

ANNUAL REPORT 2008 – 2009



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Welcome – to our Annual Report for 2008 / 2009

The past year has been one of the most exciting and successful for NHS Bolton. We have been building on several years of financial growth which has enabled considerable investment and development, and we've been putting in place the final elements of the Manifesto commitments launched in 2006. There were some hugely ambitious plans for the year, and we are delighted at how much we have achieved.

One of the most visible signs of progress has been the magnificent new Health Centre at Brightmet which provides excellent accommodation for staff and patients in a wide range of services, including two GP practices. This is the first of the buildings which will be created using the LIFT funding mechanism (Local Improvement Finance Trust). We look forward to seeing similar improvements to health service accommodation around the Borough in forthcoming years.

For many years the top concern of NHS patients was the length of time they might have to wait for non-emergency treatment. Bolton was among the first NHS communities in the country to hit the national targets for ensuring patients are treated within 18 weeks of being referred by their GP, and we have kept up this standard throughout the past year. For most patients this means a wait that is considerably less than 18 weeks – and for many the wait has effectively been eliminated altogether as they progress smoothly from initial appointment, to scans and tests, to admission and operating theatre as required.

According to an external assessment in 2007, the NHS in Bolton was doing excellent work to improve the health of the population, but on too small a scale – we needed to work on an “industrial scale” to benefit the whole population. That's certainly what we've done this past year with the Big Bolton Health Check. Our aim was to make sure everyone over 45 in Bolton had a recent heart health check, and that all those at risk from cardiovascular disease were identified so they could be offered lifestyle support, medication or monitoring as appropriate. We're delighted at how many people have been reached by this – many lives will be saved and much ill-health prevented as a result.

Our achievements as an organisation were recognised when we were shortlisted for the prestigious Health Service Journal annual awards. NHS Bolton was a runner up in the Primary Care Organisation of the Year category – a fitting tribute to the hard work and dedication of our staff.

At the start of the 2008/09 year we set ourselves five “stretch” targets, over and above the many national standards and targets we have to deliver. Two of them, relating to the Big Bolton Health Check and the Primary Care Organisation of the Year Award are referred to above. The others were to develop a financial planning system which will enable us to manage our resources well, to get positive feedback from Bolton people about local NHS services and to improve access to dental care. The five main chapters of this annual report show how well we delivered on each of these.

NHS Bolton is now embarking on a new Strategy for the coming five years. It is based around our Triple Aim of ensuring people in Bolton have good access to the

very best healthcare possible, that the health and life expectancy of local people continues to improve, and that we get the most for every pound of taxpayers' money we are charged with spending. The chart on page 7 shows the links between our five "stretch" targets and the Triple Aim.

Our new Strategy builds on the achievements of the past, but in a very different financial context. The very large year on year increases we have seen recently have come to an end, and our budgets in the coming year will also be affected by changes in the system for paying for hospital care, by a recent marked rise in referrals to secondary care, and by the wider economic situation.

We'll be working with our staff, our NHS partners and other agencies in Bolton to make sure we continue to improve health and healthcare in Bolton while delivering excellent value for money through these difficult times.

Our new "NHS Bolton" brand, adopted in the autumn of 2008, reflects our role as the leader of the NHS in Bolton, responsible for the improving health of the population, and the quality of healthcare, both provided by ourselves and commissioned from other organisations. We remain legally a Primary Care Trust.

Within this overall identity it is important that our provider services operate separately from our commissioning functions, and are treated equally with any other provider organisation. We believe we have achieved this level of separation with minimum disruption to the organisation.

This Annual Report helps to fulfil our duty as an NHS body to be accountable to local people, as well as giving a snapshot of the wide scope of our work and our achievements. We hope you find it interesting.

Pam Senior
Chair

Stephen Liversedge
Chair of the Professional Executive Committee

Tim Evans
Chief Executive

Introduction to NHS Bolton

NHS Bolton was established in 2002 as Bolton Primary Care Trust, an organisation dedicated to ensuring that the best possible healthcare is provided for patients in Bolton and that the health of the borough is as good as it can be.

Whilst we retain the legal title of Primary Care Trust, we have now adopted the brand “NHS Bolton” to reflect our wide-ranging remit as leaders of the NHS within the borough, which covers health improvement and the commissioning and provision of healthcare.

The organisation has grown over the years, through the expansion of its service provision functions and through strengthening its commissioning functions, and now employs in excess of 1800 people, with annual expenditure in the year to March 2009 of more than £438million.

Our Mission

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

This “Triple Aim” is centred around patient care and underpinned by the importance of valuing the staff who deliver it.

Our Principles and Values

Our enduring **principles** were first set out in our 2006 to 2009 plan “Better Health for Bolton”. These are practical views on the way we should operate:

Prevention

We believe that preventing disease is the best possible answer to ill-health. That means working with other organisations to ensure we live in an environment that supports good health, and with local people to support healthy lifestyles, prevent people becoming ill, make sure illnesses are identified and treated early, and prevent conditions getting worse.

Quality: We believe that high quality services are more effective clinically and cost less in the long run. We will provide people with equal access to safe healthcare that meets or betters nationally set quality standards. We will listen to people’s views of the services they get.

Convenience: We believe that services should be run for the users’ convenience, not ours. That means listening to and working with users to design services that are accessible quickly and locally. We will only centralise services where gains in economy or quality are significant.

Co-ordinated: We believe in highly co-ordinated care. Patients may deal with a complex network of service providers. We will offer a straightforward and personal service where people know what to expect.

Information: We believe that people need excellent information about health and about living with ill health. We will make sure people know about how to stay healthy, about accessing the right health services, and about making informed choices about treatment.

These five principles can only be realised by an organisation with the right values at its core. These values are fundamental beliefs which inform everything we plan and do.

For NHS Bolton these **values** are:

Equity: We must strive for equal access to good health and the best health services. Often people and groups in the borough with the poorest health are those who do not have access to good health services. This means that we have to try harder to reach those who are in most need of care. We must also be equitable in our employment practice,

Pride in work: Excellent results can only be achieved by an excellent workforce. That means not only valuing the people working for and with NHS Bolton, but giving them encouragement and chances to develop to their full potential, and listening to and acting upon what they have to say.

High expectations: We can never be the best if we do not expect ourselves to be the best. This means not only planning and working to be the best organisation. It means expecting the highest standards of professionalism and customer service from our workforce. It also means expecting our patients, clients, and service users to work with us positively in looking after their health, and in their dealings with our staff.

Accountability: We expect not only to be accountable in looking back on our actions and performance but also in looking forward. This means that the Bolton public, our patients, and service users are involved in developing and changing their own health and health services.

Respect: We must exhibit respect in our dealings with staff, with patients and carers, and with partners. This means treating individuals as whole people, not as specific diseases or conditions, or human resource problems. It means listening to their expectations and understanding and responding to views, opinions and challenges and it means respecting and valuing diversity.

The organisation is finalising a new five year Strategic Plan, which retains these underlying principles and values. It is structured around the Triple Aim of Best Care, Better Health and Value for Money, underpinned by valuing our staff.

The Triple Aim



The Table below shows how our five stretch targets for 2008/09 relate to the Triple Aim

| | | |
|----------------------------|---|--|
| Value For Money | Organisational reputation & capability | “PCT of the Year” |
| | Financial framework | “Beyond Budgeting” |
| Better Health | Health inequalities | “Big Bolton Health Check” |
| Best Care | Access to care | “NHS Dentists for everyone in Bolton” |
| | Quality of Care | “Bolton loves its healthcare providers” |

Our Governance and Management Arrangements

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 Board includes a majority of Non Executive Directors, who are appointed by the Appointments Commission on behalf of the Secretary of State for Health to bring outside expertise and an independent voice to the Board, acting in the interests of local people. The Board also includes nursing and medical expertise.

The Professional Executive Committee ensures that expertise from a range of clinical professions influences decision-making and planning at the highest levels within NHS Bolton.

