



North West

**NHS North West
Annual Report and Summary Financial
Accounts
1 April 2009 – 31 March 2010**

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Feedback and Comments

Publication of this report supports NHS North West's policy of being as open and transparent as possible about our decision-making. Our board meetings are open to members of the public. You can also see our Board papers and other useful information on our website:

<http://www.northwest.nhs.uk/whoweare/boardpapers/>

You can find further information about our role and the progress we have made over the past 12 months on our website <http://www.northwest.nhs.uk/>

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If you need this report in another language, on audio tape or large print, please call 0161 625 7331.

Chair and Chief Executive's Message

The NHS has just passed through a phenomenal and unprecedented period of growth – an average of nearly seven per cent real additional funding each year since 2000. Over the past 12 months we have been considering the impact the recession will have on the NHS; and working with primary care trusts, hospitals and local authorities to ensure that we are in the best shape possible to respond to the financial pressures we all face.

NHS North West hosted a two day summit with NHS chairs, chief executives, senior clinicians and partners from local authorities to consider what the changing financial climate will mean for health care services. The summer event was followed with further summits in November 2009, January and March 2010.

The national NHS programme to respond to the economic recession calls for a renewed focus on quality, innovation, productivity and prevention. At the start of 2009/10, we repeated our commitment to put quality at the centre of everything we do. Our ten year vision for health and health care in the North West 'Healthier Horizons for the North West' (2008) set out a clear blue-print for ensuring that high quality services are developed around the needs of the patient; that doctors, nurses and therapists and other front-line staff are encouraged to continually look for ways to improve services and productivity; and that there is a shift in our focus towards the promotion of health and the prevention of illness.

In June last year we published 'The Vision – One Year On' (2009), which describes how NHS organisations are putting Healthier Horizons into practice; and gives some examples of how to embrace quality, innovation, productivity and prevention to improve the patient experience.

The NHS Constitution received Royal Assent in autumn 2009 and is based on evidence of what matters to patients, the public and NHS staff. The Constitution supports our regional vision and our response to the current financial pressures that we face. A region-wide review led by the SHA has highlighted how NHS organisations are taking the Constitution into account in their day-to-day activity.

The move to make sure that more care is provided closer to home, coupled with the changing needs of an ageing population, means that more focus needs to be given to the wide range of services that are available in community settings, providing seamless and more patient centred care. The Transforming Community Services (TCS) programme provides an opportunity to improve quality of care and to improve the integration of pathways of care for patients.

In the North West we took the decision to have a particular focus on services for people with long-term conditions and for those approaching the end of their lives. The TCS programme supports the implementation of the 'gold standard' approach to end of life care and implementation of the nationally recognised Liverpool Care Pathway. In addition the SHA is promoting the systematic use of care planning and early intervention for patients with long-term conditions and those approaching the end of their lives.

The launch of the Advancing Quality Alliance as the quality observatory for the North West, will provide further opportunities for NHS teams to learn from each other, to ensure that high standards and quality are the norm throughout the region.

The latest figures show there have been improvements in life-expectancy for men and women in our region. Early deaths from cancer, strokes and circulatory diseases have all fallen, saving over 4,500 lives a year, which is fantastic news. However the gap between life-expectancy in the North West and the rest of the country remains the same.

Now more than ever, we need people in our region to become our partners in health. We need to change public attitudes towards their health and well-being. Our Life is an independent and provident society set up to campaign to change attitudes, behaviour, policy and business practices for better health and well-being in the North West. Our Life has been active this year in growing support from the public for a proposed Code of Practice for Alcohol Retailers and a minimum price per unit of alcohol. We have the highest rates for alcohol related deaths in the country – 23 per 100,000 people for men and 12.6 per 100,000 people for women.

In last year's annual report and in our business plan for 2009/10 we signalled our commitment to supporting the region during the current economic downturn. We are pleased to say that NHS organisations in the North West surpassed the national Department of Health (DH) target to provide apprenticeship schemes and delivered 900 new schemes. We are also leading a drive across the region to ensure that all our local suppliers are paid by NHS organisations for goods and services within days, not weeks, through the prompt payment initiative.

The role of the NHS in stimulating the region's economy is more important now than ever before; and our support for research and development has seen funding increase from £32 million in 2006 to £72.2 million for 2009/10.

As part of this we are working with the National Institute for Health Research (NIHR) on what is called an 'Exemplar Programme', to test the whole commercial clinical trials process from end to end. We want to demonstrate that the NHS, industry and the NIHR can work together to improve clinical trials performance so that standards are consistent with the best in Europe.

In addition we now have three Health, Innovation and Education Clusters (HIEC) in the North West, which will bring £2.7 million of funding over the next three years.

We have played an active part in the development of a Single Regional Strategy for the North West. Through working with 4NW (the regional leaders' Board) and the North West Development Agency, for the first time the issues of environmental, social and economic development are combined into one strategy. Consultation on the first part of the strategy, which includes an overarching vision and proposes strategic priorities, finished at the end of February 2010.

Equality and Diversity - Our Commitment

NHS North West recognises the fundamental importance of embracing the diversity of people from all groups in society, regardless of age, disability, gender, gender identity, race, religion and belief, sexual orientation or responsibilities as a carer.

As leaders of the region's health economy we have legal and moral responsibilities to ensure that our Board and all staff promote equality, fair treatment and social inclusion in everything we do. We support the elimination of unlawful discrimination by ensuring that the values underpinning equality, diversity and human rights are central to our policy making, employment practices and community involvement.

We also have a lead role in monitoring and influencing the performance of NHS organisations in the region in relation to equality; and in particular how they plan and provide high quality health care services for all.

We are committed not only to fulfilling our statutory responsibilities, but also to ensuring that we can achieve improved health and well-being for all people of the North West. Our ambition is to be recognised as a leader on equality and diversity in the workplace, and equally important, in how services are provided across the region.

Our equality and diversity strategy and associated work programmes go beyond statutory compliance, providing a gateway into many different aspects of promoting equality, valuing diversity and protecting human rights, which contribute to our overall vision and purpose.

This may create challenges but the rewards and benefits will make every effort worthwhile. We will therefore continually seek to identify any opportunities where we can promote greater equality of outcomes for patients, service users, NHS staff and the wider public.

For more information on progress made with our Single Equality Scheme, please see Appendix I.

Our Role

NHS North West is the strategic health authority (SHA), incorporating the North Western and Mersey deaneries, established in 2006 to serve the North West of England. Our region is vibrant and diverse, covering 77 parliamentary constituencies, and 46 local authorities. More importantly some seven million people call it home.

Geographically our region covers 14,000 square miles as it stretches from Carlisle in the North to Crewe in the South, and from the Irish Sea coast in the West to the Pennine uplands in the East.

NHS North West is accountable for the performance and management of the health care system. Each SHA is responsible for ensuring that patients have access to high quality services in its area. We also oversee the performance of primary care trusts and NHS trusts, and are responsible for supporting NHS trusts to reach Foundation trust status. We hold primary care trusts (PCTs) to account and are ourselves directly accountable to the DH.

Our four main functions are:

- to provide a strategic direction for the NHS in the North West
- to make sure that the NHS provides high-quality services that are value for money and meet the needs of local people
- to manage the performance of NHS PCTs
- workforce planning and education commissioning on behalf of the NHS organisations in our region

Our vision

To ensure the NHS delivers the best possible health and the highest quality health care for the people of the North West, by operating as a world class health system.

Our aims

- Improve health and well-being for all of the North West population
- Optimise the delivery of quality health care in the most appropriate setting
- Be recognised as a leading health system

Our Healthier Horizons

In 2008 we signalled our intention to bring about a real transformation in the health of people in our region with the publication our 10-year vision for the region.

More than 120 front-line NHS staff along with representatives from social care partners, the voluntary sector and patient groups contributed their ideas the development of 'Healthier Horizons for the North West'.

Healthier Horizons highlights the achievements of North West NHS organisations, but sets these alongside a compelling case for change. We are simply no longer prepared to tolerate the wide discrepancies in life

expectancy we currently experience – whether that is between our region and the rest of the country, or between areas within the North West itself.

The NHS has pledged to show leadership, alongside our partners in local government and other public and private sector organisations, to work with the people of the North West to improve health.

The recommendations made in Healthier Horizons, and the work that is being done to implement the regional vision, mean that the NHS in our region is well-equipped to meet the current economic challenges.

Putting more and more resources into the NHS is not the answer. The solutions as described in Healthier Horizons are:

- Better care – access to excellent standards of care, no matter where people live
- Better health – a greater focus on promoting good health and well-being and preventing ill health
- Better life – a more active role for citizens of the North West in shaping their local NHS services

We are already making tangible improvements in addressing the health problems faced by people who live in the North West by applying new technology, building the care we offer round the needs of the individual patient, learning from and imitating the best health services elsewhere in the world, and by improving the quality of services.

As a means of providing a yardstick for the public to measure how we are delivering on the promises we made in Healthier Horizons, we developed the concept of pledges we call Touchstone tests; and grouped these under five themes, to form five ‘Promises’ to the people of the North West:

1. Quality
 - I will be given high quality clinical care
 - I will receive the most up-to-date treatment as part of my care
 - I will have a better experience of being a patient
2. Healthy Life
 - I will act on the best diet, exercise and life-style advice to live a healthier life
 - My family will have a better opportunity to live a longer and healthier life
3. Personalised Care
 - I will receive more of my care closer to home
 - I will receive care designed to fit in with my circumstances
 - I will have seamless care when more than one organisation is involved in my treatment
4. Involvement:
 - I will be more involved in decisions made by the NHS
5. Value for Money:
 - My NHS will maintain a healthy financial position and be a top performer

The NHS in the North West

In 2009/10, NHS organisations in the North West received funding of over £12.3 billion to provide health care services on behalf of people in our region. This equates to £1,758 per person, an increase of £104 from the previous year.

The largest total amount was spent providing secondary healthcare services, for example on maternity services, A&E departments and mental health services - £9,154 million.

A total of £2,903 million was spent providing primary health care services in hospitals, for example on prescribing costs and dental services.

The tables below give a breakdown of how much was spent on NHS services.

	2009/10	2008/9	Increase
	£'m	£'m	
<u>Primary Healthcare purchased</u>			
Prescribing	1,272	1,257	1%
Primary Care medical services	994	931	7%
Dental services	408	381	7%
Pharmaceutical services	122	104	18%
Ophthalmic services	71	64	10%
Secondary health services from GPs	14	11	32%
Other	22	17	25%
Total Primary Healthcare Purchased	2,903	2,766	5%
<u>Secondary healthcare purchased</u>			
General & acute	5,321	4,728	13%
Community health services	1,348	1,197	13%
Mental Illness	1,109	1,058	5%
Maternity	330	316	4%
Learning Difficulties	301	291	3%
Accident & Emergency	317	290	9%
Other contracts	429	272	58%
	9,154	8,152	12%
Grants	20	10	100%
Grand total	12,077	10,928	11%

In addition, a further £621 million was invested in capital projects; that is, new buildings, equipment and the development of new services. Of this amount, £265 million is public funding, £290 million is private funding and £66 million is public private partnership funding.

