

Bolton Teaching Primary Care Trust



Annual report 2009/10

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ANNUAL REPORT

2009/2010

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Welcome to our annual report

This is our seventh annual report, and the organisation has come a long way in these seven years. This report sets out how much has been achieved over the year to April 2010, building on the strong foundations created over the lifetime of the organisation.

During the year we took a strong financial challenge and the pandemic flu in our stride, allowing us to concentrate on our strategic triple aim of best services, better health and value for money.

Our second Diamond Care Awards ceremony in December illustrated how well the NHS in Bolton is delivering these goals, with awards for each element of the triple aim. We were proud and delighted at the standard of entries from across the local health economy. With winners from community, hospital and primary care organisations, and from partnerships between sectors, the awards reflect the real heart of the health service in Bolton.

In this annual report we will set out progress towards the key measures of our success in achieving our triple aim. While it's good that we are seeing an increase in average life expectancy in Bolton we need to do more to catch up with the rest of the country. Brightmet Health Centre is now setting the standard for excellent accommodation where services can be delivered in the community, but it will take longer than we hoped to complete our building plans around the borough. The new national financial picture for the public sector means our value for money goals are more important than ever as we strive to continue investing and improving within fixed resources.

Our patients and the people of Bolton are at the heart of our triple aim, and our staff are its foundation; it cannot be delivered without their dedication and hard work, whether that involves treating patients, researching health needs, paying our bills, maintaining our IT infrastructure, or any of the other essential support roles.

In the past year in particular many of our staff have gone the extra mile to meet the exceptional demands placed on the NHS by the swine flu pandemic. As ever, we would like to take this opportunity to place on record our appreciation and gratitude for their effort and commitment.

This will be the final year of NHS Bolton in its current form. In the course of the year we will be working to ensure that our provider services are smoothly transferred to a new organisation in partnership with one or more other existing bodies. Our firm intention is to manage this change so that staff can continue to deliver the high standards of service, innovation and achievement that have been the hallmark of NHS Bolton.

Following the transition, NHS Bolton will continue as an even stronger commissioning body, ensuring that the NHS resources available to Bolton are used to the maximum effect to improve health, reduce inequalities and secure excellent, timely and convenient services for local people.

We will also have made a careful choice of partners for our provider service, allowing them to continue their track record of developing more personalised and higher quality services over the coming years.

Change is unsettling, especially when it coincides with a difficult financial picture. We are determined to ensure that throughout this transitional year we remain committed to our triple aim.

Pam Senior, Chair

Tim Evans, Chief Executive

Stephen Liversedge, Chair of the Professional Executive Committee

What is NHS Bolton and what does it do?

Bolton Primary Care Trust was established as an NHS body in 2002 to improve the health of Bolton and ensure that NHS services are planned and provided for the people of the Borough. In autumn 2008 we adopted the “NHS Bolton” branding to reflect our role as the leader of the NHS for this area. In 2009 we were granted the status of a Teaching Primary Care Trust.

Our mission is:

“to help Bolton people lead long and healthy lives, to make sure they get the best health services when they need them, and to get as much health and health care as we can from their NHS funding.”

This is summed up in our triple aim of better health, best care and value for Money, built on valuing our staff, and ensuring we deliver patient centred care. We work towards our aims within our five enduring principles of prevention, quality, convenience, co-ordination and information, and our five core values of equity, pride in our work, high expectations, accountability and respect.



In 2009 we published a new five year strategic plan, “The Big Bolton Health Plan”, the result of considerable dialogue with our staff, partner organisations, and the people of Bolton. This was updated in January 2010, to take into account new financial forecasts, and the latest national and regional requirements.

The Strategic Plan sets out three goals for each of the three elements of the triple aim as follows :

- Better health - Reduce the gap in life expectancy between the England and Bolton averages, reduce the life expectancy gap between different neighbourhoods in Bolton and increase the proportion of people feeling positive about their health and well-being.
- Best care – provide services where and when people need them, reduce error rates in healthcare, and increase user satisfaction with services.
- Value for money – develop clinically agreed pathways to standardise care, systematically review base budgets to release money for re-investment and achieve high scores in accreditation reviews.

Each goal has specific measurable progress markers.

The performance of NHS Bolton is monitored by the Care Quality Commission, which reviews all NHS organisations. In October 2009 the CQC graded us as “fair” for quality of care and “good” for use of resources, in the annual Healthcheck ratings for the year ending March 2009.

We are also measured against the World Class Commissioning Standards. Following a strong performance in the first year of this assurance framework (published in February 2009), we are optimistic about performing well in the next assessment, taking place in April 2010.

NHS Bolton is managed by a Board, supported by a Management Team and a Professional Executive Committee. (Names of Board, Professional Executive Committee and Management Team members during the year can be found on pages 31 and 32). The constitution of the Board ensures that there is a majority of non-executive members, who are appointed from the local community to make sure the interests of local people are represented in discussions. The Professional Executive Committee is composed of a majority of clinical staff.

The Non Executive Directors, excluding the Chair, sit on the Audit Committee which scrutinises the governance and financial management of the organisation. There is also a Remuneration Committee which determines the pay of the most senior executives within the organisation in line with national guidance. Membership consists of the Chair and Non Executive Directors (with the exception of the Chair of the Audit Committee).

During the course of the year we said farewell to Director of Commissioning Mike Maguire and Director of Clinical Governance Helen McKnight, and appointed a new Director of Commissioning and Performance, Graham Atkinson. Medical Director for Quality and Care Improvement John Dean took over responsibility for Clinical Governance.

We employ around 1800 staff, most of them involved in the provision of services to patients. There is more information on our staff and how we support them in their working lives on page 19.

For some time the Service Provision function has operated at arms length from the Commissioning function, with its own Provider Board and Clinical Executive Committee. Following recent new national guidance, as part of “Transforming Community Services” we will, during the coming year, be working towards the total separation of the Provider, through its integration with another organisation in April 2011. This will leave NHS Bolton focusing solely on its commissioning and public health remit.

Joined up working with local partners has always been particularly important for NHS Bolton. We work especially closely with Bolton Council, and two members of the Management Team are jointly accountable across both organisations.

NHS Bolton is a key member of the Vision Partnership – the Local Strategic Partnership – leading on health and well-being issues. Through the Partnership we are able to take action on a much wider range of factors that impact on people’s health and well-being.

We also have close working relationships with the voluntary and community sectors in Bolton, recognising their ability to reach into local communities.

Services for Bolton people

The PCT funds 56 GP practices (including seven directly managed practices), 37 dental practices, 34 optometry practices (opticians) and 65 pharmacies in Bolton (numbers correct at 31 March 2010), and we support them to develop and co-ordinate services in ways that respond to the needs of local people as well as meeting the latest clinical standards.

