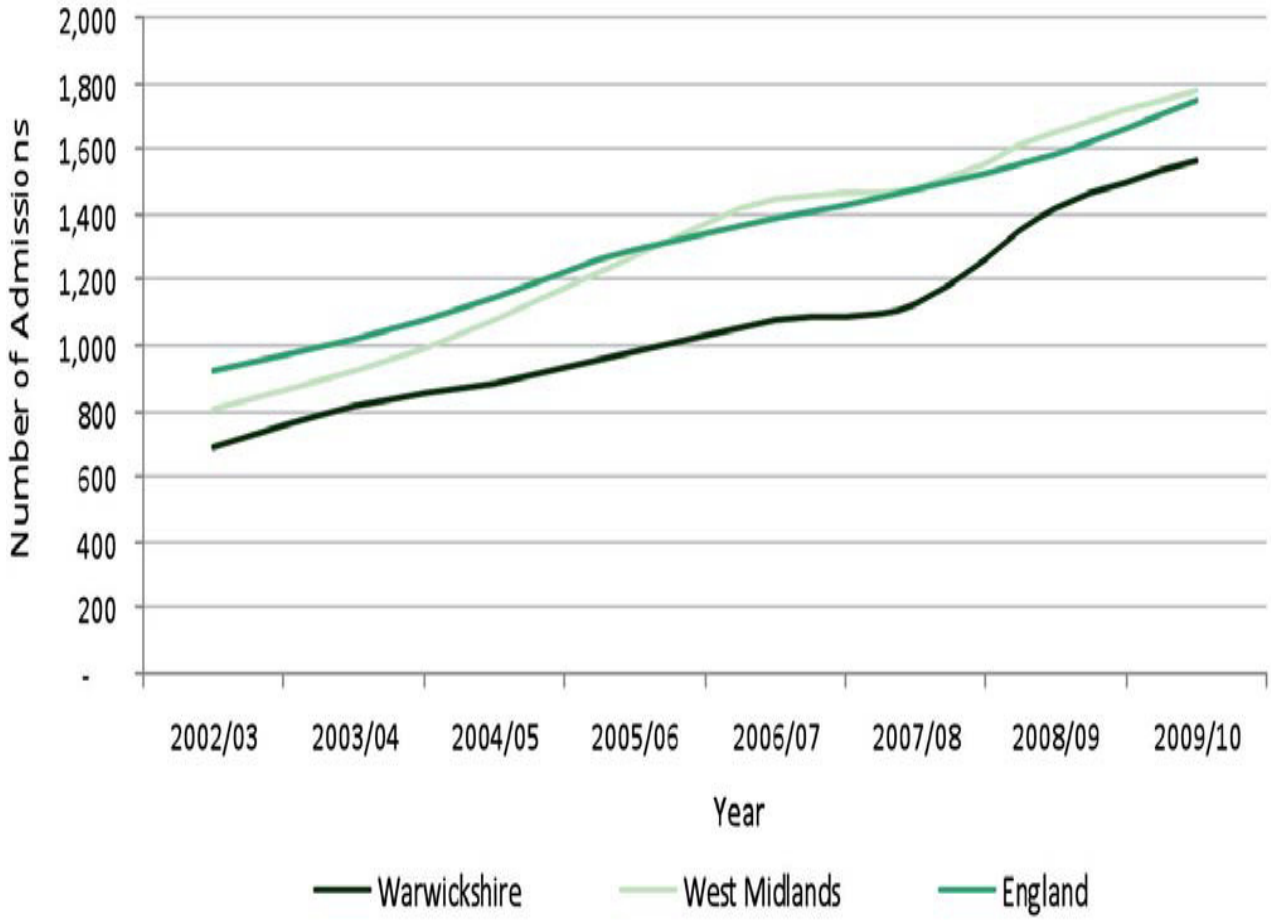
Alcohol

2.18 We are seeing a continued growth in hospital admissions and liver disease as a result of alcohol across the County. The cost of dealing with alcohol related harm in Warwickshire each year is estimated at £300 million. Alcohol is a priority for both health and community safety partners in Warwickshire, with a wide range of organisations having to deal with the often significant consequences of its misuse. Partnership work to reduce this harm is undertaken across three key themes:

- Education and prevention.
- Treatment and aftercare.
- Local enforcement of alcohol-related legislation

2.19 The effect on the NHS of alcohol misuse is vast. One in four A&E attendances is related to alcohol in some areas. Although the rate of such admissions in Warwickshire is lower than the regional and national rates, it has more than doubled from 689 per 100,000 in 2002/03 to 1,562 per 100,000 in 2009/10 (a 127% increase). This is even greater than either the regional (120%) or national increases (88%).

Figure 5: Hospital Admissions for alcohol related harm, Directly Standardised Rate per 100,000 population, England and Warwickshire, 2002/03-2009/10



Cancer

2.20 Cancer is a major cause of ill health and death. It is estimated that more than one in three people will develop cancer at some point in their lifetime, and one in four will die from it. Overall, there are approximately 2,500 cases of cancer diagnosed in Warwickshire each

year, and about 1,400 deaths (representing about 27% of all deaths) from cancer each year in Warwickshire.

2.21 Although the age-standardised rates of cancer incidence (occurrence) have remained reasonably constant over recent years, the actual number of cases diagnosed has tended to increase. This is because the incidence of cancer increases with age, so we would expect to see a rising number of cancer cases as the number of older people in the population increases, despite no increase in age-standardised rates. Similarly, although age-standardised rates of mortality from cancer have fallen over recent years, both nationally and locally (indicating improved survival), the actual number of deaths from cancer has not decreased. 5% of the NHS budget is spent on cancer care, with some estimates suggesting that the overall cost could increase by more than a third in the next decade. Up to half of all cancers may be preventable through lifestyle changes.

Mental Health and Well-Being:

2.22 Mental illness affects not only the individual with the condition, but also family, friends and the wider society. Around 1 in 4 people will have a mental illness during their lifetime. 12% of the health budget is spent on mental health. The data indicates that over 13,000 Warwickshire residents accessed specialist mental health services in 2008/9. Overall, the proportion of patients accessing NHS mental health services is higher for females than males and increases with age. However, many more individuals will be treated by their GP, private counselling, or have not yet identified that mental illness is affecting them.

Sexual Health

2.23 Over the past decade, there has been an increase in the number of sexually transmitted infections (STIs). Teens are particularly at risk. Many STIs are without symptoms but if left untreated can lead to complications. Safe sex and condom use can prevent STIs but early detection is vital.

2.24 An estimated £63 million a year is spent on the NHS on teenage pregnancies. Teenage pregnancies are, however, as a whole falling in Warwickshire but not at the same rate across all Districts and Boroughs and they have increased slightly in Warwick District.

- Teenage Conceptions - The 2009 under-18 conception rate for England was 38.2 conceptions per 1,000 girls aged 15-17, representing a decline of 18.1% since 1998. In Warwickshire, the under 18 conception rate is below that for England rate at 36.7 (38.2), a decline of 13.6% over the same period.
- Teenage Terminations - In 2009, for women under the age of 18, 54% of pregnancies were terminated, compared to an England average of 51%. In 2009/2010, within Warwickshire, 9.6% of all clients undergoing termination were young women under the age of 18 and only 0.6% of terminations were for patients under the age of 15. For women under18, only 6% had had one previous termination. There were significantly less terminations on women living in the most deprived areas of the County. Those living in the most deprived areas represent 8.6% of the overall number of terminations. The majority of terminations are at between 4 and 6 weeks gestation.
- STIs - The number of STIs is on the increase. The data shows that the total numbers of STIs in Warwickshire has risen by more than 20% since 2003. Overall, the 15-24 year age group had the highest number of diagnoses for all STIs, although Chlamydia, which has the highest number of infections, mainly affects the 16 to 19 year age group.

2.25 The most recent public health report identifies a number of areas of progress in improving the health of the population in Warwickshire

- Life expectancy and Health Inequalities:

- Prevention:
- Fuel Poverty:
- Dementia:
- End of life care:
- Childhood Immunisations
- Teenage Pregnancy
- Smoking Cessation:

2.26 The table below details the progress on key health outcomes in Warwickshire

Table 2: Health Outcomes

Domain	Indicator	Warwickshire 2010	England 2010	Trend	Variation across Districts	Data
Communities	Deprivation	4.4	19.9	→	0.0-15.4	% living in deprivation
	Children in poverty	13.9	22.4	→	9.7-19.5	%
	Statutory homelessness	1.02	2.48	n/a	1.38-1.4	Rate per 1,000
	GCSE achieved (5A*-C inc. Eng & Maths)	53.6	50.9	↓	42.9-63.4	%
	Violent Crime	11.3	16.4	↓	7.6-14.8	Rate per 1,000
	Carbon emissions	7.9	6.8	↓	1.9-9.6	Emissions per capita
Children and young people	Smoking in pregnancy	14.8	14.6	↓	14.8	%
	Breast feeding initiation	73.2	72.5	↑	73.2	%
	Physically active children*	47.7	49.6	↓	40.3-53.3	%
	Obese children	7.5	9.6	↓	6.1-9.3	%
	Tooth decay in children aged 5 years	0.6	1.1	↓	0.4-0.8	Rate per 1,000
	Teenage pregnancy (under 18)	36.7	40.9	↓	23.9-47.6	Rate per 1,000
Adult's health and lifestyle	Adults who smoke	18.8	22.2	↓	15.5-23.9	%
	Binge drinking adults*	22.4	20.1	↑	20.5-24.7	%
	Healthy eating adults	29.0	28.7	↓	21.1-35.2	%
	Physically active adults	11.9	11.2	↓	9.3-13.1	%
	Obese adults	25.0	24.2	↓	21.9-29.0	%
Disease and poor health	Incidence of malignant melanoma	13.1	12.6	↑	7.1-19.3	Rate per 100,000
	Incapacity benefits for mental illness	19.0	27.6	↑	14.6-27.1	Rate per 1,000
	Hospital stays for alcohol related harm	1430	1580	↑	1270-1680	Rate per 100,000
	Drug misuse	n/a	n/a	n/a	n/a	n/a
	People diagnosed with diabetes	4.0	4.3	↑	3.4-4.7	%
	New cases of tuberculosis	9	15	↑		Rate per 100,000
	Hip fracture in over-65s	480.5	479.2	↑	441-542	Rate per 100,000
Life expectancy and causes of death	Excess winter deaths	19.6	15.6	↑	16.5-25.7	Ratio
	Life expectancy – male	78.5	77.9	↑	76.7-79.3	Years at birth
	Life expectancy – female	82.1	82.0	↑	80.9-83.4	Years at birth
	Infant deaths	4.00	4.84	↑	2.59-5.48	Rate per 1,000
	Deaths from smoking	174.2	206.8	↓	142.6-230.7	Rate per 100,000
	Early deaths: heart disease & stroke	65.1	74.8	↓	55.4-84.4	Rate per 100,000
	Early deaths: cancer	107.7	114.0	↓	98.6-122.9	Rate per 100,000
	Road injuries and deaths	72.5	51.3	↓	39.9-110.9	Rate per 100,000
Health Protection	Chlamydia*	1.53	1.99	↓	n/a	Rate per 1,000
	Gonorrhoea*	0.23	0.31	↑	n/a	Rate per 1,000
	Syphilis*	0.02	0.06	→	n/a	Rate per 1,000
	Herpes*	0.44	0.53	↑	n/a	Rate per 1,000
	Warts*	1.47	1.51	↑	n/a	Rate per 1,000
	HIV*	0.52	1.40	↓	n/a	Rate per 1,000
	Flu Vaccinations in over 65s	73.2	72.4	↓		%

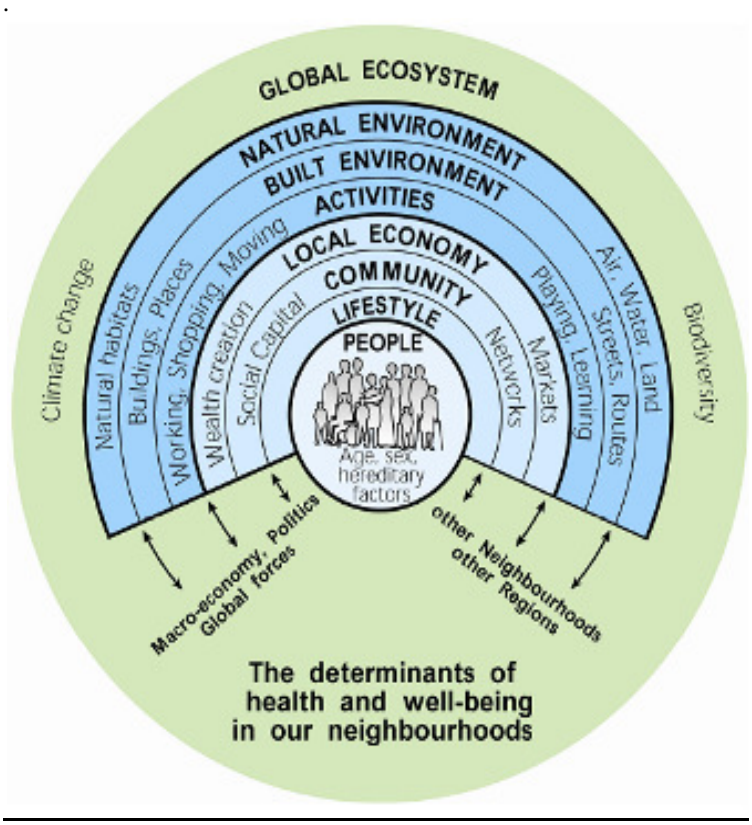
*STI Data is from 2009

Source: www.healthprofiles.info and Health Protection Agency - More detailed indicator notes see references and key documents

Figure 6: Determinants of Health

Determinants of ill health

2.21 A wide range of factors are seen as having an impact on the health of communities including age, family history, friends, lifestyle choices, income, housing conditions, access to services and education.



2.22 To improve health, action is required not just at the individual level but also in communities and through the work and living environment

2.24 The Public Health report contains recommendations for each of the priority areas highlighted above. In addition it identifies a number of cross cutting themes that need to be tackled by all agencies and organisations in the community if the health of the population is to be improved including

- Prevention
- Health inequalities
- Aspiration

These are explored below.

Prevention

2.23 This is regarded as being is everyone's business and one that if realised will save significant money in the longer term. To this end it is proposed that

- All agencies/partners should be aware of and adopt the 'Every Contact Counts' philosophy. In which every contact with healthcare professionals and other frontline staff, is seen as an opportunity to reinforce advice about healthy lifestyles and or/signpost to the relevant services.
- We encourage exercise to help improve mental wellbeing as it is an effective treatment for mild and moderate depression and helps delay the onset of dementia.
- We increase the uptake of screening programmes across the County, targeting the areas with the lowest uptake.

Inequalities

2.24 The health of the most disadvantaged in our society should be our top priority. We need to ensure our programmes target people right across the inequality profile. In-line with the Marmot report, the highest priority should be given to children from pre-conception through to adolescence.

Aspiration

2.25 The Public Health report demonstrates that Warwickshire health outcomes are not in line with the level of affluence of the County. Aspiration, both at the individual level and within communities, is key to ensuring that people in Warwickshire lead long healthy and productive lives.

2.26 There are a range of other documents in addition to the Public Health Annual report that help describe the health issues facing the population of Warwickshire. These include the Joint Strategic Needs Assessment of Warwickshire (2009) and a variety of profiles for each of the district's including:

- District Health Profiles
- District Ageing Population Profiles
- District Area Sexual health profiles

These reports are available at www.warwickshire.nhs.uk

www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/dph.aspx

SECTION 3 – OVERVIEW OF SERVICES

Overview

3.1 To meet the health needs of the population NHS Warwickshire commissions services from a range of providers including University Hospitals Coventry and Warwickshire (UHCW), South Warwickshire NHS Foundation Trust (SWFT), George Eliot Hospital Trust (GEH), the Coventry and Warwickshire Partnership Trust (CWPT). In addition 76 GP practices, 76 dental practices and 71 optometry contractors are commissioned to provide family services across the county. In some circumstances it is also necessary and appropriate for services to be commissioned from out of county providers, private or the voluntary sector.

3.2 NHS Warwickshire also works closely with Warwickshire County Council and with the borough councils of Nuneaton and Bedworth, North Warwickshire, and Rugby, and the district councils of Stratford on Avon and of Warwick to meet the wider health care needs of the population.

3.3 To deliver its commissioning responsibilities NHSW has a budget of £827.478m for 2010/11; of this overall budget £808,048 is spent on the actual Commissioning of services. To perform this role NHSW employs 295 staff. The table below shows the spread of expenditure across major health areas commissioned by NHS Warwickshire.