Over the past 12 months NHS North West's Board approved schemes worth £1,090 million.

Examples include:

- a £44.25 million capital scheme to provide an integrated women's and children's unit and an acute assessment unit on the Oldham hospital site

- a £544 million capital scheme for the re-development of Royal Liverpool Hospital, on the existing site
- a £32.6 million capital scheme to re-develop St Catherine's Hospital including re-location of two local GP practices, primary, community, out-patient and day case services to provide integrated care from one site
- a £100 million investment to upgrade West Cumberland Hospital in Whitehaven

The year in numbers

Below are some facts and figures about the NHS in the North West:

- the North West has 63 NHS trusts including: 24 primary care trusts; 38 NHS hospital trusts, including eight mental health trusts, seven specialist trusts and 23 acute trusts and one ambulance trust
- as of 31 March 2010 26 of our NHS trusts had achieved Foundation status
- together these trusts employ 216,448 members of staff, 3.6 per cent more than last year making the NHS the region's biggest employer
- last year we commissioned education and training for over 6,650 new health care staff from our universities and have over 5,300 junior doctors in training in our hospitals and PCTs across the North West
- over 3.3 million people went to A&E departments last year, 120,000 more than in 2008/09
- 98 out of every 100 patients turning up to A&E departments were seen within four hours – 132,000 more within four hours than last year
- the ambulance service saw a 12.9 per cent increase in the number of the most urgent calls; and reached 74 per cent of them within eight minutes
- there are 1,269 GP practices in the North West
- over 1.8 million patients referred by their GP were seen in out-patient units in the first ten months of 2009/10; an increase of nearly 160,000 from the year before
- just over 850,000 patients had a planned in-patient admission; 75.6 per cent of were treated as day cases
- people in the North West regularly use a range of health care services with only six percent not making use of any services in the last year. The most commonly reported are local GP practices (81 per cent); NHS Dentists (49 per cent); and outpatient departments at an NHS hospital (40 per cent); NHS Direct website or helpline (25 per cent)

Spotlight on Success

The Department of Health set five priorities for all NHS organisations for 2009/10:

- improve cleanliness and reduce health care associated infections
- improve access through achievement of the 18-week referral to treatment pledge and improve access (including at evenings and weekends) to GP services
- keep adults and children well, improve their health and reduce health inequalities
- improve patient experience, staff satisfaction, and engagement
- prepare to respond in a state of emergency such as an outbreak of pandemic flu

Fighting Infections

Organisations in our region have hit their target of reducing the number of cases of MRSA infections in health care by 50 per cent from their level in 2003/04. The number of cases fell over 70 per cent from the number reported in 2003/04 to less than 300 in 2009/10.

The number of cases of C.difficile in hospitals fell by a further 40.8 per cent to 222 per month on average in 2009/10; and the number reported by PCTs fell by 26.5 per cent from an average of 559 to 410 per month.

Improving Access

- **Speedier treatment**

In February, 97.5 per cent of all outpatients and 91.2 per cent of admitted patients started their treatment within 18 weeks. This is in line with the DH standard that by December 2008, 95 per cent of people treated in out-patients start their treatment within 18 weeks and 90 per cent who need to be admitted to hospital.

The number of patients having diagnostic tests has increased to over 160,000 a month. In February 2010, 90 per cent of patients had waited less than four weeks and less than two per cent waited over six weeks for diagnostic tests.

- **Improving access to GP services**

The North West now has 24 new health centres (one in each PCT area), and 38 new GP practices for the 16 PCTs will low access to GPs

- **Dental boost**

We now have 154 more NHS dentists compared to the previous year. And over the past year have had a £16.2 million (5.2 per cent) increase in North West dental funding.

Improving Health and Reducing Health Inequalities

- **Life-expectancy**

Progress has been made in the recent years to improve the health and the life-expectancy of people who live in our region. Over 4,500 lives a year have been saved by reducing early deaths from cancers, circulatory diseases and

stroke; however, the rising number of early deaths related to alcohol could reduce any progress made.

Focus On

Improvements in health and life-expectancy

- The number of early deaths from cancers fell from 134 per 100,000 people in 2002-2004 to 127.08 per 100,000 in 2006-08
- The number of early deaths from all circulatory diseases fell from 124 per 100,000 people in 2004-06 to 91.34 per 100,000 in 2006-08
- The number of early deaths from strokes fell from 37 per 100,000 people in 2004-06 to 17.13 per 100,000 in 2006-08

- **Giving up smoking**

The most recent data shows that from April – December 2009, 632 out of every 100,000 people stopped smoking with the help of NHS Stop Smoking Services which is over 35,000 people.

- **Treatment for cancer**

NHS staff in our region have worked to ensure that between 1 April – 31 December 2009, 94.7 per cent of people with an urgent referral from their GP for suspected cancer, were seen within two weeks. 98.4 per cent of people started their cancer treatment within one month of diagnosis and 85.2 per cent started their treatment within two months of an urgent referral. This is better than the national standard for access to cancer treatment.

The national Cancer Reform Strategy pledged that more patients would benefit from the improved waiting times standards for cancer treatment. In line with this 92.8 per cent of people started their treatment within two months of a referral from someone other than their GP and 99 per cent of patients who had cancer treatment waited less than one month for any follow-up treatments.

Improving Patient Experience

- **Privacy and dignity**

NHS North West has successfully completed 206 schemes to support the delivery of Same Sex Accommodation to all patients in the region and improve standards of privacy and dignity.

Funded via the DH's Challenge Fund, the North West received £14.8 million to allocate to NHS organisations across the region to provide same sex accommodation, toilet and washing facilities for patients.

The funding has been used to make large scale changes that will make a real and positive difference to the patient experience, for example: new endoscopy suites; new medical assessment units and adolescent rooms have been created; and services are being managed in some pilot areas to ensure that men and women are treated separately through dedicated clinics. NHS North West organisations have also made a diverse range of other privacy and dignity improvements including the appointment of privacy and dignity matrons, training for staff, new gowns, new wards and privacy partitions.

- **Public perception of NHS services**

People in the North West are overwhelmingly satisfied with the service that they receive from their local NHS and are fairly optimistic about the future. Just under nine in ten (87 per cent) agree that their local NHS provides them with a good service, with over two in five (43 per cent) strongly agreeing with the statement.

The vast majority of people are happy with quality of advice on symptoms and treatment from the NHS (85 per cent) and know where to go for general information about local health services (78 per cent).

Emergency Response

During a major incident, the SHA takes overall strategic command and leadership of the NHS in the North West as required. It uses its authority only as far as necessary to ensure a co-ordinated response to the incident.

The SHA formally designates five of its PCTs to act as the lead NHS organisation within each county for emergency planning on its behalf.

There has been a limited training programme this year due to the response to Pandemic Flu, which for the health service has lasted nearly 12 months.

During 2009/10, the SHA organised four training exercises; and participated in two others. For more information please see Appendix G.

- **North West response to the swine flu pandemic**

Following the identification of the H1N1 influenza strain and the declaration of a pandemic in May 2009, NHS North West and its NHS organisations staged a comprehensive and sustained response.

This health response covered three key phases. Phase one ran over the summer of 2009 and included testing NHS resilience, preparation and mobilisation of services, and planning for any surges in demand for NHS services. Phase two included the vaccination programme for high risk groups of patients, health care workers and under children aged over six months and under five years. It also involved the management of Flu and Winter 2009/10 pressures. Phase three which is now well under way includes recovery and returning back to business as usual.

Focus On

The North West response to the swine flu pandemic

- The National Pandemic Flu Service received 347,629 enquiries from people in the North West; as a result 253,634 people were given unique reference numbers, so that they could collect anti-viral medication; 175,203 people collected anti-viral medication
- At the peak of the pandemic, 147 anti-viral collection points were in operation across the region
- From 6 July to 30 March 2,840 people needed hospital treatment; 266 needed treatment in intensive care units from 28 July to 30 March
- 50 people in the North West have died as a result of catching

swine flu (from the start of the outbreak in May and 15 April 2010)

- 41 per cent of staff who were eligible have been vaccinated against the swine flu virus
- 37.8 per cent of people from “at risk” groups have been vaccinated; 18.8 per cent of children aged between six months and under five years have been vaccinated

The Five Promises

As a means of providing a yardstick for the public to measure how we are delivering on the promises we made in Healthier Horizons, we developed the concept of pledges we call Touchstone tests; and grouped these under five themes, to form five 'Promises' to the people of the North West.

The major programmes described in this section show how the vision established in Healthier Horizons is supporting hospitals and PCTs to deliver services and care that is the best quality, supports prevention, promotes innovation and improves productivity.

Quality

- I will be given high quality clinical care
- I will receive the most up-to-date treatment as part of my care
- I will have a better experience of being a patient

What have we delivered?

- Nationally 70 per cent of the 169 acute and specialist trusts have scored either excellent or good for the quality of their services by the Care Quality Commission. In the North West region, 79 per cent of acute and specialist trusts have achieved an excellent or good score
- Nationally 53 per cent of the 152 primary care trusts have scored either excellent or good for the quality of their commissioning. In the North West region, 63 per cent of primary care trusts have achieved an excellent or good score
- 97.9 per cent of NHS organisations in our region met all the 24 core standards set by the Government, which is more than the national rate; for example more primary care trusts and hospitals in our region than anywhere else in the country meet the standard to improve hygiene and reduce cases of MRSA
- 23 finalists across 18 categories for the 2009 HSJ awards were from the North West; five winners were from our region and a further seven were highly commended
- The North West had 15 finalists across 15 categories for the 2009 Nursing Times awards and five winners, including the Chief Nursing Officer's Award
- 100 per cent of our hospitals have now signed up to the Patient Safety Campaign – more than anywhere else in the country
- All hospitals and PCTs report serious and untoward incidents to the National Patient Safety Agency's Reporting and Learning Service

Major Programmes

Advancing Quality (AQ) AQ aims to drive improvements in quality and safety in NHS services and rewards those teams that provide the highest standards of care. This project has been adopted by all acute hospitals across the North West and is focussing on five treatment areas: acute myocardial infarction; coronary artery bypass graft; heart failure; community acquired pneumonia; hip and knee replacement.