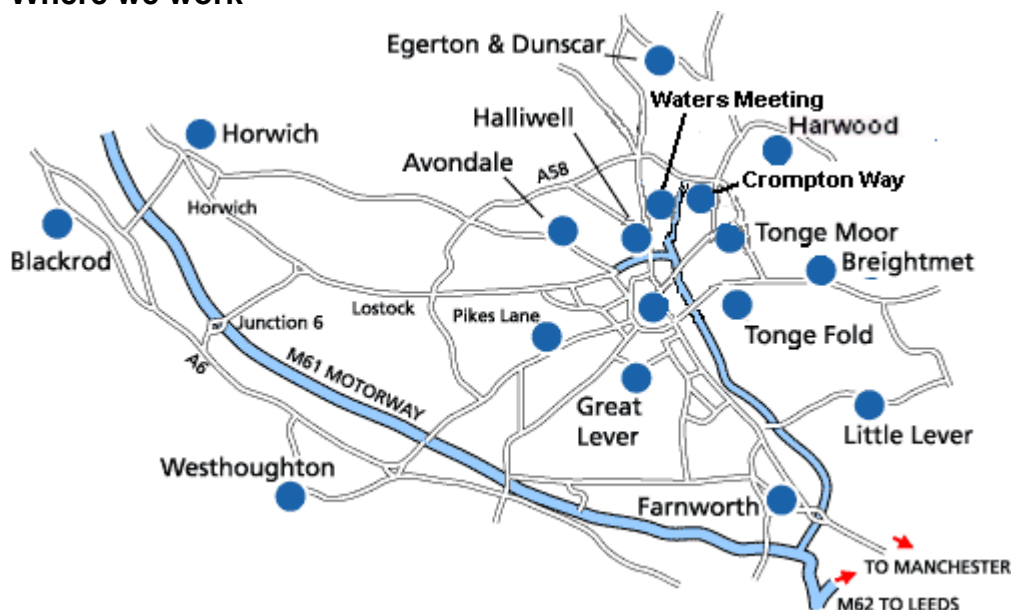
NHS Bolton commissioned two new GP practices in recent years with specialist remits around recently arrived residents and worklessness. These are in areas which previously had lower than average numbers of doctors per head of population.

In the year to 31 March 2010 NHS Bolton spent around £454 million of tax payers’ money on Bolton’s healthcare. Most of this is spent on commissioning services from other healthcare providers, but we are also a major provider of local services through the Primary Care Provision Directorate (see chart on page 8).

Services are commissioned on a regular basis from a growing range of providers – both NHS organisations and independent sector organisations and the community and voluntary sector. As patients start to exercise their choice of provider, and money follows the patient, PCTs will be purchasing services from an ever increasing number of providers.

Some specialised services (mainly those provided in relatively few specialist centres to small numbers of people across large catchment populations) are commissioned by Primary Care Trusts grouping together. Such services are commissioned across the region by a dedicated team based in Warrington. The work of the North West

Where we work



Services We Provide

<ul style="list-style-type: none"> • ADHD Service • Adolescent Health including The Parallel • Active Case Management • Advanced Practitioners • Anticoagulant Services • Asylum Seeker Support • Audiology / Audiovestibular Services • Breast Care • Chronic Disease Management • Care for Children with Complex Health Needs • Community and Emergency Dental Services • Community Paediatrics • Continence • Dermatology • Diabetes (including screening and specialist podiatry) • District Nursing (including evening and night service) • Elderly Medicine • Equipment Loan Services • Expert Patient Programme • Falls (Complex Falls & Domiciliary Therapy) • 7 GP practices managed by the PCT • Health Visitors • Immunisation and Vaccination Team • Intermediate Care (nursing, residential and home care) • Learning Disabilities Services 	<ul style="list-style-type: none"> • Minor Surgery • Musculoskeletal (Orthopaedics & Rheumatology) • Neuro-Rehabilitation / Long Term Conditions • Newborn Hearing Screening • Nutrition & Dietetics • Obesity and Weight Management • Occupational Therapy • Oral Health Promotion • Palliative and End of Life Care • Epilepsy Services • Physiotherapy • Podiatry (including biomechanics and orthotics) • Primary Care Mental Health Services • Referral and Assessment Team • Safeguarding Team • School Nurses • Sexual Health and Family Planning • Smoking Cessation • Speech & Language Therapy • Stroke Service • Tissue Viability • Walk in Centre • Urgent Care Services (including Bolton Community Unit, GP Out of Hours Service, Crisis Response Team and Rapid Response Team) • Youth Offending Team • Wheelchair Services
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Specialised Commissioning Team is overseen by the North West Specialised Commissioning Group, which comprises representatives from each of the 24 Primary Care Trusts in the region. For other services the ten PCTs in Greater Manchester work together to commission services for the people of the conurbation.

Some services are provided jointly with Bolton Council including Equipment Loans, Adult Learning Disabilities, Asylum Seeker Support.

In Bolton we commission some services jointly with Bolton Council, particularly where there is a big component of social care closely linked to health care, such as mental health and learning disability services. For learning disability services and for the community equipment loan service there is a pooled budget which is managed by the Council.

Our staff work at local health centres and clinics, GP surgeries, at the Royal Bolton Hospital site, in local schools, community centres and care homes, and in people's homes.

Our main bases are at :

- St Peter's House, Huntingdon House and Cannon Court (Headquarters offices)
- Avondale Health Centre
- Blackrod Health Centre
- Brightmet Health Centre
- Crompton Health Centre
- The Diabetes Centre
- Egerton and Dunscar Health Centre
- Farnworth Health Centre
- Great Lever Health Centre
- Halliwell Health Centre and Children's Centre
- Harwood Health Centre
- Horwich Clinic
- Lever Chambers Centre for Health
- Little Lever Health Centre
- The Parallel Young People's Health Centre
- Pikes Lane Primary Care Resource Centre
- Tonge Fold Health Centre
- Waters Meeting Health Centre
- Westhoughton Clinic

Work is under way on an innovative multi-million pound health, leisure and research centre, to be named Bolton One, which will house primary care and urgent care services, and diagnostic and treatment facilities. It is a unique joint project with Bolton Council and the University of Bolton and will also include a swimming pool, leisure centre, and sports science facilities. It is expected to open early in 2012.

Our services have recently transferred out of one of our oldest health centres, Tonge Moor, into more suitable accommodation, either in modern health centres, or in Children's Centres as part of a joined-up approach to early years care.

NHS Bolton's provider arm was commissioned by NHS Ashton Leigh and Wigan to provide sexual health services to the people of the Borough of Wigan, and this service is currently relocating into new town centre accommodation.

NHS Bolton works closely with partners in the public, private and voluntary sectors to improve the health of local communities, and prevent ill-health, through immunisation programmes, health promotion and community initiatives. Recent Annual Reports from our Director of Public Health set out in more details the how we are responding to the challenges of improving health, reducing health inequalities and tackling social exclusion.

PCTs are "category one" responders under the Civil Contingencies Act – that means we have important responsibilities in planning for and responding to emergencies raging from major accidents or natural disasters to disease outbreaks. NHS Bolton takes the lead on these issues for the ten Greater Manchester PCTs and has ensured that robust "on call" arrangements are in place across Greater Manchester so that the NHS will be well placed to respond effectively whenever required.

Our resilience and business continuity arrangements and ability to respond quickly and flexibly have been well tested over the past 12 months, with the worldwide pandemic of H1N1 "swine flu", and during the severe winter weather.

Our Risk Management arrangements are regularly reviewed and updated, and we have a major incident plan which complies with national guidance as set out in "Handling Major Incidents: An Operational Doctrine".