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

The Management Team of Directors, led by the Chief Executive, manages the organisation on a day to day basis.

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 35 and 36.

Separate committees have been established to provide clinical expertise and advice to the commissioning and service provision functions of the organisation, to ensure appropriate independence between these two functions, and it has been agreed that a Service Provision Supervisory Group, with Non Executive Director representation will be established as a sub-committee of the Board to strengthen governance.

NHS Services for the People of Bolton

Services are provided by local Independent Contractors (GPs, Dentists, Opticians and Pharmacists) by our own PCT staff, and by other organisations, mainly NHS Trusts, from whom we commission hospital and specialised care and diagnostic tests and scans.

Independent Contractors (as at 31 March 2009) :

55 GP Practices (including seven directly managed by NHS Bolton)
36 Dental Practices and four orthodontic practices
36 Opticians/Optometrists
63 Community Pharmacies

Community Services Provided by NHS Bolton

| | |
|---|---|
| <ul style="list-style-type: none">• Adolescent Health including The Parallel• Active Case Management• Advanced Practitioners• Anticoagulant Services• Asylum Seeker Support• Audiology / Audiovestibular Services• Breast Care• Chronic Disease Management• Care for Children with Complex Health Needs• Community and Emergency Dental Services• Community Paediatrics• Continence• Dermatology• Diabetes (including screening and specialist podiatry)• District Nursing (including evening and night service)• Elderly Medicine• Equipment Loan Services• Expert Patient Programme• Falls (Complex Falls & Domiciliary Therapy)• 7 GP practices managed by the PCT• Health Visitors• Intermediate Care (nursing, residential and home care)• Learning Disabilities | <ul style="list-style-type: none">• Minor Surgery• Musculoskeletal (Orthopaedics & Rheumatology)• Neuro-Rehabilitation / Long Term Conditions• Newborn Hearing Screening• Nutrition & Dietetics• Obesity and Weight Management• Occupational Therapy• Oral Health Promotion• Palliative Care• Physiotherapy• Podiatry (including biomechanics and orthotics)• Primary Care Mental Health Services• Referral and Assessment Team• School Nurses• Sexual Health and Family Planning• Smoking Cessation• Speech & Language Therapy• Stroke Service• Tissue Viability• Walk in Centre• Urgent Care Services (including Bolton Community Unit, GP Out of Hours Service and Rapid Response Team)• Youth Offending Team• Wheelchair Services |
|---|---|

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

NHS Bolton is also commissioned by Ashton, Leigh and Wigan PCT to provide Sexual Health and Family Planning Services to their population.

Services Commissioned for the People of Bolton

All other services are commissioned from other providers. Our main providers include Royal Bolton Hospital Foundation NHS Trust and Greater Manchester West Mental Health NHS Foundation trust, but services are provided from a large number of organisations including other NHS Trusts, private healthcare providers and voluntary and community sector organisations.

Where services are provided for small numbers of patients or are highly specialised we commission either jointly with the other nine PCTs in Greater Manchester, or collaboratively across the North West region. We also commission some local services jointly with Bolton Council – namely Adult Mental Health and Learning Disabilities Services.

Where We Work

NHS Bolton has office bases at St Peter's House and Huntingdon House in the centre of Bolton, and operates from the following community bases :

| | |
|--|--|
| <ul style="list-style-type: none">▪ Avondale Health Centre▪ Blackrod Health Centre▪ Bolton Diabetes Centre▪ Brightmet Health Centre▪ Crompton Health Centre▪ Egerton and Dunscar Health Centre▪ Farnworth Health Centre▪ Great Lever Health Centre▪ Halliwell Children's Centre▪ Harwood Medical Centre | <ul style="list-style-type: none">▪ Horwich Clinic▪ Lever Chambers Centre for Health▪ Little Lever Health Centre▪ The Parallel Young People's Centre▪ Pikes Lane Primary Care Resource Centre▪ Tonge Fold Health Centre▪ Tonge Moor Health Centre▪ Waters Meeting Health Centre▪ Westhoughton Clinic |
|--|--|

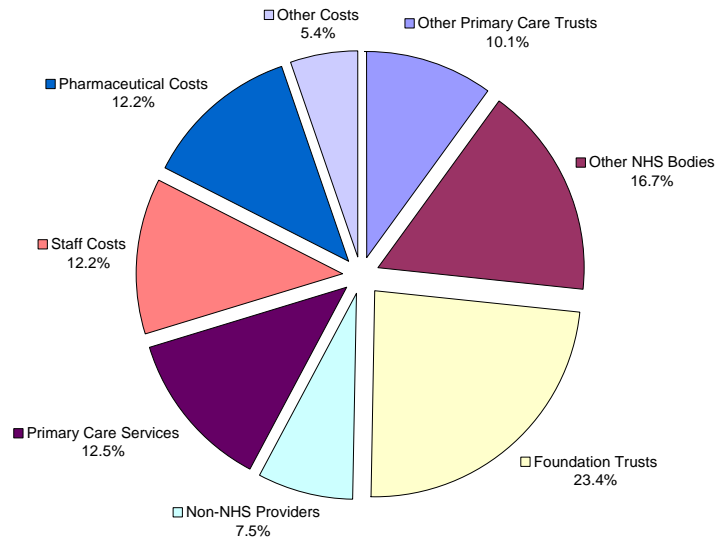
As well as services at these locations, our community health staff provide services in a range of settings including people's own homes, in residential and nursing homes, at GP surgeries, and in hospital. We aim to provide services as locally as possible.

The last year has seen the opening of new Health Centres at Crompton Way and in Brightmet, and you'll find more information about our progress and plans for community accommodation on page 21.

The Bottom Line

In the financial year 2008/09 NHS Bolton had a revenue budget of £420.9 million. There is much more detail of how this is managed in the tables within this annual report. The following chart shows that the majority of the money is used to commission care and treatment from other organisations. There is significant expenditure on primary care, for example contractual payments to GPs and dentists, on medicines and other prescriptions, and on the services we provide in-house. Our other expenditure enables us to support the front line staff caring for patients with good technical, financial and human resources expertise.

Total Gross Expenditure for NHS Bolton 2008-09



The Big Bolton Health Check

How we are working with the people of Bolton to improve health and reduce health inequalities

The people of Bolton live on average two years less than the national average. Life expectancy in Bolton is increasing but at a slower rate than seen nationally. For men, life expectancy has increased from 73.2 in 1995-97 to 75.1 in 2005-07, and for women, from 78.3 to 79.6 years.

NHS Bolton believes that this needs to change. We know that one of the biggest causes of early death in Bolton is cardio-vascular disease – that is heart disease, strokes and diabetes.

With that in mind we embarked in spring 2008 on an ambitious project to ensure that everyone in Bolton over the age of 45 had a heart health check. During the year thousands of people have had this quick and simple check up, either at their doctor's surgery or at one of numerous community venues where our Health Trainers set up shop. Importantly many of the practices serving the most deprived communities achieved highest rates of completed healthchecks.

Anyone found to be at risk of developing disease was either given lifestyle advice and support, for example about diet, exercise or smoking, or was offered appropriate medication, for example to reduce cholesterol or lower blood pressure.

These people have all been added to registers at their own doctor's practice which means they'll be offered regular check ups in future.

We believe this will save hundreds of lives and ensure many people stay healthy who might otherwise have ended up living with a serious health problem. For example nearly 900 people have been identified as having diabetes, and their illness will now be monitored and controlled before it starts to have an adverse impact on their lives.

This large scale, high profile approach is seen as a national trailblazer for health checks. But it is just one aspect of our work to improve health in the borough, more of which is described in this chapter.

Health for All

Inequalities in health don't just exist between Bolton and other parts of the UK; there are big differences in health and life expectancy within Bolton. And while these gaps are narrowing, they need to narrow faster. NHS Bolton is committed to ensuring that these gaps are reduced, by targeting support and services to where they are needed most.