Table 3: Major Provider Budgets

Provider	NHS Warwickshire Budget 2010/11	NHS Warwickshire Budget 2011/12
University Hospitals Coventry and Warwickshire	£93.189m	£94.186m
South Warwickshire FT	£110.481m	£111.750m
George Eliot Hospital	£77.301m	£72.190m
Coventry and Warwickshire PT	£67.517m	£64.909m
Warwickshire Community Health Services**	£55.223m	£54.561m
West Midlands Ambulance Service	£13.758m	£13.596m
Primary Care Services	£195.821m	£195.540m
Out of County Services	£38.056m	£38.890m

3.4 Background on the development of NHS Warwickshire can be found in previous Annual Reports: http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/annualreports.aspx

Primary Care

Overview

3.3 Warwickshire has over 76 GP practices. General Practitioners (GPs) are the first point of contact for nearly all NHS patients. They provide first line care and direct people to other NHS services. GPs are experts in family medicine, preventative care, health education and treating people with multiple and long-term conditions. All GP Practices are contracted to a Medical Contract including General Medical Services, Personal Medical Services and Alternate Personal Medical Services. Most practices are also signed up to a wide range of Direct and Local Enhanced Services. All patients have a choice to register with a GP practice in Warwickshire as long as they reside within the boundaries of the practice.

3.4 The table below outlines the contract values for dental services, optometrists and GPs from 2008/09 to 2011/12.

Table 4: Contract Values

	£000s			
	2008/09	**2009/10**	**2010/11**	**2011/12**
Optometry	-	£4,302	£4,462	£ 4,460
Dental	£21,408	£22,346	£21,487	£24,021
General Practice	£62,703	£64,296	£65,092	£67,504

Notes

1. *No optometry expenditure in 2008/09 as the GOS Contract was non-cash limited in this year*
2. *Dental expenditure is net of patient charges.*
3. *GP expenditure includes Global Sum, Enhanced Services, QOF, IT and Premises Reimbursements and Primary Care Administered Funds, Dispensing Fees and Patient Charges for GMS, PMS and APMS practices*
4. *2011/12 is based on planned expenditure and includes PCTPMS and Community Dental Services transferred to the George Eliot.*

General Practitioners (GPs)

3.5 Warwickshire has over 70 GP practices. General Practitioners (GPs) are the first point of contact for nearly all NHS patients. They provide first line care and direct people to other NHS services. GPs are experts in family medicine, preventative care, health education and treating people with multiple and long-term conditions. All patients have a choice of which GP practice in Warwickshire to register with. A list of the practices, GPs and associated information can be found**:**
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/primarycare.aspx

Pharmacies

3.6 There are over 98 Community pharmacies (previously known as chemists) in Warwickshire. Since April 2005, Community Pharmacies have become much more involved in the care and wellbeing of all members of the public. In addition to their "standard" pharmacy role of dispensing medicines NHS Warwickshire commissions a range of Enhanced services these include:

- Emergency out of hours services to provide special medicines for the terminally ill
- Emergency hormonal contraception services ("morning after pill") to reduce the incidence of unwanted pregnancy; particularly focusing on teenage pregnancy
- Chlamydia Screening services
- Minor Ailments Services to reduce waiting times in GP practices
- Stop smoking services
- Supervising consumption of Methadone and provision of Needle Exchange Schemes for drug users.

A list of community pharmacies is can be found at:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/primarycare.aspx

Optometrists

3.7 Optometrists are trained to examine the eyes to detect signs of injury, disease, abnormality and defects in vision. They provide a range of services including advice on visual problems, perform eyesight tests and examinations, prescribe corrective lenses or spectacles to those who need them and fit spectacles or contact lenses. There are 71 optometrist practices across Warwickshire. The value of services commissioned in 2010/11 was £4.3m.

A list of Optometrists can be found at:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/primarycare.aspx

Dentistry

3.8 Across Warwickshire there are 76 Dental practices. The value of contracts commissioned with Dentists by NHSW in 2010/11 was £31.135m (excluding patient charges). Dentists are commissioned under a number of contract forms including Personal Dental Services, Personal Dental Services Plus and General Dental Services. The total value of these contracts in 2011/12 was £28.62m. A further £350k is spent on minor dental surgery which involves 7 of the practices across the County.

3.9 Although there is generally good coverage of dental services across the County there are areas and communities that are inadequately served. In response NHS Warwickshire is currently tendering for services in these areas. This will help ensure that all people in the county have reasonable access to NHS dentistry. A full list of dental providers can be found here: http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/primarycare.aspx

Out of Hours Service

3.10 Out of hours GP services are available for those with a serious medical need or an urgent health care problem after the GP surgery or Dental Practice is closed. The Out of Hours service in Warwickshire is available via the following contact number: **0300 130 30 40.**

Acute Providers

Overview

3.11 The bulk of acute health care commissioned by NHS Warwickshire is with three key providers based in the Coventry and Warwickshire Area. These are

- George Eliot Hospital Trust
- South Warwickshire NHS Foundation Trust
- University Hospitals Coventry and Warwickshire

3.12 The contracts held with each of these providers reflect the requirements of the PCT to meet national acute access targets (e.g. 18 week waiting times from referral to treatment) and activity levels are modelled to ensure their achievement. The Commissioning Development Directorate is responsible for monitoring all acute targets and their achievement. The contracts also support the delivery of the PCT's health strategy and QIPP (Quality, Innovation, Productivity and Prevention) plans in ensuring that the most cost-effective and high quality care possible is delivered by the hospitals we contract with.

Table 5: Acute Budgets

Trusts	Lead Commissioner	Budget 2010-11 (£000s)	Budget 201-12 (£000s)
SWFT	NHS Warwickshire	£110,481	£111,750
UHCW	NHS Warwickshire	£93,189	£94,186
GEH	NHS Warwickshire	£77,301	£72,190
Coventry and Warwickshire Pathology Services (hosted by UHCW)	NHS Warwickshire	£6,082	£5,864
		£287.053m	**£283.990m**

George Eliot Hospital NHS Trust

3.13 The George Eliot Hospital NHS Trust is a single site hospital on the outskirts of Nuneaton, Warwickshire. It provides a range of traditional district general hospital health services including medical, surgical and maternity care. As part of its approach to health care the hospital is committed to delivering the Department of Health's vision for providing care closer to people's homes. This is shaping the future of the hospital and how it provides care to local people.

3.14 The George Eliot Hospital serves a population of approximately 250,000 from the surrounding areas of Nuneaton and Bedworth, North Warwickshire, South West Leicestershire and Northern Coventry. The table below sets out the range of services provided by the Trust.

Table 6: Services provided by the George Eliot Hospital

Surgery – General surgery, orthopaedics, anaesthetics, pain management, operating theatres, ITU, day procedures, hospital at night team
Medicine – Accident and Emergency, emergency medical unit, general medicine, cancer services/chemotherapy, genitourinary medicine, physiotherapy, occupational therapy, dietetics
Women's, Children's and Clinical Support Services – Maternity, obstetrics, gynaecology, paediatrics, special care baby unit, diagnostics, imaging (radiology), outpatients department, pharmacy, health records and audiology.
Community Services – PCTMS GP Practices, Specialist Community Dentistry, TB nursing, Smoking Cessation

3.15 In addition to these services The George Eliot Hospital works closely with other hospitals in the area to provide services for cancer, pathology and coronary heart disease, amongst others. The hospital also provides a range of services such as physiotherapy and occupational therapy in the community.

3.16 As part of the Transfer of Community Services requirement the Trust In April 2011 took over the running of a range of services from NHS Warwickshire these include TB nursing, Smoking Cessation, Special Care Dentistry and three PCT MS practices were transferred from NHS Warwickshire to George Eliot Hospital NHS Trust.

3.17 In terms of external assessment the George Eliot Hospital was licensed by the CQC to provide care services in March 2010. This license contained no conditions or requirements to improve. In addition the Trust completed a self assessment against the Care Quality Outcomes in January 2011, recording itself as being compliant with all 16 of the required outcomes.

3.18 The Trust scores level 1 against the NHSLA (NHS Litigation Authority) Risk Management standards rating whilst Maternity services attained CNST level 2 in November 2007 and are to be reassessed during 2011.

3.19 Detailed information on the Trust finances are contained in its annual report located at: http:///www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/geh.aspx

3.20 A copy of the acute provider contract for services commissioned from George Eliot along with the Performance Dashboard of key performance data used to monitor service delivery are available at: http:///www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/geh.aspx

3.21 Click here to visit George Eliot Hospital's website **www.geh.nhs.uk/**

South Warwickshire NHS Foundation Trust

3.22 South Warwickshire NHS Foundation Trust incorporates Warwick and Stratford-upon-Avon Hospitals. SWFT serves a community of approximately 270,000 in South Warwickshire and the surrounding areas. The largest population centres are the towns of Kenilworth, Royal Leamington Spa, Southam, Stratford-upon-Avon and Warwick.

3.23 The Trust provides a wide range of day case, inpatient, outpatient and maternity services for the community of South Warwickshire, with a dedicated Accident and Emergency facility at the Warwick Hospital site.

3.24 A range of community health services such as health visiting, district nursing, sexual health, physiotherapy and podiatry were transferred from NHS W to SWFT on 1st April 2011.

3.25 Click here to visit South Warwickshire NHS Foundation Trust's website **www.swft.nhs.uk**. A detailed list of the services provided by the Trust at its various sites is set out below:

Table 7: Services provided by the South Warwickshire Foundation Trust

Warwick Hospital	Stratford Hospital
A&E, Emergency medicine, Emergency surgery, Trauma, Paediatrics, Haematology. **Clinical specialities:** General surgery, Urology, Breast surgery, Colorectal surgery, Orthopaedic surgery, ENT surgery, Ophthalmology, Gynaecology, Endoscopy **Outpatient services:** General surgery, Urology, Breast Surgery, Colorectal, Trauma and Orthopaedics, ENT, Ophthalmology, Oral surgery, Orthodontics, Plastics surgery, Anaesthetics and Pain, General Medicine, Gastroenterology, Endocrinology, Clinical Haematology, Diabetic Medicine, Cardiology, Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Clinical Oncology, Neurosurgery (visiting from UHCW), Renal Medicine (visiting from UHCW), Neurology (visiting from UHCW) Obstetrics and Neonatal, Anaesthetics, Genito-Urinary Medicine. Radiology, Pathology Therapy Services	**Minor Injuries Unit** operated by the Trust from 1 February 2010. prior to this date it was managed by NHS Warwickshire **Clinical** (local anaesthetic surgery unit), General surgery, Dermatology, Plastic surgery, Orthopaedics Intermediate care delivered through the Nicol Unit. **Outpatient services:** General surgery, Colorectal, Dermatology, Orthopaedics, Plastics surgery, Diabetic Medicine, ENT, Gynaecology, Paediatrics, Urology, Clinical Haematology, Oral Surgery, Orthodontics, Ophthalmology, Rheumatology **Ellen Badger Hospital (Shipston on Stour)** **Outreach Clinics** Orthopaedics, ENT, Paediatrics, Urology Genito-Urinary Medicine, Radiology Therapy Services
Community Services Acute Care Closer to Home - Community Wards, District Nursing, Intermediate Care, Muscat and Virtual Ward. Long term care – Podiatry, Community Matrons, Continence Services, Dietetics, District Nursing, Occupational Therapy Physiotherapy and Tissue Viability. Rehabilitation - Community Wards, District Nursing, Occupational Therapy, Physiotherapy, Rehabilitation, Speech and Language Therapy, Wheelchair Service and Neuro. Rehabilitation.	End of life care - Palliative Care (Macmillan) Children's services - Health Visiting, Child Development Services, Safeguarding Children, Child Health Services, Child Immunisation Services, Children's Community Nursing Services, School Nursing Services, Community Contraceptive Service and Sexual Health, Family Nurse Partnership, Community Paediatrician and Birth to Three Portage Service.

3.25 SWFT achieved level 2 with the NHS Litigation Authority (NHSLA) Risk Management Standards in November 2008. It intends to raise this to level 3 at its next assessment in November 2011. The Trust gained level 2 for the CNST Maternity Risk Management standards, (the first in the West Midlands to achieve this level) and plans to achieve level 3 in 2012.

3.26 SWFT is required to register with the Care Quality Commission. The Trust declared full compliance on 10 January 2010 against the Health and Social Care Act 2008 Regulations. The Trusts registration status is 'registered without conditions'. The Care Quality Commission did not take any enforcement action against SWFT during 2010-11.

3.27 As a result of the acquisition of Warwickshire Community Health in April 2011 the overall catchment area for SWFT has expanded to encompass the whole of Warwickshire. Partly as a result of this, changes in the governance arrangements for the Trust have been made, including the appointment of two additional governors to the Board from the area. A governor was also recruited from the County Council to reflect the changes in the NHS and the need for healthcare services to work closely with the NHS

3.28 As at 31st March 2011 the SWFT Trust employed 2276 staff. During 2010/11 the Trust had an annual income of £124.5m with operating expenses of £133.1m the Trust also spent £6.1m on capital projects

3.29 Detailed information on the Trust finances, governance, performance and other matters are contained in its annual report located at:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/swft.aspx

University Hospitals Coventry and Warwickshire NHS Trust

3.30 University Hospitals Coventry and Warwickshire NHS Trust (UHCW) was founded in 1992. The Trust is responsible for managing two major hospitals, these are the University Hospital Coventry and Warwickshire and the Hospital of St Cross Rugby. These hospitals provide a wide range of district general hospital services to around 500,000 people and tertiary services to over 1 million. It is also a specialist centre for cardiology, neurology, strokes, joint replacements, IVF, diabetes, cancer care and kidney transplants. The Trust serves as the principal teaching hospital for Warwick Medical School with whom it works in close partnership to develop innovative medical education programmes and clinical research.

3.31 The Trust employs approximately 6,400 staff. In 2009/10 the Trust's revenue expenditure amounted to £465m with a further £9.3m on capital.

Table 8: Services provided by UHCW

University Hospital	
General Acute Services Accident and Emergency. Acute Medicine. Age Related Medicine and Rehabilitation. Anaesthetics. Assisted Conception. Audiology. Cardiology Critical Care. Dermatology. Diabetes and Endocrinology. Ear, Nose and Throat. Gastroenterology. General Medicine. General Surgery.	**Specialised Services** Bone Marrow Transplantation. Invasive Cardiology. Cardiothoracic Surgery. Clinical Physics. Haemophilia. Neonatal Intensive Care and Special Care. Neuro Imaging. Neurosurgery. Oncology and Radiotherapy. Renal Dialysis and Transplantation. Plastic Surgery. **Diagnostic and Clinical Support Services**

Breast Surgery. Upper Gastrointestinal Surgery. Hepatobiliary and Pancreatic Surgery. Colorectal Surgery. Gynaecology. Haematology. Maxillo Facial Surgery. Neurology and Neurophysiology. Obstetrics. Ophthalmology. Optometry. Orthodontics. Orthoptics. Paediatrics. Pain Management. Plastic Surgery. Renal Medicine. Reproductive Medicine. Respiratory Medicine. Rheumatology. Orthopaedics Trauma. Urology. Vascular Surgery.	Biochemistry. Dietetics. Echo Cardiography. Endoscopy. Haematology. Histopathology. Medical Physics/Nuclear. Medicine. Microbiology. Occupational Therapy. Pharmacy. Physiotherapy. Respiratory Function Testing. Ultrasound. Vascular Investigation. **Other services based on site but provided by other organisations:** Myton Hospice, BMI Meriden, Caludon Centre
Hospital of St Cross	
Ambulatory Care Day Surgery, Overnight Stay / 23 hour Surgery. Outpatients Services. Magnetic Resonance Imaging (MRI) Scanning. X-ray including Ultrasound Scanning, Bone Density. Laboratory Services. Endoscopy. Satellite Renal Dialysis Unit. Macular Unit **Screening** Retinal Screening Centre. Colorectal Cancer Screening Centre. Breast Screening. **Urgent Care Centre** A&E Department.	**Acute Medicine** Inpatient Medical Services. Intermediate Care. Inpatient Rehabilitation Service Acute Surgery. Inpatient Elective Surgery. **Other services provided on site:** Services based on the Hospital of St Cross site, but provided by other organisations: Myton Hospice, Mental Health Unit, Social Services, Recompression Chamber. GP (Out of hours service). Walk In Centre.

3.32 Following the award of a PFI contract the University Hospital Coventry site was substantially redeveloped over a period of three years. These new buildings and new facilities became operational in July 2006 and have helped ensure that the population of Coventry/ Warwickshire has access to modern buildings and facilities that are capable of providing excellent healthcare. The contract also has a significant financial legacy that has implications for the local health economy.