As well as measuring outcomes from these five treatments (that is if the treatment was successful), the North West is the first region in the country to measure 'patient reported outcome measures' and patient experience. Data collected from the first year of the project, October 2008 to September 2009, will be published in Spring 2010.

As a result of the AQ programme, patients who are admitted to Wrightington, Wigan and Leigh Foundation NHS Trust benefit from a switch to "full digital" care pathways. IT systems have been introduced to plan and record care pathways and give doctors and nurses prompts about quality standards during treatment. The programme is driving up standards and consistency of care and uses the latest evidence to make sure patients get the best outcomes and experiences at the trust.

North West Patient Safety Action Team All of our hospital trusts and mental health providers have now signed up to the Patient Safety Campaign. A priority for 2009/10 has been for all our NHS organisations to focus on the 'leadership' element of the campaign; ensuring that the drive to improve safety is seen as everyone's responsibility but is led by senior clinicians and managers. One example of this was a workshop on 'Safer Surgery Interventions' that was hosted by Bolton Hospitals NHS Foundation Trust. We have also established a 'Coalition for Patient Safety', which brings together clinical governance leads, to ensure that everyone learns from patient safety incidents.

Triple Aim Triple Aim is a programme launched by the Institute of Health care Improvement to improve the health care system. It focuses on improving the health of a defined population; improving the experience of the individual patient; and improving the per capita cost of care. We now have thirteen sites in the North West taking part in this scheme; NHS Bolton, NHS Blackburn with Darwen and NHS East Lancashire have been working on Triple Aim since 2007 and are now considered "exemplar" organisations.

One scheme aims to reduce the incidence and impact of heart disease through targeted screening. In Blackburn with Darwen 12,500 people were screened in just eight months through their GP led scheme. This is coupled with a push to increase public awareness of the serious health risks associated with unhealthy life-style choices through community events: for example Neighbourhood Voices in Blackburn with Darwen; and social marketing campaigns such as Save a Million Years of Life in East Lancashire, which aims to reduce mortality and increase life expectancy and the Big Bolton Health Check which is focussing on cardiovascular disease.

Advancing Quality Alliance (AQuA) In Lord Ara Darzi's report 'High Quality Care for All' he asked each SHA to establish a formal Quality Observatory, to support the improvement of quality, through identifying and sharing good practice and monitoring quality and safety. In the North West our quality observatory is known as the Advancing Quality Alliance (AQuA) and will bring together a number of existing projects, including commissioning development, Inspirations North West, Advancing Quality and the Improvement Alliance.

The aim is to create a single point from which NHS staff will be able to access the latest information and evidence on how to improve the quality of the services they deliver.

The Improvement Alliance was established in April 2009 and is supporting a number of pilot programmes and is focussing on the implementation of the 'Patient Safety First Campaign' with the National Patient Safety Agency, the Stroke Alliance and Patient Safety Nodes.

Innovation Our five-year 'Innovation Strategy' is aligned to the drive to improve productivity whilst providing high quality services. Long-term conditions have been identified as an area where a push on embracing the latest developments and technology could make a big difference to patients. Less reliance on hospital care, and improved patient experience and disease management will also lead to a more efficient and cost effective service for people.

As part of the Innovation Strategy, we are actively promoting a number of developments where there is clear evidence of the benefit to patients.

One such programme is helping patients across Cumbria and Lancashire who have had a stroke. The Tele-health scheme for acute stroke care will give doctors and nurses access to specialist advice on how to interpret scans, 24 hours a day. This will help them to identify those patients who will benefit from the latest thrombolysis treatment.

There are relatively few such stroke specialists in the UK, which makes it difficult for hospitals to deliver thrombolysis on a 24-hour basis. This scheme uses broadband technology to connect hospitals with a remote network of specialists. A stroke consultant can then carry out a live consultation with the patient and local medical teams. The scheme, which is being led by the Cumbria and Lancashire Stroke Network will benefit an additional 400 patients per year and reduce preventable deaths.

Innovations in Informatics NHS North West is at the forefront of delivering new IT systems to make it possible to transform and improve patient care and safety. We supported NHS Bury to introduce a new computer system delivering electronic patient records; and worked closely with University Hospitals of Morecambe Bay NHS Foundation Trust as it became the first acute hospital to start using the system earlier last year. Other PCTs and hospitals Trusts in the North West are now using this system.

The introduction of the Summary Care Record Programme is progressing across the North West. Early adopter PCTs in Bolton and Bury have created records for over 60 per cent of their patients, which are connecting GP, out-of-hours and walk in centre services. A further 4.2 million letters have been sent out directly to patients in the North West as part of a regional public information campaign, giving information about their options.

We now have 52 per cent of first out-patient hospital appointments booked through the Choose and Book referrals system. Fourteen NHS organisations now use the system for patients who need a two week referral, bringing greater reassurance to patients at what can be a difficult time. The North West also has a high number of referrals to other services, such as therapy

services.

Progress has been made with the Electronic Prescription Service (EPS) in the region; in the last 12 months a further 100 pharmacies and 150 GP Practices are now using the initial stage of the system, and over 450,000 EPS scripts have been produced.

There are three trusts using the next release of the system in the North West; they have been working hard preparing in the past few months and are looking to go live in the coming weeks and months, with NHS Trafford expected to be first.

Progress has continued with the roll out and uptake of GP2GP, which is a system that makes it possible for GP practices to electronically send complete patient records between practices. Nationally, there have been one million transfers using the system, with over 50,000 transfers being requested in the NW in the last 12 months.

Leadership It is crucial that we have a workforce that is fully equipped to not only deliver the best care possible, but to take a leadership role in further developing services at a local and regional level.

Clinical engagement is important for ensuring we can deliver the many programmes and initiatives across the region to improve quality, promote innovation, improve productivity and prevention. We reformed the eight care pathway groups (CPGs) that were instrumental in producing our Healthier Horizons vision; and they are driving forward the recommendations made in this report.

We invested in 14 Leadership Fellow posts to support the CPGs, and recruited a wide range of health care staff to these posts. In addition the North West Leadership Academy developed a Talent Management Toolkit, which 93 per cent of our trusts are now using.

Healthy Life

- I will act on the best diet, exercise and lifestyle advice to live a healthier life
- My family will have a better opportunity to live a longer and healthier life

What have we delivered?

- The health of people in the North West has improved. Men and women are now living longer
- Progress has been made over the past year in reducing deaths from smoking, heart disease and cancer, the biggest causes of lower life expectancy in the region
- Compared to just one year ago, fewer people are now diagnosed with diabetes and the number of infant deaths and children classified as obese have decreased
- A director of child and maternal health appointed, the first in the country
- More children are being immunised against serious diseases. In the North West more two year olds had the MMR vaccine, than any other region in England
- A Christie's satellite service in Oldham
- The national vascular screening programme rolled out in the North West ahead of anyone else in the country

Major Programmes

Reducing Health Inequalities Improving health and preventing ill health are two priorities of our Healthier Horizons vision; and are now even more important if the NHS is deal with the current economic challenge. The latest information from the Office for National Statistics (ONS) shows infant mortality is going down, especially in those areas that have 'spearhead' PCTs. This is good news, especially when added to the fact that the overall mortality rates for men and women have continued to reduce; and the gap between the mortality rate for men in the North West and in the rest of the country is now narrowing.

Teams in the North West contributed to a report by Sir Michael Marmot's national review 'Fair Society, Healthy Lives', to clearly define the most effective strategies for reducing health inequalities in England for the next ten years. Partnership is crucial to bringing about a real transformation in the health and well-being of local people. Our contribution to the development of a Single Regional Strategy for the North West will help to ensure that the health sector can influence developments in areas such as housing, education, the environment and employment that all play a major role in determining health and well-being.

North West Cancer Plan The 'North West Cancer Plan' (2008) is aligned with the national 'Cancer Reform Strategy'. It makes 28 pledges aimed at developing excellent services and better outcomes for patients. The three cancer networks are working together to deliver the key pledges in our Cancer Plan.

A common approach to commissioning new anti-cancer drugs has been developed across the North West. It has an agreed, clinically-informed list of drugs that have not yet been approved by the National Institute for Clinical Excellence (NICE), to help streamline the approvals process for patients and clinicians.

All three networks are developing satellite radiotherapy facilities to deliver treatment to more patients closer to home. A satellite service opened in Oldham in March 2010; and is planned for Liverpool by the end of 2010; Salford in early 2011; along with a centre in South Cumbria planned for late 2012. Work has also continued to deliver more chemotherapy locally.

Work on the awareness, early detection and prevention of cancer has included: the iVAN mobile unit has been to public events and venues across Merseyside and Cheshire; a 'Prevention, Early Detection and Inequalities' strategy has been launched for Greater Manchester and the 'Don't be a Cancer Chancer' social marketing campaign has been rolled out to a number of PCTs.

The networks also worked together on national Dying Matters week in March 2010, raising awareness of end-of-life issues among staff and the public.

Children, Young People and Maternity A dedicated director of child and maternal health has been appointed for the North West. This is unique in England and is regarded as best practice.

Good progress has been made on making Maternity Matters choice guarantees a reality for women and families in the North West; by the end of 2012 all women in the region will be able to choose from a range of birth environments.

Local teams have identified ways of publicising what services are available where, to women who may not know how to access maternity services early in pregnancy. This includes how to contact a midwife directly, so that families have another way of getting advice and support, and on-going maternity care. Work is continuing to improve communication between children's centres, health visitors and midwives; this will mean that earliest support from children's centres is a normal part of being a parent of a child under five-years of age in the North West.

In 2008/09 three NHS organisations began to work on projects to provide mental health services in school settings. A further 10 "pathfinders" are now developing services that will help school children with a range of mental health problems.

PCTs carried out a review of the experiences of parents and carers whose children have had a diagnosis of Autism Spectrum Disorders (ASDs). This led to the development of a set of good practice standards that all teams involved in identification, assessment and diagnosis of ASD now work to.

Children's Trusts across the North West have been working with a regional Transitional Support Programme (TSP) team to raise the standard of all services for disabled young people as they move from child to adult services.

To date 23 out of 24 PCTs are now above the minimum standard set for these services; and of these 3 are now recognised as using 'good practice'. The North West TSP team have developed the use of a Health Prompt. This is used to bring children and adult services together and promote discussions about the transitions agenda for young people with complex needs, and to start to co-ordinate the transition from child to adult services. This has led to much better working between child and adult health services as well as child and adult local authority disability teams.

Safeguarding children is a major priority for the NHS. Working with partners in local government and across the NHS, we have helped strengthen safeguarding arrangements across the region in a number of ways. These include providing safeguarding leadership training for over 70 senior managers in Health; auditing the work of PCTs on safeguarding; and developing a service specification that sets clear performance standards for anyone involved in providing care and treatment for children.