We are already seeing progress. People are much more likely to smoke – and suffer the ill-health effects of smoking – in poorer areas, and it is in these areas that we have seen the biggest reductions recently in the proportion of people who smoke. In Bolton smoking prevalence has fallen from 29.5% in 2001 to 23.0% in 2007, and the areas showing the highest rates of smoking in 2001 have shown the greatest fall.

Hall I'th' Wood has fallen from 62.6% in 2001 to 41.6% in 2007. Tonge with the Haulgh fell from 50% to 31.9%

The area with the lowest life expectancy, in the town centre, has seen life expectancy rise during this time from 67.5 to 69.8 years which is above the average increase for the rest of Bolton.

Health needs assessment has been established as an integral part of the commissioning process, through the development of the new Commissioning Toolkit. This means that in future Health Equity Audits will be built in to our system for reviewing existing services and developing new services.

In 2008 NHS Bolton established a new Diversity and Equality Partnership to lead, direct and monitor our work on reducing inequality and promoting fairness among the diverse people within our workforce and within the Borough of Bolton. Equality Target Action Groups now provide an opportunity for members of the local community to get involved with work around age, gender, race and ethnicity, faith and religion, sexuality, disability and carers.

We now have an established system of equality impact assessments for all new policies, strategies and services. We have standardised our approach to translation and interpretation, in recognition of the increasing number of different languages now spoken by Bolton residents.

Prevention is Better than Cure

Immunisation and vaccination have been among the biggest successes in the history of public health.

Immunisation uptake in Bolton remains generally very high, both in terms of childhood immunisation programmes and the annual influenza vaccine for older and vulnerable people. For example our uptake of influenza vaccine was at a record high of 73% for the over 65s, and 52% for younger people at risk because of other health problems. Uptake of initial MMR (mumps, measles and rubella) vaccine stands at 91.6%, but drops to 86.4% for the second dose. While this is good compared to some other regions, it still needs to be higher, to fully protect our young people against three potentially serious illnesses.

A new vaccine programme was launched this year, one that will offer protection against a virus which can cause cancer. The HPV vaccine is offered to young women at secondary school, to reduce their future risk of cervical cancer. More than 91% of 13/14 year old girls have had their first dose of this vaccine already.

Screening is a vital part of NHS work. Bolton was an early implementer of the new bowel cancer screening programme. In partnership with the voluntary sector we have worked successfully with Community Ambassadors to promote both bowel screening and cervical screening to sections of the community where uptake is low or where there was a likelihood of them missing other promotional messages. NHS Bolton works to minimise the spread of infections within the community as well as in healthcare settings - hospital, clinics and care homes. We have plans in place

to deal with outbreaks of infection that could impact on services such as schools and colleges.

We also have an important role in planning for a range of other emergencies, from industrial explosions to flooding, working alongside partners in local government and the emergency services. NHS Bolton takes the lead across Greater Manchester working with the Local Resilience Forum on behalf of the NHS to prepare for emergencies.

In May 2009 this work has taken on an extra urgency and significance with the emergence of a new strain of influenza which threatens to become a pandemic.

A Healthy Environment

As a major employer, with a significant impact on the local economy and local journeys, NHS Bolton takes seriously its responsibilities to care for the environment. Most of the steps we can take to benefit the environment will also be good for health – more people walking and cycling to school and work, for example, reduces carbon emissions and pollution generally as well as being good for the health of those individuals.

We have now begun to address our environmental responsibilities under an overall strategy with action plans looking at the issues of travel, procurement, energy usage, waste, community working and climate change. It is early days yet but the importance of becoming a more sustainable organisation is now firmly on the agenda.

Campaigning for Health

Over many years the NHS has provided information for people about how to lead healthier lives. Now we are looking at the real reasons why people don't always act on this information, and aiming to develop an understanding of what would motivate people to change. This will help us develop new campaigns that have much more impact on behaviour.

We are also trying to get the traditional information messages to groups and communities who might have been missed by previous health promotion campaigns.

Examples of this type of social marketing work include campaigning on alcohol risks, where NHS Bolton has supported research to understand people's attitudes to alcohol, and work around sexual health where different advertising methods have been used to reach young people.

We work closely with the community sector and have successfully commissioned the local team of Community Ambassadors, who use fun methods to engage with groups and communities. They've raised awareness of the risks of diabetes through a "Family Fortunes" game, and of bowel cancer through their award-winning bowel bingo.

Gathering the Information

Whilst all this work is going on we need to see what sort of impact it is having. There is a lot of statistical data generated within the health care system about the illnesses,

treatments and medications people need, but we also want to find out whether people are leading healthier lives, and if they feel healthier. In 2007 our Public Health Department carried out a massive health and lifestyle survey – a repeat of one done 6 years earlier. Analysis of this data during 2008 has provided a wealth of information about how people live in Bolton.

This data is already proving extremely valuable in helping to shape our plans and strategies for the coming years. This information is available in the Director of Public Health's latest Annual Report, and its statistical supplement.

A Winning Primary Care Organisation

How we are improving the quality of our work and the services we commission and provide

The fact that NHS Bolton was a runner up in the national Health Service Journal awards, in the “Primary Care Organisation of the Year” category, was just one indicator of the achievements and leadership shown by the organisation in recent years.

Our latest Healthcare Commission rating was at “good” for both Quality of Service and Use of Resources, following a trend of continued improvement since this rating system was introduced.

Primary Care Trusts like NHS Bolton are complex organisations which must strive to achieve excellence in everything from financial management to patient satisfaction, as both a commissioner and a provider of services. Some examples of our successes are given in this chapter, though we know that it would be impossible to include all the achievements of our staff in an annual report.

Commissioning Services for the People of Bolton

This last year saw our first assessment under the new World Class Commissioning framework. This is a set of standards and competencies to which PCTs must aspire over a period of years, and the first assessment was designed to highlight where improvement was needed. We were, therefore, delighted that we achieved a green light in the three key governance areas of Strategic Plans, Financial Management and Board Capability, as well as scoring “two” in eight of the ten competency areas. Very few PCTs scored above a two.

To ensure commissioning in future is firmly linked to local health needs, and influenced by the local people, our Commissioning Directorate has developed a toolkit which will bring consistency to the process. This will be used in future to review whole pathways of care, based on public health data, and service user feedback as well as best clinical standards.

Inventive commissioning has been one of the reasons for Bolton being an early achiever of the national waiting times targets. Throughout the year we have maintained these standards for patients waiting less than 18 weeks from the time their GP refers them to the time they are treated. This was made possible by commissioning from a range of different providers, including private hospitals, and focussing on diagnostic tests which had previously often been a hidden or unmeasured element of patient waits.

Commissioning can be done across a region as well as locally. Early in 2009 Greater Manchester saw the launch of an innovative way to deliver Clinical Assessment and Treatment Services (CATS). The service is housed in a fleet of large linkable mobile units which visit seven different sites around the conurbation including Bolton, offering services in gynaecology, urology, ENT, musculoskeletal care, general survey and endoscopy.

The recent “Making it Better” review of children’s and maternity services across Greater Manchester is also now beginning to bear fruit for Bolton. Following investment in Children’s A & E provision, the Royal Bolton Hospital is now embarking on a programme of developments in children’s services, maternity care and neonatal care. The hospital will be one of just three designated higher level neonatal intensive care centres for Greater Manchester. Meanwhile development is also taking place in children’s community nursing in Bolton to make sure more sick children than ever can be cared for in their own homes rather than in hospital.

NHS Bolton has been working with local GP practices to develop Practice Based Commissioning – whereby practices, or clusters of practices, make very local decisions about their patients’ needs and how these can best be met. This puts more control of the commissioning budget in the hands of the GPs, linked closely to the views and feedback they get from their own patients.

Previous work on commissioning redesigned services has begun to deliver results in the field of alcohol dependency. Following its redesign in 2007, the Bolton Alcohol Treatment System has seen huge successes in the numbers of clients accessing and completing treatment interventions. The service now offers a single point of access to services, with time limited interventions aimed at those motivated to change their drinking behavior.