Equality and diversity

To ensure we commission and provide services that are appropriate to all the people we serve, and to support our work in reducing health inequalities, NHS Bolton has established a range of structures and systems of support. We have Equality Target Action Groups made up of local people who can give feedback and advice on gender, age, sexuality, disability, faith and religion, race and ethnicity, and issues affecting carers. All new policies, strategies and proposals coming to the Board are required to have an Equality Impact Assessment looking at the risks that they might impact differently on different groups of people, and how these risks can be monitored and reduced.

NHS Bolton's Single Equality Scheme which sets out our goals and plan of action in respect of equality and diversity is published on our website.

Members of the Board were pleased to sign up to the "One Bolton" pledge, launched by the Local Strategic Partnership, which sets out the commitment of individuals and organisations in Bolton to celebrating diversity and supporting community cohesion.

Managing safely

NHS Bolton has robust arrangements in place to identify any risks, and to minimise and monitor them. These include risks that we will not achieve important objectives and risks to the safety of patients and staff.

The most significant risks identified during the past year included possible failure to meet national targets for waiting times in Accident and Emergency, potential harm caused if information about patients being discharged from hospital was late reaching GPs, and the risk of not achieving the financial savings required by the year end.

Our controls assurance system identifies the controls and ongoing actions in place to manage each of these risks. During the past year we have switched to using an electronic system for incident reporting, making it quicker and easier to collect and analyse information so as to spot trends and resolve issues.

One category of risk that has been of concern across the public sector in recent years is the risk of losing confidential information stored electronically on laptop or desktop computers, on CDs or memory sticks or sent by email. Strict rules for encrypting personal data are enforced within NHS Bolton and staff are no longer allowed to use portable electronic equipment to store such data. We have an Information Governance Committee which includes this important area of work in its remit.

In fact it was the loss of paper records rather than electronic records which created our only incidents in this category. NHS Bolton has a policy of openness about these problems and on both occasions when some potentially confidential paperwork from departments was mislaid or disposed of incorrectly, we made a statement to the local media. On one occasion it was possible to identify the small number of service users affected and inform them also. Both incidents were reviewed to see if lessons could be learned.

Our progress and achievements

2009/10 has been another busy year for health services in Bolton on several fronts. Whilst recognising early on that we needed to rein in expenditure, we were committed to maintaining progress in improving health and developing services to meet people's needs. We were further tested by the arrival of the H1N1 swine flu pandemic which placed an additional strain on resources.

Once again we have been working towards our triple aim and linking other national and local goals, targets and standards to this central vision. Our goals reflect the fact that we are responsible for all the healthcare for Bolton people, whoever delivers it, so in many cases we need our partners, for example in hospitals, to work with us to reach our targets.

Better health

Two of the major threats to the future health of Bolton people are obesity and alcohol. Both have the potential to place the NHS under enormous pressure.

NHS Bolton now runs targeted weight reduction programmes for children and families (the MEND or "Mind, Exercise, Nutrition, Do it" programme), teenagers (the Positive LEARN programme – "Lifestyle, Esteem, Activity, Relationships and Nutrition") and adults. Our Food and Health Team works with people in their own communities in a range of settings to encourage and support healthy eating for example through developing cookery skills. The Team have very successful themed cookery days at Bolton Market, a great way to engage with the public.

This year we invested in a new "veg van". Part of the Food Access Bolton project, the van tours areas with poor access to shops, enabling residents to purchase fresh fruit and vegetables conveniently.

Bolton has made good progress in reducing the number of smokers in recent years, but big reductions become harder to achieve over time. Among the innovative ways to support more people to quit last year was the partnership with the local Fire Service to launch a drop-in Quit session at Bolton's central fire station.

With the effects of alcohol looking likely to overtake smoking as the major factor in Bolton's poor life expectancy, both treatment and prevention are high priorities. In 2009 we launched "Boozetalk", a website designed to share information and advice and give people an on-line community where they can discuss alcohol concerns anonymously. Recent investments in improved community-based alcohol services are now beginning to pay off, with reductions in alcohol related hospital admissions.

Last year we were celebrating the success of the "Big Bolton Health" check, an ambitious programme to roll out heart health checks to all over 45s. This year we've built on this, extending checks to the over-40s, and working with GP practices to ensure better monitoring of health and better use of the information gained through regular checks.

The factors which affect people's health are much wider than those directly relating to the NHS. We work in partnership with Bolton Council and others to ensure that

health impacts are taken into account in managing issues such as housing, open spaces, transport and even trading standards – responsible for tackling illegal sales of tobacco and alcohol. Our staff work closely with the Council on winter warmth and fuel poverty issues. Healthcare staff visiting people at home can refer clients for advice on insulation, financial support, etc to help ensure that cold, damp homes are not exacerbating health problems.

One of the major factors affecting people’s health is whether they are in work, and the impact their job has on their health. NHS Bolton has launched “Clock on 2 Health”, working with local employers on a programme to create healthy workplaces.

A largely unseen health problem affects a significant proportion of our young people. Chlamydia and other sexually transmitted infections may cause minimal symptoms initially but can leave a legacy of problems. Major inroads on this problem have been achieved recently by significantly increasing the uptake of chlamydia screening. This was achieved through a combination of publicity campaigns, a targeted mail-shot to young Bolton residents, and by ensuring health professionals take the opportunity to discuss Chlamydia screening and sexual health when they are in contact with young people in routine services.

Looking to the wider environment, the NHS has a major impact on the world around us, by the way it purchases goods and services, constructs and heats its buildings, disposes of waste and uses water, and the way its staff travel. The NHS has been set a challenge to reduce its carbon emissions by 26% by 2020, and 80% by 2050. Tackling these issues and making NHS Bolton a more sustainable and environmentally-friendly organisation will have other beneficial impacts for our triple aim. For example, reducing energy use saves us money; reducing car travel improves air quality and encourages exercise, both beneficial to health. In March 2009 NHS Bolton approved its first Sustainable Development strategy and action plan.

In terms of our triple aim goals, progress so far is as follows :

Better health goal	Progress
Reduce the gap in life expectancy between the England and Bolton averages	Latest data (which only goes up to 2008) showed that despite improvements in Bolton’s life expectancy the gap had actually increased slightly from the baseline (from 2.23. to 2.29 years). However this is before the impact of recent work around healthchecks and disease registers, and our current focus on early presentation with cancer symptoms, hospital deaths and falls.
Reduce the life expectancy gap between different neighbourhoods in Bolton	This gap has reduced from a baseline of 15 years to 12.8.
Increase the proportion of people feeling positive about their health and well-being	Definitive data is not yet available, but based on the number of people reporting good health in the Citizen’s Panel survey, now standing at 65%, this goal is on target.

Best care

NHS care starts with a good network of GP practices looking after everyday illnesses, and making decisions on appropriate referrals for more specialist investigations and treatment. Some areas of Bolton, with high health needs, had low numbers of GPs for their populations. In 2009, the second of two new practices commissioned by NHS Bolton opened its doors to its first patients. Based in Great Lever, it has a special remit to support people back into work, and to help people stay in work.

Our own community services are some of the most innovative and forward-thinking in the country. NHS Bolton's Intermediate Care at Home team were one of four community teams in the UK chosen to work with the NHS Institute for Innovation and Improvement on developing the "Productive Community Services" programme. Adapted from the hospital-focused Productive Ward programme, this is a way of reviewing and changing the way teams work to make them more efficient, freeing up more time for direct patient care.