3.33 Click here to visit University Hospitals Coventry and Warwickshire's website **http://www.uhcw.nhs.uk/**

3.34 Detailed information on the Trust finances, governance, performance and other matters are contained in its annual report located at:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/uhcw.aspx

Out of County Acute Service

3.35 NHSW commissions services with a number of acute trusts that are based outside the Coventry and Warwickshire area including Gloucestershire, Worcestershire and Leicestershire. In these cases the lead organisation for negotiating and monitoring thebe the host PCT. Contracts are in place with the following acute trusts:

Table 9: Out of County Contracts

Trusts we hold an Associate contract with	**Coordinating Commissioner**	**Budget 2010-11**	**Budget 2011/12**
Birmingham Childrens' NHST	Heart of Birmingham teaching PCT	£2,365	£2,360
Birmingham Womens' NHST	South Birmingham PCT	£316	£242
Burton Hospitals NHST	South Staffs PCT	£266	£293
Dental Hospital (hosted by South Birmingham Provider Arm)	Solihull Care Trust	£431	£471
Heart of England FT	Birmingham East and North PCT	£9,571	£9,371
Robert Jones and Agnes Hunt NHST	Shropshire County PCT	£96	£65
Royal Orthopaedic Hospital NHST	South Birmingham PCT	£1,467	£1,763
Sandwell & West Birmingham NHST	Sandwell PCT	£829	£904
University Hospitals of Birmingham	South Birmingham PCT	£5,391	£5,399
Worcester Acute Trust	Worcestershire PCT	£9,010	£9,396
Dudley Group of Hospitals FT		£14	£14
Nuffield Orthopaedic NHST	NHS Oxfordshire	£560	£784
South Staffs PCT (provider services)	NHS Warwickshire	£683	£794
University Hospital Leicester NHST	Leicester County and Rutland PCT	£1,771	£1,868
Trusts we hold bi-lateral contracts with/are the Co-ordinating Commissioner for	**Coordinating Commissioner**		
Gloucester Foundation Trust	NHS Warwickshire	£401	£407
Oxford Radcliffe NHST	NHS Warwickshire	£4,885	£4,759
		£38,056	**£38,990**

3.35 More information on these contracts is available via this link:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/outofcounty.aspx

Tertiary Services

3.36 The West Midlands Strategic Commissioning Group (WMSCG) commissions specialised services on behalf of all PCTs in the West Midlands. These are low volume/high cost services which would present a potential significant financial risk if commissioned by individual PCTs.

3.37 Specialised services are commissioned at 2 levels within the : Tier 2 services are commissioned at a regional level by the Specialised Commissioning Group (SCG) and Tier 1 services are commissioned by Local Collaborative Commissioning Boards (LCCBs) which cover a smaller number of PCTs. The local LCCB includes NHS Coventry and NHS Warwickshire.

Mental Health

Overview

3.37 Mental health, learning disability and substance misuse services are procured by NHS Warwickshire via a number of providers which include Coventry and Warwickshire Partnership Trust, independent hospitals, third sector providers, private sector health and social care agencies, West Midlands Specialised Commissioning Team and other NHS organisations.

3.38 There is significant partnership working within mental health, learning disabilities and substance misuse. NHS Warwickshire is a member of the Warwickshire COMPACT which involves partnership working between the voluntary, community and statutory sectors to improve the quality of life for people. NHS Warwickshire works closely with NHS Coventry Warwickshire, Warwickshire County Council, Coventry City Council, West Midlands Specialised Commissioning, West Midlands Strategic Health Authority and local user and carer forums.

3.39 As Commissioners, NHS Warwickshire strives to ensure that contracts reflect the PCT vision, strategies and pathways and that through ongoing monitoring, contracts will be used to support the delivery of necessary improvements in quality, health and outcomes to clients. The table below details budgets for mental health services in Warwickshire

Table 10: Mental Health Budgets

Service	Budget 2010-11 (£000s)	Budget 2011-12 (£000s)
CWPT	£67,517	£64,909
Other Mental Health	£3,137	3,214
Drug and Alcohol Services	£2,559	£2,890
Other learning Disability Services	£13,163	£3,128
Mental Health Treatments	£6,273	£5,019
Learning Disability Services	£2,747	£3,141
	£95,436	**£82,373**

Coventry and Warwickshire Partnership NHS Trust

3.40 The Coventry and Warwickshire Partnership NHS Trust (CWPT) is a major provider of mental health services for the people of Warwickshire. The Trust operates from 80 locations across Coventry and Warwickshire. It employs over 4,000 staff and has an income of approximately £200m.

3.41 The Trust is responsible for delivering a wide range of services in mental health, learning disability and substance misuse for children, young adults, adults and older adults. In addition the Trust also provides inpatient, community and day clinics as well as specialist services to a population of about 850,000 living within Coventry and Warwickshire as well as to people further afield for certain specialist services.

3.42 Further information on the trust including annual reports and a service directory are available here: http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/cwpt.aspx

3.43 Click here to visit the website of Coventry and Warwickshire Partnership NHS Trust **http://www.covwarkpt.nhs.uk**

Community Services

3.44 The vast bulk of community services commissioned in Warwickshire are sourced through Warwickshire Community Services (prior to 31st March 2011 this was Warwickshire Community Health). In addition some services are provided by other providers such as George Eliot Hospital which following the transfer of community services from NHS Warwickshire took over responsibility for a limited range of services including TB nurses, Community Dentistry, Smoking Cessation and PCTMS GP practices.

3.45 The budgets for Community Services for 2010/11 are shown in the table below

Table 11: Community Services Budgets

Service	Budget 2010-11 (£000s)	Budget 2011-12 (£000s)
Warwickshire Community Services (formerly WCH)	£55,223	£54,561
Other providers	£4,331	£2,746

Warwickshire Community Services

3.46 Warwickshire Community Services (formerly Warwickshire Community Health) is the organisation that provides many healthcare services outside of the acute hospital environment. Services include community nursing such as health visiting, district nursing and community matrons; and specialist services such as sexual health, physiotherapy and podiatry. Warwickshire Community Services also provides its services in the county's Community and Rehabilitation Hospitals.

3.47 In April 2011, responsibility for the bulk of NHSW Community Services was transferred South Warwickshire NHS Foundation Trust (GEH also received a number of specialist services). For information on the Warwickshire Community Services click here to visit South Warwickshire NHS Foundation Trust's website **www.swft.nhs.uk**

Voluntary Sector Services

3.48 We engage with the third sector through voluntary provider contracts and provide funding where appropriate. Our main contracts cover services in the areas of mental health, older people, palliative care, sexual health, carers and public health. These contracts amount to £3.9m in 2011/122. Details of the organisations and associated budget values are set out in table 12 below.

Table 12: Voluntary Sector Organisations

Mental Health	
Coventry MIND-Rugby Dementia Day Service	21,731
Coventry Mind -Rugby Resource Cafe	56,400
Making Space	65,800
Netherfield Day Service	72,279
Rethink Employment Service	83,240
FCH Resource Café Clarence/Haven	112,800
Springfield MIND	112,800
Rethink Crisis House -Leamington Spa	117,564
FCH Crisis House - Gwenda Hse Nuneaton	145,213
Advocacy Alliance	181,597
Swanswell Trust (Alcohol)	189,804
Total	**1,159,228**

Older People	
Age UK - Ageing Well	61,746
Home Safety Checks- Age UK	21,512
Home Safety Checks- Nuneaton District Council	7,171
Home Safety Checks- Orbit Housing	7,171
Crossroads - Carer Support	35,425
Age UK -Supported Hospital Discharge	30,613
Total	**163,638**

Palliative	
Myton Hospice - Coventry and Warwickshire	1,216,576
Marie Curie Nurses	129,160
Mary Ann Evans Hospice	196,457
Marie Curie Hospice, Solihull	35,595
Acorn Hospice	39,413
St Giles Hospice	21,155
Katharine House Hospice	12,547
Shakespeare Hospice	69,000
Total	**1,719,903**

Sexual Health	
BPAS	674,285
Total	**674,285**

Carers	
The Stroke Association	23,236
S Warks Carers Support Services	6,256
Take a Break	30,895
Total	**60,387**

Public Health/Transport/Voluntary	
Nuneaton & Bedworth Leisure Trust	10,000
CSW Sport	50,000
Voluntary Action Stratford	19,211
Beeline	18,071
Warwickshire Rural Community Council	10,058
Volunteer Centre - Nuneaton & Bedworth (Medicar)	9,033
Volunteer Centre Rugby	6,942
Coventry & Warks Sign Lang Interpretation	14,529
Total	**137,844**

Other Services

West Midlands Ambulance Service

3.49 The West Midlands Ambulance Service (WMAS) was formed in 2006. The Trust serves a population of 5.36 million and covers an area of over 5,000 square miles including Coventry and Warwickshire as well as Shropshire, Herefordshire, Worcestershire, Staffordshire and the Birmingham, Solihull and Black Country conurbation

3.50 The WMAS has been one of the top performing ambulance Trusts in the country, being recognised as Ambulance Service of the Year on four occasions. In 2010-11 it was the only Ambulance Trust in the country to achieve all four of the national performance standards.

3.51 The WMAS has a budget of over £180 million per annum. It employs approximately 4,000 staff and operates from over 50 ambulance stations and other bases across the region. It has over 800 vehicles ambulances, response cars, non-emergency ambulances and specialist vehicles.

3.52 There are two Emergency Operations Centres taking around 2,700 emergency 999 calls each day. In 2010/11 the Trust responded to 805,000 emergency and urgent incidents and completed 850,000 non-emergency patient journeys. It also provides emergency preparedness services, special operations and some primary care services. These core

services are supported through a range of clinical and corporate functions.

3.53 Detailed information on the Trust finances, governance, performance and other matters are contained in its annual report located at:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/ambulanceservice.aspx

3.54 More information on the West Midlands Ambulance is available via their website at **http://www.wmas.nhs.uk/**

Table 13: WMAS Budgets

	Budget 2010-11	**Budget 2011/12**
West Midlands Ambulance Service	£13.758m	£13.596m

SECTION 4 – QUALITY

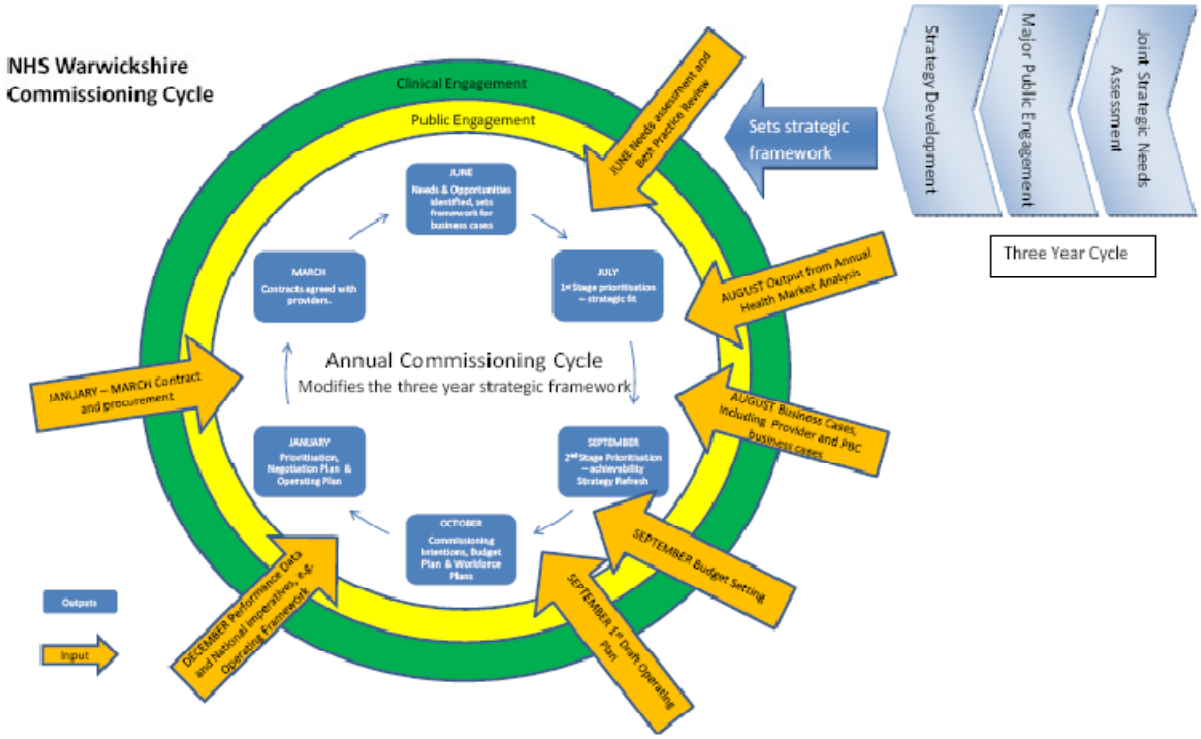
Effectiveness

Commissioning Overview

4.1 Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, procuring products and services, and managing service providers. The commissioning cycle is a dynamic process, comprising of several independent but interrelated processes. These processes operate independently, delivering specific outputs at specific points in the commissioning cycle.

4.2 The diagram below illustrates the outputs of processes and their relationship to the commissioning cycle. The blue squares signify the key stages within the cycle, while the blue arrows identify key outputs.

Figure 7: The Commissioning Cycle



4.3 There are a number of key processes which inform the cycle at specific points, these include

- Needs analysis (Joint Strategic Needs Assessment)
- Clinical and public engagement.
- Evidence and Best Practice
- Performance Analysis of Providers
- Health Market Analysis
- Prioritisation
- Planning

- Budget Setting
- Workforce Planning
- Commisioning Intentions

- Contracting and Procuring

4.4 The Commissioning Cycle needs to be seen in the context of the three year strategic planning cycle. The Joint Strategic Needs Assessment, which is required to be published every three years, identifies the needs of the population. Major public engagement exercises challenge the identified needs and explore public opinion and perception of future service provision. The intelligence gained from engagement and JSNA, shapes the strategic agenda for the Warwickshire. The commissioning cycle provides opportunity for annual review and testing needs and solutions to allow operational and, in some cases, tactical plans to be prioritised and, if appropriate, modified within the strategic framework.

4.5 The commissioning cycle includes the development, review and approval of four plans:

- The Strategic Plan – against which performance and trajectories needs to be reviewed
- The Commissioning Intentions / negotiation plan – which sets the plan for renegotiating
- Contracts with suppliers
- The annual Operating Plan (System Plan) –sets the work plan for the forthcoming year
- The Organisational Development Plan which describes the organisational capabilities and how these will be improved.

4.6 Documents detailing the approach to commissioning as well as outcomes of recent commissioning cycles are available through the following link:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/commissioning.aspx

Low Priority Procedures

4.7 NHSW established a policy for the defining and handling of certain clinical procedures seen as a low priority in April 2011. This policy addresses the issue of commissioning by NHS Warwickshire (Warwickshire PCT) for procedures and treatments in the following categories:

- Treatments subject to clinical eligibility thresholds
- Treatments that are considered low priority and are not routinely funded.

A copy of the policy is available through the following link:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/commissioning.aspx

Individual Case Referrals

4.8 NHSW has an established policy and process for handling requests made by clinician for treatment not routinely funded within current pathways. Details of this policy and process are available via the following link:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/commissioning.aspx

Patient Safety

4.9 The Patient safety agenda at NHSW is delivered through a series of structures and processes including:

- The establishment and monitoring of CQUIN schedules for all key NHS providers (e.g. SWFT, CWPT)
- The development of dashboards to track Care Quality reviews (CQR)
- The tracking and management of responses to Serious Incidents (SI)s for commissioned services

4.10 Oversight of the Patient Safety agenda is conducted through the Quality, Safety and Governance Committee. The terms of reference of the Committee along with sample agendas are available at http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/quality.aspx

Recent Key Issues

4.11 Some of the key issues addressed in relation to patient safety over the past twelve months have included:

- CQUIN related to pressure ulcers: all acute trusts asked to reduce grade 3 and 4 ulcers reported. None managed this other than UHCW who reduced grade 3 and 4 ulcers (but not grade 2 ulcers) by the required target.
- GEH Children's services: issues related to WMQRS report on critically ill and injured children led to concerns that resuscitation training cover was inadequate. This led to a paediatric divert to be put in place which continues. Latterly concerns with children's services more generally has led to, UHCW being asked to support GEH in management of children's services. Original report is on Nov 2009 server file for GEH CQR meetings
- SWFT mixed sex accommodation levels have traditionally been very high. An improvement notice was put in place on this topic. Over recent months the levels have come down but are still higher than elsewhere in the patch. Data is stored on UNIFY
- Stroke targets had not been met at UHCW and SWFT for some time although are improving on earlier periods. Improvement notices were sent to both trusts on this. Data is available from papers to SFT Contract & performance meeting
- National VTE assessment CQUIN. GEH did not reach the nationally required target this year. SWFT were very close to the target and guidance is currently being sought from the SHA on the definition as SWFT now believe that they may have hit the target. Data is stored on UNIFY and available from CQR dashboard

Copies of CQUIN and CQR schedules and reports etc are available via the following link http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/quality.aspx

Serious Untoward Incidents

4.12 All Serious Untoward Incidents (SUIs) are fully investigated by an appropriate member of staff using Root Cause Analysis and learning from these incidents is shared across the local health economy.