Between April 2008 and February 2009 Addiction Dependency Solutions who are the single point of access agency, received 1215 referrals compared to a target of 917, of which 989 attended for assessment and 906 (over 80%) were referred into treatment. Of those that were assessed as harmful or hazardous drinkers, 97% successfully completed a Brief Intervention course.

The Community Alcohol Team, the service for dependant drinkers, has also had high numbers of referrals, receiving 1,060 referrals compared to a target of 642. Of those 648 went on to attend for a comprehensive assessment. The huge success of this service is seen with the 570 clients who have been discharged from services alcohol free.

NHS Bolton was also successful in its application to be one of 20 sites nationally to be involved in the National Alcohol Improvement Programme which has attracted additional support and funding for three years.

Providing Services through our own Staff Teams

Bolton has one of the largest in-house provider functions of any PCT, with more than 1560 staff, and a very wide range of services. A full list of services can be seen on page 9. We also provide services to a neighbouring Borough; Ashton Leigh and Wigan PCT commission Bolton’s Provider to deliver sexual health and family planning services for its population.

Many aspects of our services have received external recognition. Our young people’s services have been a pioneer of the “You’re Welcome” criteria for services that meet the needs of young people, and were invited to a House of Lords reception in recognition of good work in this respect.

Our Musculoskeletal Service was recognised in the Health Service Journal national awards, being shortlisted in the Redesigning Services category. And the Stop Smoking Team were shortlisted for the NICE Shared Learning Award for the hospital-based smoking cessation service.

Sometimes the innovation is on a lower profile, though equally valuable – for example our community nutrition workers have taken over a stall in Bolton Market one day a month to do cookery demonstrations and tasting sessions, encouraging people to try healthy, tasty, and cheap home-cooked food.

A number of our services have been using LEAN methodology to review and improve the way they deliver services, including the wheelchair service, one of our directly managed practices and the rapid response team.

Our services have even been showcasing their achievements internationally, with posters selected for display at the annual Healthcare Improvement Summit in the USA describing progress in our Falls and Community Therapy Services, Diabetic Retinal and Foot Screening and Paediatric Audiology.

Diamond Celebrations

2008 saw the 60th Anniversary of the NHS and NHS Bolton joined in the celebrations with one event for the public and one for our staff. There was a fun event on the town hall square during the week of the anniversary, with activities, information stands, a display of memorabilia and a chance for people to send a birthday greeting to the NHS.

Later in the year we staged our first local awards ceremony with a diamond anniversary theme. Entries were invited for the Diamond Care Awards from teams across all health and social care providers in Bolton, and among some outstanding entries, the overall winners were Royal Bolton Hospital's Nurse-led Alcohol Service, for their innovative approach to care which has led to fewer people being admitted, and shorter stays for those who have to come in to hospital.

Managing Risk

An important component of ensuring quality within NHS Bolton is managing and minimising risk. This includes looking at the risks of not reaching important standards - what factors could prevent success and how we can control those factors – and risks relating to accidents and incidents. A risk management strategy, policy and procedures are in place, and there is a single system of incident reporting within the organisation, which enables lessons to be learnt where appropriate. We publish a Statement on Internal Control (available on request as part of our full accounts) which sets out how we manage risks at a strategic level.

The most serious incidents are reported to the Strategic Health Authority. NHS Bolton reports on incidents from within our own organisation and those relating to local independent contractors and independent sector providers. In 2008/09 we reported four serious untoward incidents relating to NHS Bolton and four relating to other organisations. There were no serious untoward incidents relating to loss of personal data within NHS Bolton, but we did report the loss of a computer containing some patient data from a local optician.

Staff as the Key to Success

None of the successes mentioned in this report could have been achieved without hard work and commitment from many individuals and teams, often working in partnership, across departments or professions, and with other agencies. The results from our annual staff survey this year were the best ever – with NHS Bolton being in the top 20% of similar organisations in most categories, and also showing an improving trend in most categories.

The organisation has recognised that valuing staff is essential to underpin our Triple Aim, and this is now built in to our strategies and organisational plans. We are still using the areas highlighted by our earlier Improving Working Lives initiatives to ensure we support staff across all the issues that affect them at work : learning and development, equality and diversity, health at work, flexible working, support for carers and parents, HR strategy and management, and staff involvement and communications.

We have added a popular new mechanism for communicating with staff in 2008. In addition to quarterly newsletters, monthly cascade briefings, our intranet and website, noticeboards and staff open forums, we now have a weekly email bulletin containing brief updates and useful information for all staff. We also have formal consultation and negotiation mechanisms agreed with staff representative bodies.

The PCT's policies on equal opportunities in the workplace and on disability are published on our website, alongside a suite of policies on different aspects of flexible working which are designed to enhance opportunities for staff in a fair and equitable way.

NHS Bolton wants to support staff who are off sick to optimise the timing of their return to work. Sickness absence is always reported in arrears, to guarantee the completeness of the data. The most recent data available shows that the percentage of time lost due to sickness absence was 4.41%, and indicates that Bolton ranks 35th out of the 152 PCTs for sickness absence rates, with 1 being the desired position.

Information at the Touch of a Button

Good services need to be underpinned by good information technology, and Bolton has been at the forefront of implementing systems to ensure that clinical staff have the information they need to provide effective care to patients.

Over the last year NHS Bolton has continued to make progress with making Summary Care Records available for local people. Having officially moved out of the 'Early Adopter' phase, the clinicians using the system are now starting to see some real clinical benefits. The Bolton Out of Hours service is just one of the services that frequently use the system to ensure that their patients get the safest possible care. Work has also now begun in preparing for the delivery of a new system called "Lorenzo Regional Care" which over time will deliver fully Integrated Electronic Health Care Records for all our patients accessible wherever they choose their care to be provided.

NHS Dentistry for All

How we are working to improve access to NHS Services

For many years the people of Bolton told us consistently that the difficulty in finding an NHS dentist was top of their concerns about health services in the area. The new NHS dental contract in 2007 gave us an opportunity to make some real progress in resolving this problem, by giving Primary Care Trusts much more control over the budget for dental practices.

Since then we have been able to open three new dental practices, all committed to caring for NHS patients. In addition we have been paying other dentists to carry out additional NHS work, targeting our investments at areas where it is most needed.

On top of previous developments to expand urgent and emergency dental care, this now means that we can offer NHS treatment to anyone in Bolton who requests it, though some may have to travel within the borough. We are now launching a new service offering a single point of telephone access for all aspects of NHS dental care, whether it be finding a regular dentist, accessing urgent or emergency care, or enquiring about community dental services.

Getting a GP Appointment

Your GP is the crucial point of contact with the NHS, not only providing an increasing range of services but also guiding and co-ordinating people's care when they need more specialised services.

Over recent years there has been a drive to ensure everyone can get a GP appointment within two days, and that people can also plan ahead and book routine appointments well in advance. Within the past year the NHS has gone one step further in ensuring convenience for patients, and the majority of GPs now open outside traditional hours at least once a week, either early in the morning, in the evening or at the weekend. In Bolton more than 8 out of every ten practices now offer this.

In Bolton we had recognised that numbers of GPs were small for the size of the population, with particular problems in the parts of the town with poorest health. Through tendering processes NHS Bolton has commissioned two new practices – the first, which opened in summer 2008 has a special remit in providing services for refugees, asylum seekers and others at risk of exclusion from mainstream services. The second will open in summer 2009, and its particular focus is on worklessness. It will support people with long term conditions to stay in work or return to work.

In each case the new practice is provided by SSP Health – a company owned and managed by two former GPs.

Rapid Access to Appropriate Care

The challenge of eliminating lengthy waiting times for NHS treatment has at times seemed impossible. Efforts to reduce waits for outpatient appointments and inpatient admission, still left long waits in between for x-rays, scans and tests.

One way we have tackled this is through CATS – Clinical Assessment and Treatment Services. These provide wherever possible a one-stop shop service in a community setting. They offer an initial assessment and diagnostic tests and either carry out pre-operative assessments before referring to hospital, or arrange and sometimes provide community-based treatment. A major benefit is that patients can often avoid a hospital appointment altogether in cases where they need, for example, community physiotherapy.

