

Bolton Teaching Primary Care Trust



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Annual report 2010/11

Welcome from Chair and Chief Executive

We are pleased to introduce our eighth Annual Report setting out our achievements and challenges in 2010/11.

This has been a year of demands and change for NHS Bolton. Yet amidst all the big changes, we have never lost sight of our priorities to improve population health, deliver better care that is closer to home while delivering value for money for the people of Bolton.

The greatest challenge for NHS Bolton has been the continuous financial squeeze due to the increasing demands on the NHS, rising inflation, and increases in the price of drugs. In 2010/11, we needed to save £12.1 million over the year. As with the previous year, we reduced the budget gap. We did this by controlling demand for services; treating patients in primary and community care settings; introducing better prescribing practices; and carrying out health improvement work, and overall not reducing the quality of services for our population.

We faced two other big challenges in the last 12 months and these will continue to challenge the PCT in 2011/12. These were structural changes to the NHS. First, as part of the national policy of Transforming Community Services, was preparing for provider services to be transferred out of the PCT in 2011. The bulk of the PCT's Provider Services will be integrated with Royal Bolton Hospital into an organisation called Bolton NHS Foundation Trust by July 2011. Working together as a single organisation will bring many more opportunities for innovation, improvements and development for our patients and staff.

We decided not to integrate all services with the acute trust. Special care dentistry was transferred to Ashton, Leigh and Wigan Community Trust on 1 April and our integrated GP practice, Bolton Community Practice, became a social enterprise on 1 April. Two of the practices that were originally part of Bolton Community Practice - Great Lever and Derby Practice - however will become two independent providers in May. Our staff have worked extremely hard to ensure the transfer of services happens on schedule and with minimum impact on patients.

The second big challenge followed the government's announcement in the white paper: Liberating the NHS that PCTs are to be replaced by GP consortia by 2013 and public health departments will transfer over to local authorities by 2013. We have worked closely with our staff and partners to cope with restructuring of the NHS. We are already busy facilitating big changes, with two shadow GP consortia already formed including a GP pathfinder consortium, and a shadow Health and Wellbeing Board is in development.

Our staff worked hard to make the changes happen quickly and efficiently, so NHS Bolton could focus on the main business of improving health and delivering healthcare. Although we met our significant cost improvement plan and coped well with structural changes, we continued with initiatives to meet our priorities. We have improved population health by working with GPs to improve the health of their patients. We have also been working hard to ensure Bolton One, the new Health, Leisure and Research Centre, opens in early 2012 to deliver care closer to home for those with the greatest health needs.

During the course of the year, we said farewell to Board members Director of Finance Ismail Hafeji and Director of Primary Care Provision Anna Basford who both left to take on new roles elsewhere in the NHS, and Ebrahim Adia who stepped down as a non-executive. He moved to Royal Bolton Hospital NHS Foundation Trust as a non-executive director to offer community services expertise to its Board in preparation for the transfer of our community services to the foundation trust.

Looking towards the next year, again there are significant challenges ahead. We will finally transfer the rest of our community services to Bolton NHS Foundation Trust and continue to help and support both GP consortia into the new world of GP commissioning. NHS Bolton's objective must be to make the transition as rapid as possible locally and to achieve it with the minimum disruption to the delivery of patient care and population health.

Pam Senior, Chair

Tim Evans, Chief Executive

Stephen Liversedge, Chair of the Professional Executive Committee

All about NHS Bolton

NHS Bolton is the local primary care trust in the borough of Bolton. The organisation, which formed in 2002, is responsible for buying (commissioning) the best health services possible for our population. In addition to treating and caring for people when they are ill, we improve the health and wellbeing of our population.

Who we are

NHS Bolton is led by a Board of Directors, who are legally accountable to the people of Bolton for the work of the organisation. The constitution of the Board ensures that there is a majority of non-executive directors, who are appointed from the local community to make sure the interests of local people are represented in discussions. The Board also includes nursing and medical representatives. A Management Team of directors, led by the Chief Executive, manages the organisation on a day to day basis.

There is also a Professional Executive Committee to ensure that expertise from a range of clinicians influences decision-making and planning at the highest levels within NHS Bolton. In 2010, the membership of the Professional Executive Committee was extended to include GPs to help in transition to fully operational GP Consortia by 2013.

The non executive directors, excluding the Chair, also sit on the Audit Committee which scrutinises the governance and financial management of the organisation.

The Remuneration Committee 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).

To ensure appropriate independence between commissioning and service provision functions of the PCT, a Provider Services Committee, chaired by a non-executive director was established in 2010 as a sub-committee of the Board to strengthen governance.

The names and job titles of all the members of the Board, Professional Executive Committee and Management Team can be found in the tables on pages 39 and 40.

What we do

We buy services for the people of Bolton from 56 GP practices, 32 dental practices, 34 opticians, and 65 pharmacies, who provide essential health services. We also provide a full range of community health services from 15 clinics and in people's homes, and employ over 1,900 staff.

We buy most of our hospital services from Royal Bolton NHS Foundation Trust. We also buy services from Greater Manchester West NHS Foundation Trust in the provision of mental health services for the people of Bolton.

Health is so much more than clinical services. It is about improving the health and well-being of the population. We work in close partnership with Bolton Council and Bolton Community Voluntary Service to get the best for the people of Bolton. We fund a wide programme of preventative services including immunisation, screening and smoking cessation. We are also here to help the population access the information advice and support to help them make the positive lifestyle choices that keep them well.

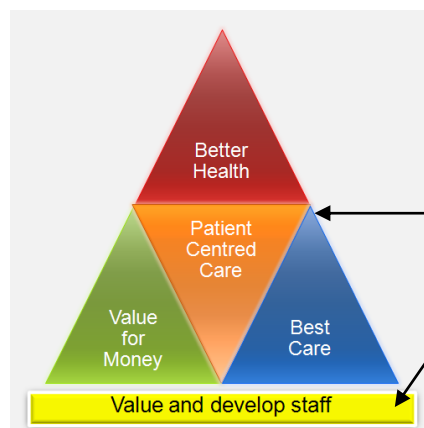
NHS Bolton Provider Services

As well as buying services for the population of Bolton, NHS Bolton also provides community health services in the borough and outside. We have a community workforce of 1,600 staff including nurses, health visitors, consultants, GPs and other health professionals. They provide services across 15 community locations and in patients' homes. We currently provide the following services:

| Children and Young People | Older People | Adult | Primary Care |
|--|--|--|--|
| <ul style="list-style-type: none"> • Adolescent Health • Audiology • Community Paediatrics • Complex Health Needs • Health Visitors • Learning Disabilities • Nutrition & Dietetics • Occupational Therapy • Physiotherapy • School Nurses • Speech & Language Therapy • Weight Management | <ul style="list-style-type: none"> • Active Case Management • Anticoagulant Services • Rehabilitation Service • Diabetes • District Nursing • Equipment Loan Services • Falls & Domiciliary Therapy • Intermediate Care • Nutrition & Dietetics • Neuro-Rehabilitation • Older People's Health • Podiatry • Rapid Response • Tissue Viability • Wheelchair Services | <ul style="list-style-type: none"> • Bowel and Bladder Health (including continence service) • Dermatology • Ear, Nose & Throat • Epilepsy Service • Learning Disabilities • Mental Health • Minor Surgery • Musculoskeletal (Orthopaedics & Rheumatology) • Orthotics • Palliative and End of Life Care • Sexual Health and Family Planning • Stop Smoking Service • Speech & Language Therapy | <ul style="list-style-type: none"> • Bolton Community Unit • Community Dental Services • 7 GP practices, integrated into 1 practice in July 2010 • Urgent Care including GP Out of Hours • Nurse-led Walk in Centre |

Our Vision

NHS Bolton has an ambitious **triple aim** for Bolton. We want:



The Triple Aim:

- Better Health
- Best Care
- Value for Money

The Triple aim will result in a patient centred approach to care

This needs to be underpinned by highly skilled and motivated staff

Our mission is to achieve all three of these aims together. NHS Bolton has joined an international group of health organisations working with each other and with the Institute of Healthcare Improvement to improve our ability to do so.

Our population

Bolton has a very diverse population of around 262,400 people, with 128,800 males and 133,600 females. There's a high proportion of children and older people than the national averages, and over 13.2% of the population are from an ethnic minority background.

Due to the makeup of the population, we face many health challenges. Of Bolton's adult population, 12% say they are in excellent health, whilst 9% say they are in poor health. The health of people in Bolton is generally worse than the England average, including the rate of people claiming incapacity benefits for mental illness, and the rate of hospital stays for alcohol related harm. The estimated percentage of adults classified as obese is similar to the England average. We are overrepresented in the highest and lowest deciles of deprivation. We have very affluent communities sitting next to very deprived communities.

People in Bolton live 2 years less than rest of England. There are also significant health inequalities within Bolton. A person living in the deprived central area of Bolton can expect to live for almost 12 years less than someone from Harwood which is amongst the very most affluent areas of the borough. However, over the past decade we have seen an improvement in this gap in life expectancy, as it has reduced from just over 14 and a half years to 11.9 years.

Over the last ten years, there has been a fall in early death rates from heart disease and strokes. However, the rates remain above the England average.