For our Intermediate Care at Home Team, it meant a 35% increase in the time staff could spend face to face with their patients. Now the programme is being rolled out to other community teams in Bolton.

Our largest cohort of staff are our district nurses. In the past year the commissioning and service provision directorates of NHS Bolton have undertaken a major joint review of district nursing services. This has resulted in the development of four specific clinical pathways for End of Life Care, Treatment Room Services, Domiciliary Care and Active Case Management. The review is now at the implementation stage which has involved significant changes to services and the way staff work. The district nursing service managers have worked in partnership with HR to ensure this is achieved smoothly.

The Bolton Community Unit at Royal Bolton Hospital has become established as a key link in the partnership between hospital and community services. Run by NHS Bolton, it cares for and assesses patients from the accident and emergency department and wherever possible puts together a package of community-based health and social care to enable them to avoid hospital admission. In the course of the past twelve months brand new, larger accommodation has been built to house this service. The new unit is now better able to comply fully with requirements to care for men and women separately, and was part-funded by the Strategic Health Authority Privacy and Dignity Fund.

Mental wellbeing is as important as physical wellbeing, and NHS Bolton supports the full range of mental health interventions, from promoting mental well-being to commissioning intensive services from specialist providers. One important innovation in the past year has been the opening of our town centre mental well-being information and support shop at 33 Victoria Square. This provides an informal drop-in source of information to help people look after their own mental health and well-being and seek help for common problems.

Care for those who are sick, elderly or disabled is provided by family and friends as much as by health and social care professionals, and these people need support and

recognition for the valuable role they play. This year NHS Bolton and Bolton Council have launched Caring with Confidence in Bolton, a programme of help and learning opportunities for carers.

Excellent community services need appropriate accommodation, and some of our existing health centres had become cramped and shabby. NHS Bolton has set out a vision of a network of large, modern health centres to support the delivery of a wide range of services in local community settings. This commitment remains, but the changed financial climate since the global recession has forced a revision of the timescale, spreading out the building projects over more years. However, work continues with local communities and other stakeholders to identify sites for the next two new health centres – in Farnworth and Avondale.

Building work has also commenced in the past year on ‘Bolton One’ – a unique landmark building close to Bolton town centre on the University of Bolton campus. This is a three-way partnership between the University, Bolton Council and NHS Bolton, funded through the same Local Improvement Finance Trust (LIFT) mechanism as our new health centres. It will house not only our urgent care, diagnostic and treatment facilities and an extended hours GP practice, but also a council swimming pool and leisure centre, and the University’s sports science and research hub.

Information technology is an increasingly important part of the toolkit for delivering the best care. NHS Bolton has been piloting the ‘clinical dashboard’ – a system which brings together lots of existing clinical and performance data within GP practices in a way that’s meaningful in terms of individual patient care and wider health improvement work. We also remain at the forefront of utilising the Summary Care Record to improve patient care. It can now be used to record specific information about people’s end of life care, so that appropriate care can be given to meet the patients’ wishes at this sensitive time.

In terms of our triple aim goals, progress so far is as follows :

Best care goal	Progress
Provide services where and when people need them – with as many Bolton people as possible living within 1.5 miles of a large health centre.	The first of our new Health Centre, Brightmet, is now open and fully functioning. The next major building project, Bolton One, is scheduled for completion in 2012. This goal will not be completed within the five year timescale because of the necessity of rescheduling the building programme in line with new financial predictions.
Reduce error rates in healthcare	We use standardised mortality rates at the Royal Bolton Hospital as a key indicator for this goal. Mortality rates have improved, but because of a national rebasing of the way standardised mortality rates are calculated the official measure has deteriorated.
Increase user satisfaction with services	Based on the results from the latest citizens panel, satisfaction with local health services has remained high but stable rather than increasing.

Value for money

Early in 2009, we recognised that meeting our financial targets would need significant partnership working across the health economy. Our goal was to deliver the required savings in ways which would, wherever possible, have a positive impact on health and healthcare.

GPs have the most significant impact on our total spending, through their prescribing and referral patterns. In recent years the number of referrals to secondary care had risen sharply. By working with GPs and encouraging them to consider primary and community care options for their patients wherever clinically appropriate, this increase has been halted, saving many patients an unnecessary trip to hospital, and controlling our commissioning expenditure.

We have also invested significantly in prescribing support so that, while still prescribing clinically effective medications, GPs are supported to switch to cheaper brands and to reduce the prescribing of ineffective drugs. We have introduced better scrutiny of some of the most expensive prescribing so as to ensure only those drugs which are clinically proven to be effective are used. Savings levels have risen over the year and will equate to an annual saving of around £1.5 million.

Each directorate within the organisation was asked to deliver real savings, with a higher percentage target for corporate services. Sadly, given that the majority of expenditure within the organisation is on salaries, this meant not just that some vacant post were not filled following internal reorganisation but that some staff were made redundant. These difficult decisions taken this year have left us in a stronger financial position for the future.

It's important that the public also use NHS services appropriately in order to get the best out of the service and reduce wastage. During 2009 we developed a new campaign concept – Getting the best from our NHS – which can be used to support a range of linked information and publicity campaigns.

Our first set of public messages were around urgent care options, encouraging people to use their own GP and the walk-in centre as alternatives to A&E for urgent but non-emergency problems. This tied in well with the work going on to agree consistent clinical pathways for urgent care. The “Getting the Best” concept will also be used for public messages around antibiotic usage, generic prescribing, secondary care referrals, and so on.

In terms of our triple aim goals, progress so far is as follows:

Value for money goal	progress
Develop clinically agreed pathways to standardise care	Urgent care pathways have now been agreed, and the project to review priority pathways is on track.
Systematically review base budgets to release money for re-investment	Budgets representing 18% of total commissioning spend have been reviewed in the first year of the plan, against a target of 20%. Further reviews are under way.

Achieve high scores in World Class Commissioning accreditation reviews	Our goal is steady progress towards a maximum score of four across the board in 2014. We are expecting to score at level two in 2010.
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Patient centred care

The work of delivering the goals outlined above will help us ensure that services are centred around the needs of the local people who use those services. The other essential step is to listen to the views of those people, both as they come into contact with services and as citizens.

As well as the required national patient survey programme, NHS Bolton carries out additional local research into patients' views using the Citizens' Panel. Results this year showed increased satisfaction with GP services, and in particular with opening times at surgeries, reflecting the impact of the local enhanced service agreement with GPs which supports their extended hours.

NHS Bolton's Musculoskeletal Clinical Assessment and Treatment Services (CATS) won an innovation grant to implement a novel way of getting views from their patients. Using a specially adapted taxi-cab, kitted out as a video studio, they recorded feedback and opinions of people who had just attended appointments. The results formed the basis for a service review day, which also involved patients.

We continue to be a subscriber to the Patient Opinion website, so that when people post their feedback on line we are able to respond, letting people know the action taken as a result of their comments or suggestions, or thanking them for positive remarks, of which there are many.

Some sections of the community are less likely to engage with us through traditional feedback mechanisms. Our Public Health department has a contract with the local community and voluntary services to use community network staff to work with these groups to collect views and spread information on topics as diverse as cancer screening and breast feeding.