Mental Health Improvement Programme One of the key areas of work in the past 12 months has been to develop a new standard contract, which sets out clear standards for mental health services. The contract is being developed with services users, carers and members of the public. Work began in January 2010 with the first seven PCTs that are now directly involving these groups in commissioning decisions. And two projects in Bury and Stockport are looking at how to introduce personal health budgets for mental health service users.

Work is continuing to create roles in service development for people who have experience of mental health issues; and a post-graduate programme has been created for colleagues responsible for commissioning mental health services, to extend their technical skills and knowledge.

Two projects have been launched in response to the DH's mental health policy 'New Horizons' and national guidance 'Commissioning for Mental Wellbeing'. The first is looking at current levels of investment in services that target prevention and promote well-being; and the second is developing local skills to use 'Community Asset Mapping' to improve the process for joint needs assessments.

Smoking cessation The North West no longer suffers from the highest level of smoking prevalence in England and its NHS funded region-wide collaborative programme, Smokefree North West (SFNW) is delivering good progress in making smoking history for the region's children and young people.

The region's influence on the new national tobacco strategy 'A Smokefree Future', on achieving legislation to end tobacco displays in shops, and to ban vending machines, has been widely recognised. SFNW achieved significant levels of public and political engagement; around 60,000 of the 100,000 responses to the consultation that informed 'A Smokefree Future' came from the North West.

Alongside other northern English regional 'smoke free' campaigns and other partners, including HM Customs and Trading Standards, SFNW is a key player in the world's first comprehensive programme to combat illicit tobacco

for better health. Although still in its early days, it is already recognised as best practice in 'A Smokefree Future', and is already reducing the supply of illicit tobacco through enforcement, with campaign activity about to start to tackle demand.

Working with a steering group from across the region, SFNW is developing a strategic approach to tackling the harm from second-hand smoke, in readiness for a campaign due to break in Summer 2010. Considerable research has been conducted to uncover best practice at home and abroad, alongside the most effective messages and delivery mechanisms. We now better understand our audiences and can develop themes that are quite distinct from other anti-smoking campaigns.

The innovative youth advocacy campaign, Smoke & Mirrors, focuses on “de-normalising” tobacco, educating young people as to the nature of the tobacco industry and enabling the creation of a region wide anti-industry movement. Key elements of the project included launching a film competition across the region that led the creation of three films for viral dissemination, one of which was made into a cinema ad; a campaign weekend for 100 young people; a resource pack for schools and youth groups; and an online campaigning tool for young people.

The North West is uniting behind its bold ambition of a ‘smoke free’ future for children within a generation.

Change4Life The national Change4Life movement is part of the Government’s response to tackling the issue of obesity and unhealthy weight in our population. As a movement for social change, it is completely in line with the approach we are taking in the North West to change behaviour and attitudes towards health and wellbeing and health services.

It is estimated that half a million children - one third of children in the North West - are of an unhealthy excess weight, and 9.6 per cent of Reception Year children and 18.8 per cent of Year 6 children in the region are obese. Approximately two thirds of adults are either overweight or obese, and therefore at a higher risk of a range of illnesses including coronary heart disease, diabetes and cancer. It is vital that the population is encouraged, motivated and supported to eat well and move more, and to achieve and maintain a healthier weight.

The North West put in a successful bid for £150,000 from the DH to launch Change4Life in our region. NHS organisations were encouraged to work together at a local and sub-regional level, and with other partner organisations, to maximise the benefit of this funding. As a result NHS teams and their partners have built on excellent existing work.

Change4Life provides a vehicle to further develop strong partnerships at a sub-regional and local level; and has given the inspiration to local organisations and individuals to take the initiative forward and to make a difference.

Alcohol More than one million people regularly drink too much alcohol in the North West, and someone is admitted to hospital every four minutes. In

response, Drink Wise North West has been set up to lead a region-wide effort to reduce alcohol harm.

Drink Wise North West has improved quality and efficiency in alcohol services across the region by offering a consultancy service, a peer mentoring scheme to support the spread of best practice, and a workforce development scheme to develop skills and confidence. The NHS Alcohol Challenge has also encouraged PCTs and acute hospitals to invest in additional services to support patients who need help to manage their alcohol consumption.

A focus on high quality research in partnership with the North West Alcohol Forum has ensured that reducing alcohol harm is a priority in the region. One example is the largest North West survey of young people's attitudes to alcohol, which has led to improved enforcement and helped to prevent thousands of young people from purchasing alcohol.

Public campaigns including Know Your Limits and Alcohol Effects have ensured that the public is better informed about the risks of alcohol and encouraged people to cut back on how much they are drinking.

Our Life Over the past 12 months, the Our Life team has focused on alcohol to complement the work of Drink Wise North West. They have orchestrated a campaign to get positive support from the public and key workers for the Government's proposed Code of Practice for Alcohol Retailers. The campaign contributed to the passing of the Code by parliament in March 2010.

The sale of cheap alcohol contributes directly to the high rates of alcohol-related disease and death in the region. Working with NHS Blackpool, Our Life co-ordinated an open letter to the Prime Minister, signed by all North West directors of public health, calling for the Government to bring in the Code of Practice and to introduce a minimum price per unit of alcohol. Our Life is now working with all the PCTs and local authorities in the region to look at how local areas can bring an end to the sale of cheap alcohol.

Our Life also orchestrated a joint project with NHS North West and Pfizer UK Ltd, to understand how the NHS and others can best support people living on very low incomes to lead healthier lives. The project was recognised by the Association of the British Pharmaceutical Industry (ABPI) as an excellent example of partnership working across the NHS and the pharmaceutical industry and was shortlisted for an ABPI award.

Screening Programmes for Vascular Disease Vascular disease includes heart disease, stroke, diabetes and kidney disease; and is the greatest cause of mortality in the region, accounting for around 25,000 deaths a year.

Five North West PCTs are test sites for the national vascular checks programme, which is currently being rolled out across the region. NHS Bolton is one of the sites and launched its Big Bolton Healthcheck in April 2008; 75 per cent of their target population was assessed in the first 10 months of the project.

The North West took the decision to roll out the vascular checks programme ahead of the rest of the national start date in April 2010. The next step is to

bring all PCTs in our region up to the same standard, and we are working with our three cardiac networks to achieve this.

Personalised Care

- I will receive more of my care closer to home
- I will receive care designed to fit in with my circumstances
- I will have seamless care when more than one organisation is involved in my treatment

What have we delivered?

- Two major North West wide programmes to ensure that people with long-term conditions or who need end of life care get the support, care and treatment closer to home
- 181 extra GPs for those areas that traditionally have had poor access to GP services
- Health and social care services working together to remove barriers to seamless care, sharing best service models and promoting improvement
- A scheme to introduce personalised health care budgets for people from Merseyside who have mental health problems

Major Programmes

Transforming Community Services (TCS) TCS provides an opportunity to improve the quality of care, outcomes for patients and efficiency of services.

We have been working with PCTs and social care to identify and prioritise areas where the TCS programme could have the biggest impact, to bring services closer to patients, improve patient experience and construct services around the needs of patients and not organisations.

TCS provides a framework for the NHS to respond to the current financial pressures, by bringing together services across boundaries where it's appropriate and rationalising some management functions.

The focus for our TCS team has been to make sure community services are structured so that the right services are commissioned; and that that these services provide value for money. The recommendations made by the eight CPGs in Healthier Horizons are the main drivers for any proposed changes to services.

Strategic commissioning plans have now been approved, as have proposals for structuring community services. Our role in approving these plans is to have a wider view of the impact that changes could bring and protect services in the interests of the population.

We ran a series of workshops and events for stakeholders to make sure they are aware of what the programme requires and how it supports development of commissioning and improvements in quality, productivity and efficiency of community based services. In addition a joint programme has been developed across health and social care to spread best service models, promote improvement and identify barriers.

Self care and personalised budgets In Healthier Horizons we made a pledge to develop a new relationship between the NHS and the people of the North West, where decisions are made with and not for the population.

Health is everyone's business and the aim is for people to become more active partners in their own health care.

The North West submitted bids for the national Personalised Health Budget pilot, and schemes in Manchester and Merseyside have been successful in becoming part of a national three year pilot.

The Merseyside project is looking at how personal health budgets can improve the lives of people with mental health issues. This pilot includes Liverpool, Knowsley and Sefton PCTs, working with Cheshire and Wirral Partnership and Imagine, a voluntary sector organisation with mental health expertise.

The Manchester scheme is looking to support people in transition from adolescence to adult-hood, as well as those with long-term conditions, that require intensive support.

As well as the two pilots, we have over ten PCTs in the North West that are part of the broader national programme to introduce personal health budgets. Working in partnership with NHS Northwest and the Joint Improvement Programme, these PCTs are looking to introduce personal health budgets in an innovative, patient-centred approach, which maximises service user control. It is hoped that through this innovative pilot, more people will be in a position to maintain their independence and tailor the healthcare offer to better meet their individual needs.

Personalised health budgets allow patients and service users to work with health care staff to tailor packages of care to suit their needs. Services are provided at the right time and in the right place, improving efficiency and patient experience.

Supporting self care is fundamental if we are to deliver real change for the NHS and as such we must use it as a demonstration of our commitment and belief that individuals can take responsibility for their health and health care. Benefits for individuals include improving health by making life-style changes through attending self care education courses such as Self Care for You; or enabling people with debilitating long-term conditions stay out of hospital, feel in control of their condition and receive safe, supported care at home.

One such scheme that is already seeing big benefits for patients is a Tele-health programme in Blackpool for patients with chronic obstructive pulmonary disease (COPD) such as chronic bronchitis and emphysema and heart disease. A detailed survey of patients on this scheme showed 80 per cent of respondents strongly agreed that they had a better understanding of their medical conditions and felt they were contributing to the management of their condition; while 70 per cent strongly believed their quality of life had improved.

The scheme has also helped to alleviate pressure on NHS services. It has led to a 75 per cent reduction in hospital admissions for these patients over a 12-month period, as well as an 85 per cent reduction in GP visits and a 43 per cent reduction in home visits by community matrons.

Equality and diversity (E&D) In April 2009, we published our five year regional E&D strategy 'Narrowing the Gaps' - itself based on a 12-month investigation into the organisational capacity, capability, compliance, successes and best practice of the region's 64 NHS bodies. This strategy sets out five overall goals for tackling the gaps and weaknesses exposed by the research.