The health of children and young people is generally worse than the England average too, including tooth decay in children aged 5 years and the percentage of mothers smoking in pregnancy. However, the percentage of physically active children is better than the average.

Tackling health inequalities is at the centre of the work of NHS Bolton. A thorough understanding of the health needs of the local population is essential if we are to plan and provide the appropriate services to improve the health of the people in Bolton. We need to understand how health and lifestyles differ across population groups and areas of Bolton and how these factors may be changing over time. To help us do this we have carried out three health and lifestyle surveys within the adult population of Bolton over the past decade; the third survey was carried out in 2010.

The table overleaf highlights some of the key findings from the survey and gives an aggregate picture of the health problems and health behaviours of our diverse population. As shown, smoking is now less prevalent in Bolton but the numbers of people who are overweight and obese, the numbers of people who drink over recommended limits and the numbers of people with possible mental health problems are increasing. These higher levels seen in Bolton emphasise why they are priority areas for NHS Bolton. This data is already proving extremely valuable in helping to shape our plans and strategies for the coming years.

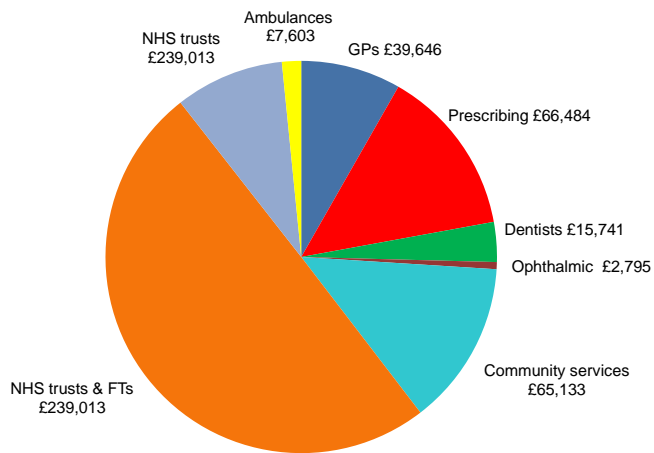
Bolton Health Survey Comparative Results 2001/2007/2010 - weighted results

| Health | | 2010 % | 2007 % | 2001 % |
|--|---|-----------|-----------|-----------|
| General health | Excellent | 12 | 13 | 11 |
| | Poor | 9 | 8 | 10 |
| In last 12 months have suffered from: | Pain or stiffness in the joints | 55 | 49 | na |
| | Recurring or constant backache | 39 | 34 | 30 |
| | Shortness of breath with wheezing (proxy for asthma) | 21 | 19 | 18 |
| | Severe chest pain or discomfort on exertion (angina) | 10 | 9 | 10 |
| | Nervous trouble or depression | 26 | 24 | 24 |
| COPD | | 2 | 3 | na |
| Has a doctor ever told you that you have/have had: | High blood pressure | 32 | 30 | 25 |
| | Diabetes | 9 | 7 | 6 |
| | Heart attack | 4 | 4 | 4 |
| | Stroke | 3 | 3 | 3 |
| Possible mental health problems | | 27 | 21 | 22 |
| Smoking | Current smoker | 21 | 23 | 30 |
| | Heavy smoker (20+ a day) | 5 | 6 | 9 |
| Alcohol | Drinking over recommended weekly limit | 24 | 24 | 19 |
| | Drinking severely over recommended weekly limit | 7 | 6 | 3 |
| | Binge drink at least one day a week | 30 | 29 | na |
| BMI | Underweight | 4 | 2 | 3 |
| | Overweight | 35 | 34 | 33 |
| | Obese | 20 | 18 | 13 |
| Carer | | 12 | 12 | 12 |

How we are funded

In 2010/11, NHS Bolton received £490 million of funding from the Department of Health; this is an average allocation of approximately £1,700 per person. There is much more detail of how this is managed in the Director of Finance's Report on page 31. Most of the money goes towards funding primary and secondary care. The chart below shows the providers where we spent the money.

Gross expenditure for 2010/11



Note all figures are in millions.

A Year of Change

This is probably one of the most challenging times that staff in the NHS have faced. Integration of provider services with Royal Bolton Hospital is only one part of the picture: the latest health white papers set out widespread NHS organisational changes for commissioning and for public health. NHS Bolton has coped well with the structural changes to the NHS. We have paved the way for the new world of commissioning and public health in the borough.

In 2011, there are now three commissioning organisations in Bolton: NHS Bolton and two GP consortia. Bolton Health Consortium, a pathfinder, covers over 40 GP Practices representing over 265,000 patients. The consortium has an elected board and from April 2011 will receive devolved budgets from the PCT for prescribing, triple aim and urgent care for the whole borough, not just their patient population. The PCT's Assistant Chief Executive has been assigned to the shadow consortium as the accountable officer designate and has a team of assigned PCT staff to help the consortium to deliver its commissioning and financial priorities.

The second consortium in Bolton, known as Bolton Collaborative Consortium, has a membership of nine practices, representing a population of 29,000 people. As they are not yet a pathfinder consortium, they are not as far along their commissioning journey as Bolton Health Consortium but the PCT's Director of Commissioning will support them in developing their commissioning responsibilities and priorities in the coming year.

From 1 April, both consortia will have a representative on our Management Team, Professional Executive Committee and Board.

The Department of Health announced in the 2011-12 Operating Framework the mandatory requirement for all PCTs to be established within clusters by June 2011. This is seen as an essential stage on the road map for transition of the NHS. The broad role of clusters will be two-fold. Firstly, clusters will oversee delivery during the transition of the close down of the old system. In so doing, they will ensure PCT statutory functions are delivered up to April 2013. Secondly, clusters will support emerging GP commissioning consortia (GPCC), the development of commissioning support providers and the emergence of the new system, and they will provide the new NHS Commissioning Board with an initial local structure to enable it to work with consortia.

On 1 June, NHS Bolton will become part of a Greater Manchester PCT cluster and NHS Bolton's chief executive will no longer be the accountable officer for Bolton.

Despite all this restructuring, NHS Bolton Provider Services has continued developing over the past year and, with approval from the independent regulator Monitor, will transfer to a new integrated provider: Bolton NHS Foundation Trust by July 2011.

How we are performing against key national and local targets

PCTs are measured against national key targets such as 18 week wait to treatment and 4 hour wait to be seen in accident and emergency. Even in our most challenging year to

date, NHS Bolton has performed well in the majority of key performance indicators however; there are a few indicators where performance has not been satisfactory. These include:

- A & E attenders seen within 4 hours – this has been an ongoing pressure at Royal Bolton Hospital NHS Foundation Trust and the year end performance was slightly below the 95% target. Bolton Health Consortium has identified urgent care as a priority for 2011/12 with clear plans to reduce A & E attendances and admissions. A redesign programme with Royal Bolton Hospital Foundation Trust is planned which together with a primary care access project will support delivery of this and other new urgent care targets in 2011/12. The national Emergency Care Intensive Support Team visited the trust in December. However, as the awaited report is now out of date, a further visit is being planned to update and validate previous recommendations.
- Referral to treatment (RTT) within 18 weeks – a number of specialties at Royal Bolton Hospital Foundation Trust have not met the national requirements. Large numbers of elective patients were postponed in the winter in order to maintain urgent and critical care during the flu outbreak in line with national policy. This had direct impact on 18 weeks which was already under pressure for some specialities.
- NHS Bolton has received assurances from Royal Bolton Hospital Foundation Trust that it is their intention, by the end of April 2011, to be achieving the RTT targets at a Trust level for admitted patients. Detailed plans at speciality level have been developed and shared with NHS Bolton. These plans will be monitored on a monthly basis.
- Time spent on a stroke ward – this is a key priority for NHS Bolton and Royal Bolton Hospital Foundation Trust for 2011/12. Detailed plans are in place to improve and agree admission pathways to the stroke unit. Direct admission has been in place since late April 2011 and is expected to greatly improve performance.

The Strategic Plan “The Big Bolton Health Plan” is the five year plan from 2009 for NHS Bolton. The plan includes seven health outcome targets which are ambitious local targets for improvement in the conditions that are the highest priority for NHS Bolton.

The strategy to deliver the outcomes is the nine goals. These goals were arrived at using the Triple Aim, which is the basis of all NHS Bolton strategies. As seen in the table overleaf, all but one of our strategic plan goals are on track.

Goal 1 - Reduce the gap between Bolton & England life expectancy

Life expectancy in Bolton has increased and the internal gap in life expectancy in Bolton has also improved.

Goal 3 – Increased percentage of people reporting good general health

This is a census measure but we have been using wellbeing as a proxy. Self-reported health deteriorated as predicted, due to the current recession and the close link between economic prosperity and people’s general well-being. From April 2011, we will use the more robust and comparable the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), which measures self-reported mental well-being instead of self-reported health.