NHS Bolton provides its own CATS for some specialties, including our award-winning Musculoskeletal Service for bone and joint problems, and we commission CATS from other providers too. Early 2009 saw the launch of a new Independent Sector CATS provided by Care UK for Greater Manchester, using massive mobile clinical units which visit different sites around the conurbation, including Bolton.

CATS have been an important factor in cutting overall waiting times, to hit and maintain the national target of 18 weeks from referral to treatment. At the end of the 2008/09 financial year 90.54% of Bolton patients needing hospital treatment were admitted within 18 weeks of referral, compared to a national standard of 90%; 97.14% of patients not needing admission were treated within 18 weeks, compared to a national standard of 95%.

Services Closer to Home

NHS Bolton has always aimed to provide services close to home wherever this is compatible with safety and good quality. This may mean caring for people in their own home rather than in hospital, providing intermediate care beds in the community to enable people to leave hospital sooner or avoid admission, or ensuring the maximum range of services is provided at local health centres, clinics and surgeries.

Our “Building Better Health for Bolton” consultation confirmed that local people supported plans for a series of new local health centres, raising the standard and increasing the size of existing ones. The clear message for NHS Bolton was that ease of access by public transport is crucial to decisions about exact locations. Detailed discussions are now under way with local communities about these future buildings.

Meanwhile, New Year 2009 saw the opening of the first of the new health centres to be constructed under the LIFT finance mechanism – Breightmet Health Centre. This building replaces the existing small, run-down Alistair Ross Health centre and is the largest of the proposed LIFT centres. It houses two GP practices and mental health staff teams as well as a range of PCT community services. The Centre has been warmly welcomed by the staff and patients using it. Construction on a linked Bolton Council library is nearing completion.

Work starts this year on our next major capital development – a joint project with the University of Bolton and Bolton Council, at the University site, which will incorporate sports research and education facilities, a swimming pool and leisure facilities, and a range of urgent care diagnostic and treatment services.

Listening to Local People

How we are working with patients and local communities to improve health and services

The positive feedback NHS Bolton received from local people this year has far exceeded our expectations and ambitions. As one of our “stretch” targets for the year we wanted to show that “Bolton Loves its Healthcare Providers” – the measure of success was that 80% of respondents to patient satisfaction surveys would rate the services they’d received as good, very good or excellent.

We were delighted and proud when the actual figures were even higher than this target: 95% of respondents rated services as good, very good or excellent.

This survey was just one of many ways we listen to patients and the local population and gather feedback, which is used wherever possible to improve and develop services. For the first time we carried out a survey on the views of the wider public in Bolton, not just patients, to find out how people who were not necessarily recent users of local health services viewed the NHS in Bolton. Overall the findings were very positive. The majority of people were aware of the various roles of the PCT, including health improvement work.

There were high levels of satisfaction health services overall, GP services and other services where these had been used recently. 81% of people were satisfied with health services in Bolton generally. 35% of people thought services were improving, compared to 10% who thought they were getting worse.

In order to make sure our five year strategy is in tune with the wishes and aspirations of Bolton people we carried out consultation and engagement work in the run up to publication in June 2008. This built on previous work used to develop the estates aspects of the plan, and included engaging with the Council’s Citizen’s Panel, discussions with small focus groups from different sectors of the community, and specific discussions with our Equality Target Action Groups who help us focus on each of the various dimensions of diversity and equality.

More recently we have again sought people’s views on the published strategy through the “Big Bolton Health Debate”, which has included quantitative survey work, telephone interviews, focus groups and presentations at more than twenty public meetings. The comments received will be taken into account as the strategy evolves.

2008 saw the launch of the national new system of public and patient involvement based on Local Involvement Networks or LINKs. Bolton’s new LINK is already proving a valuable resource, providing patient representatives for project groups, acting as a source of feedback, and connecting the NHS to a wide range of groups and individuals with an interest in health.

Comments, Complaints and Compliments

Our quarterly statistics regularly confirm that our staff receive more written thanks and compliments than written complaints. Nevertheless every complaint is used as

an opportunity to review whether services can be improved. Taken together with comments received via our Patient Advice and Liaison Service and the Patient Opinion website they provide a crucial picture of services from the perspective of patients and their families and carers.

Dozens of changes large and small were made as a result of this type of feedback, including :

- Setting up a new ear syringing clinic to make this service more readily available
- Increasing administrative or secretarial capacity to support clinical services
- Review of guidelines on the administration of morphine
- Reminders and training for staff on issues such as communication, record keeping and data protection
- Phone calls to patients whose appointment letters may not arrive in time
- Additional Occupational Therapy clinics arranged to meet demands
- Improvements to appointment booking systems
- Reviews of individual patient care resulting in apologies and reviews of processes

During 2008/09 we responded to 180 formal complaints and 124 informal complaints. The most common causes for concern were clinical care of patients, the attitude of staff and delays in appointments. Services generating significant numbers of complaints included the out of hours GP service, the podiatry service and the PCT's directly managed GP practices. 75% of complaints were responded to within the target period of 25 working days. Additional support has been recruited for the department to improve this performance.

We recognise that in some cases a financial payment is appropriate without formal legal proceedings, in line with national recommendations on "Principles for Remedy", which have been adopted within our policies. From 1st April 2009 we are implementing the new national complaints procedure which brings NHS and adult social care together into a single framework.

Keeping People Informed

It is important that NHS Bolton provides information about the organisation itself, about the services available and how to access them, and about how people can make healthier lifestyle choices.

Our Patient Advice and Liaison Service team provide a front line enquiry service, answering queries by phone, email and face to face about everything from how to get a new medical card to whether a particular treatment is funded by the NHS.

The internet is increasingly the tool people use to find out what they need to know and NHS Bolton's website was redesigned and re-launched in 2008, with sections on corporate information, health services, healthy living and health service employment.

We also work closely with the local media to keep people informed. The Bolton News has been a valuable partner in disseminating health information, and in particular supporting the Big Bolton Health Check. And we have teamed up with Bolton Council to use their newspaper, Bolton Scene – delivered to every household – to provide topical and useful information. 2009 will see the launch of a new

community radio station, Bolton FM, which will provide yet another useful communication channel.

Advertising, posters, displays and leaflets all play their role in the provision of information, and we have also developed helpful partnerships with the voluntary and community sector, using Community Network Ambassadors to take messages out to groups who might otherwise have been missed.

Finance Matters

How we are getting the best value from taxpayers' money

Good financial management and planning is essential to support everything else NHS Bolton does. One of our five “stretch” targets for 2008/09 was to develop a financial planning model which would enable us quickly to assess the effect of any changes which impact on the financial circumstances within which we operate; changes in patient activity, income, charging regimes, GP contracts, etc.

The model is now in place and has immediately proved its worth as we have been able to assess the impact of the new tariff for secondary healthcare – known as HRG4. We can also factor in other variables such as changes in inflation rates and growth in NHS funding in future years.

Whilst this past year has once again been one of financial growth and investment we were very conscious that it would be the last year of major increases in NHS funding and were already planning for a year of consolidation in 2009/10. However, the new HRG4 tariff for secondary care, coupled with rises in the number of Bolton people being referred for care, means that we will be required to make higher than expected efficiency savings of £13.9 million in order to balance our budget for the coming year.

We are working with GP practices to ensure best value for money from all their referrals and prescribing; we will be looking to achieve 10% savings in corporate costs – proportionally higher than in other expenditure areas – and we will be reviewing all commissioned and provided services to highlight any potential areas for disinvestment.

Financial Targets 08/09

NHS Bolton has a record of strong financial management and has consistently met its key financial targets over recent years. Despite pressures created in large part by increased referrals this has continued through 2008/09.