Our research showed that E&D professionals throughout the NHS in our region often have difficulty in finding the best evidence on the needs and experiences of diverse communities. To fill this gap we have created the Health Equality Library Portal (HELP) – the most comprehensive single destination resource for locating quantitative, qualitative and background information relating to every diversity strand. Visit www.help.northwest.nhs.uk to see this resource.

Another useful tool we have developed to help NHS organisations in the North West to improve their E&D work is the Health Equality Stakeholder Engagement (HESE) model. Launched at the end of 2008, HESE provides a sustainable and meaningful process for consulting with equality stakeholder experts in voluntary and non-governmental organizations. An evaluation in the autumn of 2008 year showed the HESE model to be working well.

Guidance on how to use the model, An Equal Partnership, sets out how to establish suitable stakeholder partners, budget for the cost of sustainable engagement, develop a service level agreement with each partner, and how to structure events to obtain the maximum quality of engagement.

One of the key benefits of this method of consultation is in helping us carry out more effective Equality Impact Assessments of our own major programmes and strategic plans as well as providing a model for the whole region.

GP and dental access programme In October 2007 a £250 million investment programme for primary care was announced by the DH. The North West was the biggest beneficiary from this investment; with 24 new health centres (one in each PCT area), and 38 new GP practices for the 16 PCTs will now have access to GPs, in place by December 2009.

PCTs worked with their communities and local public health data to develop some innovative new services that improve health, increase access and patient choice: Wirral, Central and Eastern Cheshire and Warrington now have urgent care centres with a GP practice; Heywood, Middleton and Rochdale opened a family focussed health centre; and Stockport, Bolton and Salford have introduced services for groups of people that are difficult to reach with traditional health services.

Estimates show that as a result of this programme 181 extra GPs, 161 nurses and 85 health care assistants have been recruited to posts across the North West.

The SHA is funding research to understand the impact of this expansion of services at a regional level; and to see if investment has led to an improvement in health and health services. In addition the standards set in

the contracts awarded to provide these new services are raising levels of clinical quality.

The national Dental Access Programme (DAP) was launched in March 2009. The aim is to ensure that, by March 2011, access to general dental services is available to everyone who needs them. We have developed a regional approach, working closely with PCTs to help understand demand; and procure services that meet this demand.

The North West received an addition £6.9 million, which was shared between 12 PCTs identified as having the greatest need. In general, North West PCTs are on target to achieve the programme goal and access is improving. A new patient experience indicator will be introduced in June 2010 and it is fully expected that the results will reflect that improvement.

To complement this work a team of consultants in dental public health, PCT commissioners and senior SHA managers are looking at how to improve quality and productivity, as well as opportunities to embrace the latest innovations and to prevent poor dental health.

It is recognised that the key element for success is to place clinicians at the core of all decision making. This is being addressed through a full programme of clinical engagement and leadership events, and involvement of the Deanery in the development of clinical leadership training. Through the programme NHS North West has committed to ensuring not only the best access but also the best clinical care to patients in a changing environment.

Involvement

- I will be more involved in decisions made by the NHS

What have we delivered?

- 93 per cent of NHS organisations make a regular report to their Boards on patient experience
- 60 per cent of people who use services believe the NHS offers them more choice about their treatment and care
- 82 per cent also agree that their local NHS helps improve the health and well-being of them and their family

Major Programmes

World class commissioning A key component of the drive to improve how Primary Care Trusts (PCTs) commission health services is the recognition of the need to improve commissioning knowledge. Understanding the needs of their local communities and a requirement to continually improve how commissioners involve patients and the public in decisions about their health and local health services, is also integral to this work to ensure the effective delivery of services to support the local population.

In collaboration with the 24 North West PCTs, we have jointly funded and established a commissioning development programme to enhance and improve commissioning skills and competencies across the North West Region. Initiatives are broad and far reaching and include, offering commissioning development support to PCT staff at all levels. Multi-agency links across Government departments to develop shared intelligence to support commissioning across the region is a key component of the work programme.

Major service change NHS North West approved three major service change schemes 2009/2010. These included external reviews by the National Clinical Advisory Team and all were approved by relevant local Overview and Scrutiny Committees. The schemes were:

- Lancashire Care NHS Foundation Trust future delivery of in-patient mental health services in Lancaster and Morecambe (public consultation June – September 2009)
- Cheshire and Wirral Partnership NHS Foundation Trust re-configuration of adult and older people's mental health in-patient services in Central and Eastern Cheshire (public consultation December 2009 – March 2010)
- NHS Manchester's re-design of primary care mental health services.

In addition a public consultation was held (March – June 2009) about the Alder Hey Children's Hospital NHS Foundation Trust re-configuration of children's services, which was approved in the previous year.

Patient and public engagement A strong network for patient and public engagement leads within the NHS is in place across the North West. Led by

the SHA, its role is to continually raise standards, share best practice and the latest guidance.

A number of key regional events have been held in the past 12 months, including a conference in March, which brought together colleagues from the NHS, the voluntary sector, public sector and organisations such as Local Involvement Networks (LINKs).

Inspiration North West Service experience is a key part of delivering a high quality personalised health service, and it plays a significant role not only in the provision of care but also commissioning experience-based health care throughout the NHS.

Inspiration North West is a two-year programme, launched in 2008, to raise the importance of patient experience as part of delivering a high quality service and to identify what really matters to patients in the North West.

The Inspiration North West team has continued to develop exemplars to support the creation of a 'show-case' study of good practice in using patient insight when commissioning or redesigning services. NHS Bury for example has developed the 'PRIDE' concept. They are developing a systematic process to gather insight from patients and service users that will drive service transformation and shape commissioning strategies.

With the support of the Health Foundation, five of our PCTs took part in a 'Dignity in Care' learning collaborative. This aimed to test how clinical staff can use Help the Aged's recommended indicators to improve the quality of care in a primary and community care setting in the North West, and in two particular areas; long-term conditions and end of life care.

As part of the Advancing Quality programme the Inspiration North West devised the 'Six of the Best' measures, which are being piloted as part of the quality incentive schemes.

A framework for providing training and development in service experience is now in place for NHS organisations to use. The INSPIRE training packages went live at the end of January 2010.

The Vital Signs Care Cards programme was established to help understand and capture in real time, the emotional priorities and needs of patients and the concerns of their families and carers. Five hospital trusts and care pathways within the North West were involved in the pilot project, which ran from March to October 2009; including; Aintree University Hospitals Foundation Trust who used the cards with older patients; and Stockport NHS Foundation Trust who used the cards with pneumonia patients.

The second phase of the Vital Sign Care Cards is to demonstrate how we can join up policies and pledges outlined in the NHS Constitution to deliver better care and improve patient experience and satisfaction.

Public Perception of NHS Services The SHA co-ordinated a region wide survey of public views of NHS services. The aim of this piece of work is to build up, year-on-year, a view of how the public feels about the NHS and its effectiveness; and to use this insight to influence how services are delivered.

A North West wide over-view has been produced that shows 87 per cent of people are satisfied with their local NHS services; 75 per cent feel they are treated with dignity and respect; however 47 per cent believe reducing infections should continue to be a priority. And 29 per cent of people would like more opportunities to influence their local NHS services

Value for Money

- My NHS will maintain a healthy financial position and be a top performer

What have we delivered?

- Of the 63 trusts in the North West region, 49 have scored excellent or good for financial management
- Four new health centres through Local Improvement Finance Trust schemes
- £621 million invested in new buildings, equipment and the development of new services

Major Programmes

Maintaining good financial health A key feature of our role is ensuring that all organisations have a sound financial base that can support the delivery of high-quality care and initiatives aimed at tackling health inequalities.

NHS North West is responsible for monitoring the financial performance of the 24 PCTs and 12 hospitals in our region. Although we do not directly monitor Foundation Trusts, we have a responsibility for local health economies. We work closely with Foundation Trusts to ensure the system remains in good financial health.

Financial stability is always important because it underpins the quality of services and job security, but is now essential given the challenging economic circumstances. We have launched the Prompt Payment Initiative and through working with finance and communications teams within our PCTs and hospitals, will emphasise the importance of paying bills as quickly as possible.

Capital investment schemes The economic climate and the subsequent need for the NHS to identify and deliver substantial efficiencies and productivity increases, means that all existing and planned capital schemes need to be assessed to ensure continued need, viability and affordability.

A total of £621 million was invested in capital projects; that is, new buildings, equipment and the development of new services. Of this amount, £265 million is public funding, £290 million is private funding and £66 million is public private partnership funding.

Our Board approved schemes worth £1,090 million between 1 April 2009 and 31 March 2010. The schemes all demonstrated positive health and equity impacts, coherence with Healthier Horizons value for money and affordability.

These schemes included five Local Improvement Finance Trust or LIFT projects.

The SHA has developed training courses for Board members on how to ensure value-for-money in new and existing investments; and has introduced a system for evaluating projects once they have been completed, to share examples of best practice investment outcomes.

**Appendix A
Meet the Board**

Non-Executive Directors

Sir David Henshaw, Chair
Professor John Caldwell
Sally Cheshire
Alan Foster
Denis Lidstone
Mark Winstanley

Executive Directors (voting)

Mike Farrar, Chief Executive
Mark Ogden, Director of Finance/Deputy Chief Executive
Jane Cummings, Chief Nurse and Director of Performance, Quality and Commissioning
Dr Ruth Hussey, Regional Director of Public Health/SHA Medical Director
Dean Royles, Director of Workforce & Education

Other Directors

Elaine Darbyshire, Director of Strategic Communications (from March 2009)
Mike Cheshire, Medical Director (from December 2009)
Mandy Wearne, Director of Service Experience
Alison Tonge, Director of Health System Development (to October 2009)
Kirsten Major, Interim Director, Health System Reform (from October 2009)
Jo-Anne Wass, Director of Public Affairs (to April 2008: Jo-Anne Wass is on secondment to the Department of Health and her costs are fully recharged to the Department)

Committee Membership

Remuneration and Terms of Service Committee

Sir David Henshaw
Professor John Caldwell
Sally Cheshire
Alan Foster
Denis Lidstone
Mark Winstanley

Audit Committee

Professor John Caldwell
Sally Cheshire
Alan Foster
Denis Lidstone
Mark Winstanley

Integrated Governance Committee

Alan Foster
Denis Lidstone
Mark Winstanley

Declarations of Interest

Name, Status and Declared interest

Sir David Henshaw, Chairman

- Non-Executive Director, Albany Investment Trust plc
- Chairman, Sir David Henshaw Partnership Ltd.,
- Director, Thorpe Consultants Ltd.,
- Chairman, Faenol Festival Trust Ltd.
- Chairman, Manchester Academic Health Science Centre
- Chairman, Our Life
- Trustee, North West Heritage Trust