Strategic Plan Goals Progress so Far

| | GOAL | PROGRESS |
|-----------------|---|---|
| Better Health | 1. Reduce the gap between Bolton & England life expectancy | ✓ Provisional data (2008-10) shows a decrease in the gap to approx 1.99 yrs, baseline 2003-2005 2.23 yrs. This is our smallest gap since 2002-04. |
| | 2. Reduce the all age, all cause mortality rate in our most deprived quintile | ✓ Locally calculated mortality rate is better than trajectory. Internal gap in life expectancy reduced gain to 11.9 years. |
| | 3. Increase people reporting good or fairly good health by 2% | ✗ Awaiting census data for comparable measure. Health survey 2010 shows deterioration in self-reported well being. |
| Best Care | 4. Bolton people living within 1.5 miles of a new hub health centre | ✓ Strategy timescale reviewed at Oct-09 Board. Projection on track and meeting interim milestone. |
| | 5. Reduce HSMR at Royal Bolton Hosp by 31% | ✓ Sustained improvement in HSMR in 20/11. Expected figure, once rebased, ahead of trajectory. |
| | 6. Increase satisfaction with health services | ✓ On track but fewer in "very satisfied" category |
| Value For Money | 7. Document Clinically agreed care pathways for % of patient journeys | Goals written 2 years ago do not reflect current position. Proposed replacement: contribute to national 5 years QIPP requirement of £20bn through £9.5 million recurrent savings year on year. |
| | 8. Review 20% of budget annually | |
| | 9. Attain highest World Class Commissioning Score | |

Due to different priorities of the new government, our performance is no longer assessed independently by the Care Quality Commission or via the World Class Commissioning assurance framework. However, our Board receives monthly performance reports in relation to our performance against key national and local targets.

We achieved all our financial key performance indicators, please see page 31 onwards for the detail.

Emergency preparedness

NHS Bolton is fully committed to the ongoing planning and organising process with its principal partners within the health economy in respect of development, maintenance and testing of emergency plans.

The PCT has in place a Major Incident Plan and is currently in the process of conducting an extensive review of it in conjunction with our principal partners in order to meet the challenges presented by the upcoming changes to the NHS. This is so we can continue to meet the requirements of the Civil Contingencies Act as a category one responder and the NHS Emergency Planning Guidance 2005 and all associated guidance

NHS Bolton has developed a Bolton health economy resilience plan in conjunction with Bolton Council and the Royal Bolton Hospital NHS Foundation Trust. This plan has been designed to come into operation when any of the three organisations are unable to continue when faced with exceptional surges in demand and activity.

In addition, the PCT has developed the following Plans in consultation with local health economy partners:

- A Mass Casualties Plan
- A Mass Fatalities Plan
- A Flood Plan

The above plans have all been written as a local response. They have been designed to support, and not replace, the GM plans developed by the Greater Manchester Local Resilience Forum. In addition, NHS Bolton has conducted a review and subsequently amended its Pandemic Flu plan following the 2009/2010 pandemic flu outbreak.

Serious untoward incidents

The PCT is required to include details of serious untoward incidents involving data loss or confidentiality breaches in its annual report.

In 2010/11, NHS Bolton had no serious untoward incidents involving personal data, as reported to the Information Commissioner's Office; however there were two at Royal Bolton Hospital.

Better Health

One of the most important roles of NHS Bolton is to improve the health and well-being of Bolton and its people. We do this in partnership with other organisations including GPs, and with individuals and their communities. We enable and support partners to improve the health of the population and reduce the health inequalities that exist between geographical areas and between groups in Bolton.

Wellbeing in Bolton

Overall, Bolton has a lower level of wellbeing than both the North West and Greater Manchester. The focus of this year's Director of Public Health Annual Report was on wellbeing which considers the relationship between wellbeing and health inequalities. Improving wellbeing is key priority.

Poor wellbeing is both a cause and consequence of poor health and shows that positive wellbeing can help to reduce the negative impact of socio-economic deprivation on health. Positive action to improve wellbeing in individuals and communities is possible and has the potential to improve health outcomes across a range of conditions.

Mental health and physical health are closely related, with problems in one leading to problems in the other. The following achievements in this section all aim to improve the wellbeing of Bolton people.

Achievements in primary care

Following on from the nationally recognised achievement of the Big Bolton Health Check, NHS Bolton has now invested in a team of dedicated staff who support GP practices to continue this achievement by working with primary care to improve the health of their patient populations and delivering best care. The Triple Aim in Primary Care Team has engaged with all GP practices in Bolton.

The Triple Aim Team's work aims to address health inequalities through the provision of targeted support and encouragement for practices, to enable the provision of quality care for patients on disease registers and comprehensive support for wellbeing for the whole of the practice population.

The team has focused on many areas in 2010/11, but there have been three big achievements. First, Impaired glucose intolerance (IGT), which is an early indicator of diabetes, was chosen as the true prevalence in Bolton is not known. A locally enhanced service was introduced to GPs to help them monitor glucose levels in their patients. Since the project started, we now have over 3,000 patients on the IGT register and we can work with these patients and early findings have shown that through lifestyle intervention the onset of diabetes can be delayed or even avoided. As a result, NHS Bolton has rewritten its Identification of Diabetes and IGT Regulation Protocol for GPs.

The second area was chronic kidney disease (CKD). Bolton previously had the lowest prevalence of CKD in Greater Manchester. Working with general practice the team has supported case finding to identify these missing patients. The PCT's target was to reduce the prevalence gap by 50%, which was exceeded. As a result of the work of Triple Aim Team, identified prevalence in Bolton is now higher than other PCTs in Greater Manchester and through improvements in the management in the community, referrals to secondary care have been reduced.

There have been a number of 'Best Care' projects focusing on chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD) and diabetes. We introduced monitoring of patients on these registers to determine if they are receiving pre determined best care indicators. The results are quite significant with 73% improvement in COPD, 16% in CHD and 10% in diabetes.

Focusing on alcohol

Alcohol abuse is a problem in Bolton, and tackling this continues to be a priority. In 2010/11 there has been a significant amount of work carried out which has focused on reducing alcohol related harm. This work has been kick started and supported by the National support Team for Alcohol following their visit to Bolton in March 2010.

We carried out a piece of work that examined in greater depth the characteristics of people with alcohol related illness who repeatedly present to A&E services. This work was reflected in plans to re-design the alcohol liaison service at Royal Bolton Hospital and is also linked into the implementation of Bolton's Dual Diagnosis Strategy.

Our work had a particular focus on communicating with staff and patients. NHS Bolton and Bolton CVS have supported the Community Engagement Network in developing a DVD that aims to raise awareness of alcohol related harm, with a particular focus on the health impacts of excessive drinking. We have focused on training health and social care professionals to identify people at risk of alcohol related harm and ill health and to enable them to offer accurate health related information and advice on safer drinking.

High profile campaigns in 2010 included an alcohol and domestic violence campaign to tie in with the World Cup, the Flipside campaign during alcohol awareness week looking at the positive and negative aspects of alcohol use and a Bin your Syn campaign in conjunction with Slimming World examining the relationship between drinking and weight. Boozetalk website continues to be a useful source of help and advice for both the public and professionals seeking further information about alcohol related harm and the services available in Bolton that offer treatment and support.

A new Alcohol Harm Reduction Strategy was drafted in 2010/11 and will be officially launched in late spring 2011. The strategy covers the full range of alcohol related health and social care impacts and builds on the successes of the previous Alcohol Strategy for Bolton which has now been fully implemented.

All of this work helps NHS Bolton continue to buck the national trend in that we have succeeded in slowing down the rise in alcohol related hospital admissions locally.

Health Trainers

After playing a major part in the success of the Big Bolton Health Check, Bolton's health trainers returned to their respective GP surgeries and are now firmly re-established as part of the wider primary care team service. They play a huge part in improving the health and wellbeing of the local population.

Since the service began in 2007, approximately 5000 local people have undertaken a comprehensive health trainer intervention and referrals are continuing to increase yearly from 749 in 2007 to 2,318 in 2010/11.

Health Trainers have provided intense support and motivation to patients to encourage them to address a plethora of lifestyle risk factors. Patients have requested support with excessive alcohol consumption, stopping smoking and becoming more active. A large majority of our patients have requested support with making changes to unhealthy diet and food choices. During 2010/2011, 52% of patients told us that food choices and diet were of primary concern.

During the last year, health trainers have been closely involved in delivering the Triple Aim agenda. As well as supporting GPs to screen patients for primary prevention they have taken part in a small scale study to determine if a comprehensive 6 month lifestyle intervention, supporting patients diagnosed with impaired glucose tolerance can delay or prevent the onset of diabetes. Thirteen health trainers working across 16 surgeries have been involved and the final results will be available in July 2011. However, early findings show that 50% of patients lose their impairment and 70% reduce their 2 hour glucose levels.

Feedback from patients is vital in looking at the effectiveness of the service and for future service development. Recent figures show that 72% of patients who have undertaken a full health intervention feel healthier since working with a health trainer. 96% say they are now more aware of what to do to keep well and stay healthy and 88% tell us they have the confidence to make further lifestyle changes themselves since working with the service. Finally, 98% of respondents reported that they would recommend the service to a family or friend.

Health protection

2010/11 proved to be another difficult year in terms of winter pressures, one of which was dealing with seasonal flu during one of the coldest winters on record.