- We maintained a balanced position on our income and expenditure budgets and achieved a satisfactory year end surplus of £992K;
- We met our Cash Limit by ensuring that the balance between cash paid out by NHS Bolton and cash coming in to the organisation was within the limit set by the Department of Health;
- We achieved our duty in relation to capital expenditure by ensuring that the total available resource of £3.03 million was spent by the year end;
- We ensured that our provider, the Primary Care Provision Directorate, delivered a balanced income and expenditure position without cross subsidy from other expenditure programmes.

In line with the Operating Framework, NHS North West (the Strategic Health Authority) has maintained a strategic reserve for transfers from PCTs. NHS Bolton's revenue resource limit has been adjusted for this resource in 2008/09. We expect our revenue resource limit to be in turn amended in 2009/10.

Revenue spend

NHS Bolton spent around £438.7 million in 2008/09, made up of £420.9 million of discretionary NHS budget, £2.5 of non-discretionary funding and £15.5 million of income. This includes expenditure on commissioning and providing Hospital and Community services for the population of Bolton.

In 2008/09 we had an increase in our revenue resources of £29.6 million (including non-discretionary funds.)

Examples of investments during the year include:

- Commissioning a new GP practice
- Increasing the availability of NHS dental services
- Supporting the LIFT programme of estates developments

To balance our revenue budget we planned and achieved a significant Cost Improvement target, reducing costs by £4.3 million.

Capital investment

During 2008/09 NHS Bolton spent a total of £3.03 million on capital equipment and developments including developing premises for a new mental health services, essential fire safety and disability access improvements, strengthening our IT infrastructure, refurbishment work at Egerton and Dunscar Health Centre and work associated with the new Brightmet Health Centre.

IFRS Preparedness

NHS organisations are required to publish IFRS compliant Financial Statements for the 2009-10 financial year.

The first milestone in the implementation was the restatement of NHS Bolton's UK GAAP balance sheet at 31 March 2008 to IFRS by 31 December 2008. This was completed by the due deadline.

The next stage in the implementation of IFRS is the restatement of the 2008-09 annual accounts which have been completed under UK GAAP and will be converted to IFRS by 10 July 2009. This will allow the comparison of 2009-10 IFRS annual accounts to the 2008-09 IFRS restated annual accounts.

Satisfactory progress on the implementation of IFRS is currently underway and regular reporting of progress is taken to the Audit Committee.

Other finance issues

We have worked hard throughout the year to meet the "Better Payment Practice Code" targets for paying 95% of invoices within 30 days. I am very pleased to report that for the year as a whole we met these targets. Following recommendations from the Secretary of State for Health in the light of the current economic situation, we have made additional efforts to ensure that invoices from small businesses were paid very promptly. Details of compliance are included on page 34.

Management costs increased from £24.31 to £25.11 per weighted head of population. This is broadly in line with the prevailing rate of pay inflation. Management costs also include payments to External Auditors and other corporate non pay costs.

Directors' Accountability

Our directors confirmed at the public Board meeting of 27 May 2009 that as far as each of them is aware there is no relevant audit information of which the NHS body's auditors are unaware and they have each taken all the appropriate steps as a director in order to be aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

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, and which includes the Statement on Internal Control, please write to us at the address on the back cover.

Ismail Hafeji
Finance Director

Independent auditors' statement to the Directors of the Board of Bolton Primary Care Trust

We have examined the summary financial statements which comprise the Operating Cost Statement, Balance Sheet, Cash Flow Statement and Statement of Recognised Gains and Losses.

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

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

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

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of Bolton Primary Care Trust for the year ended 31 March 2009. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements 10 June 2009 and the date of this statement.

Kevin Wharton (Senior Statutory Auditor)
For and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
St James' Square
Manchester
Date : 9 July 2009

The maintenance and integrity of the Bolton PCT web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Summary Financial Statements

OPERATING COST STATEMENT FOR THE YEAR ENDED 31 March 2009

| | NOTE | 2008/09 £000 | 2007/08 £000 |
|--|------|-----------------|-----------------|
| Commissioning | | | |
| Gross operating costs | 4 | 372,899 | 347,901 |
| Less: Miscellaneous income | 3 | (7,936) | (7,629) |
| Commissioning net operating costs | | 364,963 | 340,272 |
| Provider | | | |
| Gross operating costs | 4 | 66,000 | 58,633 |
| Less: Miscellaneous income | 3 | (7,510) | (5,102) |
| Provider Net operating costs | | 58,490 | 53,531 |
| Net operating costs before interest | | 423,453 | 393,803 |
| Interest receivable | | (55) | 0 |
| Interest payable | | 0 | 0 |
| Net operating cost for the financial year | | 423,398 | 393,803 |

**STATEMENT OF RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED
31 March 2009**

| | 2008/09 £000 | 2007/08 £000 |
|--|-------------------------|-----------------|
| Fixed asset impairment losses | 0 | 0 |
| Unrealised surplus / (deficit) on fixed asset revaluations/indexation | 2388 | 1,496 |
| | | |
| Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets | 0 | 9 |
| | | |
| Additions / (reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health | 0 | 0 |
| Additions / (reductions) in "other reserves" | 0 | 0 |
| | <hr/> | <hr/> |
| Recognised gains and losses for the financial year | 2388 | 1,505 |
| Prior period adjustment - other | 0 | 0 |
| | <hr/> | <hr/> |
| Gains and losses recognised in the financial year | 2388 | 1,505 |

**BALANCE SHEET AS AT
31 March 2009**

| | NOTE | £000 | 31 March 2009 £000 | 31 March 2008 £000 |
|--|--------|--------|--------------------------|--------------------------|
| FIXED ASSETS | | | | |
| Intangible assets | 9 | 112 | | 183 |
| Tangible assets | 10.1 | 22,709 | | 23,323 |
| Investments | 10.4 | 0 | | 206 |
| Financial assets | 10.5 | 206 | | |
| | | | 23,027 | 23,712 |
| CURRENT ASSETS | | | | |
| Stocks and work in progress | 11 | 184 | | 195 |
| Debtors | 12 | 4,197 | | 11,369 |
| Other financial assets | 10.5 | 0 | | |
| Cash at bank and in hand | 16.3 | 6 | | 6 |
| | | | 4,387 | 11,570 |
| TOTAL CURRENT ASSETS | | | 4,387 | 11,570 |
| CREDITORS : Amounts falling due within one year | 13.1 | | (24,879) | (24,862) |
| Other financial liabilities falling due within one year | 13.1/1 | | 0 | |
| | | | (20,492) | (13,292) |
| NET CURRENT ASSETS / (LIABILITIES) | | | (20,492) | (13,292) |
| TOTAL ASSETS LESS CURRENT LIABILITIES | | | 2,535 | 10,420 |
| Creditors: Amounts falling due after more than one year | 13.1 | | (261) | (285) |
| Other financial liabilities falling due after more than one year | 13.1/1 | | 0 | |
| Provisions for liabilities and charges | 14 | | (1,523) | (2,581) |
| | | | 751 | 7,554 |
| TOTAL ASSETS EMPLOYED | | | 751 | 7,554 |
| FINANCED BY: | | | | |
| TAXPAYERS EQUITY | | | | |
| General fund | 15 | | (7,547) | (2,843) |
| Revaluation reserve | 15 | | 6,301 | 8,151 |
| Donated asset reserve | 15 | | 24 | 95 |
| Government grant reserve | 15 | | 1,973 | 2,151 |
| Other reserves | 15 | | 0 | 0 |
| | | | 751 | 7,554 |
| TOTAL TAXPAYERS EQUITY | | | 751 | 7,554 |