During the twelve months covered by this report, NHS Bolton received 218 formal complaints about its directly provided services. The most common subjects were clinical care, attitude of staff and delays. These are graded according to the urgency, seriousness and complexity.

Complaint grading - provider	Number of complaints
Green/Yellow	173
Amber	22
Red (complex or multi-agency)	23

NHS Bolton received 28 complaints relating to commissioning issues or corporate services. The main issues patients were unhappy with related to refusal of NHS funding of surgical procedures (including plastic surgery), commissioning of some service such as dental/orthodontic treatment and problems with the Choose and Book/RBMS appointment process.

The NHS Bolton Complaints Team coordinated investigations into 16 other provider complaints – e.g. GP, Dental, NHS and independent hospital provider where the complainant requested the PCT to lead the investigation. A clinical overview from the PCT medical director, dental advisor, assistant director of clinical governance or an external opinion was obtained in these cases.

109 other complaints about NHS services (provider arm, GPs, dental) were resolved by the complaints office in 24 hours and logged as PALS enquiries.

The new NHS complaint regulations allow NHS bodies six months to conclude investigations and agree a timescale for response with the complainant. NHS Bolton has local timescales in place that the complaints office try to meet wherever possible. Some delays have occurred in multi-agency/complex cases or in the absence of key members of staff and complainants have been kept up to date with progress.

Two cases remain outstanding from 2009/10 due to the complexity of the issues raised and the investigation currently being undertaken.

Six complainants approached the Ombudsman during 2009/10. Four cases were dismissed and the two others relating to a GP and PCT paediatric complaint were referred back for further local resolution.

NHS Bolton has experienced an increase in complaints activity (371 complaints compared to 304 the previous year). This has impacted on the timescale for replies. However, the number of referrals to the Ombudsman reflects the fact that many complainants are satisfied with the outcome of our investigations and action taken/improvements made as a result.

All this valuable feedback has resulted in changes and improvements, large and small, so that complaints and comments are used to benefit all service users and their families. Examples include :

- Improving information for patients before and after surgery commissioned by NHS Bolton from an independent hospital.
- Evening drop-in sessions developed to improve access to adult weight management services.
- Additional appointments offered to review podiatry patients affected by a change in the booking system.
- Review of care pathways for children with glue ear who use hearing aids.
- Issues referred to General Dental Council or General Medical Council so as to ensure most appropriate response.
- Signage for the Community Shop (continence supplies) improved at Lever Chambers.
- Refund arranged for patient who was inappropriately charged for NHS dental care.
- Improved system for confirming ambulance transfer arrangements with patients.
- Improved vaccine storage arrangements in some GP practices.

This year we have implemented a revised national complaints process which means we have a more flexible response, tailored to what the complainant wants. The new arrangements allow for closer working with the Patient Advice and Liaison Service, and for better liaison when complaints involve both NHS and social care services.

NHS Bolton aims to meet the good practice principles contained in the Health Service Ombudsman's 'principles for remedy' by ensuring that our complaint handling procedures are patient focused, open, accountable and fair and that they provide appropriate remedies. Our complaints policy is reviewed and updated annually to ensure it is in line with best practice and latest guidance.

Our Patient Advice and Liaison Service also continues to be a vital point of contact for the public, pointing them in the right direction, providing information and feeding back informal comments to the organisation.

Valuing and developing our staff

Having highly skilled and well motivated staff underpins the delivery of our key goals.

NHS Bolton is committed to improving the working lives of its employees, supporting them to develop their careers and to maintain a healthy balance between home and work.

We have a variety of flexible working arrangements to make it easier for staff to balance work and family commitments, including job-shares, term-time only contracts, and staff working longer days but shorter weeks.

Learning and development has a high priority within NHS Bolton, as recognised with our award of teaching PCT status. Regular essential training on topics such as health and safety is provided in-house. Almost all staff have recently completed an e-learning package raising awareness of child protection and safeguarding issues. Staff are supported to take NVQs and other external qualifications, but we also encourage other forms of development such as mentoring and shadowing.

NHS Bolton is committed to encouraging and valuing diversity in the workforce. We believe that a workforce that reflects the diversity of the community we serve will be better able to provide the most appropriate services, and we want to make sure that our staff have equal opportunities and are treated with fairness, both through the recruitment process and once staff are in post. Our HR policies, including those on career breaks, disability, flexible working and equal opportunities, are designed to ensure fairness for all staff.

There are a range of mechanisms for keeping staff informed and listening to their views, including joint forums with union representatives, a weekly email bulletin, a quarterly newsletter, monthly briefings on board decisions, team meetings and the annual staff survey, which we expanded this year to include all staff rather than a sample.

The rates of sickness absence have caused some concern for the NHS Bolton board during the past year, as they represent problems for staff, and impact on service provision. We have provided more training and support for managers to ensure a

consistent approach which balances support for staff with genuine sickness with enforcement of policies when there is a possibility of unjustified absence. The most recent quarterly HR data for sickness absence shows it running at 4.78% against a target of 4%.

Rising to the challenge

In addition to the ongoing work of improving health and commissioning and providing excellent care at a time of financial stringency, NHS Bolton has faced additional challenges this year.

In April, the H1N1 pandemic flu virus reached the UK, and for the following nine months we faced a series of additional requirements. During the summer, at the peak of the pandemic, not only were we running an anti-viral distribution centre and managing a massive flow of information to and from the strategic health authority, our partners in Bolton, GPs and our own staff, we also faced higher than usual levels of staff sickness absence due to flu.

Many staff worked long and hard, putting in extra hours and responding flexibly to the changing needs of the situation, working in different roles and locations. The Board recognised this sterling achievement at its March 2010 meeting, agreeing that it showed the NHS at its best.

The NHS in Bolton also had to respond to unusual circumstances in January, when exceptional snow falls made travel around the borough immensely difficult. As staff walked through deep snow to make their way to work or reach patients at home, some of our community nurses teamed up with the local mountain rescue service to reach a housebound patient in a remote location where specialist driving skills were required.

As mentioned previously, NHS Bolton takes the lead among the 10 PCTs in Greater Manchester on emergency planning and preparedness, ensuring liaison with Greater Manchester Police and other Greater Manchester agencies, acting as a conduit for information, and monitoring the Greater Manchester-wide response from the NHS. The organisation met the challenge of this additional role, with minimal resources.

Financial report and summary accounts

Financial targets

NHS Bolton has a record of strong financial management during its eight-year history, and over recent years has consistently met its key financial targets. This is a significant achievement given the scale of operation and the constantly changing environment in which we operate.

In 2009/10 following significant rises in the volume of secondary care, and changes in the tariff PCTs pay for this care, we were faced with the need to save £13.9 million. We recognised early on that this could only be achieved by working across the whole NHS family, and some examples of how we did this are included in the value for money section on page 16.

For 2009/10, we:

- Maintained a balanced position on our income and expenditure budgets and achieved a satisfactory year end surplus of £996,000;
- Met our Revenue Resource Limit by ensuring that the balance between cash leaving the organisation and cash coming in was within a limit set by Secretary of State;
- Achieved in-year balance against our capital resources to within £10,000, ensuring the available resource of £3.9m was spent by the year end;
- Ensured that our provider, the Primary Care Provision Directorate, delivered a balanced income and expenditure position without cross subsidy from other expenditure programmes.