Health protection is one of our core areas of work, and preventative methods such as vaccination programmes are key in protecting the population. Our flu vaccination rates for over 65 year olds and for frontline staff were higher in 2010/11 than in the previous year. Although fewer people in "at risk" groups aged under 65 were vaccinated which was also characterised by vaccine shortage which impacted on this age group.

To encourage vaccination we did outreach work with Bolton Council of Mosques, chronic disease teams, staff side representatives, occupational health department, our local media and did a lot of work with GPs and their staff in addition to staff at the Walk in Centre.

Tackling tobacco

Stopping people smoking is the most important thing we can do to improve people's health. Ten people each week lose their lives in Bolton to smoking related diseases. Lots of excellent work has already gone on in Bolton to reduce smoking prevalence, but we need to drive down prevalence rates even further and save more lives. People in Bolton were asked for their views on our draft Tobacco Control Strategy 2010-13. This strategy outlines how we will tackle tobacco together with our partners. It ranges from helping people to quit to protecting children from second hand smoke as well as educating people about the dangers of shisha pipes.

Engaging with Bolton's diverse communities

NHS Bolton has been working with Bolton Community Voluntary Sector (CVS) for 3 years to reach Bolton's diverse communities who often face more barriers to maintaining a healthy lifestyle or accessing services. In 2010, we worked to tackle some very difficult issues with people who traditionally are less likely to take up prevention services.

The main aim of the project was to educate people about specific health conditions and alert them to the early signs and symptoms. This covered areas such as screening for cervical and bowel cancer; self-checking for testicular, prostate, breast and skin cancer; improved mental health and wellbeing; and anti-smoking advice, particularly for those who use shisha (a type of tobacco).

To do this, community engagement workers were employed to take health messages out into the community using interactive projects, such as using 'bio-like' models, which are life-like dolls with hidden lumps in certain areas. Interactive games such as 'bowel bingo', 'road to cervical screening', and 'open wide' were also developed to highlight health issues.

NHS Bolton has since seen an increase in women from black and minority ethnic communities attending cervical screening. NHS Bolton and Bolton CVS were recognised for their work by winning the 'Working in partnership to narrow the gap in health inequalities' at the Community Empowerment Awards.

Best Care

Last year was an exciting, if demanding year, for the PCT. As well as dealing with the challenges and work of transferring community services to the new integrated provider, we have also continued to innovate, and aspects of our services have received external recognition, as seen on page 27 and 28.

Accident and Emergency

In January, NHS Bolton launched a successful month-long pilot in A&E at Royal Bolton Hospital. We tested the idea that a GP could assess and then deflect a patient from A&E in a way that is safe, effective, and appropriate to patients.

During January 420 patients were seen. Overall 44%, of patients were deflected to either self-care, a pharmacist, or their GP. We tried to understand why patients had attended A&E with non-urgent conditions by surveying patients and all patients were given the opportunity to feedback their views of their experience too.

The pilot enabled faster treatment for people who needed to be treated in hospital and more appropriate treatment for those who could be better cared for by other healthcare professionals.

The pilot was well received by clinicians and providers and this particular model of care was acceptable to patients. We will be looking to work with GPs, RBH and other partners to introduce a similar model as part of a wider redesign of urgent care services in 2011.

Reduction in Accident and Emergency attendances

The number of Bolton people attending A&E fell in 2010/11 compared to the previous year. As part of practice based commissioning and triple aim work programme for this year, many GP practices have been working towards improving access for patients to GP services in a practice. As an example of this work, practices restructured their appointment systems or provided telephone consultations to improve access and to reduce the need for patients to access other NHS services. This is supported by the findings from the latest GP Patient Survey which shows that patients in Bolton were more likely to rate it easy to get through on the phone than patients in England overall were.

Also as part of this program, practices have been working to identify patients with long term conditions earlier and begin treatment to manage the conditions, whilst also, supporting practices to manage and improve the care of patients with long term conditions. This excellent team working between NHS Bolton, practice based commissioning and GP practices has helped to reduce the need to access A&E.

Dual diagnosis

Dual diagnosis is a term used to describe any combination and severity of drugs/alcohol and mental health problems. It often accompanies other complex needs. In 2010, we focused on a dedicated dual diagnosis project with a dedicated team leader. Effective joint commissioning in line with national recommendations has now been developed in Bolton with appropriate structures and governance arrangements in place. The mental health and drug and alcohol workforce are now working together across key clinical development areas including training programmes, information sharing forums, and the development of joint working agreements which will lead to clearer and more effective care pathways. The mental health and drug and alcohol workforce in Bolton are now working together pro-actively to improve the service users journey and reduce the opportunities for them to fall through gaps in services.

This project has injected a renewed energy and motivation across all key stakeholders to highlight and promote the complex needs of people with a dual diagnosis, their carers and their families. It has encouraged a whole systems approach to develop across local services which is beginning to develop and evolve into a sustainable model of care which will improve the outcomes for this client group. The demonstration of a true commitment to service improvement will be the legacy of this project.

Access to dentists

We recognise access to an NHS dentist is important to the people of Bolton and we are working to improve access to dental services.

Significant investment has been made by NHS Bolton as part of its commitment to deliver year on year improvements in access to dental services.

We introduced a dental waiting list in September 2010 for people seeking a routine appointment in Bolton. This system is fairer and more equitable to patients as they only have to contact PALS once to leave their details and they will then be contacted when places become available. The system of recording patient details means that there is quality data about the number of people looking for routine dental treatment. We give on average 500 dental places to patients each month. In January we worked with a number of dental practices to increase the number of new patients being seen, particularly those patients who had not seen a dentist in the last two years. Since September over 2,500 patients have been given a NHS dentist via the waiting list.

The results of a recent national survey showed that of those in Bolton who had tried to get an appointment with a NHS dentist within the last two years, 91% were successful.

Bolton Community Unit

The Bolton Community Unit is a NHS Bolton service that helps patients avoid admission to hospital by arranging packages of care at home or in an intermediate care setting. The service moved in to brand new larger accommodation located within Royal Bolton Hospital

in 2010, which enables us to fully comply with single sex accommodation requirements, and provides an improved environment for patients and staff.

Bolton Community Practice

Seven GP practices that are directly managed by NHS Bolton were joined together as a single practice in July in a bid to raise standards of care and service for patients. Royal College of General Practitioners has long championed the joining of GP surgeries into 'federations', and this work influenced the integration in Bolton.

In a bid to improve the patient experience and quality of care, and in response to listening to patients, the practice extended opening hours and existing practice patients can attend appointments at any of the seven sites. The integrated practice gives patients a greater choice of when and where they see a GP and has enabled us to provide greatly extended services during the evenings and on Saturday mornings.

It also provides centralised call handling, daily minor illness and injury clinics, and regular speciality clinics, such as family planning and respiratory health.

Developing capability and capacity in Quality Improvement: Enabling Quality Improvement

The Enabling Quality Improvement Programme (EQIP) is divided into three levels of awareness, participant and practitioner. The programme has been designed to increase the knowledge and practical skills of quality improvement and lean thinking across NHS Bolton. Provider staff are now more knowledgeable about the quality agenda, and two out of every five staff have reached the awareness levels.

Eating disorders

Just 18 months ago, we had long waits for people with eating disorders and high usage of inpatient services. Due to the hard work of commissioners working with providers, we have developed an eating disorder care pathway and commissioned a community service for eating disorders. More than 100 people are now being seen with little or no wait to access community services and inpatient services usage has reduced by 95%. Since these changes were implemented, we are now buying services for over twice as many patients for the same amount of money.

Managing long-term conditions for Bolton

Improving care and patient experiences of people with long term conditions had been a key piece of work for NHS Bolton. We piloted a patient experience design project in Brightmet, one of the most deprived areas in the borough with a fifth of the population with a long-term condition.

Patients told us the information on their conditions is poor, they did not feel supported and they did not really feel able to self-care. Because of the successful collaboration of a GP practice, active case managers, district nursing, allied health professionals, our triple aim in primary care team, social care and neighbourhood renewal team from Bolton Council, we produced a self-assessment quality of life wheel booklet.

It has been developed to support current patients living with long-term conditions, including newly diagnosed patients, to think about their broader needs when living with their condition. Self-care is a huge part of helping patients and families to cope.

It is well known that social determinants and life style, such as housing/environment, diet, knowledge, finance, crime & safety to name a few, affect the outcomes on health and wellbeing. The principle is for patients to consider how they feel about their long-term condition and the effect their environment and social circumstances have on them when managing their own health needs.

Neurological conditions

A new method of service delivery for patients with long-term neurological conditions has cut the waiting lists for neurology consultants' clinics from three years to just 10 weeks. The unacceptable delays for neurology follow-up appointments galvanised the PCT to rethink the whole ethos of service delivery.

Following the opening of Brightmet Health Centre, members of the neurological rehabilitation team were based together for the first time, with the specialist neurology team being integrated with the primary care rehabilitation services. The key component of the service is case management, which is provided by either specialist nurses for conditions such as MS, epilepsy, Parkinson's disease, or an occupational therapist for brain injury and the most suitable allied health professional for any other neurological condition depending on patient need.

This means users and carers can make rapid contact with an appropriate member of the team and consultant appointments are reduced to being on a medical need basis. One of the major successes of the service is the close working with the user and carers groups. This input has been so beneficial that they have representatives on the steering group, have designed direction leaflets and had a large input into any patient information leaflets that the team produces.