Professor John Caldwell, Non-Executive Director

- Dean of the Faculty of Medicine, University of Liverpool, an organisation with contracts with the NHS for the training of staff
- Chair, Scientific Committee of the North West Cancer Research Fund
- Non Executive Director, Eden Biopharma Group Ltd
- Director, Liverpool Science Park
- Chairman, MorEx Development Partners LLP

Dr Mike Cheshire, Medical Director

- Clinical vice-president Royal College of Physicians

Sally Cheshire, Non-Executive Director

- Director, independent management consulting business
- Authority Member and Audit Chair, Human Fertilisation and Embryology Authority (HFEA, a non-departmental public body of the DH)
- Chair & Trustee, Stockport Samaritans

Jane Cummings, Chief Nurse and Director of Performance, Quality and Commissioning

- Trustee of 'Over The Wall' charity

Elaine Darbyshire, Director of Strategic Communications

- Trustee of 'Greater Sport' charity

Mike Farrar, Chief Executive

- Non-Executive Director, York Health Economics Consortium
- Board Member, Sport England
- Occasional employment – Healthcomm (a consultancy that works with the pharmaceutical industry and is currently working with GSK and Boehringer Ingelheim)
- Member of Galbraith Wight Expert Network

Alan Foster, Non-Executive Director

- Declared no interests

Dr Ruth Hussey, Regional Director of Public Health/Medical Director

- Married to GP/PEC Chair, Liverpool PCT
- Honorary Positions at the University of Liverpool and Liverpool John Moores University, and Member of the General Assembly, University of Manchester

Denis Lidstone, Non-Executive Director

- Board member of The Furness Action Board supporting Furness Enterprise
- Associate Director of South Western Business Partners
- Associate of AMTEC Consulting plc
- Associate of DLMP Consulting
- OGC Gateway Reviewer

Kirsten Major, Interim Director, Health System Reform

- Partner is employed as Professor of Health Economics in Manchester University Medical School
- Grantholder, MRC Methodology Grant

Mark Ogden, Director of Finance/Deputy Chief Executive

- Declared no interests

Dean Royles, Director of Workforce and Education

- Visiting Fellow at Newcastle Business School
- Chair of the Board for the Chartered Institute of Personnel and Development
- Regional Council Member of the North West Learning and Skills Council (LSC)

Alison Tonge, Director of Health System Development

- Declared no interests

Mandy Wearne, Director of Service Experience

- Chair of the National Centre for Involvement

Mark Winstanley, Non-Executive Director

- Director of HR and Corporate Affairs (incorporating the role of Company Secretary) for Rethink (charity 271028). Rethink is commissioned by PCTs to provide services for people with severe mental illness and receives ad hoc funding from the Department of Health for various projects. Rethink also campaigns for changes in policy and legislation affecting those with severe mental illness and their carers.

Appendix B

Summary Financial Statements for 2009/10

This is a summary of the audited Annual Accounts for 2009/10. To obtain a full copy of the accounts please visit www.northwest.nhs.uk [to be completed when accounts have been put onto internet site] or call the finance department on 0161 625 7156.

Operating Cost Statement for the year ended 31 March 2010

	2009/10 £000	2008/09 £000
Employee Benefits	12,841	11,964
Other costs	687,268	649,428
Less Operating Revenue	<u>(4,551)</u>	<u>(6,079)</u>
Net operating costs before interest	<u>695,558</u>	<u>655,313</u>
Other (Gains)/Losses	0	0
Finance costs	<u>25</u>	<u>25</u>
Net operating costs for the financial year	<u>695,583</u>	<u>655,338</u>

Statement of Financial Position as at 31 March 2010

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
Non-Current Assets			
Property, Plant & Equipment	0	22	44
Total non-current assets	<u>0</u>	<u>22</u>	<u>44</u>

Current assets

Trade and other receivables	4,619	5,127	34,140
Cash and cash equivalents	0	0	0

Total	4,619	5,127	34,140
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Total current assets	4,619	5,127	34,140
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Total assets	4,619	5,149	34,184
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Current Liabilities

Trade and other payables	16,600	11,781	11,194
Provisions	6,315	5,620	1,693
Borrowings	0	104	93

Total current liabilities	22,915	17,505	12,980
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Non-current assets plus/less net current assets/liabilities	(18,296)	(12,356)	21,204
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Non-current liabilities

Provisions	0	0	15,795
Borrowings	0	0	104

Total non-current liabilities	0	0	15,899
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Total Assets Employed:	(18,296)	(12,356)	5,305
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Financed by:**Taxpayers' Equity**

General Fund	(18,296)	(12,356)	5,305
Revaluation Reserve	0	0	0

Total Taxpayers' Equity:	(18,296)	(12,356)	5,305
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Statement of Changes in Taxpayers' Equity for the year ended 31 March 2009

	General Fund
	£000
Balance at 31 March 2008	5,305
Changes in accounting policy	0
Restated balance at 1 April 2008	<u>5,305</u>
Changes in taxpayers' equity for 2008-09	
Net operating cost for the year	(655,338)
Non-cash charges – cost of capital	(123)
Total recognised income and expense for 2008/09	(655,461)
Net Parliamentary funding	637,800
Balance at 31 March 2009	<u>(12,356)</u>

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2010

	General Fund
	£000
Balance at 1 April 2009	(12,356)
Changes in taxpayers' equity for 2009/10	
Net operating cost for the year	(695,583)
Non-cash charges – cost of capital	(536)
Total recognised income and expense for 2009/10	<u>(696,119)</u>
Net Parliamentary funding	690,179
Balance at 31 March 2010	<u>(18,296)</u>

Note: The SHA does not hold any other reserves other than the General Fund disclosed above.

Statement of Cash Flows for the year ended 31 March 2010

	2009/10	2008/09
	£000	£000
Cash flows from operating activities		
Net operating costs	(695,558)	(655,338)
Other cash flow adjustments	1,743	(10,799)
Movement in Working Capital	5,327	29,600
Provisions utilised	(1,562)	(1,145)
Interest paid	(25)	(25)
Net cash (outflow) from operating activities	(690,075)	(637,707)
Cash flows from investing activities		
Net cash inflow/(outflow) from investing activities	0	0
Net cash inflow/(outflow) before financing	(690,075)	(637,707)
Cash flows from financing activities		
Net Parliamentary funding	690,179	637,800
Capital element of payments in respect of finance leases	(104)	(93)
Cash transferred (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	690,075	637,707
Net increase/(decrease) in cash and cash equivalents	0	0
Cash cash equivalents at the beginning of the financial year	0	0
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
Cash cash equivalents at the end of the financial year	0	0

Transition to IFRS

All NHS organisations were required to prepare their financial statements on an International Financial Reporting Standards (IFRS) basis from 1 April 2009. These Summary Financial Statements include all changes associated with this transition. Further details can be found in the full version of

the audited Accounts for 2009/10. To obtain a full copy of the accounts please visit www.northwest.nhs.uk [to be completed when accounts have been put onto internet site] or call the finance department on 0161 625 7156.

Key Performance Indicators

Revenue Resource Limit and Operational Financial Balance

	2009/10	2008/09
	£000	£000
Net operating costs for the financial year	695,583	655,338
Revenue Resource Limit	852,922	900,562
Under spend	157,339	245,224
Unplanned resource brokerage received	0	0
Operational Financial Balance	157,339	245,224

Remaining within the Revenue Resource Limit (RRL)

The Revenue Resource Limit (RRL) is the agreed level of funding provided by the Department of Health to NHS North West. For 2009/10 the final RRL for NHS North West was £852.9 million. NHS North West underspent against its maximum RRL by £157.3 million. This underspend was generated by the management of PCT resources and the return of resources which were previously managed by the Department of Health; NHS North West also had an underspend of £68.3 million on its own management of resources.

Remaining within the Cash Limit

The Cash Limit is the agreed level of cash provided by the Department of Health for NHS North West. For 2009/10 the final figure for NHS North West was £718.8 million. NHS North West achieved its target and underdrew against its cash limit by £28.6 million.

Better Payment Practice Code

NHS North West is required to pay its Non-NHS creditors in accordance with the Better Payment Practice Code (BPPC). The target is to pay 95% of Non-NHS Creditors within 30 days of receipt of goods or receipt of a valid invoice (whichever is later) unless other payment terms have been agreed with the supplier. The same target applies to NHS bodies.

£000 **Number**

Total Non-NHS bills paid 2009/10	187,011	18,162
Total Non-NHS bills paid within target	186,645	17,646
Percentage of Non-NHS bills paid within target	99.80%	97.16%

	£000	Number
Total NHS bills paid 2009/10	503,142	3,413
Total NHS bills paid within target	502,870	3,376
Percentage of NHS bills paid within target	99.95%	98.92%

Prompt Payment Code

NHS NW has signed up to the Prompt Payment Code. Further information on the Prompt Payment Code can be found at www.promptpaymentcode.org.uk.

Strategic Health Authority Management Costs

	2009/10	2008/09
	£000	£000
SHA staff costs	8,389	7,373
SHA non-staff costs	4,257	4,921
Total SHA management costs	12,646	12,294

Appendix C

Remuneration of Board Members 2009/10

The pay arrangements for very senior managers in the NHS are set out in the Very Senior Managers' pay framework, last published by the Department of Health in July 2007. (*Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts, 26 July 2007.*)

Very senior managers (VSMs) means chief executives, executive directors (except medical directors and directors of public health) and others with Board level responsibility who report directly to the chief executive in strategic and special health authorities, primary care trusts and ambulance trusts. NHS trusts (acute and mental health, including foundation trusts) are not covered by the VSM pay scales.

The annual uplift and performance bonus scheme has two elements of payment – an annual uplift, and non-consolidated bonus payments and is based upon four levels of performance assessment.

Pay awards for the year are based upon placing the individual into one of four categories:

- A Outstanding annual uplift, consolidated into salary; plus a % non-consolidated bonus
- B Exceeds expectations annual uplift, consolidated into salary; plus a % non-consolidated bonus (lower than A)
- C Satisfactory annual uplift, consolidated into salary
- D Not satisfactory No increase

The relevant proportions of remuneration which are and which are not subject to performance conditions are set out in the National Framework.

Contracts and notice periods

The duration of contracts, notice periods and early termination payments are as set out in the National Framework referenced above.

Pay in lieu of notice

Payment in lieu of notice, as a lump sum payment, may be made at the discretion of the NHS North West and with the approval of The Remuneration and Terms of Service Committee.

Redundancy payments

These are based on the Agenda for Change arrangements.