In line with the 2009/10 Operating Framework, NHS North West (the strategic health authority) has maintained a strategic reserve for transfers from PCTs. Our revenue resource limit has been adjusted for this resource in 2009/10. We expect our revenue resource limit to be in turn amended in 2010/11.

Revenue spend

NHS Bolton spent around £454m in 2009/10. This includes expenditure on commissioning and providing Hospital and Community services for the population of Bolton.

In 2009/10, the PCT had an increase in its resources of £22.9m.

This was used to:

- Meet the additional costs of healthcare resulting from the new national tariff;
- Contribute to the improvements in children's maternity and neonatal care being implemented in Greater Manchester under the "Making it Better" plans;
- Improve access to GP services;
- Invest in improved Mental Health care, stroke services, diagnostics and falls prevention;

Capital investment

Our capital resource limit was £3.9m. Significant capital expenditure included:

- The Bolton Community Unit
- Improvements at Little Lever Health Centre
- Asbestos removal and associated works at Lever Chambers Centre for Health
- Information technology equipment

Other finance issues

NHS Bolton has fully met and exceeded the 'Better Payment Practice Code' targets for paying 95% of invoices within 30 days. Details of compliance are included on page 29.

Details of our management costs, which include payments to external auditors and other corporate non-pay costs, are also provided on page 29.

This is the first year that the annual accounts have been compiled following International Financial Reporting Standards (IFRS) which has changed the way we have accounted for some transactions. The biggest change is in the way we have to account for Brightmet Health Centre which is provided through a Local Investment Finance Trust (LIFT) and leased by NHS Bolton. IFRS accounting classes Brightmet Health Centre as owned by the PCT and included in Non Current Assets with a corresponding finance lease liability included in Borrowings in the Statement of Financial Position (SOFP) on page 25.

Looking forward

Given the national financial picture and its impact in coming years on public sector finance, NHS Bolton is planning for several years ahead when there is likely to be zero growth. We are working across the Local Health Economy, and more widely with NHS partners in Greater Manchester and across the north west to address future finances in ways which will support quality, innovation, productivity and prevention of illness.

Further information

Summary financial statements and some important notes to the accounts are set out in the following pages. For a copy of the full annual accounts from which these extracts are taken please write to us at the address on the back cover.

Ismail Hafeji
Finance Director

Independent auditor's report to the board of directors of Bolton Teaching PCT

We have examined the summary financial statement for the year ended 31 March 2010 which comprises the Operating Cost Statement for the year ended 31 March 2010, the Statement of Financial Position as at 31 March 2010, the Statement of Changes in Taxpayers Equity for the year ended 31 March 2010, and the Statement of Cash Flows for the year ended 31 March 2010 on pages 24 to 30.

This report is made solely to the Board of the PCT, as a body, in accordance with Section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board of the PCT, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the PCT, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

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

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of Bolton Teaching PCT for the year ended 31 March 2010. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements on the 8 June 2010 and the date of this statement.

**Kevin Wharton (Senior Statutory Auditor)
for and on behalf of KPMG LLP, Statutory Auditor**

Chartered Accountants
St James' Square
Manchester
M2 6DS

8 June 2010

Summary Financial Statements

Operating Cost Statement for the Period Ended 31 March 2010

	2009/10 £000	2008/09 £000
Commissioning		
Employee benefits	10,001	9,802
Other costs	395,202	359,118
Income	(10,038)	(7,936)
Provider		
Employee benefits	50,469	47,371
Other costs	19,174	22,419
Income	(8,618)	(7,510)
PCT net operating costs before interest	456,190	423,264
Investment income	(46)	(55)
Other (Gains)/Losses	0	0
Finance costs	966	317
Net operating costs for the financial year	457,110	423,526

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 and equipment	31,839	33,905	20,955
Intangible assets	105	112	183
Other financial assets	405	206	206
Trade and other receivables	842	837	490
Total non-current assets	33,191	35,060	21,834
Current assets:			
Inventories	155	184	195
Trade and other receivables	5,352	4,202	11,371
Other financial assets	0	0	0
Other current assets	0	0	0
Cash and cash equivalents	11	6	6
	5,518	4,392	11,572
Non-current assets classified "Held for Sale"	0	0	0
Total current assets	5,518	4,392	11,572
Total assets	38,709	39,452	33,406
Current liabilities			
Trade and other payables	(26,415)	(24,879)	(24,862)
Other liabilities	0	0	0
Provisions	(641)	(924)	(1,630)
Borrowings	(357)	(274)	(54)
Other financial liabilities	0	0	0
Total current liabilities	(27,413)	(26,077)	(26,546)
Non-current assets plus/less net current assets/liabilities	11,296	13,375	6,860
Non-current liabilities			
Trade and other payables	(242)	(261)	(285)
Provisions	(825)	(937)	(1,121)
Borrowings	(12,623)	(12,980)	(176)
Other financial liabilities	0	0	0
Other liabilities	0	0	0
Total non-current liabilities	(13,690)	(14,178)	(1,582)
Total Assets Employed:	(2,394)	(803)	5,278
Financed by: Taxpayers' Equity			
General fund	(7,596)	(7,956)	(3,496)
Revaluation reserve	3,465	5,156	6,528
Donated asset reserve	18	24	95
Government grant reserve	1,719	1,973	2,151
Other reserves	0	0	0
Total Taxpayers' Equity:	(2,394)	(803)	5,278

Statement of cash flows for the year ended 31 March 2010

	2009/10 £000	2008/09 £000
Cashflow from operating activities		
Net operating cost before interest	(456,190)	(423,264)
Other cash flow adjustments	4,245	1,364
Movements in Working Capital	25	19,523
Provisions utilised	(872)	(978)
Interest paid	(967)	(317)
Net cash outflow from operating activities	(453,759)	(403,672)
Cash flows from investing activities		
Payments to purchase property, plant and equipment	(3,298)	(2,341)
Payments to purchase intangible assets	(78)	(10)
Proceeds of disposal PPE & intangible assets	0	0
Purchase of financial investments (LIFT)	(199)	(13,017)
Sale of financial investments (LIFT)	0	0
Loans made in respect of LIFT	0	0
Loans repaid in respect of LIFT	0	345
Payments for other financial assets	0	(350)
Proceeds from disposal of other financial assets	0	0
Interest received	86	55
Rental Income	0	0
Net cash inflow/(outflow) from investing activities	(3,489)	(15,318)
Net cash inflow/(outflow) before financing	(457,248)	(418,990)
Cash flows from financing activities		
Net Parliamentary Funding	457,527	418,990
Other capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leases, on-SoFP PFI and LIFT	(274)	0
Cash transfers (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	457,253	418,990
Net increase/(decrease) in cash and cash equivalents	5	0
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	6	6
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	11	6

NHS Bolton receives a cash limit from the Department of Health to the value of the resource limit (budget) with adjustments for non-cash items such as depreciation. There are no other significant factors affecting cash flow

Financial performance targets

Revenue resource limit

	2009/10 £000	2008/09 £000
The PCTs' performance for the year ended 31 March 2010 is as follows:		
Total Net Operating Cost for the Financial Year	457,110	423,398
Non-Discretionary Expenditure	<u>2,660</u>	<u>2,545</u>
Net Operating Cost less Non Discretionary Expenditure	454,450	420,853
Revenue Resource Limit	<u>455,446</u>	<u>421,845</u>
Under/(Over)spend Against Revenue Resource Limit (RRL)	<u>996</u>	<u>992</u>

The figures given for periods prior to 2009/10 are on a UK GAAP basis as that is the basis on which the targets were set for those years.