Satisfaction with overall patient experience is very high: 67% of patients were very satisfied, and 33% satisfied with the service received.

This achievement was recognised by Advancing Healthcare Awards 2011 as Janet Priest, team leader and Mandy Wardle, deputy team leader were runners up for the Rethinking the patient care pathway award at the Advancing Healthcare Awards 2011.

Value for money

NHS Bolton is progressing well on Quality, Innovation, Productivity and Prevention (QIPP) in partnership with Royal Bolton Hospital and Bolton Council. We are working to the national and regional QIPP agenda to ensure we make efficiencies and improve productivity gain and yet still achieve our objectives to improve the quality of health of our population. The Bolton QIPP group meets monthly, and the group has agreed work streams on medicines management, clinical pathways, estates, shared services, best value indicators, and payment and financial flows.

GP referrals for treatment

As part of Practice Based Commissioning, practices were set the target of achieving a 0% rise year on year in GP referrals. Invalidated figures suggest that we have achieved a 0.3% reduction, which goes against national trend, other areas have increased their referrals. This was achieved by practices regularly being informed on referrals across the borough and supporting practices where their referrals were high compared to their peers or higher than previous years.

Productive Community Series

An organisation-wide change programme has helped a home care team increase the time spent with patients from 21% to 35% and released an extra 40 hours per week to deliver patient care.

Productive Community Services is an organisation-wide change programme that helps engagement of front line teams in improving their quality and productivity. It has been identified by the Department of Health as a key tool to support organisations in delivering the QIPP agenda.

Fifty-five teams across the PCT are now engaged and achieving outcomes in Productive Community Services. The programme has also reduced the time spent in discussions and interruptions about patients by 52% from 465 minutes per week to 255 minutes per week.

The tools help front line staff to tackle day to day frustrations and aid productivity of the teams, benefiting staff, patients and managers. Freeing up time of the teams has enabled hundreds of days of time to be reinvested into service provision.

Anna Troughton, who led on the productive community services work, and her team were recently nominated in the Chief Health Professions Officer's Award for Leadership category at the Advancing Healthcare Awards 2011. The judges praised the programme for demonstrating good recognition of inter-professional challenges and Anna's good personal leadership style.

Driving 6S across community settings:

NHS Bolton now has a dedicated 6S Team. 6S is a technique for organising a workplace, especially a shared workplace such as an office space. The key targets of 6S are workplace morale and efficiency. The point of 6S is to assign everything a location so that time is not wasted by looking for items. It is quickly apparent when something is missing from its designated location. 6S advocates believe the benefits of this style comes from deciding what should be kept, where it should be kept, and how it should be stored. The 6S Team, within NHS Bolton Provider Arm, comprises of 40 members of staff who successfully completed the Business Improvement Techniques Level 2 and 3.

Clinically led Quality Innovation, Productivity and Prevention (QIPP)

QIPP is about creating an environment in which change and improvement can flourish; it is about leading differently and in a way that fosters a culture of innovation; and it is about providing staff with the tools, techniques and support that will enable them to take ownership of improving quality of care.

Clinical leads from each service attended training to drive clinically led improvements to improve productivity and challenge current practice. Early outcomes are showing reductions of DNA rates in targeted areas.

Reducing our carbon footprint

The NHS has a major impact on the environment: it accounts for 3% of the UK's carbon footprint by the way it purchases goods and services, builds and heats its buildings, disposes of waste, uses water, and staff travel.

NHS Bolton has plans in place to meet the 10:10 initiative, which is a legal requirement to reduce our carbon footprint by 10% by June 2011. To achieve the target and monitor the PCT's performance, staff from across the organisation come together at a Sustainable Development and Environmental Working Group. Moreover, each PCT site has been assessed for energy efficiency and a detailed action plan has been produced.

Tackling our carbon footprint will not only help in the sustainability of our environment but cutting our energy and our consumerables will help save NHS Bolton money, and help financial sustainability too.

Sickness Absence

The PCT strives to improve the rates of staff attendance at work. Along with monitoring sickness absence rates, the HR department is also exploring other approaches to support a reduction in sickness absence such as health promotion and developing prevention initiatives through the staff health and well-being agenda. A small health and well-being working group has been established to take forward initiatives to improve the health and well-being of our staff.

NHS Bolton's sickness absence rate for 2010/11 was 4.8% against a target of 4%, with the aim to achieve the North West trajectory target of 3.5% by 2013/14.

| | 2010-11 |
|---------------------------|---------|
| Total Days Lost | 15,647 |
| Total Staff Years | 1,571 |
| Average working Days Lost | 10.1 |

Note: These figures are based on a calendar year to 31 December.

Charges for Information

The PCT complies with the regulations set out in Data Protection Act 1998, the Data Protection (Subject Access) (Fees and Miscellaneous Provisions) Regulations 2000 and Access to Health Records Act 1990 (applies to deceased patients) in respect of the fees a patient or a third party may be charged to be provided with a copy of their records.

These are summarised below:

Data Protection Act 1998

- Health records held electronically - up to a maximum £10 charge.
- Health records held in part electronically and in part on other media (paper, x-ray film) - up to a maximum £50 charge.
- Health records held totally on other media: up to a maximum of £50 charge.

Access to Health Records Act 1990

In line with BMA guidance, the PCT makes the following charge:

- £10.00 access fee and £0.30 per photocopy page.

Patient centred

Valuing and listening to the public and patients

Our complaints and PALS teams provide quality support and advice to the patients in Bolton who want to comment about a service we provide or buy from providers or feedback on their experience – good and bad, while adhering to complaints regulations.

Over the last 12 months, the Complaints Team received 335 formal complaints: 165 for our in-house provider, 33 about corporate services/commissioning decisions, and 137 about other services that we commission. The top issues raised were:

- Clinical treatment
- Appointment delays
- Communication
- Attitude of staff

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.

Rather than making a formal complaint about the NHS, many patients prefer to air their concerns informally via our PALS Team. In the 12 months up to 31 March, we handled 507 PALS queries (informal complaints) and dealt with 25,254 enquiries such as signposting to other services.

The top issues raised were:

- Communication / information to patients
- Administration
- Appointments delays
- Clinical treatment
- Attitude of staff

Complaints and PALS issues are regularly presented to Clinical Governance Committee and Board in quality and patient experience reports to ensure patient feedback is embedded into decision making processes of the organisation.

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 of lessons learned include:

- Booking clerks introducing a quality improvement form for the Bolton Community Practice in response to an increase in the number of patients complaining about not getting an appointment quickly. Since introducing this form and performance meetings by the practice, the number of complaints has reduced.

- Holding regular significant events meetings to discuss complaints on GP out of hours service.
- Running bespoke customer care training with administrative staff and clinicians, including consultants, to improve staff attitudes and improve patients' experiences.

Equality and Diversity

Over the past 12 months, NHS Bolton has made great strides in improving its work around Equality & 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 they might affect differently on different groups of people, and how these risks can be monitored and reduced.

The PCT has in place an Equality Scheme and in 2010 refreshed its Equality Policy. Our Equality Policy sets out the PCT's values and commitments about equality, diversity and discrimination, while our Equality Scheme outlines our response to the Race, Gender and Disability Equality Duties and sets out our objectives for 2008-11. It is our main equal opportunities policy and does refer to the protection of staff from disability harassment or discrimination and our commitment to furthering equality with regards to them. We also have an Equal Opportunities in Employment Policy, which covers disability and a specific Disability Policy. We also have a bullying and harassment policy which has a specific section on Disability harassment.

We completed a fully verified assessment against NHS North West's Equality Performance Improvement Toolkit. NHS Bolton self assessed overall as 'Developing' with two areas as 'Achieving'. The assessment against this toolkit enabled the PCT to identify gaps in performance and make plans for improvement and also to benchmark our performance against other NHS Trusts across the region.

We also reviewed the PCT's policies and practices on dealing with and supporting patients who do not speak English, and included extensive engagement with staff and community groups representing black and minority ethnic communities. Feedback from the engagement project was used to refresh and re-launch the PCT's policy on interpretation and translation, particularly targeting any inappropriate use of friends and family members. Alongside this, the PCT also reviewed its language support services to more efficient and cost effective providers. The impact of this work has seen an increase of usage of interpretation services across many areas, but a decrease in spending as a result in more cost effective services being used.

A new extensive package of equality training was rolled out in 2010-11, including; deaf awareness, theatre based equality awareness, integrating equality into for business (for managers), age awareness training, equality monitoring workshops, sexual orientation training, refugee and asylum seeker awareness training and more.

Patients' views

Listening to the views of patients and the public underpins our approach to improving services and health outcomes. Patient experience and feedback are inherent parts of service design, delivery and improvement in Bolton. We have continued to engage with public and patients on not just our priorities but to hear what is important to them too. We continued to meet our duty to involve.

Over the last 12 months, we have talked to and listened to a diverse range of people and groups, using various methodologies such as focus groups with patients about primary care, surveying patients in real-time on their GP, visioning events on mental health and online surveys on pharmaceutical services.