Details of period of notice for board members

Name and title	Date of Appointment	Fixed or Permanent	Period of Notice
Sir David Henshaw, Chair	1st May, 2006	Fixed Term (until 31st May 2010)	No notice period
Mike Farrar, Chief Executive	1st April, 2006	Permanent	Six Months
Mark Ogden, Executive Director of Finance/Deputy Chief Executive	1st July, 2006	Permanent	Six Months
Ruth Hussey, Regional Director of Public Health/Medical Director	1st July, 2006	Permanent	Six Months
Dean Royles, Executive Director of Workforce & Education	17th December, 2007	Permanent	Six Months
Jane Cummings, Chief Nurse and Executive Director of Performance, Quality and Commissioning	1st November, 2007	Permanent	Six Months
Mandy Wearne, Director of Service Experience	6th October, 2008	Permanent	Six Months
Alison Tonge, Director of Health System Development	6th October, 2008	Permanent	Six Months
Elaine Darbyshire, Director of Strategic Communications	2nd March, 2009	Permanent	Six Months
Jo-Anne Wass, Director of Public Affairs	3rd October, 2006	Permanent (on secondment to DH since 1st April 2008)	Six Months
Mike Cheshire, Medical Director	1 December 2009	Permanent	12 Weeks
Kirsten Major, Interim Director of Health System Development	1 October 2009	Interim	12 Weeks
Professor John Caldwell, Non Executive Director	1st July, 2006	Fixed Term (until 30th June 2012)	No notice period
Sally Cheshire, Non Executive Director	1st September, 2006	Fixed Term (until 30th June 2013)	No notice period
Alan Foster, Non Executive Director	1st July, 2006	Fixed Term (until 30th June 2012)	No notice period
Denis Lidstone, Non Executive Director	1st July, 2007	Fixed Term (until 31 st May 2013)	No notice period
Mark Winstanley, Non Executive Director	1st July, 2006	Fixed Term (until 30th June 2013)	No notice period

Board Members' Salaries and Allowances

		2009/10			2008/09		
Name	Title	Salary	Other Remuneration	Benefits in kind	Salary	Other Remuneration	Benefits in kind
		(bands of £5,000)	(bands of £5,000)	(Rounded to the nearest £00)	(bands of £5,000)	(bands of £5,000)	(Rounded to the nearest £00)
Non Executive Board		£'000	£'000	£'00	£'000	£'000	£'00
Sir David Henshaw	Chairman	50-55	0	0	50-55	0	0
Sally Cheshire	Non Executive Member	10-15	0	0	10-15	0	0
Prof John Caldwell	Non Executive Member	5-10	0	0	5-10	0	0
Alan Foster	Non Executive Member	5-10	0	0	5-10	0	0
Denis Lidstone	Non Executive Member	5-10	0	0	5-10	0	0
Mark Winstanley	Non Executive Member	5-10	0	0	5-10	0	0
Executive Board							
Mike Farrar	Chief Executive	200-205	0	66	205 -210	0	52
Mark Ogden	Director of Finance/Deputy Chief Executive	150-155	0	78	150-155	0	51
Dr Ruth Hussey	Regional Director of Public Health/SHA Medical Director	180-185	0	0	175-180	0	0
Jane Cummings	Director of Performance, Nursing and Quality	130-135	0	0	125-130	0	0
Dean Royles	Director of Workforce & Education	130-135	0	60	125-130	0	28
Mandy Wearne	Director of Service Experience	130-135	0	96	130-135	0	75
Alison Tonge (Until 31st October 2009)	Director of Health System Development	70-75	0	0	60-65	0	0
Elaine Darbyshire (0809 figures relate to 1 months salary)	Director of Strategic Communications	115-120	0	12	5-10	0	0
Kirsten Major (from 1st October 2009)*	Interim Director of Health Systems Reform	40-45	0	0	Not in Post	Not in Post	Not in Post
Mike Cheshire (from 1st December 2009)**	Medical Director	20-25	0	0	Not in Post	Not in Post	Not in Post

Notes

* Kirsten Major was not a Director for the year 2008/09

** M Cheshire was not in post in 2008/09 and is employed 2 days per week

Pension Benefits

Name	Title	Real increase in pension at age 60	Real increase in lump sum pension at the age of 60.	Total accrued pension at age 60 at 31 March 2010	Lump sum at age 60 related to accrued pension at 31 March 2010	Cash Equivalent Transfer Value ** at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real increase in Cash Equivalent Transfer Value
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000	£000	£000
		£000	£000	£000	£000	£000	£000	£000
Mike Farrar	Chief Executive	0 - 2.5	5 - 7.5	40-45	125-130	816	691	91
Mark Ogden	Director of Finance/Deputy Chief Executive	0 - 2.5	5 - 7.5	25 - 30	85-90	591	498	68
Dr Ruth Hussey	Regional Director of Public Health/SHA Medical Director	0 - 2.5	0	65-70	195-200	1,384	1,299	20
Jane Cummings	Director of Performance, Nursing and Quality	0 - 2.5	0-2.5	25-30	145-150	882	796	45
Dean Royles	Director of Workforce & Education	0 - 2.5	0-2.5	40-45	120-125	672	611	31
Mandy Wearne	Director of Service Experience	0 - 2.5	0-2.5	40 - 45	130-135	795	714	45
Alison Tonge (Until 31st October 2009)	Director of Health System Development	0 - 2.5	0-2.5	30-35	90-95	524	457	25
Elaine Darbyshire (0809 figures relate to 1 months salary)	Director of Strategic Communications	0 - 2.5	0	0 - 5	0 - 5	24	2	25
Kirsten Major (from 1st October 2009)	Interim Director of Health Systems Reform	0 - 2.5	2.5-5	15-20	50-55	231	176	20
Mike Cheshire (from 1st December 2009)	Interim Director of Health Systems Reform	0	0	0	0	0	0	0

Notes

Note 7.4 in the Annual Accounts of NHS North West details the organisations Accounting Policy relating to pensions and further information on the NHS pension scheme.

Non-Executives members do not receive pensionable remuneration

The real increase in CETV, accrued pension and lump sum pension is calculated for the number of days in post as a proportion of the full year.

** A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

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

Appendix D

Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Organisation

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

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

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

Statement of Internal Control

Since 2001/02 and in line with Treasury requirements, all NHS organisations have been required to produce an annual Statement of Internal Control (SIC). The SIC is submitted with the annual accounts, and represents a formal expression of the risk management and assurance arrangements maintained by the organisation during the year. The SIC requires particular disclosures regarding:

- the scope of the accountable officer's responsibility
- the purpose of the system of internal control
- the organisation's capacity to handle risk
- a description of the risk and control framework
- confirmation that a review of effectiveness has been undertaken
- any significant control issues

NHS North West has produced a SIC for 2009/10, covering the period 1 April 2009 to 31 March 2010. The SIC was approved by our Board on 7 July 2010 and has been signed off by the Chief Executive, as the Accountable Officer on behalf of the Board. A copy of our SIC can be found on our website at www.northwest.nhs.uk

Appendix E

Structure of the NHS in the North West

NHS North West

NHS North West was established on 1 July 2006, following the merger of the Greater Manchester, Cheshire and Merseyside and Cumbria and Lancashire strategic health authorities.

Primary care trusts

The role of primary care trusts is to plan and purchase (in other words commission) the health services needed by people in their communities from NHS hospitals, community-based health centres, private sector providers, local authorities and the voluntary sector.

In the past primary care trusts provided a range of services themselves, through health centres and GP practices. However they are now moving to separate the part of their organisation that plans and purchases services from the part that provides them.

Foundation Trusts (FTs)

By December 2010, all NHS hospitals, except those that provide specialist high-security services, are expected to become Foundation Trusts. They are part of the NHS family and are required to meet standards set by the Department of Health, but accountability is placed with the local community, service users, carers and staff, which gives them more say in the running and development of the services they provide.

Foundation Trusts have greater financial freedoms than other NHS organisations and are able to make better and more flexible use of their money. They do not report directly to strategic health authorities, but are accountable to an independent organisation called Monitor.

The Specialists

We have some world-class centres for health care, such as The Christie Hospital, The Genesis Centre, heart transplant centres in Blackpool and Wythenshawe and Alder Hey Children's Hospital. Our universities have an international reputation for the quality of their health research. Manchester has been awarded 'Academic Health Science Centre' status by a panel of international experts and will play a part in speeding up the process of taking research breakthroughs into NHS patient care. The aim is to improve treatments and promote in the NHS and across the world.

Ambulance Trust

The North West Ambulance NHS Trust was established in 2006 following the merger of the three former ambulance trusts in the region. Its role is to provide ambulance services across the North West.

The North Western and Mersey Deaneries

The North Western and Mersey Deaneries over see the postgraduate education and training for doctors and dentists.

Appendix F

Our Environmental Impact

North West NHS has worked closely with the Climate Change Partnership over the last year, to better manage and monitor the impact of climate on health and health care; and to reduce the environmental impact and carbon footprint of the NHS as a regional health economy.

The Climate Change and Health project was established and resourced by the North West Development Agency (NWDA) and NHS North West in May 2009. The development of a carbon reduction strategy for the North West health sector has had a galvanising effect. For example, a strong network of sustainable development leads has been established; support and technical advice helped NHS organizations improve performance against national targets and meet the requirements of Carbon Reduction Commitment (CRC).

A workshop and development programme, along with a newsletter and website, have helped to share knowledge and best practice. This year has seen, for example, a well-attended regional event on commissioning, procurement and sustainable food procurement in the NHS, with input from the National Sustainable Development Unit and the Department of Health (DH). Through this initiative the North West became the first region to trial a number of useful DH toolkits and resources prior to their national dissemination.

Work to deliver the North West Climate Connection pilot has brought real added value to the drive to improve sustainability: sustainability leadership training has been successfully delivered to Boards from four organizations; and a process for rolling out this training is being developed by the North West NHS Leadership Academy. Leadership and management competencies are being developed and project opportunities incorporated into education programmes for public health specialists.

Through the promotion of the annual self assessment using the Sustainable Development Commission's Good Corporate Citizen toolkit, NHS organisations across the region are encouraged to regularly assess, monitor and report progress on implementing plans and policies; ensure progress toward low environmental impact is linked with a sustainable approach to delivering services; engage and work with communities to co-produce real social benefit.

Appendix G

NHS North West Emergency Response Role

The Civil Contingencies Act (CCA) 2004, provides specific duties on the SHA as a Category 2 responder, in terms of emergency preparedness.

Major incident and emergency planning is undertaken within the context of the NHS Performance Management Framework, delivering to Public Health Core Standard C24, and is monitored by the Care Quality Commission.

As a minimum requirement, the SHA is required to undertake:

- A 'live' exercise every 3 years
- A 'table top' exercise every year
- A test of communications cascade every 6 months

Command and Control

During a major incident, the SHA takes overall strategic command and leadership of the NHS in the North West as required. It uses its authority only as far as necessary to ensure a co-ordinated response to the incident.