Capital resource limit

	2009/10 £000	2008/09 £000
The PCT is required to keep within its Capital Resource Limit.		
Total Gross Capital Expenditure	3,902	3,033
Loss in Respect of Disposals of Donated Assets	0	0
less: Net Book Value of Non-Current Assets Disposed of to NHS Bodies	0	0
less: Net Book Value of Non-Current Assets Disposed of to non-NHS Bodies	0	0
less: Net Book Value of Financial Instruments (Investments) Disposed Of to NHS bodies	0	0
less: Net Book Value of Financial Instruments (Investments) Disposed Of to Non-NHS bodies	0	0
less: Capital Grants Received	0	0
less: Donations	<u>0</u>	<u>0</u>
Charge Against the Capital Resource Limit (CRL)	3,902	3,033
Capital Resource Limit (CRL)	<u>3,912</u>	<u>3,037</u>
(Over)/Underspend Against CRL	<u>10</u>	<u>4</u>

Provider full-cost recovery duty

	2009/10 £000	2008/09 £000
The PCT is required to recover full costs in relation to its provider functions.		
The performance for 2009/10 is as follows:		
Provider gross operating costs	69,643	66,000
Provider Operating Revenue	<u>(8,618)</u>	<u>(7,510)</u>
Net Provider Operating Costs	61,025	58,490
Costs Met Within PCTs Own Allocation	<u>(61,025)</u>	<u>(58,490)</u>
Under/(Over) Recovery of Costs	<u>0</u>	<u>0</u>

The performance in the above tables in respect of financial year 2008/09 have not been restated to IFRS and remain on a UK GAAP basis.

Statement of changes in taxpayers' equity for the year ended 31 March 2009

	General fund	Revaluation reserve	Donated asset reserve	Govt. grant reserve	Other reserves	Total reserves
	£000	£000	£000	£000	£000	£000
Balance at 31 March 2008	(3,496)	6,528	95	2,151	0	5,278
Changes in accounting policy	0	0	0	0	0	0
Restated balance at 1 April 2008	<u>(3,496)</u>	<u>6,528</u>	<u>95</u>	<u>2,151</u>	<u>0</u>	<u>5,278</u>
Changes in taxpayers' equity for 2008/09						
Net operating cost for the year	(423,526)					(423,526)
Net gain on revaluation of property, plant, equipment		16	0	0		16
Net gain on revaluation of intangible assets		0	0	0		0
Net gain on revaluation of financial assets		0	0	0		0
Net gain on revaluation of assets held for sale						
Receipt of donated or government granted assets			0	0		0
Movements in other reserves	0	0	0	0	0	0
Impairments and reversals		(1,388)	0	(99)	0	(1,487)
Release of reserves to OCS		0	(71)	(79)	0	(150)
Non-cash charges – cost of capital	76					76
Transfers between reserves	0	0	0	0	0	0
Transfers to/(from) other bodies within the Resource Account boundary	0					0
Total recognised income and expense for 2008/09	<u>(423,450)</u>	<u>(1,372)</u>	<u>(71)</u>	<u>(178)</u>	<u>0</u>	<u>(425,071)</u>
Net Parliamentary funding	418,990					418,990
Balance at 31 March 2009	<u>(7,956)</u>	<u>5,156</u>	<u>24</u>	<u>1,973</u>	<u>0</u>	<u>(803)</u>

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

	General Fund	Revaluation Reserve	Donated Asset Reserve	Govt. Grant Reserve	Other Reserves	Total Reserves
	£000	£000	£000	£000	£000	£000
Changes in taxpayers' equity for 2009/10						
Balance at 1 April 2009	(7,956)	5,156	24	1,973	0	(803)
Net operating cost for the year	(457,110)					(457,110)
Net gain on revaluation of property, plant, equipment		1,748	0	0	0	1,748
Net gain on revaluation of intangible assets		0	0	0	0	0
Net gain on revaluation of financial assets		0	0	0	0	0
Net gain on revaluation of assets held for sale		0	0	0	0	0
Receipt of donated or government granted assets			0	0		0
Movements in other reserves					0	0
Impairments and reversals		(3,626)	0	0		(3,626)
Release of reserves to OCS		0	(6)	(67)		(73)
Non-cash charges – cost of capital	(57)					(57)
Transfers between reserves	0	187	0	(187)	0	0
Transfers to/(from) other bodies within the Resource Account Boundary	0	0	0	0		0
Total recognised income and expense for 2009/10	(457,167)	(1,691)	(6)	(254)	0	(459,118)
Net Parliamentary funding	457,527					457,527
Balance at 31 March 2010	(7,596)	3,465	24	1,719	0	(2,388)

Notes to the summary financial statements

Management costs

	2009/10	2008/09
Management costs (£000s)	7,668	7,407
Weighted population (number in units)	<u>292,522</u>	<u>294,985</u>
Management Cost per weighted head of population (£ per head)	26	25

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

Better payment practice code - measure of compliance

NHS Bolton has signed up to the Prompt Payments Practice Code and our performance is as follows.

	2009/10 Number	2009/10 £000	2008/09 Number	2008/09 £000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	25,713	79,992	29,869	69,955
Total Non-NHS Trade Invoices Paid Within Target	<u>24,968</u>	<u>79,277</u>	<u>28,857</u>	<u>68,168</u>
Percentage of Non-NHS Trade Invoices Paid Within Target	<u>97.10%</u>	<u>99.11%</u>	96.61%	97.45%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,950	301,555	2,692	272,111
Total NHS Trade Invoices Paid Within Target	<u>2,899</u>	<u>301,401</u>	<u>2,585</u>	<u>270,121</u>
Percentage of NHS Trade Invoices Paid Within Target	<u>98.27%</u>	<u>99.95%</u>	96.03%	99.27%

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

External auditors

NHS Bolton's external auditors during the year were KPMG. Their remuneration for audit and other services was as follows:

	2009/10 £000	2008/09 £000
Audit Services	200	176
Other remuneration	<u>5</u>	<u>28</u>
	<u>205</u>	<u>204</u>