4.13 During 2010/11 a total of 43 incidents were reported of which 11 were regarded as SUIs. During 2010/11 there were no corporate SUIs for NHS Warwickshire or Warwickshire Community Health for data loss or confidentiality breaches Detail on these incidents and the actions taken are contained in the Compliance Quarterly Performance Reports these are located:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/quality.aspxor
via the PCT website at: www.warwickshire.nhs.uk

4.14 This link also provides access to the Corporate Policy for handling incidents

Healthcare Acquired Infection

Overview

4.15 NHS Warwickshire has invested in providing dedicated staff to deliver infection prevention control advice and education to those services commissioned within Warwickshire. During the period April 2010 to March 2011 the infection prevention and control team delivered services for Warwickshire Community Health and NHS Warwickshire, with the transferring of community services to South Warwickshire Foundation Trust (SWFT) NHS Warwickshire has committed to maintaining a dedicated pro- active infection prevention and control team. The team will ensure commissioned services have continued educational and audit support and that all services continue to deliver healthcare that minimises the risk of healthcare associated infection (HCAI).

4.16 The Department of Health targets relating to HCAI's – Clostridium difficile infection (CDI) and MRSA have been met across all inpatient areas with all three secondary care organisations within Warwickshire continuing to report a decrease in the incidence of CDI. In comparison the incidence of Community Acquired Clostridium difficile infection (CACDI) has not reflected the same decrease with surveillance data indicating a slight rise in cases during this period. The infection prevention and control team will continue to monitor the incidence of CACDI and review data to ascertain if further reductions can be made within the wider community.

4.17 The infection prevention and control team have worked closely with members of the quality and safety team, the public health department, the Strategic Health Authority (SHA) and the Health Protection Unit (HPU) to ensure incidence linked to infection prevention and control and cleanliness are reviewed and any actions are implemented and lessons learnt are shared across relevant services.

4.18 The annual infection prevention and control report for NHS Warwickshire is available via this link: http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/quality.aspx

This details governance arrangements, progress over the past 12 months and any challenges or emerging issues that need to be addressed

Innovation

Virtual Ward

4.19 The virtual ward provides a community-based service for patients with long term conditions using systems, processes and staffing similar to a hospital ward but without the physical building.

4.20 The virtual ward is staffed by a team of nurses who work closely with the patients' own GP and a range of health & social care professionals to improve the patients' quality of life, reduce unplanned hospital admissions, facilitate patients to self-care and provide end-of-life care if appropriate. Patients normally stay on the virtual ward for up to twelve weeks and once their care is complete, they are 'discharged' into the care of their GP or Integrated Health Term as appropriate. The virtual ward is part of the wider NHS goal of keeping people out of hospital and reducing unplanned admissions, providing care for people in their own homes wherever possible.

4.21 In 2010 the virtual ward concept was piloted in North Leamington, Bedworth and Nuneaton. In October 2010 a virtual ward was launched in Rugby and further expansions are planned for this year to encompass Alcester and North Warwickshire.

Safeguarding Vulnerable Adults

4.22 NHS Warwickshire is a signed up partner to the Warwickshire Multi Agency Safeguarding Adults Board. NHSW is both a referral and investigative agency for safeguarding adults, and lead on the investigation of safeguarding referrals relating to residents in receipt of Continuing Health Care or Free Nursing Care.

4.23 NHS Warwickshire has been responsible for investigating 120 safeguarding referrals between April 2010 and March 2011 and has worked jointly with Warwickshire County Council to ensure that vulnerable adults are safeguarded and where appropriate police involvement occurs. NHSW has undertaken responsive reviews and risk assessments when there have been concerns over the quality of care provided within non NHS providers. Small teams of senior nurses have been formed at short notice and unannounced reviews undertaken. NHSW has then continued to work with the providers to ensure quality care is achieved and monitors to ensure that improvements are sustained.

4.24 NHSW has developed a quality dashboard to proactively monitor the quality of care provided by nursing home care providers and is working with Warwickshire County Council to monitor and review the quality of care with joint providers. A health sub-group of the Safeguarding Vulnerable Adults Board has been created and protocols for the following areas are being developed: pressure ulcer reporting; management of a deteriorating resident in a care home; and deprivation of liberty safeguards.

Deprivation of Liberty Safeguards

4.25 The Deprivation of Liberty Safeguards (DoLS) provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home (though they do not apply to those detained under the Mental Health Act). The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable in a person's own best interest.

4.26 From April 2010 to March 2011 NHS Warwickshire has received 31 DoLS authorisations from acute hospitals or care homes across Warwickshire and out of area. 16 were authorised by NHS Warwickshire as being actual deprivations of an individual's liberty and to date all timescales have been met by NHS Warwickshire.

4.27 The DoLS & Quality Lead for NHS Warwickshire has been working jointly with Warwickshire County Council providing training on DoLS and Mental Capacity Act to raise awareness within the acute hospitals and care homes across Warwickshire. Joint working between all stakeholders involves developing a written policy to support procedures and developing training programmes, documentation and assessment tools to support and guide clinicians to ensure compliance with the DoLS and Mental Capacity Act legislation.

Summary Care Records

4.18 This is a new way to store and manage patient medical records which went live in July 2011. The new patient record system is part of a national scheme to improve the safety and quality of patient care.

4.19 A Summary Care Record is a secure electronic record of important patient information, including medication and allergies. The patient information is taken from existing GP records and the confidentiality and security of Summary Care Records is tightly controlled.

4.20 Having a Summary Care Record means that if a patient becomes ill or is admitted to hospital whilst away from home in England, the clinician will have access to the basic health information quickly. This will help ensure that whoever is treating patient no matter where

they are in the country, will have the basic information needed to make the most appropriate treatment decisions.

GP online

4.21 NHS Warwickshire has introduced an innovative IT system that enables GP practices to develop user-friendly websites which contain up-to-date, relevant information as well as providing added service features for patients. The IT system – GPO: GP Online - allows patients to book and cancel appointments and order repeat prescriptions online.

Warwickshire Healthline

4.22 NHS Warwickshire's introduced a new phone line for health and social care professionals in December 2010. This allows Health and social care professionals to make referrals to specified community services and some acute services in the county. The service also helps clinicians find appropriate alternative care pathways for patients with urgent healthcare needs who otherwise might have been sent to A&E unnecessarily.

4.23 This service has now been made available to members of the public, making it easier for people to access local health services when they need help quickly but it isn't a life threatening emergency or they don't know who to call. Through this facility individuals can now access:

- Community Health Services e.g. district nursing, physiotherapy, occupational therapy, health visiting
- Social Care
- Mental Health services
- Acute Clinical Services
- Intermediate Care

Patient Experience

Patient Advice and Liaison Service (PALS)

4.24 NHS Warwickshire's Patient Advice and Liaison Services (PALS) is a confidential and free service, providing information, advice and support to patients, carers and relatives with the aim of resolving local difficulties on-the-spot.

4.25 The table below shows the number of enquiries received by PALS during the last two financial years (by quarter). As can be seen the number of enquiries received by the service has increased dramatically over this period.

Table14: PALS enquiries by quarter

Q1 April-June 09/10	Q2 July-Sept 09/10	Q3 Oct-Dec 09/10	Q4 Jan-Mar 09/10	Q1 April-June 10/11	Q2 July-Sept 10/11	Q3 Oct-Dec 10/11	Q4 Jan-Mar 10/11
195	187	237	257	403	445	705	666

4.26 Effective action by PALS in resolving issues raised by members of the public can improve patient's knowledge of services, enhance service access and forestall problems and complaints. The Compliance Quarterly Reports detail the number of enquiries received, the source of enquiry and the outcome achieved. This report is available at:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument

Complaints

4.27 Complaints provide a valuable source of information in respect of designing, planning delivering and improving health care services. The NHSW approach to complaints builds upon the six principles identified by the Parliamentary Health Service Ombudsmen.

4.28 In April 2009 the Department of Health introduced changes in the way complaints are managed by health and social care. The focus is now based on outcomes and all complaints are now made direct to the organisation providing the care for NHS Warwickshire. Complaints that involve two or more organisations will by co-ordinated by an agreed organisation to which the responses will be sent to

4.29 In 2010/2011, NHS Warwickshire investigated 15 complaints relating to Corporate and Commissioning services. Two of these cases were reviewed by the Ombudsman. In total 11 of the complaints were completed within the target date agreed. One of the complaints is still under investigation and has not met the target date. Three complaints were completed outside the agreed timescale. The complaints received related to:

- aspects of the Continuing Health Care process
- the provision of dental services
- placement of patients on the Violent & Aggression Register for Primary Care Services
- the service provided by NHS Direct
- the quality of service received by a patient

4.30 The PCT investigates complaints about Independent Contractors when a person does not wish to complain directly to the practice concerned. During the 2010/11, the PCT handled the following number of complaints on behalf of the complainant:

- GPs – 35 complaints
- Dentists – 17 complaints
- Pharmacies – 1 complaint

NHSW has a role in coordinating complaints cover more than one organisation. Warwickshire received six such complaints in 2010/11 one of which was subsequently withdrawn.

Communications, Consultation and Engagement

4.31 Consultation and engagement with patients, stakeholders and the wider community is seen by NHSW as being a vital aspect of the design, delivery and performance review of health services. To help support staff and develop the capacity and capability of the organisation to undertake effective consultation the PCT has developed a toolkit on consultation approaches and methodologies.

4.32 *Active Members* - NHS Warwickshire has established an Active Members Panel of 4000 people from across the count. This group is assisting the PCT in understanding the views and concerns of local people Active members have been involved in a number of surveys and focus groups on a variety of matters including:

- Telephone health services
- the Health White Paper "Liberating the NHS: Equity and Excellence;
- Health budget priorities

4.33 NHS Warwickshire has run a number of high profile consultations over the past year which have led to significant changes to services across the county:

- Older people's mental health services in Rugby

- Rugby Urgent Care Service
- Bramcote Hospital

4.34 Background information and the outcome of these consultations/service changes are outlined in the annual report for 2010/11 available via:

http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/quality.aspx

and within the relevant Board papers available at www.warwickshire.nhs.uk . Historical Information on the NHSW approach to consulting and engaging with staff is detailed in **"Real Accountability Reports"** these are available at:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/quality.aspx

Communications

4.35 The Communications Department works with other departments across NHS Warwickshire and as well as with other public sector partners around the county to deliver messages about healthcare, our organisation and the projects that we run. This involves liaising with the local media to ensure that they and the public are informed about our services and campaigns from a communications perspective.

4.36 The Communications Department is responsible for the content and layout of NHS Warwickshire publications and work extensively on internal communications, previously producing Exchange, Grapevine and Core Brief. Also contributing to the intranet, website, events organisation, public engagement, health campaigns and look after NHS Warwickshire's Active Members scheme, which involves 5,000 members of the public helping the NHS in Warwickshire get better by voicing their opinions.

4.37 The department manages and oversees the NHS Warwickshire brand and provides guidelines, hints and tips for dealing with the media through the Communications Handbook. His document also contains the NHS Warwickshire logos, photography permission slip, press release request form and the design brief form. A copy of the communications strategy and key publications is available here:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/comms.aspx

Patient Experience

4.38 NHS Warwickshire acts as the lead organisation for patient experience in Warwickshire. We have an interest in the experiences of members of the public that use the health services we commission. After consultation with the public we have identified the following priorities in delivering an outstanding patient experience:

- Challenge the power balance
- Communication
- Continuity of care between care providers
- Courteous staff attitude
- Culture of dignity and respect
- Care that is individualised

These priorities have shaped what we call the Personalised Care Model.

4.39 An important development adopted by the PCT Board in the past year has been to bring patient stories to the Board. These sessions have provided first hand accounts of the experience of individuals of health services commissioned by the Trust. This information is then used to help improve the standard of care provided to patients.

4.40 A progress report on Patient Experience is available at http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/quality.aspx

4.41 The You and Us section of the NHSW website contains more information on the consultation and engagement work of the PCT. http://www.warwickshire.nhs.uk/youandus.aspx

SECTION 5 - PERFORMANCE

Overview

5.1 Detailed spreadsheets outlining the current performance against key targets is available through viewing the Performance Reports which are scrutinised by the Finance and Performance Committee on a quarterly basis and by the Board. The Board reports are available via the link below: http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/performance.aspx

5.2 Summary extracts from these reports relating to performance against the various National and local priorities are shown below. The Board reports are also available via the NHSW website at: www.warwickshire.nhs.uk

National Priorities

Referral to Treatments

Table 15: Referral to Treatment

Board Meeting	Executive Summary
May 2011	At the end of February SWFT underachieved against the 90% target for admitted patients. The other two local trusts were achieving against the contracted target levels for both admitted and non-admitted patients and the figures for NHS Warwickshire as a whole show achievement against both categories, due to particularly good performance at UHCW where 95.9% of admitted patients were treated within 18 weeks of referral. Median waits for admitted patients have been on a downward trend since April 2010. At the end of February the median wait for admitted patients in Warwickshire was 7.1 weeks, significantly lower than the national and West Midlands averages. Non-admitted patients (those attending outpatients and/or receiving diagnostic tests) were only waiting an average of 3.9 weeks in February, again significantly less the national average.
March 2011	At the end of December *SWFT underachieved* against the 90% eighteen weeks wait target for admitted patients, but achieved against the non-admitted target, whilst *GEH and UHCW achieved* against both. *Median waits* for admitted patients are showing a *reduction for all three local trusts* for admitted patients and for GEH and SWFT the median waits are also falling for non-admitted patients. However, apart from admitted patients at GEH, *95thpercentile waits are increasing* for the three main trusts.
January 2011	At the end of October SWFT underachieved against the 90% target for admitted patients. The two local trusts were achieving against the contracted target levels for both admitted and non-admitted patients.
November 2010	The 'Revision to the Operating Framework for the NHS in England 2010/11', published in June 2010, stated that performance management of the 18 weeks waiting time target by the Department of Health has ceased. New statistical measures, the median and 95th percentile RTT waiting times, are being published every month to enable a fuller package of measures for the NHS, patients and the public to monitor waiting times for NHS treatment. The percentage of patients treated within 18 weeks will continue to be published alongside these new measures. At the end of August the three local trusts were achieving against the contracted target levels for both admitted and non-admitted patients.
September 2010	At the end of June the three local trusts were achieving against the contracted target levels for both admitted and non-admitted patients

A&E 4 Hour Waits

Table 16: A&E 4 hour waits

May 2011	SWFT achieved against the 95% 4 hour A & E target in the first week of April, whilst UHCW and GEH underachieved. However performance at all three trusts was above the 95% threshold against year to date figures. SWFT performance reflects a significant improvement on the position this time last year, as shown in Annex 2, section 2, p 9.
March 2011	*GEH and SWFT underachieved* against the 95% 4 hour A & E target in the second week in February, whilst UHCW achieved. However performance at all three trusts was above the 95% trust against *year to date figures* and is an *improvement* on the position this time last year.
January 2011	Trusts are again required to submit weekly data to the Department of Health to ensure that immediate action can be taken if the situation deteriorates. GEH underachieved against the 95% 4 hour A & E target in the first week in December, whilst SWFT and UHCW achieved. Performance at SWFT shows a significant improvement against the same period last year whilst performance at GEH is mirroring performance during the same period last year, with a significant dip in the past week
November 2010	GEH achieved against the contracted 98% 4 hour A & E target in July and August, whilst SWFT and UHCW underachieved. However all three trusts achieved against the new 95% national target.
September 2010	UHCW and GEH achieved against the contracted 98% 4 hour A & E target in the week ending 1st August, whilst SWFT underachieved. However SWFT and UHCW underachieved against the year to date target

Reducing Healthcare Associated Infections

C. Difficile

Table 17: C Difficile

May 2011	Levels at SWFT continue to remain low. Rates at GEH have been similar to the same period in 09/10 with an average of 3 cases a month, whilst at UHCW rates have averaged 8 a month, below the levels seen in 2009/10. This is represented graphically in Annex 2, section 3, p10
March 2011	Levels at *continue to remain low* with only 1 case at SWFT each month between October 2010 and January 2011. Rates at GEH have been similar to the same period in 09/10 with 3 cases a month, whilst at UHCW rates have fallen from a peak of 10 in October to 7 in January, well below the levels seen in January 2010.
January 2011	Although levels at UHCW still represent an underachievement against the cumulative stretch target, monthly rates have declined significantly compared with the high levels seen at the beginning of the financial year. SWFT and GEH are now both achieving against the stretch target
November 2010	At the end of August, SWFT had achieved against the local 'stretch' target. After the high levels seen at GEH in the first quarter, levels have declined significantly with only one case in July and one in August, giving a cumulative figure which represents only a slight underachievement against the stretch target. Although levels at UHCW continue to underachieve against the stretch target, monthly rates have declined significantly compared with the high levels seen at the beginning of the financial year.
September 2010	At the end of July, SWFT achieved against the local 'stretch' target levels. However GEH underachieved against the SHA target and UHCW underachieved against the local 'stretch' target. NHSW has worked with GEH on this issue and the SHA, which has given the Trust extra support. The Trust provided an action plan which has subsequently reduced the number of cases from 8 in June to 1 in July and this should ensure that cases are brought back down to trajectory levels. Figures at UHCW are still a risk, although numbers have dropped for July and August to more reassuring levels

MRSA

Table 18: MRSA

May 2011	There were no MRSA bacteraemia cases at GEH in the 10/11 financial year. UHCW achieved against its target with only 4 cases in the year. By the end of March 2011 SWFT had not had any cases since August 2010.
March 2011	There had been *no cases* MRSA bacteraemia cases *at GEH* in this financial year by the end of January 2011. UHCW achieved against its target with only 4 cases as at the end of January. *SWFT* have had *no cases since August 2010*.
January 2011	There had been no cases MRSA bacteraemia cases at GEH in this financial year by the end of October. UHCW achieved against its target with only one case in April, one in July and one in October. Following the three cases at SWFT in August, additional quality measures have been put in place and there have been no further cases in September or October
November 2010	There had been no cases MRSA bacteraemia cases at GEH in this financial year by the end of August. UHCW achieved against its target with only one case in April and one in July. However SWFT have had three cases of MRSA Bacteraemia in August, reaching their maximum annual target. This has been discussed at both CQR and Contract and Performance meetings. Root Cause Analyses identified that invasive lines were a factor in all 3 cases. A documentation audit has been completed and additional quality measures have been put in place. Monthly monitoring is ongoing through CQR.
September 2010	There had been no cases MRSA bacteraemia cases at GEH or SWFT by the end of July and UHCW also achieved against its target with only one case in the same period. This is a significant improvement on the previous year.