The SHA formally designates five of its PCTs to act as the lead NHS organisation within each county for emergency planning on its behalf.

There has been a limited programme this year due to the response to Pandemic Flu which for the health service has lasted nearly 12 months.

However during January 09 – January 10 the following training exercises have taken place:

Title of Training
Loggist Training
Control Room Training
Strategic Leadership in a Crisis
New Directors On-call Training

The NHS has been involved in numerous local exercises and has also carried out two larger-scale NHS led regional exercises.

Exercise Peak Practice (2009), was based on a Flu Pandemic. This exercise consisted of a table top strategic exercise, involving over 20 NHS organisations.

Other exercises where there has been representation on behalf of the SHA are:

Title	Date
Exercise Athena (Regional Flood Exercise)	2009
Regional Exercise Flu Peak Practice	3rd September 2009

Appendix H

Our Workforce

As at 31 January 2010 we employed 514 (headcount) people at the strategic health authority. The whole time equivalent figure is 449.64. This includes 86 staff based with the North Western Deanery, 101 with the Mersey Deanery and 18 staff hosted on behalf of other agencies. 65.8 per cent (338) members of staff are female and 34.2% per cent (176) male. Staff turnover for the year was 15.54 per cent.

A breakdown by ethnicity is shown below:

Ethnic Origin	FTE	Headcount	Headcount%
White - British	394.82	452	87.94%
White - Irish	13.20	14	2.72%
White - Any other White background	10.73	12	2.33%
White Italian	1.00	1	0.19%
Mixed - White & Black African	1.00	1	0.19%
Mixed - White & Asian	1.60	2	0.39%
Mixed - Any other mixed background	2.00	2	0.39%
Asian or Asian British - Indian	5.60	7	1.36%
Asian or Asian British - Pakistani	8.40	10	1.95%
Asian or Asian British - Any other Asian background	2.00	2	0.39%
Black or Black British - Caribbean	1.59	2	0.39%
Black or Black British - African	0.20	1	0.19%
Chinese	3.00	3	0.58%
Any Other Ethnic Group	2.90	3	0.58%
Not Stated	1.60	2	0.39%

Between 1 April 2009 and 31 March 2010 we carried out a number of recruitment exercises. A breakdown of applications by ethnicity is show below:

Ethnicity	Applied	Shortlisted	Appointed
WHITE - British	3939	394	70
WHITE - Irish	71	11	3
WHITE - Any other white background	234	12	2
ASIAN or ASIAN BRITISH - Indian	391	23	0
ASIAN or ASIAN BRITISH - Pakistani	390	16	2
ASIAN or ASIAN BRITISH - Bangladeshi	58	4	0
ASIAN or ASIAN BRITISH - Any other Asian background	66	1	0
MIXED - White & Black Caribbean	33	6	0
MIXED - White & Black African	28	2	0
MIXED - White & Asian	27	2	0
MIXED - any other mixed background	47	2	1
BLACK or BLACK BRITISH - Caribbean	63	8	1
BLACK or BLACK BRITISH - African	343	14	1
BLACK or BLACK BRITISH - Any other black background	18	0	0
OTHER ETHNIC GROUP - Chinese	75	4	1
OTHER ETHNIC GROUP - Any other ethnic group	41	2	1
Undisclosed	74	6	1
Total	5898	507	83

Annual Sickness Levels

The average annual sickness level in NHS North West is 2.64% per cent (calculated as a percentage of the number of hours lost to sickness). This is down from 3.30 per cent reported in the previous report.

Health and Safety

NHS North West is committed to improving the health, safety, welfare and security of its staff and other persons who may be affected by its activities. We acknowledge that the contribution of staff is fundamental to achieving this and we will take steps to ensure that our statutory duties are met at all times.

We will promote an open and supportive management culture. We will also help our staff to discharge their individual responsibilities and encourage them to take personal responsibility for identifying issues relating to health, safety, welfare and security and to take action to prevent or minimise those issues. We will use the management of health, safety, welfare and security as an opportunity for learning and improvement. All our policies and procedures relating to these areas will be freely available to all staff at all times.

Staff Engagement and Involvement

During the last year both the changing economic climate and the move of NHS North West headquarters, has meant that the way in which staff are informed and engaged with has been as important as ever in setting the organisational context and delivering the business plan.

The organisation once again ran the annual staff survey which with a response rate of over 60% was again encouraging. As a result of the survey, action plans were put into place to address a number of key areas such as internal organisational communication and performance development reviews. In addition to the staff survey, the Human Resources Team also ran a World Class HR survey which sought to benchmark the internal HR team against a Human Resources world class model of HR delivery. The results made it possible to show where HR were doing well and other areas where staff were asking for further HR support.

In addition HR sought feedback from staff with regards to the payroll provision which is outsourced to a different NHS organisation, and actions were taken forward in partnership with the provider.

A number of organisational away days gave all staff the opportunity to take some time out and hear from colleagues and senior managers about organisational challenges and development. This year the away days specifically sought feedback from staff on areas varying from matrix working, to building design at the new headquarters (Three Piccadilly Place).

Prior to and during the move to new headquarters staff were involved in a number of key decisions which included building design, building usage and developing a staff charter. As a result of input from staff, facilities such as a contemplation room and showers were include in the new accommodation; and shaped the introduction of new working practices ranging from the use of multi functional devices, to standards for office behaviour.

The organisation also developed a 'Corporate Induction' for new staff which takes place every Monday morning, and covers healthy and safety, building management issues, and human resources.

During the October Away Day the work of our staff side representatives was recognised when they were awarded 'Team of the Year'. This underlined the important contribution that staff side representatives have played in informing and engaging with management side in partnership, at both the formal monthly Joint Partnership Forums and informally throughout the year.

Staff have continued to be informed of organisational issues via the weekly 'Interaction' newsletter which has undergone a facelift and re-launched with a fresh new look.

Appendix I

Annual Report on NHS North West's Equality Schemes

In April 2009, we updated our own [Single Equality Scheme](#) to replace the initial SES published in 2007, and to take account of current legislation to promote equality and diversity (E&D). It sets out a proposed strategy to meet our general and specific legal obligations on race, disability and gender (including gender identity) and incorporates our approach to age, carer status, religion or belief, and sexual orientation. This formed part of our preparations for the forthcoming Equality Duty legislation. That law will completely replace over 100 existing Acts of Parliament, regulations and case law to create a single consistent framework of law that covers everyone. When the law comes into full force during 2010, a single new duty will cover all equality target groups, and will provide the SHA with a further impetus to review our existing plans and strategies.

In the meantime, this 'refresh' of the scheme SES consolidates and builds on actions completed under the previous scheme; and adds new ones under the responsibility of each relevant directorate including specific actions recommended by our HESE partners.

The new equality duty will be our cue for a further review of our plans. In the meantime this SES and action plan will continue to be overseen by the Chief Executive and led by the Director of Workforce and Education. Members of the SHA's Equality & Diversity Steering Group will also continue to work on the action plan and ensure the plans come to fruition,

The main goals and key actions in the SES are taken from *Narrowing the Gaps* our five-year equality and diversity strategy. The deliverables are linked to our strategic plans, the results of consultation activities, in-house research and a wealth of external research from various sources.

To support this, we have developed two key tools – the first is the Health Equality Library Portal (HELP) which went live in the autumn of 2009. HELP provides NHS organisations and all our regional partners with comprehensive and authoritative data and information resources. The second is the Equality Performance Improvement Toolkit (EPIT), launched in October 2009. It provides a comprehensive, open and transparent way of measuring and improving the performance of all of the region's NHS organisations on equality and diversity. It's the first time there has been such a performance measurement tool in the NHS. The overall objective is that, over the five-year life of *Narrowing the Gaps*, all PCTs and their provider organisations will move to universal achievement and excellence.

EPIT's framework has a similar overall structure to the Equality Framework for Local Government, but translates the approach into the context of the regional health economy.

Our internal Equality and Diversity Steering Group is chaired by the Director of Workforce and Education and has representation from all directorates (including a non-executive director 'champion'). The group meets regularly to monitor and encourage progress on the scheme.

We have continued to promote equality and diversity amongst staff, including the following:

- Signing up to the Mindful Employer initiative which aims to increase awareness of mental health at work, particularly since stress, depression and anxiety are estimated to be the cause of more working days lost than any other work-related illness.
- Launch of the BME senior leaders Internship programme within the SHA following an analysis of workforce data which showed very few Black and minority ethnic people in senior positions. Three senior manager interns are now working within NHS North West, on projects linked workforce development, QUIPP and the Integrated Care Collaborative Programme.
- the provision of mandatory equality and diversity awareness training, with specific sessions on disability issues, for all staff
- the inclusion of equality and diversity requirements within all personal development plans
- through the Electronic Staff Record system, being able to produce monthly staff profiling according to equality target grouping, to help us monitor the makeup of our workforce
- maintaining the 'Two Ticks' status as an employer of disabled people
- moving to new accommodation which better meets accessibility requirements

Appendix J

Principles of Remedy

The director of strategic communications is responsible for ensuring complaints are handled properly and that the strategic health authority fulfils its legal requirements. The six principles of remedy as set out by the Ombudsman are supported in our complaint's policy, which is available on our website at <http://www.northwest.nhs.uk/contact/Making%20a%20complaint.html>

The strategic health authority received no complaints in the past year.

Appendix K

Freedom of Information Act

We have introduced policies and procedures for responding to requests for information under the Freedom of Information Act (2002). For the period 1 April 2009 – 28 February 2010 we received 91 requests, the breakdown of which is as follows:

- Politicians 8 per cent
- Voluntary organisations 19 per cent
- NHS organisations/personnel 4 per cent
- Journalists 14 per cent
- Public 16 per cent
- Marketing requests 29 per cent

Further information can be obtained by contacting:

Kieran Lamb, FOI Officer

FADE Library

Regatta Place

Brunswick Business Park

Summers Road

Liverpool, L1 4BL

Tel 0151 285 4495

Email Kieran.lamb@fade.nhs.uk

Appendix L
Reporting of Personal Data Related Incidents

The SHA reported no incidents relating to personal data during 2009/10.

Appendix M

Independent Auditor's Statement

I have examined the summary financial statement set out on pages 39 to 48. This report is made solely to the Board of Directors of NHS North West in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Authority for the year ended 31 March 2010. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements, 8 June 2010, and the date of this statement.

Mick Waite
District Auditor
Audit Commission
Aspinall Close
Enterprise Park 3
Middlebrook
Bolton BL6 6QQ

8 June 2010