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2009

| | NOTE | £000 | 2008/09 £000 | 2007/08 £000 |
|--|------|---------|------------------|-----------------|
| OPERATING ACTIVITIES | | | | |
| Net cash outflow from operating activities | 16.1 | | (416,344) | (392,494) |
| SERVICING OF FINANCE AND RETURNS ON INVESTMENT: | | | | |
| Interest paid | | 0 | | 0 |
| Interest received | | 55 | | 0 |
| Interest element of finance leases | | 0 | | 0 |
| Net cash inflow/(outflow) from servicing of finance and returns on investment | | | 55 | 0 |
| CAPITAL EXPENDITURE | | | | |
| Payments to acquire intangible assets | | (10) | | (4) |
| Receipts from sale of intangible assets | | 0 | | 0 |
| Payments to acquire tangible fixed assets | | (2,691) | | (2,251) |
| Receipts from sale of tangible fixed assets | | 0 | | 674 |
| Payments to acquire fixed asset investments | | N/a | | (206) |
| Receipts from sale of fixed asset investments | | N/a | | 0 |
| Payments to acquire financial instruments | | 0 | | 0 |
| Receipts from sale of financial instruments | | 0 | | 0 |
| Net cash inflow/(outflow) from capital expenditure | | | (2,701) | (1,787) |
| Net cash inflow/(outflow) before financing and management of liquid resources | | | (418,990) | (394,281) |
| MANAGEMENT OF LIQUID RESOURCES | | | | |
| (Purchase) of other current asset investments | | | N/a | 0 |
| Sale of other current asset investments | | | N/a | 0 |
| Net cash inflow/(outflow) from management of liquid resources | | | 0 | 0 |
| Net cash inflow/(outflow) before financing | | | (418,990) | (394,281) |
| FINANCING | | | | |
| Net Parliamentary Funding | | 418,990 | | 394,282 |
| Other capital receipts surrendered | | 0 | | 0 |
| Capital grants received | | 0 | | 0 |
| Capital element of finance lease rental payments | | 0 | | 0 |
| Cash transfers (to)/from other NHS bodies | | 0 | | 0 |
| Net cash inflow/(outflow) from financing | | | 418,990 | 394,282 |
| Increase/(decrease) in cash | 16.3 | | 0 | 1 |

Notes to the Tables

Note 2. Financial Performance Targets

Note 2.1 Revenue Resource Limit

| The PCTs' performance for 2008/09 is as follows: | 2008/09 | 2007/08 |
|---|----------------|----------------|
| | £000 | £000 |
| Total net operating cost for the financial year | 423,398 | 393,803 |
| Less: Non-discretionary Expenditure | <u>(2,545)</u> | <u>(2,398)</u> |
| Operating Costs less non-discretionary expenditure | 420,853 | 391,405 |
| Final Revenue Resource Limit for year | 421,845 | 392,393 |
| Under/(over) spend against Revenue Resource Limit | 992 | 988 |

Note 2.2. Capital Resource Limit

The PCT is required to keep within its Capital Resource Limit

| | 2008/09 | 2007/08 |
|--|---------------------|---------------------|
| | £000 | £000 |
| Gross Capital Expenditure | 3,033 | 2,366 |
| Add: Loss in respect of disposals of donated assets | 0 | 0 |
| less: Net book value of assets disposed of | 0 | (542) |
| less: Capital grants | 0 | 0 |
| less: Donations | <u>0</u> | <u>(9)</u> |
| Charge Against the Capital Resource Limit | <u>3,033</u> | <u>1,815</u> |
| Capital Resource Limit | <u>3,037</u> | <u>1,815</u> |
| (Over) / Under spend against Capital Resource Limit | <u>4</u> | <u>0</u> |

Note 2.3. Provider full cost recovery duty

The PCT is required to recover full costs in relation to its provider functions. The performance for 2008/09 is as follows:

| | 2008/09 | 2007/08 |
|---|-----------------|-----------------|
| | £000 | £000 |
| Provider gross operating cost | 66,000 | 58,633 |
| less: Miscellaneous income relating to provider functions | <u>(7,510)</u> | <u>(5,102)</u> |
| Net Operating Cost | 58,490 | 53,531 |
| less: Costs met from PCT's own allocation | <u>(58,490)</u> | <u>(53,531)</u> |
| Under / (over) recovery of costs | <u>0</u> | <u>0</u> |

Notes to the Tables (Continued)

Management costs

| | 2008/09 | 2007/08 |
|--|--------------|--------------|
| Management costs (£000s) | 7,407 | 6,945 |
| Weighted population (Number) | 294,985 | 285,732 |
| Management cost per head of weighted population (£) | 25.11 | 24.31 |

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

Better Payment Practice Code - measure of compliance

| | 2008/09 Number | 2008/09 £000 | 2007/08 Number | 2007/08 £000 |
|--|-------------------|-----------------|-------------------|-----------------|
| Non-NHS Creditors | | | | |
| Total bills paid in the year | 29,869 | 69,955 | 27,830 | 74,900 |
| Total bills paid within target | 28,857 | 68,168 | 27,074 | 72,880 |
| Percentage of bills paid within target | 96.61% | 97.45% | 97.28% | 97.30% |
| NHS Creditors | | | | |
| Total bills paid in the year | 2,692 | 272,111 | 2,878 | 252,041 |
| Total bills paid within target | 2,585 | 270,121 | 2,742 | 249,934 |
| Percentage of bills paid within target | 96.03% | 99.27% | 95.27% | 99.16% |

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

External Auditors

Bolton PCTs external auditors during the year were KPMG, their remuneration for audit and other services was as follows:

| | 2008/09 | 2007/08 |
|--------------------|------------|------------|
| Audit Services | 176 | 254 |
| Other Remuneration | 28 | 0 |
| | <u>204</u> | <u>254</u> |

In addition to the annual audit of the PCTs statutory accounts, audit services includes work in respect of the use of Resources assessment. Other remuneration is for consultancy services in respect of the conversion to International Financial Reporting Standards (IFRS) from 1st April 2009.

REMUNERATION REPORT – SALARY INFORMATION

| Name and title | 2008-09 | | | 2007-08 | | |
|---|-----------------------------|---|-------------------------------------|-----------------------------|---|-------------------------------------|
| | 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 | 125-130 | 0 | 2.1-2.2 | 120-125 | 0 | 0 |
| Andrew Taylor, Non Executive Director, Chair Audit Committee | 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 |
| Rodney Fisher, Non Executive Director | 5-10 | 0 | 0 | 5-10 | 0 | 0 |
| John Dean, Medical Director | 70-75 | 80-85 | 0 | 65-70 | 80-85 | 0 |
| Ismail Hafeji, Director of Finance | 90-95 | 0 | 3.8-3.9 | 100-105* | 0 | 1.4-1.5 |
| Jan Hutchinson, Director of Public Health | 85-90 | 0 | 0 | 90-95 | 0 | 0 |
| Stephen Liversedge, Chair Clinical Executive | 30-35 | 0 | 0 | 30-35 | 0 | 0 |
| Helen Clarke, Assistant Director of Nursing | 10-15 | 85-90*** | 0 | 10-15 | 50-55 | 0 |
| Mike Maguire, Director of Commissioning | 80-85 | 0 | 5.6-5.7 | 75-80 | 0 | 4.1-4.2 |
| * Recharges paid to NHS North West *** Includes payment in arrears of £24K | | | | | | |

| Name and title | 2008-09 | | | 2007-2008 | | |
|---|-----------------------------|---|-------------------------------------|-----------------------------|---|-------------------------------------|
| | 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 | £00 |
| Professional Executive Committee Members | | | | | | |
| Colin Mercer, GP Representative | 5-10 | 0 | 0 | 5-10 | 0 | 0 |
| Paul Markman, Healthcare Professional Representative | 5-10 | 70-75 | 0 | 5-10 | 65-70 | 0 |
| Angela Gannon, Director of Health and Social Care (left 25/06/08) | 0** | 0 | 0 | 0** | 0 | 0 |
| Linda Thomas, Local Authority representative (started October 2008) | 0** | 0 | 0 | NA | NA | NA |
| Management Team | | | | | | |
| Andrew White, Acting Assistant Chief Executive (left 30/09/08) | 0 | 25-30 | 0 | 0 | 30-35 | 0 |
| Anna Basford, Director of Primary Care Development | 0 | 85-90 | 6.4-6.5 | 0 | 80-85 | 5.6-5.7 |
| Helen McKnight, Director of Clinical Governance | 0 | 70-75 | 6.7-6.8 | 0 | 70-75 | 6.7-6.8 |
| Hannah Dobrowolska, Assistant Chief Executive (left May 2007) | N/A | N/A | N/A | 0 | 0-5 | 0 |
| Andrew Kilpatrick, Health and Social Care Integration (started October 2008) | 0** | 0 | 0 | NA | NA | NA |
| Susan Long, Assistant Chief Executive (started 5/01/09) | 0 | 10-15 | 0.2-0.3 | NA | NA | NA |
| ** Employed and paid by Bolton Council | | | | | | |
| Salary refers to payments for duties as a Board or PEC member. Other remuneration refers to other payment by Bolton PCT | | | | | | |
| 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. | | | | | | |