NHS Bolton has a strong record of engaging the public. Meeting our duty to engage is embedded throughout the PCT. We surveyed walk in centre patients to measure their experiences, establish reasons for using the walk in centre and measure satisfaction with the service to inform the future of the walk in centre. We decided to move the walk in centre to new premises and not to close the centre as it is appreciated by the public and is used by a large number of Bolton people.

We have a good relationship with Bolton Local Involvement Network (LINK) and Bolton CVS. LINK members were surveyed to ask for their views on the preferred partner for integration as part of transforming community services. Moreover, LINK governing board members, along with staff side, executive directors from the local authority and GPs, were involved in an options appraisal for deciding the future partner of our community services.

In running a month long pilot to deflect patients from A&E to other services, the patient voice was a significant part of the evaluation. All patients who visited A&E during this pilot were given the opportunity to give their views and experiences via a survey and to help us understand the impact on patients.

We have introduced patient experience measures and Patient Reports Outcome Measures (PROMS) into our contracts with Royal Bolton Hospital and BMI Beaumont, and we are working with patients and the public on redesigning urgent care pathways. Through our monitoring of inpatient experience of providers, the acute trust now surveys patients monthly to track and improve their experiences.

NHS Bolton has continued, through its funding with Bolton CVS, to nurture and develop its Equality Target Action Groups (ETAGs), which are the mechanisms by which the PCT consistently engages with equality groups on health issues, services and priorities. Membership of the ETAGs is currently in excess of 70 members of local people representing small voluntary and community groups, all with an interest in promoting equality across the NHS. Examples of work achieved via the ETAGs include:

- Engagement workshops with deaf and visual impaired groups on their experiences of accessing health services and information, and the barriers they face.
- Two Large Equality Network Events, which has included consultation on the NHS white paper and the Transforming Community Services Agenda.

Valuing and developing our staff

NHS realises that without the commitment and skill of our staff, the health of people in Bolton and service quality would not improve.

We thoroughly value all their efforts and thank them for the work they do.

Many of our staff graduated from Bolton University in July with post-graduate certificates and diplomas, many as part of Senior Management Development Programme introduced in 2008 to develop leadership skills and robust management skills of senior managers

Talking and listening to staff

We have invested in communicating and engaging with staff, and providing them with opportunities to have a say in their futures. In 2010, we engaged staff on their preferred partners for integrating community services with, on the specific criteria for selecting a provider, and since the provider was announced, engaged staff in big and small conversation events. These events brought together the staff from across NHS Bolton and Royal Bolton Hospital NHS Foundation Trust.

During this often unsettling period of change for staff, we have strived to keep them informed on developments. We set up a special frequently asked questions section on our intranet covering topics such as HR, pensions and structural changes. Our Chief Executive also gave regular face to face briefings to staff and gave them opportunities to ask questions that were most important to them. Particularly for our provider staff, we developed in partnership with Royal Bolton Hospital a dedicated newsletter Better Care Together to keep staff updated on transferring community services.

Staff Survey Results

The National NHS staff survey allows the PCT to fully understand the views and opinions of staff and act upon these to improve both the working environment and the working lives of our staff.

This was the eighth year that the survey had been undertaken. This year a random sample of our staff were sent a questionnaire, we achieved a response rate of 62%, which was higher than the national average.

The results identify a number of areas we have improved on over the last 12 months, with particularly positive findings around staff satisfaction, engagement and communications with senior managers.

The key findings have been summarised below. We are one of the best performing PCTs in England, and our scores have improved year on year. Last year we were one of the top 20% of PCTs for 10 key findings, this year we had 21.

Discussions of the findings will take place locally with staff in the summer, to enable improvements on areas that matters to them.

Diamond Care Awards

In February, in appreciation of the work of our staff in contributing to healthcare, we celebrated the achievements of our staff at our staff awards the Diamond Care Awards. The winners were:

Best care

- Winner: Brian Bradley, Respiratory Team.

Better health

- Winner: Robert Stell, Specialist Podiatry

Value for money

- Winner: Julia Stell, MSK Biomechanics

Valuing staff

- Winner: Liz Ashall-Payne, Quality Improvement

Patient experience

- Winner: Riaz Vali, Natcol.com Pharmacy

Right to request

In September, provider services staff who worked at the integrated Bolton Community Practice asked the Board to consider their wish to become a social enterprise. Board approved their request, and after a lot of dedicated hard work from NHS Bolton staff, the practice became a social enterprise, which is a not-for-profit body with social objectives, on 1 April. However, some GPs working at Bolton Community Practice decided to ask for the right to manage the GP practices where they worked. Board agreed to introduce a competitive tendering process for Derby and Great Lever practices, and Dr Atcha a current GP was successful in winning the contract to manage Derby practice.

Our staff successes

Our staff from across the organisation had a very successful year in being recognised for their excellent work both regionally and nationally.

The Orthopaedic CATS Team has been cited as a centre of excellence for their pre-surgery work with patients which maximises their health before an operation to ensure faster and better recovery afterwards.

The Clinical Lead for Primary Care Anne Talbot was appointed to the national urgent care strategy group, and will be supporting the roll out of the urgent care clinical dashboard (which was successfully piloted in Bolton in 2010) at a national level.

Stephen Liversedge, GP and PEC Chair, won the Innovative Clinical Leader award at the North West Leadership awards, in recognition among other things of his fantastic work on the Big Bolton Health Check.

Janet Priest was nominated and shortlisted for a Chartered Society of Physiotherapy award in special recognition for her contribution to services and the wellbeing of patients.

NHS Bolton has received a certificate from Collaboration for Leadership in Applied Health Research and Care for the Triple Aim Team's work on improving identification of chronic kidney disease prevalence.

Louise Hilton from the Diabetes Department had a research article published in the Journal of Diabetes Nursing. This represents a lot of hard work on top of a clinical workload, and reflects the high standards of our Diabetes Service.

A number of our teams were recently shortlisted for Advancing Healthcare Awards 2011. Unfortunately, they did not win but this external recognition of our services, shows staff are continuing to deliver excellent services, while under strain at this time of change. Anna Troughton and her team who first introduced PCS for the Intermediate Care at Home team in 2009 and then to over 55 teams, and were runners up for the Chief Health Professions' Officer's award for leadership. The judges praised the project for demonstrating good recognition of interprofessional challenges and a good personal leadership style.

Priorities for the future

This annual report has highlighted to the reader all our successes during the last 12 months. This section highlights our objectives and key actions for 2011/12 which have been agreed due to their high importance for the NHS Bolton and the emerging GP consortia.

| Triple Aim | Priority |
|-----------------|---|
| Better Health | 1. Triple Aim Primary Care |
| | 2. Mental Health -Dementia |
| Best Care | 3. Urgent Care |
| | 4. Stroke |
| Value For Money | 5. Demand Management |
| | 6. Health Economy QIPP Delivery |
| Transition | 7. Manage the process of the NHS Reform |

The Triple Aim has been used to ensure a balance of priorities. All strategic health outcomes and goals are covered by these priorities.

The Better Health priorities are:

- The further development and implementation of the 'Triple Aim in Primary Care' Programme which will now target improvement in each of the 7 Health Outcomes
- Implementation of the local mental health strategy, most notably focusing on dementia due to recent national guidance

The Best Care priorities both focus on areas where local performance is required to improve:

- Urgent care
- Stroke

The value for money priorities are:

- Demand management, which represents the need to maintain hospital activity at the current level despite the increasing demand from an ageing population
- Cross health economy Quality, Innovation, Productivity and Prevention projects which are the redesign projects being worked upon across the NHS in Bolton.

Another priority for the PCT is to manage the process of the NHS Reforms. These workstreams include:

- Complete transfer of Provider Services

- Consortia development & commissioning support
- Develop cluster arrangements including governance structures
- Health & Well Being Board development
- Public Health Transfer

There is still also a requirement for the NHS to make significant savings. The gap between money allocated to NHS Bolton and planned spending is £9.3 million for 2011/12. Although this is a challenge for the PCT, it is manageable as it is less than in 2010/11 and we have a good track record of achieving financial balance.

The gap is caused by the increasing costs of drugs, overspending on prescribing on drugs, inflation above target, increase in referrals. Our Cost Improvement Plan (CIP) will focus on controlling demand for services; keeping patients in primary and community care settings; better prescribing practices; better use of existing contracts with providers such as Care UK; and health prevention.

Report of the Director of Finance

Summary of Financial Performance for 2010/11

This year has been a difficult year in balancing the books, while also managing significant change and meeting our objectives. But once again, NHS Bolton has been successful in achieving all its statutory financial targets in 2010/11 and achieving financial balance. We have a history of strong financial management and over the last few years have consistently met our key financial targets.

In 2010/11, following the increasing costs of drugs, overspending on prescription of drugs, rising inflation, increase in referrals, we were faced with the task of saving £12.1 million. We recognised the challenge early on and worked closely with GPs and providers to close this gap.

NHS Bolton spent around £490 million on commissioning and providing hospital and community services for the population of Bolton in 2010/11.