Norovirus

Table 19: Norovirus

May 2011	Between 4th and 17th April 2011 there were no confirmed cases of Norovirus in Warwickshire.
March 2011	At GEH, as at 21st February all wards and bays were open with no suspected cases of Norovirus. However between 8th February and 16 February six bays were closed due to confirmed cases of Norovirus from pooled samples involving *24 patients and 9 members of staff.* At SWFT although a CCU and 2 cardiovascular bays were closed at the beginning of February due to suspected Norovirus cases, laboratory tests showed that these were not Norovirus infections. However 2 wards were closed on 16th February, with *26 patients* affected and Norovirus confirmed from pooled samples. Another ward was closed on 20th February, with 9 patients affected and samples awaiting confirmations of results. There have been *no confirmed cases of Norovirus* and no ward closures *at UHCW* due to Norovirus
January 2011	There have been no confirmed cases of Norovirus at UHCW to date this financial year. At SWFT, since the earlier outbreak at the beginning of the financial year, there had been no cases as at the end of November. However at GEH one surgical ward was closed on 6th December to 16th December. A total of 16 patients and 4 staff members were affected with symptoms of diarrhoea and/or vomiting. The laboratory has verbally confirmed that this was a Norovirus outbreak from pooled specimens. One medical ward was closed on 9th December due to suspected Norovirus and to date the ward is still closed. A total of 8 patients and 13 staff members are affected with symptoms of diarrhoea and or vomiting
November 2010	There have been no confirmed cases of Norovirus at UHCW to date this financial year. At SWFT, 19 patients and 5 staff were infected in April and 2 wards were closed, in May 1 ward was closed, with 14 patients and 9 members of staff infected, and in June 1 ward was closed with 6 patients infected. At GEH there were no confirmed cases between April and September

Cancer Waits

Table 20: Cancer Waits

May 2011	NHSW performed particularly well against the 62 days referral to treatment Cancer Wait target in February with 90.7% of patients treated within 62 days of referral against a target of 85%. GEH had a particularly good month with 98% of patients in this category. This has brought the year to date position to above target levels. NHS Warwickshire was the only PCT in the West Midlands to achieve against all Cancer targets in its February year- to date figures
March 2011	NHSW performance *improved against the 62 days* referral to treatment Cancer Wait target in December with 91.49% of patients treated within 62 days against a target of 85%. This has brought the year to date position to 84.57%, slightly below target. Year to date figures for December show *that all other Cancer targets were being met*.
January 2011	NHSW underachieved against the 62 days referral to treatment Cancer Wait target in October, with 77.8% of patients treated within 62 days against a target of 85%. Performance had deteriorated at both GEH and SWFT. This is partly due to a clinical requirement for a delay in diagnostic testing such as the 4 week delay between biopsy and MRI for prostate cancer patients. However patients have also been delayed due to consultant unavailability, poor pathway management or capacity problems. Annex 2, section 3, p 9 summarizes the reasons for the waits
November 2010	NHSW underachieved against the 62 days referral to treatment Cancer Wait target in August, with 82.3% of patients treated within 62 days against a target of 85%.This was mainly as a result of patients breaching at GEH for clinical and non-clinical reasons. Other Cancer targets were met
September 2010	NHSW achieved against all Cancer Wait Categories. 97.8% of patients with breast symptoms are now seen within 2 weeks of referral by their GP. **Cervical Cytology Test Turnaround Time (New target)** NHSW is ahead of the national trajectory to meet the target of a turnaround time of 14 days for 100% of Cervical Cytology Screening Tests by December 2010. NHS Warwickshire has been part of a UHCW, Coventry and Warwickshire Phase 2 pilot site whereby the UHCW laboratory has introduced LEAN working methodology to identify waste in each of the stages in the system from the smear test to receipt of the final result. In the last three weeks in July 2010, the backlog of screens had been cleared and 97% of all women received their results within two weeks of the test date, with more than 50% receiving their results within 7 days. This is a vast improvement from the position in April 2010, when the figure for two weeks was less than 10%.

Stroke Care

Table 21: Stroke Care

May 2011	**80% of patients spend at least 90% of their time on a stroke unit** Figures are running at close to 80% for all three trusts, the total figures for Warwickshire have shown a steady rise during the year and a significant improvement on 2009/10 performance. **% of higher risk TIA cases treated within 24 hours** SWFT was slightly below target at 60% in Q4. Data is now available from GEH and Q4 performance was very poor at 30%, whilst at UHCW all patients were treated within 24 hours in the final quarter.
March 2011	**Percentage of patients spending at least 90% of their time on a stroke unit** GEH performance was within the 80% parameter in the latest quarter. *SWFT continues to underperform*. Access to rehabilitation beds and direct admissions onto the stroke ward are being limited because of the overall demand on beds from urgent referrals. NHSW issued a second performance notice last month following lengthy discussion at Contract and Performance and Clinical Quality Review Meetings. NHSW is expecting a further action plan as SWFT delivered against the 1st action plan but did not improve performance to target levels or to a level of consistent performance. **Percentage of higher risk TIA cases treated within 24 hours** SWFT was above target at 74% in Q2. Data is *not yet available from GEH*. This has been repeatedly requested at the Clinical Quality Review Meetings. *UHCW is achieving* against both targets.
January 2011	The percentage of patients who spend at least 90% of their time on a stroke unit was above 70% for all three trusts, but not yet above the target of 80%. There has been an improvement in the percentage of higher risk TIA cases treated within 24 hours, with SWFT and UHCW both achieving against the target.
November 2010	Actions identified in SWFT's stroke action plan have all been achieved and the action plan was signed off at the September Clinical Quality Review meeting. Stroke performance continues to be monitored monthly at Clinical Quality Review Meetings. In September 81% of stroke patients at SWFT received a brain scan within 24 hours and 74% patients spent 90% of their stay on a stroke unit. GEH developed an action plan in response to their Stroke Quality Review report. The implementation of the action plans are monitored by NHSW at Contracts and Performance meetings. A stroke performance notice has been raised to UHCW and an action plan has been received. Both organisations have implemented new ways of working, such as direct admissions to the stroke unit, in order to improve performance in this area. Nationally the target has been reduced from 90% to 80% and the trusts are in the process of signing a deed of variation against the contract
September 2010	NHSW completed Quality Themed Review Visits with providers for stroke (SWFT and GEH) the reviews identified a number of positive areas of practice for both Trusts. However, there were ongoing issues with capacity to ensure that more patients benefited from the specialist services. GEH and SWFT developed action plans in response to their Stroke Quality Review report. The implementation of the action plans are monitored by NHSW at Contracts and Performance meetings Performance notices were issued to both Trusts and this resulted in a further action plan from each of the organisations in order to address outcomes in the contract, with particular reference to length of stay on a stroke unit and scan times. Both organisations have implemented new ways of working, such as direct admissions to the stroke unit, in order to improve performance in this area The performance of the three main trusts against the stroke target relating to the percentage of patients admitted with stroke who spend more than 90% of their time on a stroke unit has improved significantly over the last quarter, to an average of 72% across Warwickshire Nationally the target has been reduced from 90% to 80% and the trusts are in the process of signing a deed of variation against the contract

Delayed Transfers of Care

Table 22: Delayed Transfer

May 2011	Delayed transfers at GEH have increased significantly to 6% in March, whilst UHCW has seen a fall from the peak of 8% in February to 4.8% in March. However SWFT has seen a small rise back over the target threshold to 4%. The trend is shown in Annex 2 , section 5, page 12 – 13 and the actions taken to improve performance are listed on pages 13 -14.
March 2011	Delayed discharges at Warwickshire Community Health at the end of December were 5.32 delays per 100,000 of the population. This is a continuation of an improving trend and only a slight underachievement against the target of 5%. Measured as a percentage of acute occupied bed days, during the last week of January, *GEH showed a significant improvement to 1.6%,* down from a peak of 7% earlier in the year, whilst SWFT and UHCW continued to record percentages close to 6%, representing a significant underachievement against a target of 3.5% and a West Midlands average of 3.7%. *74% of delays at SWFT were attributable to healthcare*, compared with 58% at UHCW and 66% at GEH. A joint re-ablement plan was agreed by both NHS Warwickshire and Warwickshire County Council for 2010/11 to increase support in the following three areas: - Increased capability and capacity in intermediate care services to deliver shorter more focussed interventions to prevent admissions and facilitate discharge. - To increase the assessment capability of the social care re-ablement service. - To apply specialist CPN resource to support admission avoidance and early supported discharge support to the target patient group.
January 2011	Delayed discharges at Warwickshire Community Health at the end of October were 4.72 delays per 100,000 of the population. This is a continuation of an improving trend. Measured as a percentage of acute occupied bed days, during the last week of October GEH and SWFT underachieved. UHCW achieved against target levels, however these figures are under query.
November 2010	The average rate of delayed discharges of care at Warwickshire Community Health at the end of August was 4.72 delays per 100,000 of the population. This reflects achievement against the target and is an improvement against 09/10 performance. Measured as a percentage of acute occupied bed days, during the week ending 1st August the three main acute trusts achieved against target levels.
September 2010	The average rate of delayed discharges of care at Warwickshire Community Health in quarter 2 to July 29th was 5.32 delays per 100,000 of the population. This reflects underachievement against the target but is an improvement against 09/10 performance. Measured as a percentage of acute occupied bed days, during the week ending 1st August GEH achieved against target levels, whilst. UHCW and SWFT underachieved.

VTE risk assessments

Table 23: VTE Assessments

May 2011	Whilst SWFT and UHCW were at target levels, GEH continue to underperform in this area.
March 2011	*SWFT* were at 88% in December, *a significant increase* from previous months. GEH were reporting an encouraging number but in December they confirmed that they were only sampling instead of counting every patient. NHSW has requested confirmation that every patient in the January to March period will have been counted and that the trust met or exceeded 90% for each month.

Local Priorities

GUM Access

Table 24: GUM

May 2011	In February SWFT and GEH continued to achieve against target levels for the percentage of patients offered an appointment within 48 hours whilst UHCW was slightly below target. GEH and UHCW achieved against target levels for the percentage seen within 48 hours. Although SWFT underachieved against this target, performance was better than in previous months and almost at target levels at 94.5%.
March 2011	In January all three trusts continued to achieve against target levels for the percentage of patients offered an appointment within 48 hours and achieved against target levels for the percentage seen within 48 hours at GEH and UHCW. Although SWFT underachieved against this target, performance was better than in previous months at 91.6%.
January 2011	In October all three trusts continue to achieve against target levels for the percentage of patients offered an appointment within 48 hours and achieved against target levels for the percentage seen within 48 hours at GEH and UHCW. However SWFT underachieved against this target.
November 2010	In August all three trusts continue to achieve against target levels for the percentage of patients offered an appointment within 48 hours and achieved against target levels for the percentage seen within 48 hours at GEH and UHCW. However SWFT underachieved against this target
September 2010	In June all three trusts continue to achieve against target levels for the percentage of patients offered an appointment within 48 hours and achieved against target levels for the percentage seen within 48 hours at GEH and UHCW. However SWFT underachieved against this target

Chlamydia Screening

Table 25: Chlamydia

March 2011	By the middle of February 8,205 screens had been undertaken against a target of 19,780, as shown in Annex 2, section 5, p 11. This figure reflects an underachievement against the target, but does represent a rise compared with the same period last year.
January 2011	By the end of November 7,330 screens had been undertaken against a target of 15,480, as shown in Annex 2, section 7, p 12. This figure reflects an underachievement against the target, but does represent a rise compared with the same period last year.
November 2010	By the end of September 5,822 screens had been undertaken against a target of 11,180, as shown in Annex 2, section 5, p 12. This figure reflects an underachievement against the target. The national 2010/11 chlamydia screening target stipulates that 35% of 15 to 24 year-olds should be screened for Chlamydia. To achieve this uniformly across the year, the coverage for the first quarter should be 9%.Nationally by the end of the first quarter, the figure was 5.3%, and for NHS West Midlands, the average was 5.8%.
September 2010	Rates have fallen over the past few weeks and by the end of the first quarter 3,590 screens had been undertaken against a target of 5,592. This figure equates to 5.6% of the population tested and reflects an underachievement against the target. The national 2010/11 chlamydia screening target stipulates that 35% of 15 to 24 year-olds should be screened for Chlamydia. To achieve this uniformly across the year, the coverage for the first quarter should be 9%.Nationally by the end of the first quarter, the figure was 5.3%, and for NHS West Midlands, the average was 5.8%.

Smoking Cessation

Table 26: Smoking Cessation

May 2011	By the end of January the number of 4 week smoking quitters had exceeded the full year plan. There were 1560 smoking quitters across in December and January, which is a significant improvement on the same period last year
November 2010	Smoking cessation data to the end of July 2010 shows actual numbers of 4-week quitters up 30% on indicative target for this period (target 820, actual 1066). This performance is particularly pleasing given that national, regional and local advertising for stop smoking services has stopped this year. However, it will be challenging to maintain this level of performance in this context and the Service is working on innovative methods to ensure continued promotion and referral, and subsequent conversion to 4-week quitters.

Childhood Immunizations

Table 27: Childhood Immunisations

May 2011	In the third quarter all Childhood Immunizations targets were met. Whilst the majority of England has slowly increased its uptake of MMR vaccinations, NHS Warwickshire has dramatically increased uptake and 95.7% of two year olds received the MMR vaccine in the third quarter, compared with 89.4% in the same period two years ago.
September 2010	First quarter figures for 20010/11 show that the rise in childhood immunisation rates, which was identified in the previous quarter has continued. NHSW achieved against all Vital Signs Childhood Immunisation rate target levels. The most significant improvements were in aged 2 PCV Boosters where the rate rose from 95.1% in Q4 09/10 to 97% in Q1 2010/11, and aged 5 MMR (2nd dose), which rose from 91.1% to 93%. There are less children defaulting for appointments following the continuing work and training undertaken to raise awareness through partnership working.

Secondary Consultation Rates

Table 28: Secondary Consultation rates

May 2011	
March 2011	
January 2011	As shown in the graph in annex 4, p 26, there is a wide variation in first consultation rates at acute trusts across the three consortia. The rate for Rugby Consortium is higher than for any of the ten ONS peer group PCT's, whilst South. Warwickshire Consortium rates are fourth lowest in the group.
November 2010	
September 2010	

Performance Notices

The following Performance Notices under contract have been issued:

Table 29: Performance notices issued by NHSW

Trust	Performance Notice	Issued	Action plan received	Open/ closed
SWFT	Stroke Performance	24-05-10	Yes	Open
SWFT	Antenatal Screening	17-01-11	Yes	Open
SWFT	Single Sex Accommodation	17-01-11	Yes	Open
SWFT	Stroke Performance	20-01-11	No	Open
SWFT	Stroke Performance	21-05-10	Yes	Open
SWFT	Stroke Performance	21-05-10	Yes	Open
UHCW	Stroke Performance	20-09-10	Yes	Open
SWFT	A&E4 hour waits – Quarter 4	04-05-10	Yes	Open
GEH	Stroke Performance	21-05-10	Yes	Open

Track Record in Delivering Choice

5.3 From April 2008, all patients registered with an English GP had the right to choose from any NHS funded provider following a referral to a hospital consultant. The only exceptions were cases requiring speed of access, such as suspected cancer and chest pains, in addition to maternity and mental health services.