REMUNERATION REPORT – PENSION INFORMATION

| Name and title | Real increase in pension at age 60 (bands of £2,500) | Real increase in pension lump sum at aged 60 (bands of £2,500) | Total accrued pension at age 60 at 31 March 2009 (bands of £5,000) | Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000) | Cash Equivalent Transfer Value at 31 March 2009 | Cash Equivalent Transfer Value at 31 March 2008 | Real increase in Cash Equivalent Transfer Value | Employer's contribution to stakeholder pension |
|--------------------------------|--|--|--|--|---|---|---|--|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £00 |
| Tim Evans | 5-7.5 | 2.5-5 | 165-170 | 125-130 | 814 | 598 | 201 | 141 |
| John Dean | 2.5-5 | 2.5-5 | 170-175 | 130-135 | 807 | 601 | 192 | 134 |
| Ismail Hafeji | 5-7.5 | 5-7.5 | 110-115 | 85-90 | 498 | 372 | 118 | 82 |
| Jan Hutchinson | (2.5)-(5) | (2.5)-(5) | 95-100 | 70-75 | 480 | 384 | 86 | 60 |
| Helen Clarke | 15-17.5 | 10-12.5 | 55-60 | 40-45 | 294 | 166 | 124 | 87 |
| Mike Maguire | 2.5-5 | 2.5-5 | 105-110 | 75-80 | 435 | 322 | 105 | 74 |
| Paul Markman | (2.5)-(5) | 0-(2.5) | 90-95 | 65-70 | 391 | 311 | 73 | 51 |
| Andrew White (left 30/09/2009) | 2.5-5 | 2.5-5 | 15-20 | 10-15 | 47 | 25 | 22 | 8 |
| Anna Basford | 2.5-5 | 2.5-5 | 50-55 | 35-40 | 193 | 147 | 42 | 29 |
| Helen McKnight | 2.5-5 | 2.5-5 | 50-55 | 35-40 | 216 | 155 | 57 | 40 |
| Susan Long (started 5/01/09) | 0-2.5 | 5-7.5 | 30-35 | 20-25 | 93 | 59 | 32 | 5 |

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).

Declaration of Board Member Interests - March 2009

| Name | Member | Interest 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 for Bolton PCT |
| Ebrahim Adia | Non-Executive Director | Local Councillor – Bolton MBC. Lecturer, University of Central Lancashire. |
| Ron Fulton | Non-Executive Director | Trustee of Crossroads (Bolton). Chairman of Ashton, Leigh, Wigan Strategic Partnership Board. |
| 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. |
| Tim Evans | Chief Executive | Director – Bolton Arena. Public Sector Director – BRAHM LIFT Co. |
| Jan Hutchinson | Director of Public Health | Trustee, Bolton Community Leisure Ltd. |
| Ismail Hafeji | Director of Finance | None. |
| Stephen Liversedge | PEC Chair | Senior Partner Drs Liversedge, McCurdie and Wong. Wife is a sister and ENP in A&E department, Royal Bolton Hospital. |
| Helen Clarke | Nurse Member | Son works as an Information Analyst in Ashton, Leigh and Wigan PCT. Son's partner works as a District Nurse at Pikes Lane. |
| John Dean | Medical Director | None. |
| Mike Maguire | Director of Commissioning | Public Sector (PCT appointed). Governor of Greater Manchester West Mental Health NHS Foundation Trust. Wife employed by Ashton, Leigh & Wigan Community Health (PCT). |

Useful Contact Information

Patient Advice and Liaison Service
Lever Chambers Centre for Health
Ashburner Street
Bolton
BL1 1SQ
01204 462701
PALS@bolton.nhs.uk

Bolton Local Involvement Network
New Horizons Centre
Back Bark Street
Bolton
BL1 2BJ
01204 394603

| | |
|--|---------------|
| Avondale Health Centre | 01204 463400 |
| Blackrod Health Centre | 01204 462828 |
| Brightmet Health Centre | 01204 463366 |
| Crompton Health Centre | 01204 463200 |
| Diabetes Centre | 01204 462400 |
| Egerton and Dunscair Health Centre | 01204 463344 |
| Farnworth Health Centre | 01204 463600 |
| Great Lever Health Centre | 01204 462333 |
| Halliwell Children's Centre | 01204 463500 |
| Harwood Medical Centre | 01204 463555 |
| Horwich Clinic | 01204 462900 |
| Hulton Hospital | 01204 462555 |
| Lever Chambers Centre for Health | 01204 462600 |
| Little Lever Health Centre | 01204 462480 |
| Pikes Lane Primary Care Resource Centre | 01204 463700 |
| St Peter's House | 01204 462020 |
| The Parallel | 01204 462444 |
| Tonge Fold Health Centre | 01204 463570 |
| Waters Meeting Health Centre | 01204 463000 |
| Westhoughton Clinic | 01204 463333 |
| Royal Bolton Hospital | 01204 390390 |
| NHS Northwest (Strategic Health Authority) | 0845 050 0194 |

Glossary of Terms

Balance Sheet

Shows the assets and liabilities of the organisation at the end of the year, compared to the end of the previous year.

Capital expenditure

Expenditure on large, one-off items, usually buildings or building works, but may include large items of equipment.

Cash Flow

Shows the available money coming in and out of the organisation.

Commissioning

The assessment of needs, planning and design of services and arranging through contracts or service level agreements to have those services provided to the required volume and standard.

Community Ambassadors

Workers employed in the voluntary sector in Bolton who develop and use good two way communications channels to engage with sections of the population who are traditionally hard to reach or at risk of exclusion.

GAAP

Generally Accepted Accounting Principles

Health Trainers

Staff employed by the PCT and attached to GP practices, trained to support individuals to lead healthier lives, through information, guidance and referral to services.

HRG4

Components of health care for which provider organisations charge commissioning bodies such as Primary Care Trusts are categorised into groups of similar priced procedures known as Healthcare Resource Groups or HRGs. HRG4 is the latest price list or tariff for these items of health care.

IFRS

International Finance Reporting Standards

LIFT

Local Improvement Finance Trust – a mechanism for bringing in private sector partners to provide capital funding and construct new buildings, managed by a partnership of NHS, local authority and private sector representatives.

Operating Costs

Shows the balance of income against expenditure.

Revenue expenditure

Ongoing expenditure on staff pay and items such as medications, office supplies, rent and utilities. This may be available for a limited time (non-recurrent) or included permanently in the budget (recurrent).

Statement of recognised gains and losses

Shows where the value of the organisation's assets has increased or decreased.

Feedback Form

Please use this form to give us a comment on local health services, or on this Annual Report.

We look forward to hearing from you.

Name :

Address :

Phone number :

What is good about local health services :

A suggestion for improving local health services :

What is good about this annual report :

A suggestion for improving the annual report :

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

This Annual Report describes the work of NHS Bolton in the year ending 31 March 2009 and includes a summary of our accounts. We recognise that not everyone will find it easy to read. We can arrange for large print versions or audio summaries, or for a summary in another language. We can also provide further explanation if required.

Please call 01204 462020 if we may be able to help in any way.

NHS Bolton
St Peter's House
Silverwell Street
Bolton
BL1 1PP

01204 462000

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