Despite the significant financial challenge at the start of the financial year, we ended the year with a surplus of £983,000, just £17,000 short of the planned £1 million. We did this by addressing the cost improvement plan shortfall through the application of contingencies and reviewing planned investments

Capital investment

Our Capital Resource Limit was £2,023,000 against which we spent £2,012,000, a small underspend of £11,000. Most of this money was spent on:

- Maintenance work at health centres
- Complying with Care Quality Commission standards
- District Nursing Service treatment rooms upgrades

Other finance issues

PCTs are required to pay invoices within 30 days or within the agreed payment terms. 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 set out on page 38.

Details of our management costs, which include payments to external auditors and other corporate non-pay costs, are also provided on page 37.

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.

Summary Financial Statements

Financial Performance Targets

| Revenue Resource Limit | 2010-11 | 2009-10 |
|---|----------------|----------------|
| | £000 | £000 |
| The PCTs' performance for the year ended 31 March 2011 is as follows: | | |
| Total Net Operating Cost for the Financial Year | 488,828 | 457,120 |
| Non-Discretionary Expenditure ¹ | - | 2,660 |
| Net Operating Cost less Non Discretionary Expenditure | 488,828 | 454,460 |
| Revenue Resource Limit | 490,021 | 455,446 |
| Underspend Against Revenue Resource Limit (RRL) | 1,193 | 986 |
| Effect of prior period adjustment (PPA) re IAS 17 changes re leasehold land funded in 2010-11 by DH | (210) | 10 |
| Underspend Against Revenue Resource Limit (RRL) reported to DH | 983 | 996 |

¹ In 2010-11, due to changes in the way PCTs are funded, there is no non-discretionary expenditure

| Capital Resource Limit | 2010-11 | 2009-10 |
|--|----------------|----------------|
| | £000 | £000 |
| The PCT is required to keep within its Capital Resource Limit. | | |
| Total Gross Capital Expenditure | 2,075 | 3,902 |
| less: Net Book Value of Non-Current Assets Disposed of to NHS Bodies | (9) | 0 |
| less: Donations | (63) | 0 |
| Charge Against the Capital Resource Limit (CRL) | 2,003 | 3,902 |
| Capital Resource Limit (CRL) | 2,014 | 3,912 |
| Underspend Against CRL | 11 | 10 |

| Provider full cost recovery duty | 2010-11 | 2009-10 |
|---|-----------------|----------------|
| | £000 | £000 |
| The PCT is required to recover full costs in relation to its provider functions. The performance for 2010-11 is as follows: | | |
| Provider gross operating costs | 74,316 | 72,971 |
| Provider Operating Revenue | (9,251) | (8,618) |
| Net Provider Operating Costs | 65,065 | 64,353 |
| Costs Met Within PCTs Own Allocation | (65,065) | (64,353) |
| Under/(Over) Recovery of Costs | 0 | 0 |

2009-10 figures have been re-stated to reflect changes to IAS 17 Leases in respect of leasehold land, the acquisition of which is included in Property Plant and Equipment at its valued amount compared with a non-current trade and other receivables at amortised cost.

Statement of Comprehensive Net Expenditure for year ended 31 March 2011

| | 2010-11 £000 | 2009-10 £000 |
|--|-----------------|-----------------|
| Commissioning | | |
| Employee benefits | 11,080 | 10,011 |
| Other costs | 419,304 | 391,874 |
| Income | (7,547) | (10,038) |
| Provider | | |
| Employee benefits | 51,037 | 50,469 |
| Other costs | 23,279 | 22,502 |
| Income | (9,251) | (8,618) |
| PCT net operating costs before interest | 487,902 | 456,200 |
| Investment income | (60) | (46) |
| Other (Gains)/Losses | 9 | 0 |
| Finance costs | 977 | 966 |
| Net operating costs for the financial year | 488,828 | 457,120 |
| Other Comprehensive Net Expenditure ¹ | | |
| Net (gain) on revaluation of property, plant & equipment | 0 | (1,748) |
| Receipt of donated or government granted assets | (63) | 0 |
| Impairments and reversals | 333 | 3,626 |
| Transfers from donated and government grant reserves | 68 | 73 |
| Adjustment for nominal cost of capital charge | 0 | 57 |
| Total comprehensive net expenditure for the year | 489,166 | 459,128 |

¹Disclosed separately for the first time in 2010-11

Statement of Financial Position as at 31 March 2011

| | 31 March 2011 £000 | 31 March 2010 £000 |
|--|--------------------------|-----------------------|
| Non-current assets: | | |
| Property, plant and equipment | 33,222 | 33,859 |
| Intangible assets | 115 | 105 |
| Other financial assets | 405 | 405 |
| Total non-current assets | 33,742 | 34,369 |
| Current assets: | | |
| Inventories | 243 | 155 |
| Trade and other receivables | 5,626 | 5,352 |
| Cash and cash equivalents | 6 | 11 |
| Total current assets | 5,875 | 5,518 |
| Total assets | 39,617 | 39,887 |
| Current liabilities | | |
| Trade and other payables | (24,613) | (26,415) |
| Provisions | (855) | (641) |
| Borrowings | (366) | (357) |
| Total current liabilities | (25,834) | (27,413) |
| Non-current assets plus/less net current assets/liabilities | 13,783 | 12,474 |
| Non-current liabilities | | |
| Trade and other payables | (220) | (242) |
| Provisions | (1,086) | (825) |
| Borrowings | (12,254) | (12,623) |
| Total non-current liabilities | (13,560) | (13,690) |
| Total Assets Employed: | 223 | (1,216) |
| FINANCED BY: | | |
| TAXPAYERS' EQUITY | | |
| General fund | (5,968) | (7,786) |
| Revaluation reserve | 4,515 | 4,833 |
| Donated asset reserve | 12 | 18 |
| Government grant reserve | 1,664 | 1,719 |
| Total Taxpayers' Equity: | 223 | (1,216) |

Statement of Cashflows for the year ended 31 March 2011

| | 2010-11 £000 | 2009-10 £000 |
|---|------------------|------------------|
| Cashflow from operating activities | | |
| Net operating cost before interest | (487,902) | (456,200) |
| Other cash flow adjustments | 2,452 | 4,255 |
| Movements in Working Capital | (1,502) | 25 |
| Provisions utilised | (527) | (872) |
| Interest paid | (977) | (967) |
| Net cash outflow from operating activities | (488,456) | (453,759) |
| Cash flows from investing activities | | |
| Payments to purchase property, plant and equipment | (1,873) | (3,298) |
| Payments to purchase intangible assets | (44) | (78) |
| Purchase of financial investments (LIFT) | 0 | (199) |
| Interest received | 60 | 86 |
| Net cash inflow/(outflow) from investing activities | (1,857) | (3,489) |
| Net cash inflow/(outflow) before financing | (490,313) | (457,248) |
| Cash flows from financing activities | | |
| Net Parliamentary Funding | 490,605 | 457,527 |
| Capital element of payments in respect of finance leases, on-SoFP PFI and LIFT | (297) | (274) |
| Net cash inflow/(outflow) from financing | 490,308 | 457,253 |
| Net increase/(decrease) in cash and cash equivalents | (5) | 5 |
| Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year | 11 | 6 |
| Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year | 6 | 11 |

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2011

| | General Fund | Revaluation Reserve | Donated Asset Reserve | Govt. Grant Reserve | Total Reserves |
|---|------------------|------------------------|-----------------------------|------------------------|-------------------|
| | £000 | £000 | £000 | £000 | £000 |
| Changes in taxpayers' equity for 2010-11 | | | | | |
| Balance at 1 April 2010 | (7,596) | 3,465 | 18 | 1719 | 2,394 |
| Prior period adjustments | (190) | 1,368 | 0 | 0 | 1,178 |
| Balance at 1 April 2010 | (7,786) | 4,833 | 18 | 1,719 | (1,216) |
| Net operating cost for the year | (488,828) | | | | (488,828) |
| Net gain on revaluation of property, plant, equipment | | 0 | 0 | 0 | 0 |
| Net gain on revaluation of intangible assets | | 0 | 0 | 0 | 0 |
| Net gain on revaluation of financial assets | | 0 | | | 0 |
| Receipt of donated or government granted assets | | | 63 | 0 | 63 |
| Movements in other reserves | | | | | 0 |
| Impairments and reversals | | (270) | (63) | 0 | (333) |
| Release of reserves to SoCNE | | 0 | (6) | (62) | (68) |
| Non-cash charges – cost of capital | 0 | | | | 0 |
| Transfers between reserves | 41 | (48) | 0 | 7 | 0 |
| Transfers to/(from) other bodies within the Resource Account Boundary | 0 | 0 | 0 | 0 | 0 |
| Net actuarial gain/(loss) on pension | 0 | | | | 0 |
| Total recognised income and expense for 2010-11 | (488,787) | (318) | (6) | (55) | (489,166) |
| Net Parliamentary funding | 490,605 | | | | 490,605 |
| Balance at 31 March 2011 | (5,968) | 4,515 | 12 | 1,664 | 223 |

Management Costs

The PCT achieved a management cost saving of £661k in year against a target set by NHS Northwest Strategic Health Authority of £602k.

| | | |
|--|----------------|---------|
| | 2010-11 | 2009-10 |
| Management costs (£000s) | 7,168 | 7,668 |
| Weighted population (number in units) | 296,025 | 292,522 |
| Management Cost per weighted head of population (£ per head) | 24.21 | 26.21 |