Remuneration report – salary information

Name and title	2009-10			2008-09		
	Salary (bands of £5,000)	Other remuneration (bands of £5,000)	Benefits in kind (bands of £100)	Salary (bands of £5,000)	Other remuneration (bands of £5,000)	Benefits in kind (bands of £100)
	£000	£000	£000	£000	£000	£000
Board Members						
Pam Senior, Chair +	30-35	0	0	30-35	0	0
Tim Evans, Chief Executive	130-135	0	2.8-2.9	125-130	0	2.1-2.20
Andrew Taylor, Non Executive Director *	10-15	0	0	10-15	0	0
Patricia Holmes, Non Executive Director * +	5-10	0	0	5-10	0	0
Ebrahim Adia, Non Executive Director * +	5-10	0	0	5-10	0	0
Kevan Helsby, Non Executive Director * +	5-10	0	0	5-10	0	0
Ron Fulton, Non Executive Director * +	5-10	0	0	5-10	0	0
Steven Greenhalgh, Non Executive Director * +	5-10	0	0	5-10	0	0
Gary Titley, Non Executive Director – from 1 st Oct 2009*	0-5	0	0	0	0	0
Rodney Fisher, Non Executive Director – left 30 th Sept 2009* +	0-5	0	0	5-10	0	0
John Dean, Medical Director	70-75	80-85	0	70-75	80-85	0
Ismail Hafeji, Director of Finance	90-95	0	3.8-3.9	90-95	0	3.8-3.9
Jan Hutchinson, Director of Public Health	90-95	0	0	85-90	0	0
Stephen Liversedge, Chair Clinical Executive	30-35	0	0	30-35	0	0
Helen Clarke, Assistant Director of Nursing	10-15	70-75	0	10-15	85-90***	0
Mike Maguire, Director of Commissioning - left 30 th Sept 2009	40-45	0	3.2-3.3	80-85	0	5.6-5.7
Graham Atkinson, Director Of Commissioning - started 1 st Nov 2009	30-35	0	0	0	0	0

* Member of Audit Committee

+ Member of Remuneration Committee

Remuneration report – salary information (continued)

Name and title	2009-10			2008-09		
	Salary (bands of £5,000)	Other remuneration (bands of £5,000)	Benefits in kind (bands of £100)	Salary (bands of £5,000)	Other remuneration (bands of £5,000)	Benefits in kind (bands of £100)
	£000	£000	£000	£000	£000	£000
Professional Executive Committee Members						
Colin Mercer, GP Representative	5-10	0	0	5-10	0	0
Paul Markman, Healthcare Professional Representative	5-10	75-80	0	5-10	70-75	0
Linda Thomas, Local Authority representative – from Oct 2008)	0**	0	0	0**	0	0
Management team						
Andrew White, Assistant Chief Executive - left this post 30 th Sept 2009	NA	NA	NA	0	25-30	0
Anna Basford, Director of Primary Care Development	0	85-90	6.4-6.5	0	85-90	6.4-6.5
Helen McKnight, Director of Clinical Governance – left 30 th June 2009	0	115-120****	1.5-1.6	0	70-75	6.7-6.8
Andrew Kilpatrick, Bolton Council Chief Officer for Health and Social Care - from Oct 2008	0**	0	0	0**	0	0
Susan Long, Assistant Chief Executive – from 5 th Oct 2009	0	60-65	2.9-3	0	10-15	0.2-0.3
*** includes payment of arrears £20-£25k						
** Employed and paid by Bolton Council						
**** includes redundancy payment in the range of £95-£100k						
Benefits in kind are a leased car benefit						
None of the directors waived remuneration or were paid allowances in lieu of remuneration in either year. Non-executive Directors are appointed on fixed term contracts by the Appointments Commission. Executive Directors are on substantive permanent contracts. NHS Bolton is bound by the national NHS pay system. Executive Directors are paid under the Very Senior Manager (VSM) pay framework which came into operation on 1 October 2006.						

Remuneration report – pension information

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2010 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£00
Tim Evans	2.5-5	2.5-5	175-180	130-135	893	814	59	41
John Dean	2.5-5	0-2.5	180-185	135-140	891	807	63	44
Ismail Hafeji	2.5-5	2.5-5	120-125	90-95	573	498	62	43
Jan Hutchinson	2.5-5	2.5-5	100-105	75-80	531	480	39	27
Helen Clarke	2.5-5	2.5-5	65-70	45-50	339	294	37	26
Mike Maguire	5-7.5	2.5 - 5	115-120	85-90	520	435	74	26
Paul Markman	10-12.5	7.5-10	105-110	80-85	477	391	75	53
Graham Atkinson (started 1/11/2009)	0-2.5	0-2.5	30-35	20-25	123	103	18	5
Anna Basford	2.5-5	2.5-5	55-60	40-45	232	193	35	24
Helen McKnight (left 30/06/2009)	0-2.5	0-2.5	50-55	40-45	220	216	0	0
Susan Long (started 5/01/09)	2.5-5	2.5-5	35-40	25-30	114	93	19	13

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

Notes on pension information

Cash Equivalent Transfer Values

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

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

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Declaration of board members' Interests

Name	Title	Interests Declared
Pam Senior	Chair	Member of Victoria Hall Mission & Review Group. Trustee of Sir James Eden Charitable Trust.
Kevan Helsby	Non-Executive Director	None.
Patricia Holmes	Non-Executive Director	Management Committee Member - Franki (Women's Support Project).
Andrew Taylor	Non-Executive Director	Director and Trustee of Bolton Wise Limited. Wife works for NHS Bolton.
Ebrahim Adia	Non-Executive Director	Local Councillor – Bolton Council. Senior Lecturer, University of Central Lancashire
Ron Fulton	Non-Executive Director	Trustee of Crossroads (Bolton).
Rodney Fisher	Non-Executive Director	None.
Steven Greenhalgh	Non-Executive Director	Sister and son's fiancée work at Royal Bolton Hospital.
Gary Tittley	Non-Executive Director	None.
Tim Evans	Chief Executive	Director – Bolton Arena. Public Sector Director – BRAHM LIFT Co.
Jan Hutchinson	Director of Public Health	Trustee, Bolton Community Leisure Ltd.
Ismail Hafeji	Director of Finance	None.
Stephen Liversedge	PEC Chair	Partner in McCurdie and Wong practice. Chair of Bolton Council independent remuneration panel. Son works at East Lancashire PCT. Wife works at Royal Bolton Hospital.
Helen Clarke	Nurse Member	Son works for Ashton, Leigh and Wigan PCT. Husband works for Out of Hours provider in East Lancashire. Son's partner works for NHS Bolton. Son-in-law works for Care Quality Commission.
John Dean	Medical Director	Wife is employed by NHS Bolton. Received bursary from the Health Foundation.
Graham Atkinson	Director of Commissioning	None.

The directors confirm that as far as each of them is aware there is no relevant audit information of which the NHS body's auditors are unaware and that they have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

How to find out more or get involved

In this annual report we've only given a small snapshot of everything NHS Bolton is involved in. There's much more information on our website www.bolton.nhs.uk. If there is specific information which you would like, you can request it by writing to the Freedom of Information Officer at the address on the back cover.

If you have problems or queries about services or treatment for you or your family a good place to start is our Patient Advice and Liaison Service. Tel 01204 462701; email PALS@bolton.nhs.uk

If you'd like to be involved and consulted about local health issues on a regular basis, you should get in touch with the Local Involvement Network (LINK). Please complete and return the form below and we'll pass your details on to the local LINK

You can also use the form to give us a comment on local health services, or on this annual report.

We look forward to hearing from you.

Name :

Address :

Phone number :

[] I'd like to know more about the LINK; please pass my details on

Signature :

What is good about local health services :

A suggestion for improving local health services :

What is good about this annual report :

A suggestion for improving the annual report :

Please return this form to The Public Engagement Manager, Bolton PCT, St Peter's House, Silverwell Street, Bolton BL1 1PP

We recognise that not everyone will find this report easy to read. If you would like a summary in a different language or format, please let us know. Contact the Communications Manager on 01204 462020

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