5.4 In March 2011 NHS Warwickshire Board approved a local policy on "Patient Choice and Resource Allocation". The Policy relates specifically to Continuing Healthcare and has been adapted from a regional policy commissioned by the West Midlands Collaborative Commissioning Programme (CCP) Steering Board. The purpose of this regional document is to provide a common and shared understanding of PCT commitments in relation to patient choice and resource allocation. Helping to ensure:

- a robust and consistent care package decisions for each PCT in the West Midlands using a regionally developed policy;
- consistency across the region over the services that individuals are offered;
- that each PCT achieved value for money in its purchasing of services for NHS Continuing Healthcare ("CHC") individuals;
- that Help health care providers understand how they can most effectively work with NHS bodies in the West Midlands.;
- Improved quality and consistency of care thus assisting PCTs to make decisions about the most clinically appropriate care packages for individuals in a robust financially sound way.

5.5 NHS Warwickshire has taken and adapted the content of the regional policy to develop an approach suitable to local circumstance. The NHSW policy

- detail the legal requirements and agreed course of action in locating care settings which meet an individual's reasonable clinical needs,
- seeks to ensure value for money,
- seeks to accommodate individual requests as far as reasonably possible.

SECTION 6 – FINANCIAL HISTORY

Overview

6.1 The financial position for NHS Warwickshire has been, and remains, challenging, with significant CIP/QIPP targets (see below) required in recent years.

6.2 No one specific factor has led to this, but the resource allocation formula may certainly play a part. As a largely rural County, the health economy receives considerably less funding per head of population than urban areas and this is typical of a number of Shire counties who are experiencing similar financial pressures.

6.3 Other factors which have an influence include high (and growing) levels of continuing healthcare clients, a large number of clients with learning disabilities and also the geographically dispersed nature of population. This fragmentation of health infrastructure along with the higher costs involved in providing services leads to a less cost effective delivery system.

6.4 A specific example concerns acute care which the County commissions from three provider organisations (plus further activity re cross border flows). This fragmentation impacts the potential to rationalise, and streamline care pathways and to reduce costs.

6.5 The proportion of expenditure on Acute v Community services also plays its part in the economies financial situation. Approximately 50% of PCT resource is incurred on Acute (including tertiary) services but only 7.5% community. These proportions will change over the next few years as the transforming community services and care closer to home programs are embedded.

6.6 Despite financial pressures related to these factors, the organisation has consistently delivered I&E surpluses. Since its formation in 2007/08, surpluses achieved were, £435K in 2007/08, £321K in 2008/09, £594K in 2009/10 and £176K in 2010/11. 6.7 Information on historical financial outturns is available in the annual reports at:
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/annualreports.aspx

CIP/QIPP

6.7 The underlying financial position going into 2010/11 necessitated a CIP of £19.4m. Of this, £15.4m or 79% was delivered, though part of this via non recurrent means; notably the fast, slow stop initiative.

6.8 The recurrent impact of the 2010/11 program reduced the organisations underlying deficit going into 2011/12 to £10m but new pressures associated with a lower level of resource growth, expected in year activity growth and also the nationally mandated requirement to free up 3% of resource to support system change / unforeseen contingencies, has pushed up the CIP (now QIPP) requirement to £49.8m.

6.9 Delivery of stable financial balanced across the health economy remains perhaps the greatest challenge for the organisation in this and coming years. Table highlights the scale of financial challenge facing Warwickshire

Table 30: QIPP cumulative savings

	2010/11 £000s	2011/12 £000s	2012/13 £000s	2013/14 £000s	2014/15 £000s	Cumulative Total over 5 years £000s
NHS Warwickshire	3,160)	(53,046)	(68,187)	78,683)	(86,270)	(289,346)

Joint Working with LA

6.10 The organisations operate a pooled budget arrangement with Warwickshire County Council relating to a community equipment store.

6.11 There is a significant level of interaction with WCC regarding the funding interface between social care and continuing care clients. Also, a large piece of joint working was undertaken to implement of the transfer of commissioning responsibility for LD clients with predominantly social care needs to WCC last year.

6.12 Recent years have seen increased interaction with WCC and now we are in the process of agreeing joint plans for re-enablement that will be funded via an s256 agreement transfer of £6m from NHSW to WCC.

6.13 Budgetary reductions being implemented by Warwickshire County Council are compounding the NHS financial savings requirements. This will have a significant impact on social care provision across all client groups within the county.

6.14 Within Warwickshire County Council the level of savings required are £8m for Adult Social Care and £1.5m for Warwickshire County Council's Children's services, with equivalent pressures in the system. To address this funding gap, a significant programme of service transformation is being undertaken. This includes the potential development of joint systems and services across the Local Authority and NHS to release economies of scale.

6.15 There will be a transfer of funding from the NHS to the Local Authority to invest in meeting increasing demand, maintaining levels of service and investing in service transformation. This equates to circa £5.2M for Coventry City Council and £6m for WCC recurrently from 2011/12. Given this is less than the levels of funding being lost from Adults and Children's Services within our local authorities we will need to work even more closely together to commission effective and efficient services across health and social care that aim to reduce duplication and increase integration, thus improving overall patient experience and achieving best use of the reduced funding available.

GP Commissioning and Fair Shares

6.16 A significant challenge remains to be addressed regarding fair share allocations. The impact of deprivation factors on resource allocation calculations creates a broadly north south divide in the County. The most recent estimates comparing forecast expenditure with predicted resource under fair share arrangements see the North of the county under spend by £18m with an equal and opposite overspend in the South.

6.17 This fair shares allocation issue adds a further dimension to be factored into the rebalancing of the health economy.

Organisational Budgets

6.18 The organisational budgets for 2011/12 are listed in the financial report to the PCT Board in http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/finance.aspx

6.19 This envisages a total expenditure of £827,438,000 for the year. Including

Acute	£405m
Non acute	£187m
Primary Care	£201m

Financial Risks

6.20 A number of financial risks for 2011-12 were identified in the Financial report to the PCT Board in May 2011. Extracts from this report are shown below:

QIPP

6.21 The budgets include the recurrent QIPP plan of £49.9m. The need to release the full recurrent figure in 2011-12 is mitigated by the application of the 2% SCR monies as described above in paragraph 2 and the assumption around the £8.5m non-repayment. The non recurrent QIPP target in 2011-12 is therefore reduced non-recurrently to £25.4m. Clearly this is a very significant savings target for the economy to deliver and excludes the sums planned by NHS Coventry, which impact on two of NHSW's main providers, UHCW and Coventry & Warwickshire Partnership Trust.

6.22 The risks around delivery of the QIPP schemes are very high and a strong internal performance management process is vital in ensuring high quality delivery and monitoring. A new process to provide "real-time" data to GP Consortia has been developed which will enable early warning of issues in delivery of the acute elements of the QIPP schemes. This process will enable the Cluster to identify risks and put in place alternative solutions at an early stage in the year.

UHCW Contract –

6.23 The UHCW contract is not yet agreed and therefore the budget will need to be updated once the negotiations are final. In addition the Trust has a very large internal CIP and sees this as separate from the QIPP schemes. This presents risks to the delivery of the System Plan and contract value as the Trust may prioritise internal schemes above those of the economy, which impact on its ability to deliver against the QIPP elements of the contract.

Return of the 70% emergency tariff.

6.22 As in 2010-11 the plan assumes that the emergency tariff 70% is returned in full to NHSW, it is committed as part of the budget process. In 2010-11 the SHA introduced a complicated process mid-year which allowed access to an element of this "fund" by the Trusts after meeting a set of criteria, set by the SHA. This caused NHSW a number of ongoing difficulties during the year around a topslice which was finalised late in the year at £3.8m. The process for 2011-12 is not yet clear, though the providers are aware that these funds are already committed.

SECTION 7 – PROVIDER CAPACITY

7.1 The table below identifies historic capacity management issues

Table 31: Provider Capacity Issues

Provider	Current/Historic	Issue	Date	Comments
GEH	Historic	Oral Surgery	May 2010	Formal Capacity Review undertaken
	Historic	Diagnostics	Jan 2010	Meeting between Trust, PCT and SHA to review 6 week wait breaches and capacity issues. Additional capacity bought in by GEH from external provider.
	Historic	18 week performance	Feb 2010	Performance notice issued. Remedial Action plan received including ring-fencing elective capacity and management of emergency capacity.
UHCW	Historic	Pain Management	August 2009	Capacity issues in Pain management discussed in Contract Performance meetings.
	Historic	Orthopaedics	September 2010	Orthopaedic elective capacity and demand meeting held to produce an overarching action plan
	Current	Orthopaedics	Summer 2011	Transfer of patients to private provider to meet 18 week standards for patients affected by Fast Slow Stop
SWFT	Historic	Bed capacity	August 2008	Meeting held between PCT, Trust and Community Service to establish an integrated discharge team.
	Historic	18 week performance	December 2009	Performance notice issued. Remedial Action plan received including increased orthopaedic capacity.
	Historic	Oral Surgery	June 2010	Discussed at Technical meetings following capacity issues arising from pathway change.
	Current	Orthopaedics	Summer 2011	Transfer of patients to private provider to meet 18 week standards for patients affected by Fast Slow Stop

Fast, Slow, Stop

7.2 In response to a significant increase in hospital admissions, NHS Warwickshire, supported by the county's GP leaders, introduced its Fast, Slow, Stop initiative in November 2010. The initiative ran until March 2011, streaming referrals for some hospital procedures into "fast, slow or stop".

7.3 The initiative was instigated in the face of spiralling hospital admissions which had risen by 30% or more in some specialisms, and the impending onset of winter which annually places intense strain on fracture and other services. The plans influenced about 1p in every £1 that NHS Warwickshire spends over the year, and mainly affected orthopaedics and a limited range of low priority procedures including acupuncture.

- Fast: Emergencies, cancer related procedures, and other clinical cases which cannot wait were given ‘fast’ priority.
- Slow: Some elective procedures which could reasonably be delayed without harming the long term health of the patient were not scheduled until after April 2011.
- Stop: Procedures where there was little clinical evidence of likely health benefit, such as acupuncture, were no longer conducted.

7.4 A Clinical Review Panel examined the cases of any patients affected by the ‘slow’ stream where their GP felt that there was an urgent clinical need for their patient to receive treatment. 900 such cases were approved through this process. In total only 2.5% of referrals were affected by the Fast, Slow, Stop initiative which drew to a close in March 2011.

7.5 NHS Warwickshire is now working with the local hospitals to get those patients affected by the ‘slow’ stream of procedures seen as fast as possible.

SECTION 8 – WORKFORCE

Overview

Numbers

8.1 The NHSW workforce consists of a total of 189 people (Headcount). This equates to 172.4 Full Time Equivalent Staff (*taken from latest LTSM submission*). This number excludes staff within hosted services such as Payroll, Audit, cardiac and Renal networks which equate to a further 88 HC.

Sickness

8.2 NHS Warwickshire's annual average sickness absence rate during 2010 was 5.1%. This equates to an average of 11.5 sick days per full time equivalent. This is a slight increase on the previous year but is still within the national average. Absence due to sickness is monitored on a monthly basis with reasons for sickness being noted.

Turnover

8.3 Staff turnover (TO) for NHS Warwickshire is 21.52% (rolling average) including all redundancies and Mutually Agreed Resignation Scheme (MARS.) There is no expectation at present that the PCT will implement the RETS (Retention and Exit Terms Scheme). A key priority is to support staff through this difficult period and align them to other organisations including GP Consortia and Local Authorities where possible in order to keep any potential redundancies to a minimum

Challenges

8.4 Staff at NHSW have been informed that the PCT will cease to exist after 2013 and this has therefore had a huge impact on morale and motivation. This has further been impacted by the move to work as a Cluster and a new Directorate Structure has now been agreed and Directors appointed. Further staff changes may happen as a result.

8.5 In order to maintain capacity and quality to deliver the Cluster's key targets, it is crucial that we maintain a pool of capable and highly motivated staff. We have therefore introduced a number of measures to help with this:

- Regular Staff Forums and Briefing Sessions
- Access to an External Coach
- Managing the Change Workshops
- External Employee Support Scheme
- Daily Communication Brief on intranet
- Informal coffee mornings with Directors

8.6 Change can be very unsettling and disturbing to staff NHSW has therefore introduced a range of measures to help support staff through this time:

- Staff members have access to a free confidential Employee Assistance Programme which provides advice on a broad range of areas, including, stress management, work-life balance as well as counselling and support to manage personal issues.
- Staff members have access to the Occupational Health service which has an established Cognitive Behavioural Therapy service. We are currently seeking to expand this service to a telephone helpline out of hours for immediate first level responses.

- A series of events around health and well being have been introduced including specific Staff Engagement Weeks, Walks, Pilates etc. HR drop in sessions are available for staff support.
- A joint stress policy has recently been agreed for the Arden Cluster.
- All staff are invited to participate in the Annual Appraisal process with regular 1-1 or team meetings being held for Trust staff.

Agenda for Change

8.7 Agenda for Change is the single pay system in operation in the NHS. It applies to all directly employed NHS staff with the exception of doctors, dentists and some very senior managers. The three core elements that make up Agenda for Change are:

- Job evaluation,
- Harmonised terms and conditions
- The knowledge and skills framework

A key requirement of Agenda for Change has been the need to ensure all jobs are assessed against the NHS job evaluation criteria to identify appropriate pay and banding

Electronic Staff Record

8.8 ESR went live in February of 2007. An archive of the previous PRISM system is stored in software known as PARC. Hard copy CD's are preserved in the PCT safe stored on the second floor of Westgate House.

8.10 PARC is available to a limited number of staff in key areas such as Payroll, HR, Workforce and Finance, access is via a secure folder stored on the PCT server a user name and password is required.

Easy Time Attendance

8.11 Easy Time and Attendance is an ESR interface developed by Giltbyte which allows monthly electronic input of additional payments and absence data to be fed directly into ESR.

Transfer of Community Services

8.12 In April 2011 the PCT in accordance with DH requirements, transferred the majority of its community services (Warwickshire Community Health), and associated staff to the South Warwickshire Foundation Trust. The option of vertical integration with a local acute trust was chosen following an in depth analysis of various alternative solutions. The proposals were subject to rigorous assurance and authorisation processes requiring the development of comprehensive business cases. The transfer involved the following services and pathways

- Acute Care Close to Home
- Long Term Conditions
- Rehabilitation
- End of Life Pathway

A total of 1,683 staff were transferred to SWFT.

8.13 In addition a small number of services were transferred to the George Eliot Hospital including PCTMS practices, dental services, smoking cessation services and TB nursing. This involved a total of 91 staff.

8.14 Copies of the Business Cases, option appraisals and assurance framework are located at: http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/compliance.aspx

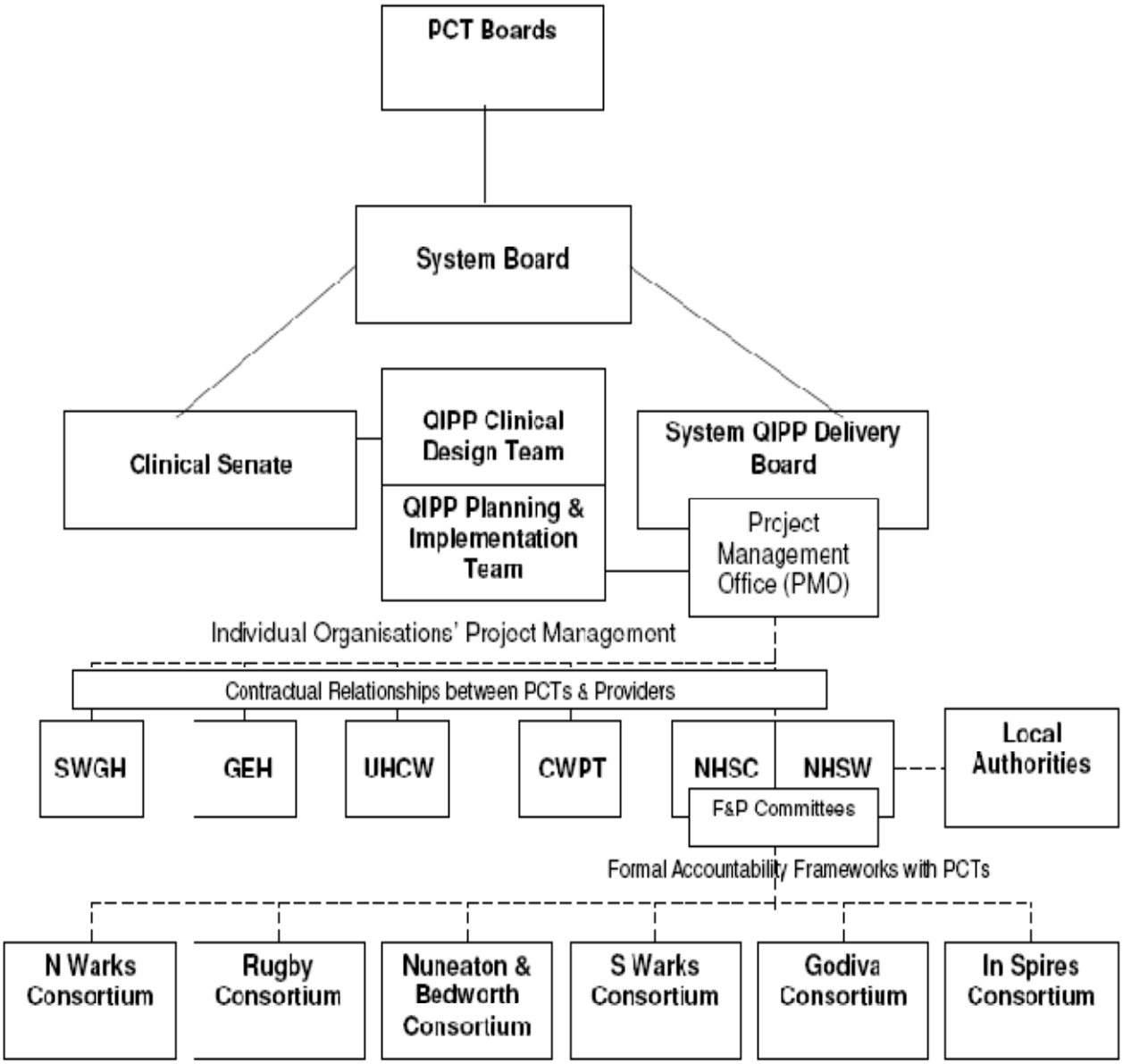
8.15 As part of the transfer processes the PCT and its partners were required to identify the benefits that would be derived from the transfer. These benefits are described in a series of documents.
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/tcs.aspx