The Management costs figure is analysed between the operating segments below:

| | Commissioning | Provider | Total |
|--|----------------------|-----------------|----------------|
| 2010-11 | 2010-11 | 2010-11 | 2010-11 |
| Management costs (£000s) | 4,059 | 3,109 | 7,168 |
| Weighted population (number in units) | 296,025 | 296,025 | 296,025 |
| Management Cost per weighted head of population (£ per head) | 13.71 | 10.50 | 24.21 |
| 2009-10 | 2009-10 | 2009-10 | 2009-10 |
| Management costs (£000s) | 4,619 | 3,049 | 7,668 |
| Weighted population (number in units) | 292,522 | 292,522 | 292,522 |
| Management Cost per weighted head of population (£ per head) | 15.79 | 10.42 | 26.21 |

| | Commissioning services | 2010-11 Public health | Total |
|---|-------------------------------|----------------------------------|----------------|
| Running costs (£000s) | 11,139 | 1,588 | 12,727 |
| Weighted population (number in units) | 296,025 | 296,025 | 296,025 |
| Running costs per head of population (£ per head) | 37.63 | 5.36 | 42.99 |

| | |
|---------------------------------|------------------------------------|
| Total public health expenditure | 2010-11 £000 23,230 |
|---------------------------------|------------------------------------|

¹ Running costs and public health expenditure separately identified for the first time in 2010-11. This includes some management costs that can also be classed as running costs and some running costs can also be classified as management costs.

Better Payment Practice Code

| Measure of compliance | 2010-11 Number | 2010-11 £000 | 2009-10 Number | 2009-10 £000 |
|---|-------------------|-----------------|-------------------|-----------------|
| Non-NHS Payables | | | | |
| Total Non-NHS Trade Invoices Paid in the Year | 24,359 | 88,504 | 25,713 | 79,992 |
| Total Non-NHS Trade Invoices Paid Within Target | 23,846 | 87,910 | 24,968 | 79,277 |
| Percentage of Non-NHS Trade Invoices Paid Within Target | 97.89% | 99.33% | 97.10% | 99.11% |
| NHS Payables | | | | |
| Total NHS Trade Invoices Paid in the Year | 3,572 | 314,344 | 2,950 | 301,555 |
| Total NHS Trade Invoices Paid Within Target | 3,512 | 313,932 | 2,899 | 301,401 |
| Percentage of NHS Trade Invoices Paid Within Target | 98.32% | 99.87% | 98.27% | 99.95% |

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. The PCT has signed up to the Prompt Payments Code.

External Auditors

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

| | 2010-11 £000 | 2009-10 £000 |
|--------------------|-----------------|-----------------|
| Audit services | 176 | 200 |
| Other remuneration | 44 | 5 |
| | 220 | 205 |

Remuneration Report – Salary Information

| Name and title | 2010-11 | | | 2009-10 | | |
|--|--------------------------------|---|---|--------------------------------|---|--|
| | 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 | 2.7-2.8 | 130-135 | 0 | 2.8-2.9 |
| 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 |
| Mr G Titley*, Non Executive Director (from 1/10/09) | 5-10 | 0 | 0 | 0-5 | 0 | 0 |
| Rodney Fisher, Non Executive Director (left 30/9/09) | 0 | 0 | 0 | 0-5 | 0 | 0 |
| John Dean, Medical Director | 70-75 | 80-85 | 0 | 70-75 | 80-85 | 0 |
| Ismail Hafeji, Director of Finance (left 31/1/11) | 75-80 | 0 | 3.2-3.3 | 90-95 | 0 | 3.8-3.9 |
| Annette Walker Interim DOF (started 1/2/11) | 10-15 | 0 | 0.8-0.9 | NA | NA | NA |
| Jan Hutchinson, Director of Public Health | 95-100 | 0 | 0 | 90-95 | 0 | 0 |
| Stephen Liversedge, Chair Clinical Executive | 30-35 | 0 | 0 | 30-35 | 0 | 0 |

| Name and title | 2010-11 | | | 2009-10 | | |
|--|--------------------------|--------------------------------------|----------------------------------|--------------------------|--------------------------------------|----------------------------------|
| | 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) |
| Helen Clarke, Assistant Director of Nursing | 5-10 | 80-85 | 0 | 10-15 | 70-75 | 0 |
| Mike Maguire, Director of Commissioning (left 30/9/09) | 0 | 0 | 0 | 40-45 | 0 | 3.2-3.3 |
| Graham Atkinson, Director Of Commissioning (started 1/11/09) | 80-85 | 0 | 0 | 30-35 | 0 | 0 |
| Linda Thomas, Local Authority representative | 0** | 0 | 0 | 0** | 0 | 0 |
| Lorraine Lowe, EPEC Nurse representative (from 1/10/10) | 0-5 | 0-5 | 0 | NA | NA | NA |

*Denotes member of the Audit Committee

Remuneration Report – Pension Information

| Name and title | 2010-11 | | | 2009-10 | | |
|--|--------------------------------|---|---|--------------------------------|---|--|
| | 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 |
| Extended Professional Executive Committee Members | | | | | | |
| Colin Mercer, GP Representative | 5-10 | 0 | 0 | 5-10 | 0 | 0 |
| Paul Markman, Healthcare Professional Representative | 5-10 | 80-85 | 0 | 5-10 | 75-80 | 0 |
| Dr W Bhatiani, Interim GP commissioning lead (started 1/10/10) | 0 | 5-10 | 0 | NA | NA | NA |
| Dr A Talbot , Interim GP commissioning lead (started 1/10/10) | 0 | 50-55 | 0 | NA | NA | NA |
| Dr G Ogden, Interim GP commissioning lead (started 1/10/10) | 0 | 5-10 | 0 | NA | NA | NA |
| Dr J Tabor, Interim GP commissioning lead (started 1/10/10) | Consent withheld | Consent withheld | Consent withheld | NA | NA | NA |
| Dr B Silvert, Interim GP commissioning lead (started 1/10/10) | 0 | 0 | 0 | NA | NA | NA |
| Management team | | | | | | |
| Anna Basford, Director of Primary Care Development (left 1/6/10) | 0 | 20-25 | 1.6-1.7 | 0 | 85-90 | 6.4-6.5 |
| Wendy Pickard, Chief Operating Officer (started 1/6/10) | 0 | 80-85 | 0 | NA | NA | NA |
| Helen McKnight, Director of Clinical Governance (left 30/6/09) | 0 | 0 | 0 | 0 | 115-120**** | 1.5-1.6 |

| Name and title | 2010-11 | | | 2009-10 | | |
|--|--------------------------------|---|---|--------------------------------|---|--|
| | 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) |
| Andrew Kilpatrick, Health and Social Care Integration | 0** | 0 | 0 | 0** | 0 | 0 |
| Susan Long, Assistant Chief Executive | 0 | 70-75 | 2.6-2.7 | 0 | 60-65 | 2.9-3 |
| ** 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. | | | | | | |

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

Cash Equivalent Transfer Values

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

Our pensions accounting policy is on page 23 of the accounts.

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 | Trustee/Director of Bolton Wise. Wife works part-time as a Speech & Language Therapist (voice specialist) at NHS Bolton. |
| Ebrahim Adia | Non-Executive Director | Local Councillor – Bolton Council. Senior Lecturer, University of Central Lancashire |
| Ron Fulton | Non-Executive Director | None |
| Rodney Fisher | Non-Executive Director | None. |
| Steven Greenhalgh | Non-Executive Director | Sister is a Senior Nurse in the Thoracic Department at Royal Bolton Hospital. Son's fiancé is a Foundation Doctor (F1) at Royal Bolton Hospital from June 2009. |
| Gary Titley | 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 to 31 January 2011 | None. |
| Annette Walker | Interim Director of Finance from 1 February 2011 | None. |
| Stephen Liversedge | PEC Chair | Senior Partner Drs Liversedge, McCurdie and Wong. Wife is a sister and ENP in A&E department, Royal Bolton Hospital. Chair of Council's Independent Remuneration Panel. Son working at East Lancashire PCT as Healthcare Support Worker. |
| Helen Clarke | Nurse Member to August 2010 | Son works in Systems Development in Ashton, Leigh and Wigan PCT Provider Information Department. Husband is employed as a Senior Manager in East Lancashire Medical Services GP Out of Hours Provider. Son's partner works for NHS Bolton Provider Services as a staff nurse on BCU. Son-in-Law works for the Care Quality Commission, Newcastle office. |

| Name | Title | Interests Declared |
|-----------------|---|--|
| Lorraine Lowe | Nurse Member from September 2010 | Partner with Dr S Cohen, Dalefield Surgery. Husband is a retired police officer working as relief receptionist at Dalefield Surgery. Stepdaughter is a staff nurse at St James Hospital, Leeds in the Oncology Unit. |
| John Dean | Medical Director | Wife is a Diabetes Specialist Nurse employed by NHS Bolton. Previously received bursary for sabbatical from the Health Foundation. |
| Graham Atkinson | Director of Commissioning and Performance | None. |

All the directors confirm that as far as each of them is aware there is no relevant audit information of which the PCT'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 PCT's auditors are aware of that information.