SECTION 9 - SUMMARY OF PLANNED KEY CHANGES

9.1 NHSW has a well developed strategy for change. Originally this went under the guise of the BEST Health for Everyone Strategy which was developed in 2009/10. This has since evolved into the Quality, Innovation, Productivity and Prevention (QIPP) programme. The aim of this programme is to

- help secure improvements in the quality of health services
- rationalise service pathways to secure improved efficiency and greater economies in delivery
- help forestall health problems through more effective and coordinated action to prevent disease and ill health

Figure 8: QIPP Governance



9.2 The System Plan for Coventry and Warwickshire sets out the context, challenge and response of key agencies in the health economy in delivering the QIPP agenda. In particular

it describes our local assessment of the size of the QIPP challenge, for commissioners and providers the changes required and how they will be delivered change agenda will be delivered

9.3 This Plan identifies a series of key strategic challenges that NHSW in conjunction with partners within the health economy needs to address. These crystallise around the following issues and areas

- Ensuring the best quality of care for patients, including fair and timely access to a choice of services which are safe, clinically effective and patient-centred;
- Ensuring high levels of engagement and partnership working with patients, the public, clinicians, providers and partners;
- Ensuring clinical and financial sustainability through effective use of resources;
- Ensuring true transformation of clinical services in response to the needs of the populations.

9.4 Critical to the System Plan are the specific health and improvements that are intended to emerge from the delivery of the QIPP programme.

- To reduce the Under 18 conception rate from 37.1 per 100,000 to 30 per 100,000 by 2014/15 – the impact of this being 29 fewer teenagers becoming pregnant between 2010 and 2014.
- To reduce the number of mothers who smoke during pregnancy from 14.3% to 7.3% in the South of Warwickshire and 11% in the North of Warwickshire, equating to a reduction of 310 mothers smoking in pregnancy.
- To increase the number of smoking quitters from 760 to 861 per 100,000 each year so that by 2014 21,336 people will have given up smoking since 2009
- To reduce the prevalence of obesity in Year 6 children from 18% to 12% so that by 2014 there are 308 fewer 10 to 11 year olds who are classed as obese
- To decrease Cardiovascular Disease (CVD) mortality from 72.79 to 57.0 per 100,000 population
- To increase the number of deaths that occur at home from 20.2% to 27% so that 1377 of the 1% of the Warwickshire population who die each year can be supported to die at home or in their place of choice by 2014
- To improve Patient Experience
- To improve Access to Psychological Therapies by increasing referrals into IAPT from 4500 in 2009 to 23,100 in 2013/14.

9.5 To secure delivery against the key strategic challenges presented by the QIPP agenda NHSW (in conjunction with Coventry PCT and the other stakeholders within the health economy) has undertaken a strategic assessment to determine its on-going strategic priorities within QIPP programme. This has led to a focus on the following key areas:

- Unscheduled Care
- Long Term Conditions
- Elective Care – including procedures of limited clinical value
- Outpatient Referrals and Follow-ups
- Prescribing

The essential characteristics of our future Care Delivery System

9.6 A number of key characteristics have been identified that will be essential to the new care delivery system

- . The right capacity, in the right place (including an appropriate balance between hospital and community-based care).
- The right care delivered by the right individual at the right time.

- The health care delivery system is the right size – reflecting the extent of funding available.
- Pathways are clinically-driven, ensuring that the best care is provided in line with evidence of effectiveness and delivered in a patient centred way.

9.7 Ultimately, we expect shifts in activity from tertiary services to secondary services - e.g. through reduced lengths of stay in forensic secure units; and in secondary services to community services – through reduced attendances, admissions and lengths of stay in hospital. In the community setting we aim to achieve a reduced volume of long-term residential placements (whether in nursing or residential care homes) through enhanced re-ablement services and better provision of care to people in their own home or supported housing. The latter should deliver cost efficiencies to both Health and Social Care whilst also improving the quality of life for individuals in their older years. Across the Cluster there is a strategic intention to work towards a joint intermediate care service and care pathways which reduce admissions to residential care placements direct from hospital. In addition, the intention will be to grow the Extra Care Housing economy and the use of specialist residential care placements where appropriate, reducing utilisation of nursing homes for Social Care funded clients, wherever appropriate and feasible.

9.8 Traditional care models (and providers of services) will be challenged as we implement our plans. We are likely to see secondary care providers increasingly partaking in activities previously associated with community providers, e.g. smoking cessation services, more secondary care consultant-led provision of specialist community services through integrated teams; with community providers increasingly delivering more complex care through 'virtual ward' type arrangements. As a result of this, the need for enhanced integration and partnership working across the Health and Social Care system has never been greater.

9.9 We also anticipate there may be a requirement to re-align services across the Cluster as a result of the impact of existing and additional QIPP schemes to ensure future clinical and financial sustainability, particularly beyond 2011/12. As previously stated, the Clinical Senate will play a key role in this but it will need to be supported by robust activity modelling and capacity planning across the Health and Social Care system.

9.10 In moving this agenda forward between 2010/11 and 2014/15, NHS Warwickshire will continue to implements its strategy to reduce acute hospital activity by either stopping the activity altogether or transferring it to community-based services. In the first year of this 4 year plan (2011/12) we will be prioritising the QIPP initiatives that will deliver reductions in elective activity, since we recognise that QIPP schemes relating to a reduction in non-elective admissions require significant changes to the way in which our primary and community services work and we have therefore built in a longer lead in time. This requires us to deliver the changes to elective flows in an accelerated manner and we will be drawing on the lessons learnt from 2010/11 and the implementation of "Fast, Slow, Stop" to design a sustainable process of managing referrals and subsequent conversion rates to procedure. The overall aim is to ensure that patients are managed effectively in primary care by their GP and are only referred into, and managed by, secondary care when clinically appropriate. Patients should also only be operated on when there is evidence that the procedure will deliver improved outcomes to the patient.

9.11 In activity terms, over the 4 years we are expecting a 6-15% reduction in first- and 0-5% reduction in follow-up activity through a reduction in referrals but also a reduction in the 'churn' generated by providers. GPs will be taking responsibility for first referrals and through the contract process we have agreed that providers will lead on the process efficiency needed to reduce 'churn'. If our providers are unable to make the efficiencies required, the overall reduction will still need to be achieved - but through a more stringent approach within

primary care to first referrals. We are anticipating a nominal level of planned growth in procedures, whether Inpatient/Day case or outpatient procedures, but this is more than compensated for by further reductions in procedures of limited clinical value as well as other activity reductions achieved through implementing thresholds for treatment in specialities with the highest spend. Whilst we are not expecting our schemes which are aimed at urgent and emergency care to realise the full benefits during 2011/12, we are expecting a small benefit over 4 years comprising a 0-5% decrease in non-elective spells.

9.12 We have now implemented Warwickshire Healthline and we therefore expect that, despite an increase in A&E attendance as a consequence of demographic growth, this will be offset by the opportunity for A&E staff to rapidly access services in the community, thus avoiding an admission. Although we are expecting a small growth in A&E attendances over the next 4 years, this is again anticipated to be offset by ambulance crews treating patients at the scene and a combined effort of Warwickshire Healthline and ambulance service resolving calls from community professionals and patients respectively through telephone advice. This will also reduced the number of ambulance journeys to A&E. The changes to the elective care pathway will also reduce the number of non-A&E journeys.

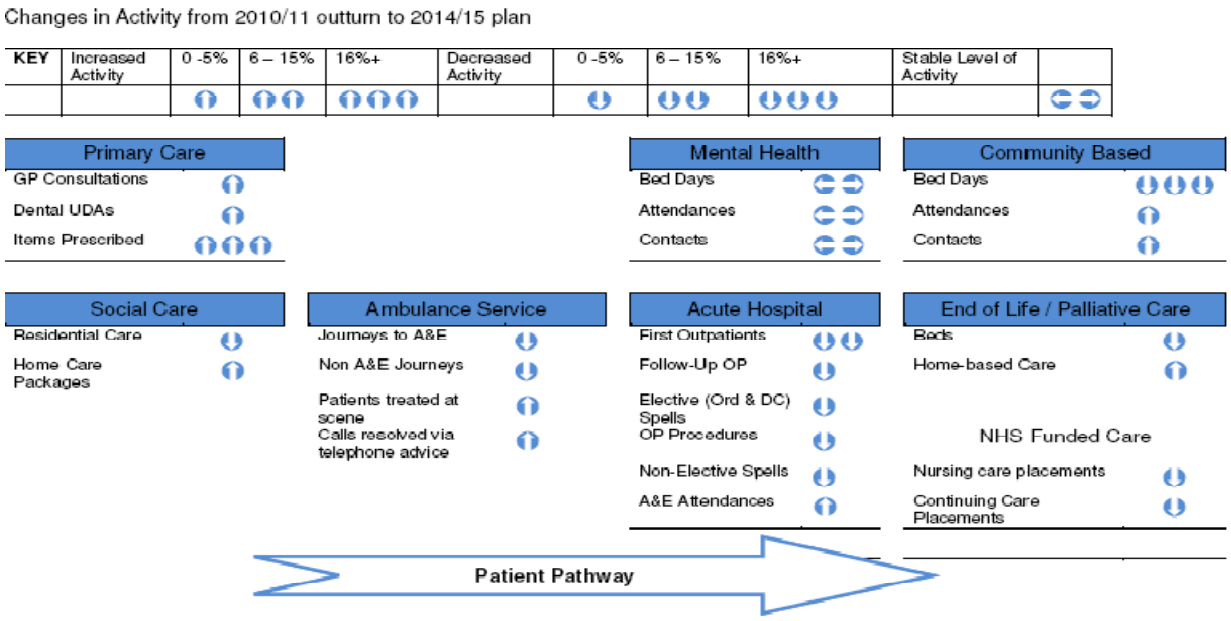
9.13 As a consequence of the reduction in non-elective activity within the acute sector, we will have more attendances and contact activity in the community. We will, however, also see a large reduction in the number of bed days in the community due to a drive to reduce LOS and closure of beds. Patients who would have been managed in community beds will in future be managed in the community setting; therefore this will also drive an increase in attendance and contact activity. This shift is based on patients' preferences to be treated in their own homes - particularly at the end of their lives. It is well known that hospital admissions, especially those that have long lengths of stay in hospital, can result in an increased level of dependency in patients which results in admission to residential and nursing homes as well as continuing care requirements. As a consequence of reduced admissions to hospital (through more care being provided in the home) we anticipate that the level of patients dependency on care services at the point of discharge will be less and therefore have a decrease in residential, nursing home and continuing care placements but see an increase in home care packages from social care.

9.14 Within mental health, we have not yet agreed the long-term picture in terms of activity numbers and will continue to work on this as we continue our contract discussions. The arrows are based on spend with CWPT. In broad terms, we expect a large proportion of the inpatient activity to be managed in the community, and existing community activity to be managed by GPs. With the capacity created in inpatient facilities, it is our intention to repatriate activity to our local provider. Therefore, the total numbers may not change in terms of CWPT activity in bed days, attendances, contacts although the complexity of care will.

9.15 In primary care, due to demographic growth and the requirement for GPs to manage patients in the community in order to reduce elective and non-elective flows, we are expecting a small increase in GP consultations and Dental UDAs. In order to most effectively manage patients in the community, however, we are expecting an increase of 16% in items prescribed over the next 4 years.

9.16 The diagram below helps illustrate the expected alteration in activity and patient flows that will occur as a result of the changes engineered through the implementation of the QIPP programme.

Figure 9: Planned Shift in activity in Warwickshire



Future Care Delivery System ~ Capacity (Beds)

9.17 Changes arising from the QIPP programmes are expected to have an impact on the numbers of beds in acute hospitals across Warwickshire/Coventry. The anticipated impact is that there will be an overall reduction of 130 Beds comprising

- 43 SWFT,
- 42 UHCW and
- 45 GEH

9.18 Both NHSC and NHSW are refining these their numbers, engaging with providers to ensure there is clarity about bed reductions associated, with provider productivity and commissioner demand management.

9.19 Full details on the changes described by the QIPP agenda are contained in the System Plan and accompanying documents available via the following link
http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument

Procurement

9.20 A number of significant procurements have taken place over the past 3 years and are planned in near future. These are shown in table 32 below

Table 32: Procurement Recent and Planed

Procurement Title	**Date of Contract Award**
LAST 3 YEARS	
GP Out of Hours Services	Mar-09
Dental Services (Lower Quinton) Interim Arrangement	Sep-09
Dental Services (Lower Quinton)	Oct-10
Learning Disability Services (Warwickshire)	Sep-10
Warwickshire Healthline (Single Point of Access)	Aug-10
Dental Access (Scheme 1 Brunswick)	Jun-10
Dental Access (Scheme 2 Manor Ward)	Jun-10
Dental Access (Scheme 3 Bidford)	Jun-10

Procurement Title	**Date of Contract Award**
Dental Access (Scheme 4 Studley)	Jun-10
Dental Access (Scheme 5 Hartshill)	Jun-10
Dental Access (Scheme 6 Dunchurch)	Not Awarded
Childhood Obesity Services	Jan-11
Continuing Healthcare Nursing Homes (WM Regionally Led)	Jan-11
ECN Any Willing Provider (WM Regionally Led)	Jul-11
CURRENT/POTENTIAL FUTURE PROCUREMENTS	
Domiciliary Care (Joint with County Council)	
Diabetic Retinal Screening Services	
WM 111 Service (Regionally Led)	
Patient Transport Services (PTS)	

SECTION 10 – ORGANISATIONAL ASSETS

Estates

Overview

10.1 The NHSW Estate which is underlet to SWFT comprises of the following:

- 2 Community Hospital
- 20 Health Centres and Clinics
- 10 office premises
- In addition there are 29 parts of buildings underlet from GP's and the local authorities and other NHS Trusts

10.2 NHSW also underlets 3 PCTMS premises to GEH in addition to 10 Dental units and 5 offices in Community Premises.

Condition/Backlog

10.3 The annually reported Backlog maintenance of the NHSW Estate was £8M in 2008 with £120,000 of high risk items. With hospital closures and targeted capital investment, these figures have reduced to £1.2M and zero respectively.

Risk

10.4 An Estates risk register exists to record, monitor and control all premises risks.

Utilisation

10.5 Data recently collected shows a low utilisation of both community office and clinic accommodation.

Estate Strategy

10.6 Work carried out in the past year confirmed that further rationalisation of the community estate could reduce the number of properties community services could be delivered out of in Warwickshire.

10.7 Key estates documents including the Estates Strategy, Risk Profiles and Statutory returns are available at http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/compliance.aspx

Information Management and Technology Services

Overview

10.8 Information management and technology services are provided through a shared service arrangement hosted by the South Warwickshire NHS Foundation Trust. This consists of three core service areas:

- PCT information / intelligence service
- PCT IT services
- Leadership of whole LHE IM&T Programme

10.9 An outline history and current position for each of these services is described in the table below with key documents attached.

Table 33: IMT Service

	Information / intelligence	**PCT IT service**	**Leadership of C&W IM&T Programme**
Key functions	Document lists structure and key functions in each area as at August 2010 Enc 5 Intelligence and Info - Exec Team		
History and key events	PCT Intelligence team established early 2007 under leadership of Director of Intelligence to provide information and analytics support to Commissioning and Community Services Changes in scope included: • Performance and Information governance responsibilities added Autumn 08 • Resources devolved to Finance, Primary Care, Strategy directorates June 09 (see structure paper above) • Some resource devolved to Warwickshire Community Services as part of arms length arrangements, SLAs established between Commissioner and Community services for Data Warehousing, Knowledge management, Information Governance • Community Information resources devolved to SWFT as part of TCS transfer April 2011	Shared IT service established Summer 07 to cover NHS Warwickshire (inc Community services) and South Warks General Hospitals Trust (now SWFT) – each organisation employs approx 50% of staff; pooled pay budget, separate non-pay budgets Business Plan, SLA and Partnership Agreement drawn up though never formally signed. Regular SLA review through Stakeholder Executive Board Stakeholder Agreement ITSS v2 7 Business Plan v0_2.doc NHSW-employed IT resources transferred to SWFT Nov 2010 as part of TCS transfer arrangements As of April 2011, NHSW are buying an IT support service from SWFT to cover commissioning and primary care – latest draft SLA below: SLA SWFT with NHSW March 2011 v0	C&W IM&T Programme established Spring 2007, with representatives of all local NHS organisations; chaired by Chief Exec of NHS Warwickshire; led by Director of Intelligence, NHS Warks (latterly CIO, NHSC &NHSW) Plans agreed annually by Programme Board. Board 're-launched' November 2010 to change focus away from implementing the National Programme for IT locally – to using IM&T locally to support Arden System Plan and QIPP. Senior non-IT involvement in Board increased
Key Developments / Achievements	• Development of Evolve commissioning information system and associated dashboards etc	• Rationalised core infrastructure of merging PCTs, rationalised email, departmental systems etc • Installed new	• Range of NPfIT implementations in C&W providers including PAS, PACS, Choose and Book, Electronic Prescription

	Information / intelligence	PCT IT service	Leadership of C&W IM&T Programme
	• Lead site for regional Risk Stratification Programme development • Deployed improved health needs analysis tools in conjunction with Warks County Council observatory	Warwickshire-wide Community PAS and Child Health systems • Development of Public websites, Intranets, GP Practice websites • Supported managerial remote and hot desk working, blackberry service etc	Service, GP Systems of Choice, Summary Care Record • Deployed local health record sharing pilots, telehealth pilots • Selected as national demonstrator site for Common Assessment Framework (CAF) for adults in partnership with Warwickshire County Council
Current position end June 2011	• Most Information resources moved to Delivery Systems Directorate May 11. Increasing joint working with NHS Coventry information team	• CIO (within Delivery Systems Directorate) managing SLAs with SWFT to cover NHS Warks and with CWPT to cover NHS • Incremental work with 2 IT services to provide integrated IT support for Cluster and consortia working • SLA to be finalised and monitoring arrangements fully implemented • NHS Warks and NHS Coventry IMT Plans for 2011/12 agreed as below  arden imt plan 11_12.doc  arden IMT financial plan 11_12.xls	• Draft C&W Collaborative IM&T plan under discussion by member organisations  13062011_Collaborative Programme Plan
Key challenges and risks going forwards	• Establishing effective information service within Commissioning Support Unit • Further development of commissioning information systems • Cost reduction targets	• Creating effective IT support for Cluster and Consortia from 2 existing IT services and different core technologies employed • Effective support for increased mobile and multi-site working, hot desks etc	• Establishing effective collaborative working • Agreeing effective solutions to information sharing requirements across providers and care settings • Agreeing medium term ownership of collaborative plans and solutions

SECTION 11 – STAKEHOLDER MAP

Partnership Arrangements

Local Authorities

11.1 NHS Warwickshire and Warwickshire County Council have well established joint commissioning arrangements and the two organisations are already working together on a number of joint initiatives, primarily within the Public Health arena and *Cutting the Cost of Frailty*. This is supported by joint arrangements between the organisations, including the joint post of Director of Public Health. This will enable more efficient use of resources and savings of costs incurred, as well as improving the quality of care and patient experience. A contract is in development and a Memorandum of Understanding underpins the joint work on transition. Joint work on public service reform has identified the potential to use shared back office functions across the public sector organisations.

11.2 Shared leadership across both the health and social care sectors will be required to address the financial challenges faced by both sectors in the period 2011/12 to 2014-15 which will result in transformational change in service provision across the system, as opposed to purely incremental improvements in quality and efficiency. Effective information sharing across boundaries and agencies will also be required to support effective planning, commissioning and monitoring of services. This will be underpinned by formal Information Sharing Agreements and a System-wide strategic IM&T Programme Board, specifically designed to identify and implement Information Management and Technology across the System.

Voluntary Sector

11.3 NHS Warwickshire works alongside a number of voluntary sector agencies. In particular the PCT has sought to actively engage with bodies such as Warwickshire Community and Voluntary Action (WCAVA) and Warwickshire Race Equality Partnership (WREP) to help identify the needs and views of the community on healthcare matters as well as the problems and issues faced by other key stakeholders such as carers and voluntary sector key providers.

11.4 WCAVA acts as an umbrella body for the voluntary and community sector in Warwickshire. Amongst its many varied roles it aims to:

- promotes, facilitates and supports the development of voluntary sector organisations, through the provision of advice and guidance.
- represents the interests of the sector to local, regional and national policy makers
- promote and support the recruitment of volunteers
- take forward specific projects that enhance the capacity of local communities and promote community cohesion and social inclusion.

11.5 WCAVA has a number of bases across the County including, Atherstone, Rugby, Warwick and Leamington. A separate organisation (VASA) provides support to the voluntary and community sector in Stratford-upon-Avon.

11.6 More information on the work of WCAVA can be found via its website http://www.wcava.org.uk/. A copy of its annual report is available here: http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/voluntarysector.aspx

11.7 To help identify the health needs of local ethnic minority communities NHS Warwickshire works with the Warwickshire Race Equality Partnership. WREP's role is to engage with

local communities and public bodies to promote community cohesion and in particular it seeks to

- eliminate racial discrimination
- promote equality of opportunity and good relations between persons of different racial groups
- relieve the needs of those who have suffered racial discrimination by the provision of information, advice and support.

11.8 To help achieve these aims WREP undertakes a number of specific services including Casework, Community Development, Policy Development and Promoting Race Equality. More information on the work of WREP can be found via its website at http://www.wrep.org.uk/home.asp?parent_id=1

SECTION 12 – GOVERNANCE

12.1 The work of NHS Warwickshire is overseen at a local level by the PCT Board. This consists of Non-Executive Directors and Executive Directors. The chairman of the Board is Bryan Stoten who has occupied this position since the formation of the PCT in 2006.

12.2 The board of the PCT is supported in its work by a number of Committees and Sub-Committees. Schemes of delegation, rules of procedure and Standing Financial Instructions are available at: www.warwickshire.nhs.uk

Risk and Assurance

12.3 NHSW has an established approach to Risk Management, including a Risk Management Strategy and guidance document for staff and managers. Local Risk registers are held in directorates/departments and for all major projects.

12.4 A central risk register is maintained which records the most serious risks and reports these to both the Quality, Safety and Governance Committee and the PCT Board on a quarterly basis. Key documents including the Risk register and quarterly reports are available via this link http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/nhsw/compliance.aspx

Information Governance

12.5 Information Governance at NHSW encompasses responsibility for ensuring compliance with key legislative requirements including:

- The Data Protection Act
- The Freedom of Information Act 2000
- Access to Health Records
- The Caldicott Report 1997
- NHS Confidentiality Code of Practice
- NHS Records Management Code of Practice
- NHS Information Security Code of Practice
- HS Care Record Guarantee
- International Information Security Standard ISO27002

12.6 NHSW has put in place a range of policies along with training for all staff to help ensure it meets both its statutory responsibilities and the wider DH requirements for Information. These policies are available at http://www.warwickshire.nhs.uk/ourwork/documentlibrary/legacydocument/igpolicies.aspx

IG Toolkit

12.7 To assess and monitor our performance across the spectrum of IG requirements NHSW uses the Information Governance Toolkit (IGT). This helps the PCT to identify areas for improvement. Set out in the table below are the scores achieved against the IG Toolkit requirements

Table 34: IG Toolkit Scores

Assessment	Overall Score	Grade
Version 8 (2010-2011)	73%	Satisfactory
Version 7 (2009-2010)	75%	GREEN

Assessment	Overall Score	Grade
Version 6 (2008-2009)	70%	GREEN
Version 5 (2007-2008)	58%	AMBER

Freedom of Information

12.8 Freedom of Information (FOI) is part of the government's commitment to greater openness. The Freedom of Information Act 2000 gives individuals the right to request information held by a public authority. The Trust can refuse to release information if it is covered under the Data Protection Act 1998; for example, if the information requested contains personal/sensitive data or breaches confidentiality.

12.9 The Trust responds to FOI requests within 20 working days. Information will usually be sent free of charge; however, if a significant amount of additional work is required we can apply a charge to cover expenses (you will be informed if a charge is incurred). For requests involving environmental information, the Trust must respond within 40 days, under the Environmental Information Act 2004.

12.10 Sometimes the information requested contains details identifying people with whom the Trust has had contact. During the course of answering a request the Trust will therefore decide whether you are required to supply specific authorization before information can be released to you. This usually only applies where the information requested contains information that could be used to identify individuals. It could help to shorten the time it takes to process your request if you supply any relevant authorisation at the time you make your request.

12.11 NHS Warwickshire has produced a Freedom of Information Policy and a public leaflet setting out the policy and approach of the PCT to Freedom of Information matters. These are available via the NHSW website at www.warwickshire.nhs.uk or via this link http://www.warwickshire.nhs.uk/CmsDocuments/761fe64a-3d87-455d-9753-6d989eb025d6.doc

Table 35: FoI requests

Quarter 2010-11	Number of FoI requests Received
Q1 2010 - 11	85
Q2 2010 – 11	76
Q3 2010 - 11	*59*
Q4 2010 – 11	101

Emergency Planning

12.12 NHS Warwickshire is a key partner in the resilience arrangements across both Coventry and Warwickshire. NHS Warwickshire participates in the Warwickshire Local Resilience Forum. This brings together the emergency services, local authorities, primary care and acute trusts, the health Protection Agency and Environment Agency to ensure a coordinated response to emergencies in the County. A copy of the **emergency plan and related document is located at www.warwickshire.nhs.uk or at**

http://www.warwickshire.nhs.uk/CmsDocuments/e9aad0e9-b6cb-46bd-a605-edf7c55f4990.doc

Equality and Diversity

12.13 NHS Warwickshire is committed to promoting equality and diversity excellence in all aspects of its healthcare provision, ensuring its services are accessible, culturally appropriate and equitable to all the citizens of Warwickshire and that its workforce has the right skills and reflects the community. The PCT is committed to fair treatment of everyone, and to that end it ensures that the requirements of the Equality Act 2010 are adhered to when providing services or recruiting staff. NHSW is firmly committed to tackling all types of discrimination identified under the Equality act 2010.

12.14 In 2010 NHS Warwickshire demonstrated commitment to tackling all types of discrimination including reviewing current Human Resources policies in light of changes to the Equalities legislation, amending induction training for new staff to incorporate these changes and to undertake an Equality Impact Assessment on all policies and service changes to identify any potential impacts on our customers and staff. Training and networking opportunities were made available/established in partnership with Warwickshire County Council for all minority groups.

12.15 Documents including completed Equality Impact Assessments, Policies and other information are available via the PCT website at www.warwickshire.nhs.uk or at http://www.warwickshire.nhs.uk/CmsDocuments/709f5ce7-b5e3-464b-acca-1df3fcf81472.doc

Sustainability

12.16 The NHS Carbon Reduction Strategy for England sets the ambition for the NHS to play a leading and innovative role in ensuring the shift to a low carbon society. This requires every organisation to start measuring and monitoring progress towards a 10% carbon reduction by 2015 on 2007 levels.

12.17 To help drive this work forward, NHS Warwickshire has published its own Sustainable Development Strategy. This incorporates action plans that address carbon reduction targets. These have recently been assessed as one of the best by external audit. The sustainability plans deal with Energy and CO2 Emission Targets, Waste Management, Construction & Maintenance Operations, Building Design, Building Construction, Estate Management, Estates & Facilities Procurement and Leased Premises.

12.18 A copy of the Sustainability and Strategy is available at www.warwickshire.nhs.uk or at http://www.warwickshire.nhs.uk/CmsDocuments/11fdaaaa-7e29-45ad-bc3b-07447f4e3625.pdf

Cardiovascular and Stroke Network

12.19 The Cardiovascular and Stroke Network was established in 2000 to deliver the National Service Framework for CHD, and then additionally the National Strategy for Stroke in 2007. The network is currently funded from DoH monies until 2012 and is hosted by NHS Warwickshire.

12.20 The purpose of the network is to work with stakeholders across the health and social economy in the development of Cardiac and Stroke services.

12.21 The network is able to boast a number of key successes including the implementation of a single centre model for thrombolysis for Hyper Acute Stroke patients with a repatriation agreement (this is now one of the best performing services in England) and the successful implementation of a Network of support groups for stroke survivors and their carers – Life after Stroke – including a HIEC funded programme for self help groups.

12.22 In terms of success with the cardiac agenda, the network has introduced a successful programme of work with GPs on delivering support to reduce the number of strokes through the management of Atrial Fibrillation (AF) in General Practice. It has also published a series of patient centred information cardiac booklets. The cardioversion service at UHCW

has also been redesigned through the network. For further information, please see the attached presentation

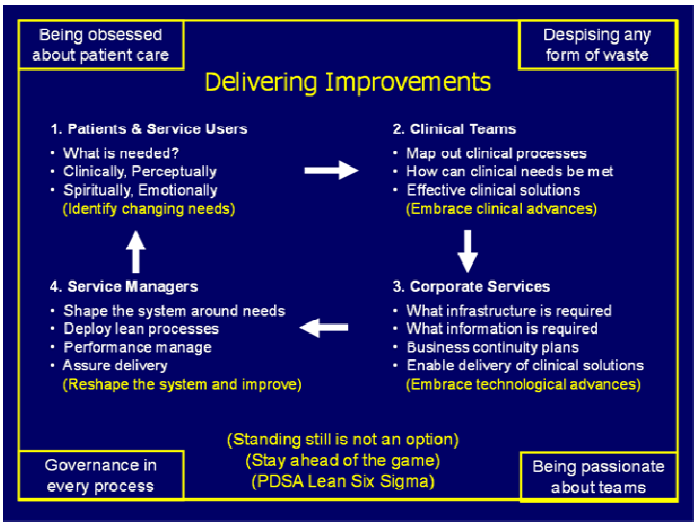
Emergency Care Network

12.23 The Emergency Care Network provides a forum for individual healthcare organisations; commissioners and providers; to come together as a team and take coordinated action to improve the quality and effectiveness of clinical services to patients.

12.24 It is a forum wherein Health and Social Care teams work alongside independent and voluntary services to ensure that we make the best use of available resources to treat patients requiring emergency or urgent care.

12.25 The role of the network is to ensure that care is delivered around patients needs as never before and cross boundary working is evident at all levels. This will be achieved by integrated working between the Ambulance Service, Primary Care Trusts (PCT's), the Partnership Trust, Acute Trusts, Social Services, the voluntary sector, charitable organisations, Strategic Health Authority, NHS Direct, out of hours providers and all those who provide aspects of emergency and urgent care.

12.26 The model below displays the factors that have been found to be most effective in bringing about improvements in services. It is designed to help colleagues to remove waste from care processes and ensure that patients receive the right service first time.



Arden Cancer Network

12.27 The Arden Cancer Strategic Plan is attached opposite and provides a full overview of the service, its' roles and responsibilities and plans to 2015. The following provides a flavour of the work which is undertaken.

12.28 The Arden Cancer Network's ambition is to increase uptake of screening rates, reduce late presentation, achieve higher survival rates, and actively engage with patients and users to enhance pathways. These will all be undertaken through targeted interventions to specifically impact on existing cancer inequalities.

12.29 Cancer Networks were originally set up as the organisational model to implement the National Cancer Plan, and to bring together all stakeholders to develop strategic service delivery plans to develop all aspects of a cancer programme; Prevention, Screening, Diagnosis, Treatment, Supportive and Palliative Care and Research. The Arden Cancer Network has engaged users, commissioners, clinicians and providers, as well as gaining other expert contributions from networks, clinicians in related fields, GPs and Oncologists across the UK. Arden Cancer Network also has strong working relationships with independent and third sector organisations which provide a range of services from early detection and prevention, to end of life care. The network has strong links with local Hospices and voluntary sector agencies such as Macmillan Cancer Support, Marie Curie, and the Citizens Advice Bureau and is developing stronger links with local authorities.

12.30 The role of the Cancer Network is:

- To be an expert commissioning resource to work with local stakeholders to secure agreement of localised value for money (QIPP) pathways benchmarked to National Standards and informed by local proirities
- To work with PCTs to translate these pathways into contractural specifications
- Monitor implementation of pathways through agreed metrics and other performance standards and outcome measures
- Inform PCT strategies for cancer care including horizon scanning

Parts 2: - Confidential report

Information that cannot, due to its confidential nature, be included in the earlier sections